

Chapter 5 - MH Performance Outcome Measures Data Set

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Revision History

Version 10.3

- ◆ Page 3 – Eliminated reference to requiring discharge of consumers with no service in 180 days.
- ◆ Page 18 – Corrected fieldname for ARREST (Times Arrested)
- ◆ Pages 37 - 49 – Reformatted File Format Section of Chapter
- ◆ Pages 5-10 through 5-21: reformatted File Layout section.
- ◆ Updated document footers
- ◆ Added Table of Contents

Version 10.3.1

- ◆ Page 18 - Corrected Valid Values for ARREST
- ◆ Page 24 - Added the Valid Values for ARREST on the Form
- ◆ Moved Form to the end of the chapter (Page 5-20)
- ◆ Adjusted page numbers on the Table of Contents
- ◆ Page 18 - Added ICD10 Fields to the End of the Record File Layout (For Future Use)
- ◆ Page 24 – Added ICD10 Fields to the Form

I. General Policies and Considerations

- A. Mental Health outcomes must be completed on all persons whose services are paid for, in whole or in part, by state MH dollars or local match and delivered by an agency with a SAMH contract.
- B. 394.674 (2)(a) F.S., requires the following for services to be paid by the Department's contract:
"To be eligible to receive substance abuse and/or mental health services funded by the department, an individual must be a member of at least one of the department's priority populations approved by the Legislature."
- C. The measures are to be collected at admission, quarterly following admission, and at discharge. For example, if a person is admitted on October 1, the evaluation dates would be October 1, January 1, April 1, July 1, etc., until the discharge date, at which time, a final evaluation would be completed. There is a thirty (30) day window, both prior to, and following the evaluation due date for completing the form.
- D. The Mental Health Outcome data was designed to be included as part of the regular treatment plan or service plan reviews to facilitate data collection with a minimum of inconvenience.
- E. The MH Diagnosis field is mandatory and must be completed using a mental health ICD-9 code in Appendix 3. Entering a code not associated with a mental health diagnosis or leaving the field blank will result in rejection of the record. Also, if the consumer is to be considered for the SED or ED or SPMI target populations then the primary diagnosis cannot be a V-code. The SA Diagnosis field is optional, but if a value is entered, it must also be a substance abuse diagnosis from the ICD-9 code list. The list of valid diagnoses is contained in Appendix 3.
- F. If a client is already being served as a child prior to his/her 18th birthday and will continue to be served as a child between the age of 18 and 21, then the child will continue to be enrolled as a child during the time he/she is transitioning from children's mental health treatment to adult mental health treatment or from children's mental health treatment to out of care. Specifically, a child 18 to 21 years of age shall be eligible to remain enrolled as a child under any of the following circumstances:
 - The child was receiving a children's mental health service prior to turning 18 years of age; and
 - There was no break in service since turning 18 years of age; and
 - A service was provided within the last six months; and
 - The service provider has implemented a plan for transitioning the child from children's mental health services to adult mental health services, including placement of the child into an independent living arrangement.
 - If the person began service as a child and after their 18th birthday the agency elects to switch the target population to an adult, do the following. Discharge the person prior to their 18th birthday and readmit the person after their 18th birthday.

II. Establishing Mental Health (MH) Target Populations

The **MH** target populations are derived from the **client's FIRST MH Outcome form** of the fiscal year. Determination of the target population group must follow the sequence **in order**, assigning the first population in the list for which the client qualifies.

♦ **A client who is SED (Population Code 12) must:**

- Be 17 years old or less and meet **ONE or ALL** of the following criteria:
- Have a Mental Health Diagnosis ICD9 Code beginning with 295, 296, 298, or 301

OR

- Receive income due to psychiatric disability, SSI, SSDI, etc.

OR

- CGAS is less than 51 AND the first digits of the client's Primary ICD9 code **DO NOT START WITH** any of the following: 291, 292, 295, 296, 298, 301, 303, 304, 305, 317, 318, 319, 888, 999 or V

◆ A client who is **ED (Population Code 13)** must:

- Not be SED
- Be 17 years old or less
- Have a Primary ICD9 code that **DOES NOT START WITH** 291, 292, 295, 296, 298, 301, 303, 304, 305, 317, 318, 319, 888, 999 or V

◆ A client who is **At Risk (Population Code 14)** must:

- Not be SED, or ED
- Be 17 years old or less
- Have one of the following conditions be true
 - Risk Factor =1
 - Mental Health Diagnosis code = V

◆ A client who is **CMH ADMINSTRATIVE DISCHARGE (Population Code 80)** must:

- Client is discharged with a Purpose equal to 4.

◆ A client who is **OTHER CMH (Population Code 77)** must:

- These clients do not meet the criteria for all above Target Populations. This Target Population should not happen frequently as it reflects the absence of Mental Health Problems or Risks for Mental Health Problems.

The following Mental Health populations are for Adults and require the client's age be 18 or greater PLUS the population specific criteria.

◆ A client who is **FORENSIC (06)** must:

- Have a Dependency/Criminal Status= 16 through 19 or 21 through 26

◆ A client who is counted as **SPMI (07)**:

Not qualify as Forensic **AND**

One of the following conditions be true:

- 1) Have the first 3 digits of their **Mental Health diagnosis** ICD9 code be between 295 and 299
OR
- 2) The first 3 digits of the client's **Mental Health diagnosis** ICD9 code **do not start** with 291, 292, 295, 296, 297, 298, 299, 303, 304, 305, 317, 318, 319, 888, 999, or V **and** one of the following is true:
 - a. **Prognosis = 1** indicating that the person has or will need to receive services for the current MH problem for at least 12 months **OR**
 - b. **Disability Income = 1** indicating that the person receives income due to psychiatric disability, (SSI, SSDI, Veterans, etc.) **OR**

- c. **ADL Functioning = 1** indicating that the person demonstrates an inability to perform independently in Activities of Daily Living
- ◆ A client who is counted as **Adult with Serious & Acute Episodes of Mental Illness (17)**:
Not qualify as Forensic or SPMI **AND**
 - The person meets the criteria for a Baker Act receiving facility
 - ◆ A client who is counted as an **Adult with Mental Health Problems (18)**:
Not qualify as Forensic, SPMI or Serious & Acute Episodes of Mental Illness **AND**
 - MH Problem = 1, 2 or 3 indicating the client shows evidence of stress and Mental Health Problems**OR**
 - MH Diagnosis begins with = V
 - ◆ A client who falls into the **AMH ADMINISTRATIVE DISCHARGE (88)**:
 - Client is discharged with a Purpose equal to 4.
 - ◆ A person who falls into the **OTHER AMH (66)**:
 - These clients do not meet the criteria for any of the above Target Populations. This Target Population should not happen frequently as it reflects the absence of Mental Health Problems or Risks for Mental Health Problems.

A copy of this chapter can be found on the Department web site at the following URL:
http://www.dcf.state.fl.us/programs/samh/pubs_reports.shtml

III. Removing Undesired Records

- A. A mental health outcome measures record that has already been accepted to the data warehouse can be deleted. This should only be done if one of the record keys has changed. If any other data field needs to be corrected, the current record should be updated and submitted, causing the existing record to be updated. The date elements are the record key for any mental health outcome record. The file format for deleting a record follows. The file layout is for file upload deletions only.

