

Ohio Departments of Mental Health and Alcohol & Drug Addiction Services

# Definitions

Data Entry Field Specifications for Integrated OH BH Forms

## Table of Contents

Fields on Admission Form .....	3
Gender .....	3
Racial Group .....	3
Ethnicity .....	3
First Contact .....	4
Admission Date.....	4
Episode Number .....	4
Level of Care (AOD Treatment Only) .....	4
LOC Not Consistent with Assessment.....	5
Referral Source .....	5
Marital Status .....	5
Highest Educational Level Completed .....	5
Educational Enrollment.....	6
Education Type .....	6
Employment Status.....	6
Not in Labor Force .....	6
Primary Source of Income/Support .....	6
Living Arrangement .....	7
Prior AOD Treatment Episodes .....	8
Diagnosis Type.....	8
Mental Health History.....	8
Opioid Replacement Therapy.....	8
Number of Children in Household Under 18 .....	8
Global Assessment of Functioning (GAF).....	9
Primary, Secondary & Tertiary Diagnostic Codes.....	9
Special Populations.....	9
Military Status .....	10
Pregnancies.....	10
Drug of Choice.....	10
Frequency of Use.....	11
Route of Administration .....	11
Age of First Use – First Intoxication.....	11
Primary AOD Code .....	12
Number of Arrests .....	12
Primary Reimbursement.....	12
Self-Help Program Attendance in past 30 Days .....	12
Paying Board .....	12
Tobacco Product Use .....	12
AOD Involvement .....	12
Duel Eligible (Medicaid/Medicare).....	12
Children CGAS (Optional).....	12

Biomarkers.....	12
Source of Height/Weight .....	12
Height & Weight.....	13
Chronic Health Conditions .....	13
Health Care Utilization.....	13
Evidence-based Practices (EPBs).....	13
SMD/SED Operational Definitions.....	16
Serious Mental Illness, Serious Mental Disorder.....	16
SED or Serious Emotional Disturbance .....	18
GAF Scoring Criteria.....	19
Mental Health Episodes.....	20

## Fields on Admission Form

### Gender

**Male / Female** - In case of transgendered individuals, use the client's chosen gender identity.

**Unknown** - Information is missing.

### Racial Group

**Alaska Native (Aleut, Eskimo, Indian)** – Origin in any of the original people of Alaska

**American Indian other than Alaska Native** – Origin in any of the original people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment.

**Asian** – Origin in any of the original people of the Far East, the Indian subcontinent, or Southeast Asia, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, and Viet Nam.

**Native Hawaiian or Other Pacific Islander** – Origin in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.

**Black or African American** – Origin in any of the black racial groups of Africa.

**White** – Origin in any of the original people of Europe, North Africa, or the Middle East

**Other Single Race** – Use this category for instances in which the client is not classified in any category above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories. (Do not use this category for clients indicating multiple races.)

**Two or More Races** – Use this code for multiple race selection and more than one race is indicated.

**Unknown** – Information is missing.

### Ethnicity

**Puerto Rican** – Of Puerto Rican origin regardless of race

**Mexican** – Of Mexican origin regardless of race

**Cuban** – Of Cuban origin regardless of race

**Other Specific Hispanic** – Of known Central or South American or any other Spanish cultural origin, including Spain, other than Puerto Rican, Mexican or Cuban, regardless of race..

**Not of Hispanic Origin**

**Hispanic, Origin Not Specified** – Of Hispanic origin, specific origin not known or specified.

**Unknown** – Information is missing.

## First Contact

The date when the client first contacted the provider with a request for services

## Admission Date

The date when the client receives his/her first direct treatment service. Admission has occurred if and only if the client begins treatment. Events such as initial screening, referral, and wait-listing are considered to take place before the admission to treatment. For AOD level of care transfers, this is the day when client receives his or her first direct treatment after transfer.

## Episode Number

Provider specific field in order to assign an identifying value for each episode. This is an optional field.

