

## 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 18<sup>th</sup> 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 18<sup>th</sup> birthday the agency elects to switch the target population to an adult, do the following. Discharge the person prior to their 18<sup>th</sup> birthday and readmit the person after their 18<sup>th</sup> 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](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
<b>CONTRACTORID (Mandatory Key)</b>	1	CHAR(10)	Valid values = 10 characters Must match a Provider ID number that already exists in the Provider table Else, reject <b>(Mandatory)</b>
	<p><b>Descriptions and Instructions: Contractor Identification Number</b> – 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.</p>		
<b>SITEID</b>	11	CHAR(2)	Valid values = 00 through 99 Else, reject. Add preceding zero if single digit. <b>(Mandatory)</b> SITEID validated against PROVID in the Provider Table
	<p><b>Descriptions and Instructions: Site Identification Number</b> – 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. <b>(See Chapter 3 – Provider)</b></p>		
<b>SSN (Mandatory Key)</b>	13	CHAR(9)	Valid values = 9 characters that already exists in DEMO table Else, reject <b>(Mandatory Key)</b> Cannot start with 000 or 9
	<p><b>Descriptions and Instructions: Social Security Number</b> – 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 <b>must match</b> the number reported in the Demographic record. Otherwise, the SA Outcome will be rejected as an orphan.</p>		
<b>CLIENTID</b>	22	CHAR(10)	Valid values up to 10 characters. <b>Do not</b> use the SSN of the client as the ClientID. A pseudo-SSN can be used. <b>(Mandatory)</b>
	<p><b>Descriptions and Instructions: Client Identifier</b> – 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. <b>Do not</b> use the client’s SSN for this field. A pseudo-SSN is acceptable.</p>		

User View Name	Pos	Type / Size	Edits and Validations
<b>PURPEVAL (Mandatory Key)</b>	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. <b>(Mandatory Key)</b>
<b>Descriptions and Instructions: Purpose of Evaluation</b> – Indicate the purpose for completing the MH Performance Outcomes form.			
<b>EVALDATE (Mandatory Key)</b>	33	CHAR(8)	Date must be < or = to the system date and > or = to client's DOB, else reject. Format is YYYYMMDD. <b>(Mandatory Key)</b>
<b>Descriptions and Instructions: Evaluation Date</b> – Indicate the date on which this performance evaluation is conducted.			
<b>STAFFID</b>	41	CHAR(12)	Left justified = up to 12 characters as follows. <b>(Mandatory)</b> 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 <sup>th</sup> through 12 <sup>th</sup> ) 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 <sup>th</sup> through 6 <sup>th</sup> digit) must be <b>FIS</b> 4. The next six digits (7 <sup>th</sup> through 12 <sup>th</sup> digit) can be any alphanumeric number from 1 to six digits The complete FIS ID should look like this: <b>01-FIS000000</b> or <b>02-FIS123456</b> Else, reject
<b>Descriptions and Instructions: Staff ID Number</b> 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> <b>[01]</b> = Non-Degree Trained Technician. <b>[02]</b> = AA Degree Trained Technician <b>[03]</b> = 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. <b>[04]</b> = 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. <b>[05]</b> = 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. <b>[06]</b> = PhD/PsyD/E–D - Licensed psychologist <b>[07]</b> = 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 <b>(Mandatory)</b>
	<b>Descriptions and Instructions: Initial Evaluation</b> - 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 <b>(Mandatory)</b>
	<b>Descriptions and Instructions: Primary Income Source</b> Item indicates if the client is receiving disability income for a psychiatric condition.		