Field	Start	Length	Type
CONTRACTORID	1	10	CHAR
SSN	11	9	CHAR
PURPEVAL	20	1	CHAR
EVALDATE	21	8	DATE
PROVID	29	10	CHAR

- B. Records may also be deleted using the on-screen Delete button in SAMH. This may be accomplished by opening the record on screen, clicking the DELETE BUTTON and confirming the delete on the confirmation message. This feature is controlled by special designation of the agency SAMH Provider Administrator.

CAUTION: Deletion of Mental Health Outcome records may have consequences beyond the simple deletion of that record:

Deleting an Admission record (Purpose 1) WILL RESULT IN THE AUTOMATIC DELETION OF ALL OTHER MH OUTCOME RECORDS ASSOCIATED WITH THAT ADMISSION!

V. MH Performance Outcome Data File Layout with Validations, Descriptions and Instructions (PERF)

User View Name	Pos	Type / Size	Edits and Validations
CONTRACTORID (Mandatory Key)	1	CHAR(10)	Valid values = 10 characters Must match a Provider ID number that already exists in the Provider table Else, reject (Mandatory)
			Descriptions and Instructions: Contractor Identification Number – The agency's Federal Employer Identification Number assigned by the US Internal Revenue Service (IRS). It is a ten-digit number, including a dash in the third position (e.g., 59-1234567 that identifies the entity possessing the contract with the Department of Children and Families DCF) to provide the services to the consumer. This number should be the same as reported in your agency's DCF Contract document. When the DCF contracted provider subcontracts with another entity to provide services, it is essential that the subcontracted entity identify the contractor in this field.
SITEID	11	CHAR(2)	Valid values = 00 through 99 Else, reject. Add preceding zero if single digit. (Mandatory) SITEID validated against PROVID in the Provider Table
			Descriptions and Instructions: Site Identification Number – The location where the event took place or where the provider staff, who rendered the service, is assigned. The service location must have a unique SITE ID registered with the SAMH Data Office and must be associated with the Contractor ID in order for the record to be accepted. (See Chapter 3 – Provider)
SSN (Mandatory Key)	13	CHAR(9)	Valid values = 9 characters that already exists in DEMO table Else, reject (Mandatory Key) Cannot start with 000 or 9
			Descriptions and Instructions: Social Security Number – Enter the SSN of the client being served. This number must consist of 9 numeric digits without dashes between digits. It cannot start with 000 or 9. If the SSN is not known, follow the instructions for constructing a Pseudo SSN in Chapter 4. When the client's correct social security number is known, report it to SAMH Central Office in Tallahassee. Contact the SAMH District Data Liaison for additional information or assistance. This number must match the number reported in the Demographic record. Otherwise, the SA Outcome will be rejected as an orphan.
CLIENTID	22	CHAR(10)	Valid values up to 10 characters. Do not use the SSN of the client as the ClientID. A pseudo-SSN can be used. (Mandatory)
			Descriptions and Instructions: Client Identifier – A 10 digit number the provider uses to identify the client or to reference other local information. The agency client ID is only used to provide agencies with an easy method of cross-walking submitted data back to their own data system. Do not use the client's SSN for this field. A pseudo-SSN is acceptable.

User View Name	Pos	Type / Size	Edits and Validations
PURPEVAL (Mandatory Key)	32	CHAR(1)	Valid values = 1, 2, 3, 4 and 5. Else, reject. If 1 then client must not exist in database or currently has a PURPEVAL code 3, 4, or 5. If 3 then client must currently have a PURPEVAL Code 1 that is still open. (must match Provider ID and client SSN) If code 4 is used (Admin. Discharge), then the only mandatory fields are CONTRACTORID, SSN, EVALDATE, PURPEVAL, INITEVADA, STAFF ID, PROVID, and CONTNUM1. (Mandatory Key)
Descriptions and Instructions: Purpose of Evaluation – Indicate the purpose for completing the MH Performance Outcomes form.			
EVALDATE (Mandatory Key)	33	CHAR(8)	Date must be < or = to the system date and > or = to client's DOB, else reject. Format is YYYYMMDD. (Mandatory Key)
Descriptions and Instructions: Evaluation Date – Indicate the date on which this performance evaluation is conducted.			
STAFFID	41	CHAR(12)	Left justified = up to 12 characters as follows. (Mandatory) If a staff is not a Family Intervention Specialist (FIS), then the staff ID must be constructed as follows: The first two digits must be an educational level code of 01 through 07 The third digit must be a dash (-) The next nine digits (4 th through 12 th) can be any alphanumeric number from 1 to 9 digits. If a staff is a Family Intervention Specialist (FIS), then the staff ID must be constructed as follows: 1. The first two digits must be an educational level code of 01 through 07 2. The third digit must be a dash (-) 3. The next three digits (4 th through 6 th digit) must be FIS 4. The next six digits (7 th through 12 th digit) can be any alphanumeric number from 1 to six digits The complete FIS ID should look like this: 01-FIS000000 or 02-FIS123456 Else, reject
Descriptions and Instructions: Staff ID Number Enter the 12-digit (including the dash) staff ID. The first two digits are for the education level of the staff member completing the outcome form. The remaining characters after the dash (-) should be a permanent unique identifier for that individual. Suggestions include the agency employee ID number or professional license number. <u>Valid Values and Definitions for the First Two Digits (Staff Education Level) are:</u> [01] = Non-Degree Trained Technician. [02] = AA Degree Trained Technician [03] = BA/-S - Bachelor's Degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field. [04] = MA/-S - Master's Degree from an accredited university or college with a major in the field of counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field. [05] = Licensed Practitioner of the Healing Arts - MA/MS advanced registered nurse			

User View Name	Pos	Type / Size	Edits and Validations
			practitioner, physician assistants, clinical social workers, mental health counselors, marriage and family therapists. [06] = PhD/PsyD/E–D - Licensed psychologist [07] = MD/–O - Board Certified
INITEVADA	53	CHAR(8)	If PURPEVAL = 2, 3 or 4, this date must match with the same initial evaluation date for the same client for the current open episode of care in YYYYMMDD format. Date must be < or = to the system date and > or = to client's DOB, If PURPEVAL = 1 or 5, then INITEVADA should equal EVALDATE Else, reject (Mandatory)
			Descriptions and Instructions: Initial Evaluation - The date on which the first performance evaluation (Purpose Code = 1 "Admission") for the current episode, was conducted.
PINCOSRC	61	CHAR(1)	If PURPEVAL = 1, 2, 3 or 5, then valid values = 1 through 7. If PURPEVAL = 4, then valid values = 1 through 7 or blank Else, reject (Mandatory)
			Descriptions and Instructions: Primary Income Source Item indicates if the client is receiving disability income <u>for a psychiatric condition</u> .
DISINCOM	62	CHAR(1)	If PURPEVAL = 1, 2, 3, or 5, then valid values = 0 or 1. If PURPEVAL = 4, then valid values = 0, 1 or blank Else, reject (Mandatory)
			Descriptions and Instructions: Admission Type (Legal Status) This item indicates if: 1) the client received services for the current MH problem for at least the past 12 months, or 2) the client's MH problem is expected to endure for at least another 12 months.
PROGNOSIS	63	CHAR(1)	If PURPEVAL = 1, 2, 3, or 5, then valid values = 0 or 1. If PURPEVAL = 4, then valid values = 0, 1 or blank Else, reject (Mandatory)
			Descriptions and Instructions: Prognosis This item indicates if: 1) the client received services for the current MH problem for at least the past 12 months, or 2) the client's MH problem is expected to endure for at least another 12 months
DEPCRIMS	64	CHAR(2)	If PURPEVAL = 1 or 5 and age at date of admission < 18, then valid values = 00 through 09, 27 or 28. Else, if age at admission > 17, then valid values = 00, 10 through 13, 16 through 19, 21 through 26, 28 or 29. If PURPEVAL = 2 or 3 and the client's age at admission is < 18, then valid values = 00 through 09, 27 or 28. Else, if age at admission > 17, the valid values = 00, 10 through 13, 16 through 19, 21 through 26 or 29. If PURPEVAL = 4 and age at admission < 18, then valid values = 00 through 09, 27, 28 or blank. Else, if the age at admission > 17, then valid values = 00, 10 through 13, 16 through 19, 21 through 26, 28, 29 or blank (optional). Else, if none of the above reject. (Mandatory)
DEPCRIMS (Continued)			Descriptions and Instructions: Dependency/Criminal Status Indicate the client's dependency/delinquency (for children) or criminal/competency status (for adults) using one of the codes listed below. If information is insufficient for either adults or children, use "00". Enter the code from the list below that matches the client's dependency/criminal status: CHILDREN: <u>Adjudicated Children</u> [01] = Delinquent, in physical custody A delinquent youth in the physical custody of the Department of Juvenile Justice, who is either committed to a Juvenile Justice facility, e.g., training school, group treatment home, halfway