## Level of Care (AOD Treatment Only)

**Pre-Treatment (Level 0.5)** – Services to individuals at risk of developing substance abuse-related problems but may or may not meet the diagnostic criteria for abuse or dependence. Services within this level may be provided to family members and significant others (with or without the client present)

**Non-Intensive Outpatient (Level I-A)** – Regularly scheduled ongoing or intermittent therapeutic sessions of low intensity (less than 8 hours/week)

**Intensive Outpatient (Level I-B)** – Structured individual and group activities for a minimum of 8 hours/week and three days a week

**Day Treatment (Level I-C)** – Integrated and structured therapeutic activities consisting of organized and ongoing treatment services (adults 25 hours/four days a week and adolescents 15 hours/five days a week) in a professionally supervised program

**Non-Medical Community Residential Treatment (Level II-A)** – Means a 24-hour rehabilitation facility, without 24-hour-per-day medical/nursing monitoring, where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and other drug problems and/or addictions.

**Medical Community Residential (Level II-B)** – Means a 24-hour rehabilitation facility, with 24-hour-a-day medical/nursing monitoring, where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and other drug problems and/or addiction occurs.

**Ambulatory Detoxification (Level III-A)** – Services to individuals with mild to moderate symptoms of withdrawal, supervised by a physician. Residential, halfway house or outpatient certification is required.

**Sub-Acute Detoxification (Level III-B)** – Refers to detoxification services provided with 24-hour medical monitoring; Services are of brief duration and linkage to other formal and informal services shall be made.

**Acute Detoxification (Level III-C)** – Means services are delivered based on treatment protocols of detoxification in a hospital setting and are delivered by medical and nursing professionals who provide 24-hour medically-directed assessment and withdrawal management. Acute hospital detoxification services are indicated for individuals whose intoxication/withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services and medical management.

**Not Applicable / MH Only** – Use this LOC for Mental Health clients.

### LOC Not Consistent with Assessment

Indicate reason if level of care is not consistent with assessment

**Agency Financial Constraints** – Due to limits in available funding, the agency is unable to provide the client with the assessed level of care.

**Appropriate LOC Not Available** – The assessed level of care is not available at the agency.

**Undue Client Hardship** – When a client is unable or unwilling to participate in the assessed level of care due to person circumstances.

**Other, specify** – When listed reasons don't apply, specify other reason.

### Referral Source

**Individual** – Includes self-referral/family/friend. Include the client, a family member, friend or any other individual, who would not be included in any of the following categories.

**AOD Care Provider** – Any program, clinic, or other health care provider whose principal object is treatment of clients with substance abuse problems, or a program whose activities are related to alcohol or other drug abuse prevention, education, or treatment.

**Mental Health Provider** – A psychiatrist, psychiatric hospital, or mental health program.

**Other Health Care Provider** – A physician or other licensed health care professional; or general hospital, clinic, or nursing home.

**School** – A school principal, counselor, or teacher; or student assistance program, the school system, or an educational agency.

**Employer/EAP** – A supervisor or an employee counselor

**Child Welfare Agency** (i.e., County Department of Job and Family Services, Child Service Board) – federal, state, or county child welfare agencies

**Other Community Referral** – Community or religious organization; a non-child welfare state or county agency; self-help groups (AA, NA)

**Prison** – State correctional facility.

**Courts/Other Criminal Justice** – Federal, municipal, common please, juvenile court, domestic relations, drug court, mental health court, probation, parole, diversionary program, defense attorneys.

**Forensic Hospital** – State hospital forensic unit

**Jail** – County or municipal correctional facility

**FCFC** – Ohio Families and Children First

### Marital Status

**Single/Never Married** – Includes clients whose only marriage was annulled

**Married/Living Together as Married** – Includes those cohabiting as a couple

**Divorced** – Includes those who are legally divorced, but are not currently married or cohabiting

**Widowed** – Includes those whose spouse is deceased, but are not currently married or cohabiting

**Separated** – Includes those separated legally or otherwise absent from spouse because of marital discord

### Highest Educational Level Completed

Indicate the highest education level that the client has completed to date.

## Educational Enrollment

Indicate the enrollment category at the time of record creation. If record is created during summer months when school is not in session and client expects to continue schooling after the break, indicate enrollment category that applies to this expectation. If client has dropped out, graduated, or otherwise discontinued schooling at the time of record creation, indicate Not Enrolled.