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 <b>(Mandatory)</b>
	<b>Descriptions and Instructions: Admission Type (Legal Status)</b> 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 <b>(Mandatory)</b>
	<b>Descriptions and Instructions: Prognosis</b> 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. <b>(Mandatory)</b>
DEPCRIMS (Continued)	<b>Descriptions and Instructions: Dependency/Criminal Status</b> 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: <b>CHILDREN:</b> <b>Adjudicated Children</b> <b>[01] = Delinquent, in physical custody</b> 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
<p>DEPCRIMS (Continued)</p>			<p>house; or placed in a non-Juvenile Justice commitment.</p> <p><b>[02] = Delinquent, not in physical custody</b> 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).</p> <p><b>[03] = Dependent, in physical custody</b> 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.</p> <p><b>[04] = Dependent, not in physical custody</b> A dependent child is a person that remains in his/her home, and who is under protective services supervision.</p> <p><b>[05] = Dependent &amp; Delinquent, in physical custody</b> A combination of codes 01 and 03 as defined above.</p> <p><b>[06] = Dependent &amp; Delinquent, not in physical custody</b> A combination of codes 02 and 04 as defined above.</p> <p><b>[07] = “Children in Need of Services” (CINS), not in physical custody</b> 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.</p> <p><b><u>Non-Adjudicated Children</u></b></p> <p><b>[08] = Other DCF program status</b> No further description.</p> <p><b>[09] = Under custody &amp; supervision of family relatives or guardian</b> 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.</p> <p><b><u>Juvenile Incompetent to Proceed Program</u></b></p> <p><b>[27] = Incompetent to Proceed – Ages 0 – 17</b> <b>[28] = Incompetent to Proceed – Ages 18 – 20</b></p> <p><b>ADULTS:</b></p> <p><b><u>Adults with No Court Jurisdiction</u></b></p> <p><b>[10] = Competent, no charges</b> Use this code for all clients not involved with the criminal justice system and for clients on probation.</p> <p><b>[11] = Civil incompetence of person or property</b> Not involved with the criminal justice system/incompetence is of person or property.</p> <p><b><u>Adults with Court Jurisdiction:</u></b> Designate any person who is under the jurisdiction of the court in one of the categories below: <b>(a) Criminal Competent:</b> Determined by the court to be competent to proceed in criminal offenses and not adjudicated not guilty by reason of insanity.</p> <p><b>[12] = Incarcerated-Competent</b> <b>[13] = Release pending hearing-Competent</b> <b>[14] = this code is no longer used</b> <b>[15] = this code is no longer used</b></p> <p><b>(b) Criminal Incompetent:</b> Adjudicated by the court as Incompetent to Proceed (ITP) at a</p>



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

User View Name	Pos	Type / Size	Edits and Validations
			values = 0 through 9999 or blank Else, if none of the above reject. <b>(Mandatory)</b>
<b>Descriptions and Instructions: Total Income from Paid Employment</b> 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			
<b>INCOGOV</b>	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. <b>(Mandatory)</b>
<b>Descriptions and Instructions: Income from Government Subsidies</b> 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.			
<b>INCOTHER</b>	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. <b>(Mandatory)</b>
<b>Descriptions and Instructions: Other Income</b> 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.			
<b>GAF</b>	83	CHAR(2)	This field should be left blank, it is <b>no longer used</b> .
<b>DAYSVAI</b>	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 <b>(Mandatory)</b>  Else, if none of the above reject.