User View Name	Pos	Type / Size	Edits and Validations
DEPCRIMS (Continued)			house; or placed in a non-Juvenile Justice commitment.
			[02] = Delinquent, not in physical custody A delinquent youth placed on community control or in a Juvenile Justice non-residential commitment program, e.g., Special Intensive Group (SIG), day treatment or Juvenile Alternatives Services Programs (JASP).
			[03] = Dependent, in physical custody A dependent child in the physical custody of the Department of Children and Families; including children in foster care, temporary placement in an emergency shelter or residing in a CSU.
			[04] = Dependent, not in physical custody A dependent child is a person that remains in his/her home, and who is under protective services supervision.
			[05] = Dependent & Delinquent, in physical custody A combination of codes 01 and 03 as defined above.
			[06] = Dependent & Delinquent, not in physical custody A combination of codes 02 and 04 as defined above.
			[07] = "Children in Need of Services" (CINS), not in physical custody A child in need of services is a child where there is not a pending departmental investigation into an allegation of suspicion of abuse, neglect or delinquent, or no current supervision by the department for adjudication for dependency or delinquency. The child must also be found by the court to be a persistent runaway, habitual truant, or to have persistently disobeyed the reasonable and lawful demands of parent or legal guardians, pursuant to Chapter 39, F.S.
			<u>Non-Adjudicated Children</u>
			[08] = Other DCF program status No further description.
			[09] = Under custody & supervision of family relatives or guardian A child, who is not under protective supervision, is not delinquent or dependent, <u>and</u> who is living under the custody and supervision of family, relatives or a legal guardian.
			<u>Juvenile Incompetent to Proceed Program</u>
			[27] = Incompetent to Proceed – Ages 0 – 17
			[28] = Incompetent to Proceed – Ages 18 – 20
			ADULTS:
			<u>Adults with No Court Jurisdiction</u>
			[10] = Competent, no charges Use this code for all clients not involved with the criminal justice system and for clients on probation.
			[11] = Civil incompetence of person or property Not involved with the criminal justice system/incompetence is of person or property.
			<u>Adults with Court Jurisdiction:</u> Designate any person who is under the jurisdiction of the court in one of the categories below: (a) Criminal Competent: Determined by the court to be competent to proceed in criminal offenses and not adjudicated not guilty by reason of insanity.
			[12] = Incarcerated-Competent
			[13] = Release pending hearing-Competent
			[14] = this code is no longer used
			[15] = this code is no longer used
			(b) Criminal Incompetent: Adjudicated by the court as Incompetent to Proceed (ITP) at a

User View Name	Pos	Type / Size	Edits and Validations
			<p>material stage of a criminal proceeding. [16] = Release pending hearing-ITP [17] = Involuntarily hospitalized (direct commit) – ITP [18] = Incarcerated-ITP [19] = Involuntarily hospitalized – revocation of conditional release-ITP [20] = this code is no longer used [21] = Conditionally released-ITP I Not Guilty by Reason of Insanity (NGI): Adjudicated by the court as NGI on criminal charges. [22] = Involuntary hospital - direct commit - NGI [23] = Involuntary hospital – revocation of conditional release - NGI [24] = Released pending hearing – NGI [25] = Conditionally released – NGI [26] = Incarcerated – NGI [29] = Incompetent to Proceed – Age 21⁺</p>
ADMITYPE	66	CHAR(1)	<p>If PURPEVAL = 1, 2, 3 or 5, then valid values = 1 through 4. If PURPEVAL = 4, then valid values = 1 through 4 or blank (Mandatory)</p>
	Descriptions and Instructions: Admission Type The type of admission to the MH provider		
DAYSCOM	67	CHAR(2)	<p>If PURPEVAL = 1, 2, or 3, then valid values = 00–30. If PURPEVAL = 4 or 5, then valid values = 00 through 30 or blank Else, reject (Mandatory)</p>
	Descriptions and Instructions: Days in the Community – Indicate the number of days spent in the community in the last 30 days		
DAYSWORK	69	CHAR(2)	<p>If PURPEVAL = 1 and age at date of admission < 18, then valid values = 00 through 30 or blank. Else, if age at admission > 17, then valid values = 00 through 30.</p> <p>If PURPEVAL = 2 or 3 and the client's age at admission is < 18, then valid values = 00 through 30 or blank. Else, if age at admission > 17, the valid values = 00 through 30.</p> <p>If PURPEVAL = 4 or 5 and age at admission < 18, then valid values = 00 through 30 or blank. Else, if the age at admission > 17, then valid values = 00 through 30 or blank (optional).</p> <p>Else, if none of the above reject. (Mandatory for Adults)</p>
	Descriptions and Instructions: Days Worked for Pay This item is a two-digit number indicating the number of days worked for pay, including paid leave, in the last 30 days.		
INCOPAY	71	CHAR(4)	<p>If PURPEVAL = 1 and age at date of admission < 18, then valid values = 0 through 9999 or blank. Else, if age at admission > 17, then valid values = 0 through 9999.</p> <p>If PURPEVAL = 2 or 3 and the client's age at admission is < 18, then valid values = 0 through 9999 or blank. Else, if age at admission > 17, the valid values = 0 through 9999.</p> <p>If PURPEVAL = 4 or 5 and age at admission < 18, then valid values = 0 through 9999 or blank. Else, if the age at admission > 17, then valid</p>
INCOPAY (Continued)			