### Education Type

**Not SBH (Severely Behaviorally Handicapped)** – Use this to indicate that the client does not have an Individual Education Plan (IEP).

**SBH (Severely Behaviorally Handicapped)** – Use this to indicate the client HAS an Individual Education Plan (IEP).

## Employment Status

**Full Time Employed** – 35+ hours/weekly; legal employment including self-employment or exchanging work for housing, schooling, or care. If a client would have been working, but is on approved leave this should be counted as employed if the clients intends to work after leave ends.

**Part Time Employed** – Same as full time except less than 35 hours/weekly

**Sheltered Employment** – Transitional or extended employment programs intended to provide training and experience to individuals in segregated settings to acquire the skills necessary to succeed in subsequent competitive employment or to use their existing abilities to earn less than minimum wage in a segregated workshop setting

**Unemployed but Actively Looking for Work** – Actively seeking work, but not yet working

### Not in Labor Force

**Homemaker** – Client is primarily responsible for managing a household and is not responsible for earning the income for that household.

**Student** – Client is actively enrolled in and attending school and not employed--if a student is employed check employment status (part/full time) and NOT student.

**Volunteer Worker** – Client is actively engaged in volunteer work on a regular basis in lieu of employment.

**Retired** – Client is retired from working.

**Disabled** – Client is unable to work because of disability.

**Inmate of Jail/Prison/Corrections** – Client is unable to work due to incarceration.

**Engaged in Residential/Hospital (Institutionalized)** – Client is unable to work due to hospitalization/residential treatment.

**Other not in Labor Force** – Unemployed not looking/discouraged worker/Other reason: client is not in the labor force due to barriers such as inadequate transportation, lack of childcare, poor health that does not qualify for disability, needed at home to care for others, lack of job skills, client is not in the labor force and has not been actively seeking work.

## Primary Source of Income/Support

**Wages/Salary Income** – Income generated by employment

**Family/Relative** – Spousal alimony, income received from family or relative

**Public Assistance** – Examples: TANF, Unemployment insurance

**Retirement/Pension** – Social Security, 401K, etc.

**Disability** – Examples: SSI, SSDI, Worker's Compensation

**Other** – Any other source of income including when client has income, but does not disclose source of income

## Living Arrangement

**Independent Living (Own Home)** – A house, apartment, or a home that the client rents or owns, which is not sponsored, licensed, supervised, or otherwise connected to mental health or AOD providers. Includes children living with parents, adult living with parent, or an adult who has a roommate where they share household expenses.

**Homeless** – Refers to those who have no fixed address and/or those who reside in shelters that provide overnight lodging for homeless persons. Examples: Homeless shelter; Mission; Street or Outdoors.

**Other's Home** – A house, apartment, or other living situation in which the client lives with a relative or friend who is head of the household; Includes kinship care: Children living with a relative who is also the legal foster parent should be reported in this category.

**Residential Care** – short-term living environment (or longer term for some adults), it may or may not be 24 hour care. Reasons for this type of care are more environmental in nature. May provide supervision, services, and accommodations. Treatment services are billed separately. This category includes: **Child Residential Care / Group Home** – a congregate living environment licensed by a county or state department to provide care to children or adolescents. Reasons for this placement level of care are more environmental in nature than psychiatric. Child residential Care / Group Home may provide supervision, social services, and accommodations, but treatment services are provided separately and service intensity will vary from client to client. **Adult Residential Care/ ACF: Adult Care Facility (Adult Group Home/Adult Family Home)** - a congregate living environment licensed by a state department to provide care to adults. Reasons for this placement level of care are more environmental in nature than psychiatric. Home may provide supervision, social services, and accommodations, but treatment services are provided separately and service intensity will vary from client to client. **Adult Residential Care (Type 2, 3)** – licensed by the state, includes room & board and may or may not include personal care or mental health services. May also be called Residential Support, Next-Step Housing, or Supervised Group Living.

**Type 1 Residential Treatment** -- Provides room and board, personal care, and certified mental health services to one or more adults, or children or adolescents. Provider is licensed and certified by ODMH as a Type 1 Residential facility. Reasons for this placement level of care are more psychiatric or behavioral in nature than environmental.