<b>Descriptions and Instructions: School Days Available</b> 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
<b>DAYSATTE</b>	87	CHAR(2)	<p>If PURPEVAL = 1 and age at date of admission &lt; 18, then valid values = 00 through 22. Else, if age at admission &gt; 17, then valid values = 00 through 22 or blank.</p> <p>If PURPEVAL = 2 or 3 and the client's age at admission is &lt; 18, then valid values = 00 through 22. Else, if age at admission &gt;17, the valid values = 00 through 22 or blank.</p> <p>If PURPEVAL = 4 or 5 and age at admission &lt; 18, then valid values = 00 through 22 or blank. Else, if the age at admission &gt; 17, then valid values = 00 through 22 or blank</p> <p>Else, if none of the above reject. <b>(Mandatory)</b></p>
<p><b>Descriptions and Instructions: School Days Attended</b></p> <p>This item is a maximum 2-digit number indicating the number of school days the client attended in the last 30 days.</p>			
<b>CGAS</b>	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 <b>(Mandatory)</b></p>
<p><b>Descriptions and Instructions: CGAS Score</b></p> <p>The maximum 2-digit score from the Children's Global Assessment Scale (CGAS) indicating the child/youth's most current level of functioning.</p>			
<b>DJJCOMIT</b>	91	CHAR(1)	<p>If PURPEVAL code = 1, 2 or 3 and if the client's age at the time of admission &lt; 18, then valid values = 0 or 1. Else, if the client's age at the time of admission &gt; 17, then valid values = 0, 1 or blank</p> <p>Else,</p> <p>if PURPEVAL = 4 or 5, then valid values = 0, 1 or blank (optional).</p> <p>Else, reject <b>(Mandatory)</b></p>
<p><b>Descriptions and Instructions: DJJ Committed</b></p> <p>This item indicates if the child was committed or recommitted to the Department of Juvenile Justice</p>			
<b>RISKFACT</b>	92	CHAR (1)	<p>If PURPEVAL code = 1, 2, 3 or 5 and if the client's age at the time of admission &lt; 18, then valid values = 0 or 1</p> <p>Else, if the client's age at the time of admission &gt; 17, then valid values = 0, 1 or blank</p> <p>Else,</p> <p>If PURPEVAL = 4, then valid values = 0, 1 or blank</p> <p>Else, reject <b>(Mandatory)</b></p>
<b>RISKFACT</b> (Continued)	<p><b>Descriptions and Instructions: Risk Factors for ED</b></p> <p>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)</p>		

User View Name	Pos	Type / Size	Edits and Validations
RESIDSTAT	93	NUM (2)	If PURPEVAL = 1, 2, 3 or 5 then Valid values = 01 through 17 and 99  If PURPEVAL = 4 then Valid values = 01 through 16 or blank Add preceding 0 if single digit. <b>(Mandatory)</b>
<p><b>Descriptions and Instructions: Residential Status</b> 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:  <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><b>[01]</b> = Independent Living – Alone  <b>[02]</b> = Independent Living – with Relatives  <b>[03]</b> = Independent Living – with Non-Relatives  <u>Dependent living</u> means the client is paying less than an estimated equal share amount of the total combined living expenses.  <b>[04]</b> = Dependent Living – with Relatives  <b>[05]</b> = Dependent Living – with Non-Relatives  <u>Other Residential</u>  <b>[06]</b> = Assisted Living Facility (ALF) (Limited MH-ALF should use code 17)  <b>[07]</b> = Foster Care/Home  <b>[08]</b> = Adult Residential Treatment Facility (Group Home)  <b>[09]</b> = Homeless (See Chapter 1 page 11 for the definition of homelessness and its applicability to data reporting.)  <b>[10]</b> = State Mental Health Treatment Facility (State Hospitals)  <b>[11]</b> = Nursing Home  <b>[12]</b> = Supported Housing  <b>[13]</b> = Correctional Facility  <b>[14]</b> = DJJ Facility  <b>[15]</b> = Crisis Residence  <b>[16]</b> = Children Residential Treatment Facility  <b>[17]</b> = Limited Mental Health Licensed ALF  <b>[99]</b> = Not Available or Unknown</p>			
MARITAL	95	CHAR (1)	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 <b>(Mandatory)</b>
<p><b>Descriptions and Instructions: Marital Status</b>                      This item indicates the client's current marital status.</p>			
EMPL	96	CHAR(2)	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 <b>(Mandatory)</b>

User View Name	Pos	Type / Size	Edits and Validations
<b>EMPL</b> (Continued)			<p><b>Descriptions and Instructions: Employment Status at Admission</b> 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><b>[10]</b> = Active military, overseas  <b>[20]</b> = Active military, USA  <b>[30]</b> = Full Time  <b>[31]</b> = Unpaid Family Worker *  <b>[40]</b> = Part Time  <b>[50]</b> = Leave of Absence  <b>[60]</b> = Retired  <b>[70]</b> = Terminated / unemployed</p> <p>Not in labor force detail list:                      Select reason for <b>not being</b> in the work force  <b>[81]</b> = Homemaker – must keep house for 1 or more others  <b>[82]</b> = Student  <b>[83]</b> = Disabled  <b>[84]</b> = Criminal Inmate  <b>[85]</b> = Inmate Other  <b>[86]</b> = 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>