User View Name	Pos	Type / Size	Edits and Validations
			values = 0 through 9999 or blank Else, if none of the above reject. (Mandatory)
	Descriptions and Instructions: Total Income from Paid Employment This item is a maximum 4-digit number indicating the total MONTHLY income collected by the client from paid employment in the last 30 days as referenced in Total Days Worked, above		
INCOGOV	75	CHAR(4)	If PURPEVAL = 1 and age at date of admission < 18, then valid values = 0 through 9999 or blank. Else, if age at admission > 17, then valid values = 0 through 9999. If PURPEVAL = 2 or 3 and the client's age at admission is < 18, then valid values = 0 through 9999 or blank. Else, if age at admission >17, the valid values = 0 through 9999. If PURPEVAL = 4 or 5 and age at admission < 18, then valid values = 0 through 9999 or blank. Else, if the age at admission > 17, then valid values = 0 through 9999 or blank (optional). Else, if none of the above reject. (Mandatory)
	Descriptions and Instructions: Income from Government Subsidies This item is a maximum 4-digit number indicating the total MONTHLY income received by the client from government subsidies in the last 30 days.		
INCOTHER	79	CHAR(4)	If PURPEVAL = 1 and age at date of admission < 18, then valid values = 0 through 9999 or blank. Else, if age at admission > 17, then valid values = 0 through 9999. If PURPEVAL = 2 or 3 and the client's age at admission is < 18, then valid values = 0 through 9999 or blank. Else, if age at admission >17, the valid values = 0 through 9999. If PURPEVAL = 4 or 5 and age at admission < 18, then valid values = 0 through 9999 or blank. Else, if the age at admission > 17, then valid values = 0 through 9999 or blank Else, if none of the above reject. (Mandatory)
	Descriptions and Instructions: Other Income This item is a maximum 4-digit number indicating the total MONTHLY income received by the client from sources other than paid employment or government subsidies in the last 30 days.		
GAF	83	CHAR(2)	This field should be left blank, it is no longer used .
DAYSVAI	85	CHAR(2)	If PURPEVAL = 1 and age at date of admission < 18, then valid values = 00 through 22. Else, if age at admission > 17, then valid values = 00 through 22 or blank. If PURPEVAL = 2 or 3 and the client's age at admission is < 18, then valid values = 00 through 22. Else, if age at admission >17, the valid values = 00 through 22 or blank. If PURPEVAL = 4 or 5 and age at admission < 18, then valid values = 00 through 22 or blank. Else, if the age at admission > 17, then valid values = 00 through 22 or blank (Mandatory) Else, if none of the above reject.
	Descriptions and Instructions: School Days Available This item is a maximum 2-digit number indicating the number of school days available in the last 30 days.		

User View Name	Pos	Type / Size	Edits and Validations
DAYSATTE	87	CHAR(2)	<p>If PURPEVAL = 1 and age at date of admission < 18, then valid values = 00 through 22. Else, if age at admission > 17, then valid values = 00 through 22 or blank.</p> <p>If PURPEVAL = 2 or 3 and the client's age at admission is < 18, then valid values = 00 through 22. Else, if age at admission > 17, the valid values = 00 through 22 or blank.</p> <p>If PURPEVAL = 4 or 5 and age at admission < 18, then valid values = 00 through 22 or blank. Else, if the age at admission > 17, then valid values = 00 through 22 or blank</p> <p>Else, if none of the above reject. (Mandatory)</p>
Descriptions and Instructions: School Days Attended This item is a maximum 2-digit number indicating the number of school days the client attended in the last 30 days.			
CGAS	89	CHAR(2)	<p>If client age at evaluation is less than five or greater than 17, leave blank.</p> <p>If PURPEVAL code = 1, 2, 3 or 5 and the client's age at the time of evaluation is between 5 and 17, then valid values = 01 through 99.</p> <p>If PURPEVAL = 4 and the client's age at the time of evaluation is between 5 and 17, then valid values = 01 through 99 or blank.</p> <p>Else, reject (Mandatory)</p>
Descriptions and Instructions: CGAS Score The maximum 2-digit score from the Children's Global Assessment Scale (CGAS) indicating the child/youth's most current level of functioning.			
DJJCOMIT	91	CHAR(1)	<p>If PURPEVAL code = 1, 2 or 3 and if the client's age at the time of admission < 18, then valid values = 0 or 1. Else, if the client's age at the time of admission > 17, then valid values = 0, 1 or blank</p> <p>Else, if PURPEVAL = 4 or 5, then valid values = 0, 1 or blank (optional).</p> <p>Else, reject (Mandatory)</p>
Descriptions and Instructions: DJJ Committed This item indicates if the child was committed or recommitted to the Department of Juvenile Justice			
RISKFACT	92	CHAR (1)	<p>If PURPEVAL code = 1, 2, 3 or 5 and if the client's age at the time of admission < 18, then valid values = 0 or 1</p> <p>Else, if the client's age at the time of admission > 17, then valid values = 0, 1 or blank</p> <p>Else, if PURPEVAL = 4, then valid values = 0, 1 or blank</p> <p>Else, reject (Mandatory)</p>
RISKFACT (Continued)	Descriptions and Instructions: Risk Factors for ED Indicates if the child has risk factors for Emotional Disturbance (referred to EH program in conjunction with IDEA, homelessness, family history of mental illness, abuse or neglect, exposure to domestic violence, substance abuse, chronic or serious physical illness, or multiple out-of-home placements)		

User View Name	Pos	Type / Size	Edits and Validations
RESIDSTAT	93	NUM (2)	<p>If PURPEVAL = 1, 2, 3 or 5 then Valid values = 01 through 17 and 99</p> <p>If PURPEVAL = 4 then Valid values = 01 through 16 or blank Add preceding 0 if single digit. (Mandatory)</p>
			<p>Descriptions and Instructions: Residential Status indicates where the client lives at the time of evaluation/admission</p> <p>Enter the 2-digit code from below that reflects the correct residential setting:</p> <p><u>Independent living</u> means the client is paying (through any source of income) either all costs of living or an equal share of the total cost with others. Just contributing to the cost at less than an estimated equal share is not independent living.</p> <p>[01] = Independent Living – Alone [02] = Independent Living – with Relatives [03] = Independent Living – with Non-Relatives</p> <p><u>Dependent living</u> means the client is paying less than an estimated equal share amount of the total combined living expenses.</p> <p>[04] = Dependent Living – with Relatives [05] = Dependent Living – with Non-Relatives</p> <p><u>Other Residential</u></p> <p>[06] = Assisted Living Facility (ALF) (Limited MH-ALF should use code 17) [07] = Foster Care/Home [08] = Adult Residential Treatment Facility (Group Home) [09] = Homeless (See Chapter 1 page 11 for the definition of homelessness and its applicability to data reporting.) [10] = State Mental Health Treatment Facility (State Hospitals) [11] = Nursing Home [12] = Supported Housing [13] = Correctional Facility [14] = DJJ Facility [15] = Crisis Residence [16] = Children Residential Treatment Facility [17] = Limited Mental Health Licensed ALF [99] = Not Available or Unknown</p>
MARITAL	95	CHAR (1)	<p>If PURPEVAL = 1, 2, 3 or 5, then valid values = 1 through 8. If PURPEVAL = 4, then valid values = 1 through 8 or blank Else, reject (Mandatory)</p>
			<p>Descriptions and Instructions: Marital Status This item indicates the client's current marital status.</p>
EMPL	96	CHAR(2)	<p>If PURPEVAL = 1, 2, 3 or 5, then valid values = 10, 20, 30, 31, 40, 50, 60, 70 or 81 through 86. Else, reject If PURPEVAL = 4, then valid values = 10, 20, 30, 31, 40, 50, 60, 70, 81 through 86 or blank (Mandatory)</p>