<b>RESIDCONT</b>	98	CHAR(2)	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 <b>(Mandatory)</b> Else, reject
			<p><b>Descriptions and Instructions: County of Residence</b></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.</p> <p><b>Refer to page 5-23 for a list of county codes.</b></p>
<b>GRADE</b>	100	CHAR(2)	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 <b>(Mandatory)</b>

User View Name	Pos	Type / Size	Edits and Validations
			<p><b>Descriptions and Instructions: Grade</b> – A two-digit code to indicate the highest educational level completed by the client prior to this evaluation.</p> <p>Enter one of the following 2-digit codes associated with the highest grade completed.</p> <p>[20] = No Schooling                      [21] = Nursery School To 4<sup>th</sup> Grade                      [22] = 5<sup>th</sup> to 6<sup>th</sup> Grade                      [23] = 7<sup>th</sup> to 8<sup>th</sup> Grade                      [24] = 9<sup>th</sup> Grade                      [25] = 10<sup>th</sup> Grade                      [26] = 11<sup>th</sup> Grade                      [27] = 12<sup>th</sup> Grade (No Diploma)                      [28] = High School Graduate (Diploma, Degree)</p> <p>[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</p>
<b>RX</b>	102	CHAR(1)	<p>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 <b>(Mandatory)</b></p>
			<p><b>Descriptions and Instructions: RX</b>                      This item indicates if the client has been taking any atypical antipsychotic medication.</p>
<b>DEVELOP</b>	103	CHAR(1)	<p>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  <b>(Mandatory)</b></p>
			<p><b>Descriptions and Instructions: Developmentally Disabled</b>                      This item indicates if the client is developmentally disabled.</p>
<b>PHYSICAL</b>	104	CHAR(1)	<p>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  <b>(Mandatory)</b></p>
			<p><b>Descriptions and Instructions: Physical Disability</b>                      This item indicates if the client is physically disabled.</p>
<b>AMBULAT</b>	105	CHAR(1)	<p>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 <b>(Mandatory)</b></p>
			<p><b>Descriptions and Instructions: Ambulatory</b>                      This item indicates if the client is non-ambulatory.</p>
<b>VISUAL</b>	106	CHAR(1)	<p>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 <b>(Mandatory)</b></p>
			<p><b>Descriptions and Instructions: Visually Impaired</b>                      This item indicates if the client is visually impaired.</p>
<b>HEARING</b>	107	CHAR(1)	<p>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 <b>(Mandatory)</b></p>
			<p><b>Descriptions and Instructions: Hearing Impaired</b>                      This item indicates if the client is hearing impaired.</p>
<b>ENGLISH</b>	108	CHAR(1)	<p>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 <b>(Mandatory)</b></p>
			<p><b>Descriptions and Instructions: English Severely Limited</b>                      This item indicates if the client's English is severely limited</p>

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 <b>(Mandatory)</b>
<b>Descriptions and Instructions: ADLFC</b> 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)
<b>Descriptions and Instructions: Provider Information</b> 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 <b>(Mandatory)</b> Add leading zero if single digit.
<b>Descriptions and Instructions: Zip Code</b> This item is for the client's home/residence US Postal Zip code.			
TSTAT	135	CHAR(1)	Valid values = 1 through 3. Else reject <b>(Mandatory)</b>
<b>Descriptions and Instructions: TANF Status</b> 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 <b>(Mandatory)</b> Else reject
<b>Descriptions and Instructions: Family Size</b> 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 <b>(Mandatory)</b> Else reject
<b>Descriptions and Instructions: MH Problem</b> 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 <b>(Mandatory)</b>
<b>Descriptions and Instructions: Family Income</b> 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 <b>(Mandatory)</b>







User View Name	Pos	Type / Size	Edits and Validations
	<b>Descriptions and Instructions: Baker Act</b> 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 <b>(Mandatory Key)</b>
	<b>Descriptions and Instructions: RXIDP</b> 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 <b>(Mandatory Key)</b>
	<b>Description and Instructions:</b> 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. <b>(Mandatory)</b>  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
	<b>Description and Instructions: Contract Number 1</b> Enter the 5-digit state Contract Number from FLAIR used by the <b>Contractor</b> (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.
	<b>Descriptions and Instructions: Contract Number 2</b> 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.
	<b>Descriptions and Instructions: Contract Number 3</b> 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. <b>(Mandatory)</b> If PURPEVAL = '2', '3', or '4', then valid values = 0, 1 or blank
	<b>Descriptions and Instructions: Veteran Status</b> 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. <b>(Mandatory)</b>
	<b>Descriptions and Instructions: Social Connectedness</b> 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><b>[01]</b> No attendance in the past month  <b>[02]</b> 1-3 times in past month  <b>[03]</b> 4-7 times in past month  <b>[04]</b> 8-15 times in past month  <b>[05]</b> 16-30 times in past month  <b>[06]</b> Some attendance in past month, but frequency unknown</p>
<b>SCHOOL</b>	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  <b>(Mandatory)</b></p>
			<p><b>Descriptions and Instructions: School Attendance</b>                      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><b>[1]</b> Suspended      <b>[3]</b> Suspended and Expelled  <b>[2]</b> Expelled      <b>[4]</b> Not Applicable</p>
<b>ARREST</b>	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.  <b>(Mandatory)</b></p>
			<p><b>Descriptions and Instructions: Arrests</b>                      Indicate the number of times the client was arrested within the last 30 days.</p>
<b>ICD10 MHDIAGNOSIS</b>	187	CHAR(8)	<p>Valid ICD10 code for Substance Abuse                      Else Reject</p>
			<p><b>Descriptions and Instructions: Primary Substance Abuse Diagnosis Code</b> - 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>
<b>ICD10 SADIAGNOSIS</b>	195	CHAR(8)	<p>Valid ICD10 code for Mental Health                      Else Reject</p>
			<p><b>Descriptions and Instructions: Mental Health Diagnosis Code</b> - 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><b>Leave Blank if there is no Mental Health Diagnosis Code in addition to the SA diagnosis.</b></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**

<b>Child SED</b>	<b>12</b>	<p>If ((Purpose = 1 or 5 and AGE &lt; 18) or (Purpose = 2 or 3 and Purpose 1 Age &lt; 18)) <b><u>and any of the following three conditions is true:</u></b></p> <p>a. <b>ICD9PRIM</b> starts with 295, 296, 298 or 301 <b>DISINCOM</b> = 1 <b>CGAS</b> &lt; 51 and <b>ICD9PRIM</b> does <b>not</b> 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 <b>V</b></p>
<b>Child ED</b>	<b>13</b>	<p>If ((Purpose = 1 or 5 and AGE &lt; 18) or (Purpose = 2 or 3 and Purpose 1 Age &lt; 18)) <b><u>and</u></b> <b>ICD9PRIM</b> 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 <b>V</b></p>
<b>Child at Risk of ED</b>	<b>14</b>	<p>If ((Purpose = 1 or 5 and AGE &lt; 18) or (Purpose = 2 or 4 and Purpose 1 Age &lt; 18)) and any of the following two conditions is true: <b>Riskfact</b> = 1 or <b>ICD9PRIM</b> = <b>V</b></p>
<b>Adult with Forensic Involvement</b>	<b>06</b>	<p>If ((Purpose = 1 or 5 and AGE &gt; 17) or (Purpose = 2 or 3 and Purpose 1 Age &gt; 17)) <b>and</b> (<b>DEPCRIMS</b> = 16 thru 19, or 21 thru 26)</p>
<b>Adult with SPMI</b>	<b>07</b>	<p>If ((Purpose = 1 or 5 and <b>AGE</b> &gt; 17) or (Purpose is not equal to 1 or 5 and Purpose 1 Age &gt; 17)) <b><u>and one of the following two conditions is true.</u></b></p> <p>a. <b>ICD9PRIM</b> <u>starts with</u> 295 thru 299 or b. <b>ICD9PRIM</b> <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 <b>V</b> <b>and</b> one of the following is true: <b>Prognosis</b> = 1 <b>or</b> <b>DISINCOM</b> = 1 <b>or</b> <b>ADLFC</b> = 1</p>