User View Name	Pos	Type / Size	Edits and Validations
EMPL (Continued)			<p>Descriptions and Instructions: Employment Status at Admission indicates the client's employment status at evaluation. To qualify as being employed, the client's earnings must be subject to income taxes. Welfare payments and stipends are not taxable, therefore the client whose sole source of income is derived from these funds would not be considered employed. If not in the work force, select the code (81 – 86) from the list which explains the reason.</p> <p>Enter one of the following 2-digit codes associated with the appropriate employment status:</p> <p>[10] = Active military, overseas [20] = Active military, USA [30] = Full Time [31] = Unpaid Family Worker * [40] = Part Time [50] = Leave of Absence [60] = Retired [70] = Terminated / unemployed</p> <p>Not in labor force detail list: Select reason for not being in the work force [81] = Homemaker – must keep house for 1 or more others [82] = Student [83] = Disabled [84] = Criminal Inmate [85] = Inmate Other [86] = Not authorized to work</p> <p>* Unpaid Family Worker – A family member who works at least 15 hours or more a week without pay in a family-operated enterprise. If an individual refuses to work because they are making money through illegal activities (i.e., drug sales or prostitution) the client should be coded as unemployed '70'.</p>
RESIDCONT	98	CHAR(2)	<p>If PURPEVAL = 1, 2, 3 or 5, then valid values = 01 through 67 or 99 If PURPEVAL = 4, then valid values = 01 through 67, 99 or blank (Mandatory) Else, reject</p>
			<p>Descriptions and Instructions: County of Residence</p> <p>Indicate the client's current county of residence at the time of this evaluation. If the actual home county is unknown, use the county of the provider site where services were received. Refer to page 5-23 for a list of county codes.</p>
GRADE	100	CHAR(2)	<p>If PURPEVAL = 1, 2 or 3, then valid values = 20 through 36. For PURPEVAL = 4 or 5, then valid values = 20 through 36 or blank. Else, reject (Mandatory)</p>

User View Name	Pos	Type / Size	Edits and Validations
			Descriptions and Instructions: Grade – A two-digit code to indicate the highest educational level completed by the client prior to this evaluation. Enter one of the following 2-digit codes associated with the highest grade completed. [20] = No Schooling [21] = Nursery School To 4 th Grade [22] = 5 th to 6 th Grade [23] = 7 th to 8 th Grade [24] = 9 th Grade [25] = 10 th Grade [26] = 11 th Grade [27] = 12 th Grade (No Diploma) [28] = High School Graduate (Diploma, Degree) [29] = 1 or more yr College, No Degree [30] = Associate's Degree (AA, S, etc.) [31] = Bachelor's Degree (BA, BS, AB, etc.) [32] = Master's Degree (MS, MA, MSW, etc.) [33] = Prof. Degree (MD, DDS, JD, etc.) [34] = Doc. Degree (PhD, EDD, etc.) [35] = Special School [36] = Vocational School
RX	102	CHAR(1)	If PURPEVAL = 1, 2, 3 or 5, then valid values = 0 or 1. If PURPEVAL = 4, then valid values = 0, 1 or blank (optional). Else, reject (Mandatory)
			Descriptions and Instructions: RX This item indicates if the client has been taking any atypical antipsychotic medication.
DEVELOP	103	CHAR(1)	If PURPEVAL = 1 or 5, then valid values = 0 or 1. Else, reject. If PURPEVAL = 2, 3 or 4, then valid values = 0, 1 or blank (Mandatory)
			Descriptions and Instructions: Developmentally Disabled This item indicates if the client is developmentally disabled.
PHYSICAL	104	CHAR(1)	If PURPEVAL = 1 or 5, then valid values = 0 or 1. Else, reject. If PURPEVAL = 2, 3 or 4, then valid values = 0, 1 or blank (Mandatory)
			Descriptions and Instructions: Physical Disability This item indicates if the client is physically disabled.
AMBULAT	105	CHAR(1)	If PURPEVAL = 1 or 5, then valid values = 0 or 1. If PURPEVAL = 2, 3 or 4, then valid values = 0, 1 or blank Else, reject (Mandatory)
			Descriptions and Instructions: Ambulatory This item indicates if the client is non-ambulatory.
VISUAL	106	CHAR(1)	If PURPEVAL = 1 or 5, then valid values = 0 or 1. If PURPEVAL = 2, 3 or 4, then valid values = 0, 1 or blank Else, reject (Mandatory)
			Descriptions and Instructions: Visually Impaired This item indicates if the client is visually impaired.
HEARING	107	CHAR(1)	If PURPEVAL = 1 or 5, then valid values = 0 or 1. If PURPEVAL = 2, 3 or 4, then valid values = 0, 1 or blank Else, reject (Mandatory)
			Descriptions and Instructions: Hearing Impaired This item indicates if the client is hearing impaired.
ENGLISH	108	CHAR(1)	If PURPEVAL = 1 or 5, then valid values = 0 or 1. If PURPEVAL = 2, 3 or 4, then valid values = 0, 1 or blank Else, reject (Mandatory)
			Descriptions and Instructions: English Severely Limited This item indicates if the client's English is severely limited

User View Name	Pos	Type / Size	Edits and Validations
ADLFC	109	CHAR(1)	If PURPEVAL = 1 or 5, then valid values = 0 or 1. If PURPEVAL = 2, 3 or 4, then valid values = 0, 1 or blank Else, reject (Mandatory)
Descriptions and Instructions: ADLFC This item indicates if the client is <u>unable</u> to perform independently.			
PROVINFO	110	CHAR(20)	Valid value = up to 20 characters or blank (Optional)
Descriptions and Instructions: Provider Information This item is available for the provider to use in identifying or tracking other client information for reporting purposes.			
ZIP	130	CHAR(5)	Valid values = 0 through 99 Else, reject (Mandatory) Add leading zero if single digit.
Descriptions and Instructions: Zip Code This item is for the client's home/residence US Postal Zip code.			
TSTAT	135	CHAR(1)	Valid values = 1 through 3. Else reject (Mandatory)
Descriptions and Instructions: TANF Status This item is used to indicate the client's TANF status.			
FAMSIZE	136	CHAR(1)	If PURPEVAL = 1 or 5, then valid values = 1 through 9. If PURPEVAL = 2, 3, or 4, then valid values = 1 through 9 or blank (Mandatory) Else reject
Descriptions and Instructions: Family Size This item is used to indicate the number of persons living in the client's household.			
MHPROB	137	CHAR(1)	If PURPEVAL = 1, 2, 3 or 5, then valid values = 1 through 4. If PURPEVAL = 4, then valid values = 1 through 4 or blank (Mandatory) Else reject
Descriptions and Instructions: MH Problem This item is used to indicate if the client shows evidence of stress and/or mental health problems.			
FAMINC	138	CHAR(1)	If PURPEVAL = 1 or 5, then valid values = 00 through 99. If PURPEVAL = 2, 3, or 4, then valid values = 00 through 99, or blank Else reject (Mandatory)
Descriptions and Instructions: Family Income This item is used to indicate the annual family (gross) income of the client's household.			
REFERRAL	140	CHAR(2)	If PURPEVAL = 1 or 5, then valid value = 01 through 14, 16 through 25, and 99. If PURPEVAL = 2, 3 or 4, then valid values = 01 through 14, 16 though 25, 99 or blank Else reject (Mandatory)