<b>Adult with Serious &amp; Acute Episodes of Mental Health Illness</b>	<b>17</b>	<p>If ((Purpose = 1 or 5 and <b>AGE</b> &gt; 17) or (Purpose = 2 or 3 and Purpose 1 Age &gt; 17)) <b>and</b> (<b>BACKERACT</b> = 1</p>
<b>Adult with Mental Health Problems</b>	<b>18</b>	<p>If ((Purpose = 1 or 5 and <b>AGE</b> &gt; 17) or (Purpose = 2 or 3 and Purpose 1 Age &gt; 17)) <b>and</b> (<b>MHPROB</b> = 1 or 2 or 3 or First Digit of <b>ICD9PRIM</b> = <b>V</b>)</p>
<b>CMH Administrative Discharge</b>	<b>80</b>	<p>If ((Purpose = 1 or 5 and AGE &lt; 18) or (Purpose = 2 or 3 and Purpose 1 Age &lt; 18)) <b><u>and none of the conditions as stated above were met for a child.</u></b></p>
<b>AMH Administrative Discharge</b>	<b>88</b>	<p>If ((Purpose = 1 or 5 and <b>AGE</b> &gt; 17) or (Purpose is not equal to 1 or 5 and Purpose 1 Age &gt; 17)) <b><u>and none of the conditions as stated above were met for an adult.</u></b></p>
<b>Undefined</b>	<b>99</b>	<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)**

<b>1. *Client SSN:</b> _____ - _____ - _____			
<b>2. *Contractor ID:</b> _____ - _____			
If your agency is the subcontracted provider from Managing Entity, put the Managing Entity’s ID here.			
<b>3.*Purpose of Evaluation:</b> _____			
1 – Admission to Provider	3 – Regular discharge from provider	5 – Immediate discharge	
2 – Quarterly evaluation	4 – Administrative discharge		
<b>4. *Evaluation Date</b> (format mm/dd/yyyy): _____ / _____ / _____			
<b>5. *Subcontracted Provider ID:</b> _____ - _____			
If your agency is the subcontracted provider from Managing Entity, put your agency’s ID here			
<b>6. *Initial Evaluation Date</b> (format mm/dd/yyyy) _____ / _____ / _____			
(This will appear automatically for direct data entry providers)			
<b>7. *Site ID:</b> _____			
<b>8. Client ID:</b> _____			
<b>9. *Primary Diagnosis (ICD9Prim)</b> 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)			
<b>10. Secondary Diagnosis (ICD9Sec):</b> _____ . _____ (SA Diagnosis)			
<b>11. * Staff ID</b> 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	
<b>12. *Primary Source of Income :</b> _____			
1 - Salary	3 - Retirement/Pension/SSI	5 - Other	7 - Unknown
2 - Wages/TANF	4 - Disability	6 - None	
<b>13. *Psychiatric Disability Income:::</b> _____ 0 – No _____ 1 - Yes			
<b>14. *Prognosis:</b> _____ 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)			
<b>15. *Dependency / Criminal Status:</b> _____ (see box below)			
	<b>Children</b>	<b>Adults</b>	<b>Criminal Incompetent (continued)</b>
01	Delinquent in physical custody	<b>No Court Jurisdiction</b>	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	<b>Not guilty by reason of insanity (NGI)</b>
04	Dependent, not in physical custody	<b>Adults with Court Jurisdiction</b>	

05	Dependent and Delinquent in physical custody		<b>Criminal Competent</b>	23	Involuntary hospitalized – revocation of conditional. Release-NGI
06	Dependent and Delinquent not in physical custody	12	Incarcerated - Competent	24	Released pending hearing-NGI
07	CINS, not in physical custody	13	Released pending hearing-Competent	25	Conditionally released-NGI
	<b>Non Adjudicated Children</b>		<b>Criminal Incompetent (ITP)</b>	26	Incarcerated-NGI