User View Name	Pos	Type / Size	Edits and Validations
	Descriptions and Instructions: Referral Source Enter one response to indicate the agency, individual or situation through which the client is committed or referred for admission. When both legal type and individual (self) referral categories are involved in an admission, the legal referral takes priority over the other types of referrals.		
	<div> <div>[01] Individual (Self-Referral)</div> <div>[02] Substance Abuse Care Provider</div> <div>[03] Mental Health Care Provider</div> <div>[04] Juvenile Justice</div> <div>[05] County Public Health Unit</div> <div>[06] School (Education)</div> <div>[07] Employer/EAP (Employee Assistance Program)</div> <div>[08] Other Social Service/Health/ Community Referral</div> <div>[09] TASC (Assessment Centers)</div> <div>[10] Probation/Parole/Controlled Release Authority</div> <div>[11] DUI/DWI</div> <div>[12] Pretrial</div> <div>[13] Prison/Jail</div> </div> <div> <div>[14] Other Court Order/ Recognized Legal Entity</div> <div>[16] CINS</div> <div>[17] Addiction Receiving Facilities (ARF's)</div> <div>[18] Outreach Program</div> <div>[19] DCF/SAMH</div> <div>[20] Community Hospital</div> <div>[21] State Hospital</div> <div>[22] Physician/Doctor</div> <div>[23] Law Enforcement</div> <div>[24] Family Safety Foster Care (CBC)</div> <div>[25] Family Safety Protective Svcs</div> <div>[99] None of the Above</div> </div>		
PROVID (Mandatory Key)	142	CHAR (10)	Valid values = 10 characters for PROVID that already exists in PROVIDER table. Else, reject (Mandatory Key)
	Descriptions and Instructions: Subcontractor ProviderID Federal Employer ID of the subcontracted agency serving the consumer.		
MHDIAGNOSIS	152	CHAR(6)	If PURPEVAL = 1, 2, 3 or 5, then valid values are 290 through 319.0 and 999. Else the record should be rejected. If the client does not have a diagnosis, then use '799.9'. If PURPEVAL = 4, then valid values = 290 through 319.0 or blank When four or more numbers are used, the fourth position must be a period (.). The fifth and sixth positions when used must be numeric and left justified. Else, reject (Mandatory)
	Descriptions and Instructions: Mental Health Diagnosis The person's primary MH diagnosis using the code from the International Classification of Diseases (ICD-9-CM).		
SADIAGNOSIS	158	CHAR(6)	Valid values are 290 through 319.0 or blank When four or more numbers are used, the fourth position must be a period (.). The fifth and sixth positions when used must be numeric and left justified. Else the record should be rejected.
	Descriptions and Instructions: Substance Abuse Diagnosis The client's substance abuse diagnosis, if any, using the International Classification of Diseases (ICD-9-CM) code.		
BAKERACT	164	CHAR(1)	If PURPEVAL = 1, 2, 3 or 5, then valid values = 0 or 1. If PURPEVAL = 4, then valid values = 0, 1 or blank Else, reject (Mandatory)

User View Name	Pos	Type / Size	Edits and Validations
	Descriptions and Instructions: Baker Act This item is used to indicate if the client meets the criteria for admission to a Baker Act receiving facility.		
RXIDP	165	CHAR(1)	If PURPEVAL = 1, 2 or 3, then valid values = 0 or 1. If PURPEVAL = 4 or 5, then valid values = 0, 1 or blank Else, reject (Mandatory Key)
	Descriptions and Instructions: RXIDP This item is used to indicate if the client received medication through the Indigent Drug Program (IDP) during the past 90 days?		
RXPAP	166	CHAR(1)	If PURPEVAL = 1, 2, or 3, then valid values = 0 or 1. If PURPEVAL = 4 or 5, then valid values = 0, 1 or blank Else, reject (Mandatory Key)
	Description and Instructions: This item is used to indicate if the client received atypical antipsychotic medication.		
CONTNUM1	167	CHAR(5)	Valid value is a valid 5-digit FLAIR contract number of the Contractor or 00000. Else reject. (Mandatory) Valid FLAIR contract number must meet the following conditions: ContractorID must be a valid contract ID in FLAIR AND ContractID must be a valid Employer ID in FLAIR AND EVALDATE must be Between Begin Date and End Date for the ContractID in FLAIR
	Description and Instructions: Contract Number 1 Enter the 5-digit state Contract Number from FLAIR used by the Contractor (i.e., entity that has a State contract) that is accountable for improving the mental health performance outcomes of the person being evaluated.		
CONTNUM2	172	CHAR(5)	Valid value is any contract number up to 5-digit (including 5-digit FLAIR contract number or 00000) or Blank.
	Descriptions and Instructions: Contract Number 2 Enter the 5-digit state Contract Number from FLAIR or enter 5-digit of any other contract number (including 00000) that is used by the Contractor (i.e., entity that has a State contract) or by the Provider (i.e., entity that actually serves the clients) that is accountable for improving the performance outcomes of the person being evaluated.		
CONTNUM3	177	CHAR(5)	Valid value is any contract number up to 5-digit (including 5-digit FLAIR contract number or 00000) or Blank.
	Descriptions and Instructions: Contract Number 3 Enter the 5-digit state Contract Number from FLAIR or enter 5-digit of any other contract number (including 00000) that is used by the Contractor (i.e., entity that has a State contract) or by the Provider (i.e., entity that actually serves the clients) that is accountable for improving the performance outcomes of the person being evaluated.		
VETSTATUS	182	Char (1)	If PURPEVAL = '1' or '5', then valid values are 0 or 1. Else reject. (Mandatory) If PURPEVAL = '2', '3', or '4', then valid values = 0, 1 or blank
	Descriptions and Instructions: Veteran Status Indicate if the client is a veteran of the U.S. Armed Services.		
SOCIAL	183	CHAR(2)	If PURPEVAL = '1', '2', '3' or '5', then valid values are '01' through '06'. If PURPEVAL = '4', then valid values = '01' through '06' or blank Else reject. (Mandatory)
	Descriptions and Instructions: Social Connectedness The number of times the client has attended a self-help program in the 30 days preceding the		

User View Name	Pos	Type / Size	Edits and Validations
			<p>date of admission to treatment services or the quarterly evaluation date. This includes attendance at mental illness recovery group and other self-help/mutual support groups focused on recovery from mental illness. Religious based groups are included in this question. Valid responses are:</p> <p>[01] No attendance in the past month [02] 1-3 times in past month [03] 4-7 times in past month [04] 8-15 times in past month [05] 16-30 times in past month [06] Some attendance in past month, but frequency unknown</p>
SCHOOL	185	CHAR(1)	<p>If PURPEVAL = '1', '2', '3' or '5', then valid values are '1' through '4'. If PURPEVAL = '4', then valid values = '1' through '4' or blank Else reject (Mandatory)</p>
			<p>Descriptions and Instructions: School Attendance If the client is a child, indicate if within the last 30 days the client was suspended from school and/or expelled from school. If the client is an adult, select response '4'. Valid responses are:</p> <p>[1] Suspended [3] Suspended and Expelled [2] Expelled [4] Not Applicable</p>
ARREST	186	CHAR(1)	<p>If PURPEVAL = '1', '2', '3' or '5', then valid values are 0 through 9. If PURPEVAL = '4', then valid values = 0 through 9 or blank Else reject. (Mandatory)</p>
			<p>Descriptions and Instructions: Arrests Indicate the number of times the client was arrested within the last 30 days.</p>
ICD10 MHDIAGNOSIS	187	CHAR(8)	<p>Valid ICD10 code for Substance Abuse Else Reject</p>
			<p>Descriptions and Instructions: Primary Substance Abuse Diagnosis Code - Enter the substance abuse primary diagnosis code for the person using the code from the International Classification of Diseases (ICD-10-CM). The entry can be from three to eight characters.</p>
ICD10 SADIAGNOSIS	195	CHAR(8)	<p>Valid ICD10 code for Mental Health Else Reject</p>
			<p>Descriptions and Instructions: Mental Health Diagnosis Code - Enter the mental health diagnosis code for the client using the code from the International Classification of Diseases (ICD-10-CM). The entry can be from three to eight characters.</p> <p>Leave Blank if there is no Mental Health Diagnosis Code in addition to the SA diagnosis.</p>

Note: Please contact the Managing Entity that you sub-contract with to obtain the date to start reporting the ICD10 codes.

V. Algorithms for Target Population Determination

Child SED	12	<p>If ((Purpose = 1 or 5 and AGE < 18) or (Purpose = 2 or 3 and Purpose 1 Age < 18)) <u>and any of the following three conditions is true:</u></p> <p>a. ICD9PRIM starts with 295, 296, 298 or 301 DISINCOM = 1 CGAS < 51 and ICD9PRIM does not start with 291 or 292 or 295 or 296 or 298 or 301 or 303 or 304 or 305 or 317 or 318 or 319 or 888 or 999 or V</p>
Child ED	13	<p>If ((Purpose = 1 or 5 and AGE < 18) or (Purpose = 2 or 3 and Purpose 1 Age < 18)) <u>and</u> ICD9PRIM does not start with 291 or 292 or 295 or 296 or 298 or 301 or 303 or 304 or 305 or 317 or 318 or 319 or 888 or 999 or V</p>
Child at Risk of ED	14	<p>If ((Purpose = 1 or 5 and AGE < 18) or (Purpose = 2 or 4 and Purpose 1 Age < 18)) and any of the following two conditions is true: Riskfact = 1 or ICD9PRIM = V</p>
Adult with Forensic Involvement	06	<p>If ((Purpose = 1 or 5 and AGE > 17) or (Purpose = 2 or 3 and Purpose 1 Age > 17)) <u>and</u> (DEPCRIMS = 16 thru 19, or 21 thru 26)</p>
Adult with SPMI	07	<p>If ((Purpose = 1 or 5 and AGE > 17) or (Purpose is not equal to 1 or 5 and Purpose 1 Age > 17)) <u>and one of the following two conditions is true.</u></p> <p>a. ICD9PRIM <u>starts with</u> 295 thru 299 <u>or</u> b. ICD9PRIM <u>does not start with</u> 291 or 292 or 295 thru 299, or 303 thru 305 or 317 thru 319 or 888 or 999 or V <u>and</u> one of the following is true: Prognosis = 1 <u>or</u> DISINCOM = 1 <u>or</u> ADLFC = 1</p>
Adult with Serious & Acute Episodes of Mental Health Illness	17	<p>If ((Purpose = 1 or 5 and AGE > 17) or (Purpose = 2 or 3 and Purpose 1 Age > 17)) <u>and</u> (BACKERACT = 1</p>
Adult with Mental Health Problems	18	<p>If ((Purpose = 1 or 5 and AGE > 17) or (Purpose = 2 or 3 and Purpose 1 Age > 17)) <u>and</u> (MHPROB = 1 or 2 or 3 or First Digit of ICD9PRIM = V)</p>
CMH Administrative Discharge	80	<p>If ((Purpose = 1 or 5 and AGE < 18) or (Purpose = 2 or 3 and Purpose 1 Age < 18)) <u>and none of the conditions as stated above were met for a child.</u></p>
AMH Administrative Discharge	88	<p>If ((Purpose = 1 or 5 and AGE > 17) or (Purpose is not equal to 1 or 5 and Purpose 1 Age > 17)) <u>and none of the conditions as stated above were met for an adult.</u></p>
Undefined	99	<p>Client has no services provided for the current contract year. No SERV record was found matching Contractor ID, SSN, and Provider ID on or after the date of admission.</p>

IV. Mental Health Outcomes Data Form

*** = Mandatory Fields (for “administrative DC” (purpose code 4) evaluations, mandatory fields are 1, 2, 3, 4, 5, 6, 7, 8, 11, 32, 50, 55)**

1. *Client SSN: _____ - _____ - _____			
2. *Contractor ID: _____ - _____			
If your agency is the subcontracted provider from Managing Entity, put the Managing Entity's ID here.			
3.*Purpose of Evaluation: _____			
1 – Admission to Provider		3 – Regular discharge from provider	5 – Immediate discharge
2 – Quarterly evaluation		4 – Administrative discharge	
4. *Evaluation Date (format mm/dd/yyyy): _____ / _____ / _____			
5. *Subcontracted Provider ID: _____ - _____			
If your agency is the subcontracted provider from Managing Entity, put your agency's ID here			
6. *Initial Evaluation Date (format mm/dd/yyyy) _____ / _____ / _____			
(This will appear automatically for direct data entry providers)			
7. *Site ID: _____			
8. Client ID: _____			
9. *Primary Diagnosis (ICD9Prim) If a client has a MH & SA diagnosis, the MH diagnosis should be the primary diagnosis and on the diagnosis list to ensure enrollment into the proper target population: _____ . _____ (MH Diagnosis)			
10. Secondary Diagnosis (ICD9Sec): _____ . _____ (SA Diagnosis)			
11. * Staff ID Education code required _____ - _____			
01 - Non-degree Trained Tech	03 - BA/BS degree	05 - Licensed practitioner	07 - MD/DO
02 - AA degree trained tech	04 – MA/MS	06 - PhD/PsyD	
12. *Primary Source of Income : _____			
1 - Salary	3 - Retirement/Pension/SSI	5 - Other	7 - Unknown
2 - Wages/TANF	4 - Disability	6 - None	
13. *Psychiatric Disability Income:: _____ 0 – No _____ 1 - Yes			
14. *Prognosis: _____ 0 - No _____ 1 – Yes (Client received services for current MH problem for at least the past 12 months or clients MH problem is expected to endure for at least another 12 months)			
15. *Dependency / Criminal Status: _____ (see box below)			
Children		Adults	Criminal Incompetent (continued)
01 Delinquent in physical custody		No Court Jurisdiction	19 Involuntarily hospitalized – revocation of conditional release-ITP
02 Delinquent, not in physical custody	10 Competent, no charges (Probation)		21 Conditionally Released-ITP
03 Dependent, in physical custody	11 Civil incompetence of person or property		Not guilty by reason of insanity (NGI)
04 Dependent, not in physical custody	Adults with Court Jurisdiction		22 Involuntary hospital - direct commit - NGI