08	Other Children & Family Program	16	Release pending hearing-ITP		<b>Juvenile Incompetent to Proceed</b>
09	Under custody & supervision of family, relatives, or guardian	17	Involuntary hospitalization (direct commit)-ITP	27	Incompetent to Proceed - Ages 0 - 17
		18	Incarcerated-ITP	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	County must be 88)	
04 - Dependent Living-with Relatives	10 - Hospital	16 – Children Residential Treatment
05 - Dependent Living-with Non-Relatives	11 - Nursing Home	17 – Limited MH Licensed ALF
06 - Assisted Living Facility (ALF)	12 - Supported Housing	99 - Not Available/Unknown
<b>29. *Marital Status:</b> _____		
1 - Single	3 – Widowed	5 - Separated
2 - Married	4 - Divorced	6 - Unreported
		7 - Registered Domestic Partner
		8 – Legally Separated
<b>30. *Employment Status:</b> _____		
10 – Active Military Overseas	40. Part Time	81 – NILF Homemaker
20 - Active military, USA	50 - Leave of Absence	82 – NILF Student
30 - Full Time	60 - Retired	83 – NILF Disabled
31 – Unpaid Family Worker	70 - Terminated / unemployed	84 – NILF Criminal Inmate
		85 – NILF Inmate Other
		86 – NILF Not Authorized to work
<b>31. *County of Residence</b> (88 if homeless and residential status = 09) : _____		
<b>32. *Highest School Grade Completed:</b> _____		
20 - No Schooling	25 - 10 <sup>th</sup> Grade	31 – Bachelors Degree (BA, BS, AB, etc)
21 - Nursery School to 4 <sup>th</sup> grade	26 - 11 <sup>th</sup> Grade	32 – Masters Degree (MS, MA, MSW, etc)
22 - 5 <sup>th</sup> to 6 <sup>th</sup> Grade	27 – 12 grade, no diploma	33 - Prof Degree ( MD, DDS, JD etc)
23 - 7 <sup>th</sup> to 8 <sup>th</sup> Grade	28 – High School Graduate, Diploma or Degree	34 – Doc Degree (PhD, EDD, etc)
24 - 9 <sup>th</sup> Grade	29 - 1 or more year College, No Degree	35 - Special School
	30 - Associate’s Degree (AA, AS, etc.)	36 - Vocational School
<b>Identify Disability Factors</b> (the following questions 30 through 35 are mandatory only for purpose codes 1 (admission) and 5 (immediate DC)):		
<b>33. Developmental Disabilities:</b> _____ 0 – No _____ 1 - Yes		
<b>34. Physically Impaired:</b> _____ 0 – No _____ 1 - Yes		
<b>35. Non Ambulatory:</b> _____ 0 – No _____ 1 - Yes		
<b>36. Visually Impaired:</b> _____ 0 – No _____ 1 - Yes		
<b>37. Hearing Impaired:</b> _____ 0 – No _____ 1 - Yes		
<b>38. English Language Severely Limited:</b> _____ 0 – No _____ 1 - Yes		
<b>39. *ADL Function:</b> _____ 0 – No _____ 1 - Yes		
<b>40. ZIP Client’s residence.</b> (Homeless = 88888, unknown = 99999, mandatory only for purpose codes 1 (admission) and 5 (immediate DC)): _____		

<p><b>41. *MH Problem:</b> _____</p> <p>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</p> <p>3 – Both 1 &amp; 2                  4 - None</p>																																
<p><b>42. TANF Status</b> (mandatory only for purpose codes 1 (admission) and 5 (immediate DC)):                  ____ 1 – Temporary cash assistance, ____ 2 – Diversion Family Program, ____ 3 - Not a TANF client</p>																																
<p><b>43. Family Size</b> (mandatory only for purpose codes 1 (admission) and 5 (immediate DC)):                  _____</p>																																
<p><b>44. Family Income</b> (mandatory only for purpose codes 1 (admission) and 5 (immediate DC)):                  _____</p>																																