05	Dependent and Delinquent in physical custody	Criminal Competent	23	Involuntary hospitalized – revocation of conditional. Release-NGI
06	Dependent and Delinquent not in physical custody		12	Incarcerated - Competent
07	CINS, not in physical custody		13	Released pending hearing-Competent
Non Adjudicated Children			Criminal Incompetent (ITP)	
08	Other Children & Family Program		16	Release pending hearing-ITP
09	Under custody & supervision of family, relatives, or guardian	17	Involuntary hospitalization (direct commit)-ITP	Juvenile Incompetent to Proceed
		18	Incarcerated-ITP	27 Incompetent to Proceed - Ages 0 - 17
			28	Incompetent to Proceed - Ages 18 - 20

16. *Admission Type: _____
 1 - Voluntary Competent 2 - Voluntary Incompetent 3 - Involuntary Competent 4 - Involuntary Incompetent

17. *Number of days spent in the community In the last 30 days – maximum of 30 days : _____

18. *RX? Was client receiving any atypical antipsychotic medication during the past 90 days :
 ____ 0 – No ____ 1 - Yes

Questions 19 through 22 relate to Adult only

19. *Total days worked in last 30 days, any time spent earning taxable income equals one day (maximum of 30 days) _____

***Monthly income from each of the following sources in the past 30 days**

20. *Monthly Income from paid employment: _____

21. *Monthly Income from government subsidies (e.g., SS retirement, SSI, SSDI, Public Assistance): _____

22. *Monthly Income from other sources: _____

Questions 23 through 27 relate to Children Only

23. *Total school days available (in last 30 days) (typically does not exceed 22) _____

24. *School days attended (in last 30 days maximum of 22): (typically does not exceed 22) _____

25.*Current CGAS rating: ____

26. *Was the child committed or recommitted to DJJ in the last 90 days? ____ 0 – No ____ 1 - Yes

27. *Is the child at risk of an Emotional Disturbance?: ____ 0 – No ____ 1 - Yes

28. *Residential Status: ____

01 - Independent Living alone	07 - Foster Care/Home	13 - Correctional Facility
02 - Independent Living-with Relatives	08 - Group Home	14 - DJJ Facility
03 - Independent Living –with	09 – Homeless (Residential	15 – Crisis Residence

Non-Relatives 04 - Dependent Living-with Relatives 05 - Dependent Living-with Non-Relatives 06 - Assisted Living Facility (ALF)	County must be 88) 10 - Hospital 11 - Nursing Home 12 - Supported Housing	16 – Children Residential Treatment 17 – Limited MH Licensed ALF 99 - Not Available/Unknown
29. *Marital Status: _____		
1 - Single 2 - Married	3 – Widowed 4 - Divorced	5 - Separated 6 - Unreported
7 - Registered Domestic Partner 8 – Legally Separated		
30. *Employment Status: _____		
10 – Active Military Overseas 20 - Active military, USA	40. Part Time 50 - Leave of Absence	81 – NILF Homemaker 82 – NILF Student
30 - Full Time 31 – Unpaid Family Worker	60 - Retired 70 - Terminated / unemployed	83 – NILF Disabled 84 – NILF Criminal Inmate
85 – NILF Inmate Other 86 – NILF Not Authorized to work		
31. *County of Residence (88 if homeless and residential status = 09) : _____		
32. *Highest School Grade Completed: _____		
20 - No Schooling 21 - Nursery School to 4 th grade 22 - 5 th to 6 th Grade 23 - 7 th to 8 th Grade 24 - 9 th Grade	25 - 10 th Grade 26 - 11 th Grade 27 – 12 grade, no diploma 28 – High School Graduate, Diploma or Degree 29 - 1 or more year College, No Degree 30 - Associate's Degree (AA, AS, etc.)	31 – Bachelors Degree (BA, BS, AB, etc) 32 – Masters Degree (MS, MA, MSW, etc) 33 - Prof Degree (MD, DDS, JD etc) 34 – Doc Degree (PhD, EDD, etc) 35 - Special School 36 - Vocational School
Identify Disability Factors (the following questions 30 through 35 are mandatory only for purpose codes 1 (admission) and 5 (immediate DC)):		
33. Developmental Disabilities: _____ 0 – No _____ 1 - Yes		
34. Physically Impaired: _____ 0 – No _____ 1 - Yes		
35. Non Ambulatory: _____ 0 – No _____ 1 - Yes		
36. Visually Impaired: _____ 0 – No _____ 1 - Yes		
37. Hearing Impaired: _____ 0 – No _____ 1 - Yes		
38. English Language Severely Limited: _____ 0 – No _____ 1 - Yes		
39. *ADL Function: _____ 0 – No _____ 1 - Yes		
40. ZIP Client's residence.(Homeless = 88888, unknown = 99999, mandatory only for purpose codes 1 (admission) and 5 (immediate DC)): _____		

41. *MH Problem: ____ <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1 – Shows evidence of recent severe stressful event and problems with coping 2 – Displays symptomatology placing person at risk of more restrictive intervention if untreated </div> <div style="width: 35%;"> 3 – Both 1 & 2 4 – None </div> </div>																																
42. TANF Status (mandatory only for purpose codes 1 (admission) and 5 (immediate DC)): ____ 1 – Temporary cash assistance, ____ 2 – Diversion Family Program, ____ 3 – Not a TANF client																																
43. Family Size (mandatory only for purpose codes 1 (admission) and 5 (immediate DC)): ____																																
44. Family Income (mandatory only for purpose codes 1 (admission) and 5 (immediate DC)): ____																																
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46. *Baker Act: ____ 0 – No ____ 1 – Yes																																
Identify RX-IDP & PAP																																
47.*Did the client receive medication through indigent psychiatric medication program (IDP) during the past 90 days? (mandatory only for purpose codes 1 (admission), 2 (quarterly) and 3 (regular DC)): ____ 0 – No ____ 1 – Yes																																
48. *Did the client receive atypical antipsychotic medication (E.G., ZYPREXA, RISPERDOL, SEROQUEL, GEODON, CLOZARIL, ETC.) through patient assistance program (PAP) during the past 90 days? (mandatory only for purpose codes 1 (admission), 2 (quarterly) and 3 (regular DC)): ____ 0 – No ____ 1 – Yes																																
49. Provider Local Information: ____																																

50. *Contract No 1: ____ ____ ____ ____ ____	52. Contract No 3: ____ ____ ____ ____ ____
51. Contract No 2: ____ ____ ____ ____ ____	53. *Veteran's Status: ____ 0 - No ____ 1 - Yes
54. Social Connectedness: ____ ____ 01 - No attendance in the past month 04 - 8-15 times in past month 02 - 1-3 times in past month 05 - 16-30 times in past month 03 - 4-7 times in past month 06 - Some attendance in past month, frequency unknown	
55. School Attendance: ____ 1 - Suspended 2 - Expelled 3 - Suspended and Expelled 4 - Not Applicable	
56. Times Arrested: ____ Valid Codes = 0 through 9	
57. ICD10 MH Diagnosis: ____ ____ ____ ____ ____ Valid MH ICD10 Code including the period	
58. ICD10 SA Diagnosis: ____ ____ ____ ____ ____ Valid SA ICD10 Code including the period	

Note: Please contact the Managing Entity that you sub-contract with to obtain the date to start reporting the ICD10 codes.

Signature: _____ **Date:** ____/____/____