<p><b>45. Referral</b> (mandatory only for purpose codes 1 (admission) and 5 (immediate DC)): _____</p> <table border="0"> <tr> <td>01 – Individual – Self – Referral</td> <td>11 – DUI/DWI</td> <td>20 – Community Hospital</td> </tr> <tr> <td>02 – Substance Abuse Care Provider</td> <td>12 – Pretrial</td> <td>21 – State Hospital</td> </tr> <tr> <td>03 – Mental Health Care Provider</td> <td>13 – Prison/Jail</td> <td>22 – Physician/Doctor</td> </tr> <tr> <td>04 - Juvenile Justice</td> <td>14 – Other Court Order/Recognized Legal Entity</td> <td>23 – Law Enforcement</td> </tr> <tr> <td>05 – County Public Health Unit</td> <td>16 – CINS</td> <td>24 – Family Safety Foster Care (CBC)</td> </tr> <tr> <td>06 – School (education)</td> <td>17 – Addiction Receiving Facilities</td> <td>25 – Family Safety Protective Services</td> </tr> <tr> <td>07 – Employer/EAP (Employee Assistance Program)</td> <td>18 – Outreach Program</td> <td>99 – None of the above</td> </tr> <tr> <td>08 – Other Social Services/Health/Community Referral</td> <td>19 – DCF / SAMH</td> <td></td> </tr> <tr> <td>09 - TASC</td> <td></td> <td></td> </tr> <tr> <td>10 – Probation/Parole/Controlled Release Authority</td> <td></td> <td></td> </tr> </table>			01 – Individual – Self – Referral	11 – DUI/DWI	20 – Community Hospital	02 – Substance Abuse Care Provider	12 – Pretrial	21 – State Hospital	03 – Mental Health Care Provider	13 – Prison/Jail	22 – Physician/Doctor	04 - Juvenile Justice	14 – Other Court Order/Recognized Legal Entity	23 – Law Enforcement	05 – County Public Health Unit	16 – CINS	24 – Family Safety Foster Care (CBC)	06 – School (education)	17 – Addiction Receiving Facilities	25 – Family Safety Protective Services	07 – Employer/EAP (Employee Assistance Program)	18 – Outreach Program	99 – None of the above	08 – Other Social Services/Health/Community Referral	19 – DCF / SAMH		09 - TASC			10 – Probation/Parole/Controlled Release Authority		
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<p><b>46. *Baker Act:</b> ____ 0 – No ____ 1 - Yes</p>																																
<p><b>Identify RX-IDP &amp; PAP</b></p>																																
<p><b>47.*Did the client receive medication through indigent psychiatric medication program (IDP) during the past 90 days?</b> (mandatory only for purpose codes 1 (admission), 2 (quarterly) and 3 (regular DC)):                  ____ 0 - No ____ 1 - Yes</p>																																
<p><b>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?</b>                  (mandatory only for purpose codes 1 (admission), 2 (quarterly) and 3 (regular DC)):                  ____</p> <p>0 - No ____ 1 - Yes</p>																																
<p><b>49. Provider Local Information:</b> _____</p>																																

50. *Contract No 1: ____ ____ ____ ____ ____	52. Contract No 3: ____ ____ ____ ____ ____
51. Contract No 2: ____ ____ ____ ____ ____	53. *Veteran's Status: ____ 0 - No ____ 1 - Yes
<b>54. Social Connectedness:</b> ____ ____ 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	
<b>55. School Attendance:</b> _____ 1 - Suspended      2 - Expelled      3 - Suspended and Expelled      4 - Not Applicable	
<b>56. Times Arrested:</b> ____ Valid Codes = 0 through 9	
<b>57. ICD10 MH Diagnosis:</b> _____      Valid MH ICD10 Code including the period	
<b>58. ICD10 SA Diagnosis:</b> _____      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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_