**Respite Care** – short-term living environment, it may or may not be 24 hour care. Reasons for this type of care are more environmental in nature. May provide supervision, services and accommodations. Treatment services are billed separately.

**Foster Care** – Living situations in which the client resides with a non-related family or person in that person's home for purpose of receiving care, supervision, assistance, and accommodations. Treatment services are billed separately. Licensed through the state.

**Crisis Care** – Provision of short-term care to stabilize person experiencing psychiatric emergency. Offered as an alternative to inpatient psychiatric unit. Staff 24 hours per day/7 days a week. Treatment services are billed separately.

**Temporary Housing** – Non-hospital, time limited residential program with an expected length of occupancy and goals to transition to permanent housing. Includes room and board, with referral and access to treatment services that are billed separately.

**Community Residence** – Person living in an apt where they entered into an agreement that is not covered by Ohio tenant landlord law. Rules in program or service agreement attached to housing. Refers to financial sponsorship and/or provision of some degree of onsite supervision for residents.

**Nursing Facility** – Refers to a nursing facility licensed by the Ohio Department of Health for the provision of various levels of nursing care. Examples: Skilled Nursing Facility; Intermediate Care Facility; Nursing Home.

**Licensed MR Facility** – Refers to any ODMR-DD licensed group home or community facility (that is not an ICF-MR) where supervision, services and/or accommodations are provided. Examples: Group Home for persons with MR; Residential Facility for persons with MR.

**State MH/MR Institution** – Refers to any state-operated institution under the jurisdiction of the ODMH or ODMR-DD. Examples: State Psychiatric Hospital; State Developmental Center; Behavioral Healthcare Organization.

**Hospital** – Refers to any non-state operated hospital, including a private psychiatric hospital or the psychiatric division of a general medical facility. Examples: General Hospital; Community Hospital; Private Psychiatric Hospital.

**Correctional Facility** – Refers to any facility operated by city, county, state or federal law enforcement providers. Examples: Jail, Workhouse, Prison.

**Other** – Refers to any living arrangements that are not listed above.

### Prior AOD Treatment Episodes

Indicate the number of previous treatment episodes the client has received in any drug or alcohol program. Changes in level of care for the same episode (transfers) should NOT be counted as separate prior episodes.

### Diagnosis Type

Indicate diagnostic coding system used for record:

Diagnostic and Statistical Manual of Mental Disorders **DSM-IV-TR** or International Statistical Classification of Diseases and Related Health Problems **ICD-9**

### Mental Health History

If this is an AOD admission record, check box if client has a history of mental illness in addition to AOD problem.

### Opioid Replacement Therapy

Answer “Yes” if methodone or buprenorphine is part of the client’s treatment plan.

### Number of Children in Household Under 18

Count number of children living in client’s household even if they are not directly dependent on client.

## Global Assessment of Functioning (GAF)

Required for SMD/SED Mental Health clients. See *SMD/SED Operational Definitions* and *GAF Scoring Criteria* in this document.

## Primary, Secondary & Tertiary Diagnostic Codes

For dually diagnosed SA/MI clients: If this is an admission to AOD treatment, Primary Code must be AOD; either Secondary or Tertiary Codes must be MH. If this is an admission to MH treatment, Primary Code must be MH, either Secondary or Tertiary Codes must be AOD. SA/MI clients admitted to an IDDT program should have MH Primary Code, AOD Secondary or Tertiary Code.

## Special Populations

**Severely Mentally Disabled (SMD) or Seriously Emotionally Disturbed (SED) – Adults:** The client has a long-standing, persistent disability due to a psychiatric condition. The client will have a history of multiple psychiatric hospitalizations and/or placements as well as substantial engagement with community mental health providers. **Child/Adolescent:** The client has substantial behavioral or emotional problems at school, home, or in the community that have a negative impact on development and functioning. The client has a history of disrupted living environment, school suspensions/expulsions, and or juvenile justice involvement. For more details, see SMD/SED Operational Definition.

**Alcohol/Other Drug Abuse** – Can be used to indicate a substance abusing / mentally ill (SAMI) client if admission record is for mental health client.

**Forensic Legal Status** – Client is involved in the criminal or juvenile justice system and is also served or eligible to be served by the mental health system. Forensic clients can be **adults or youth** who get arrested, detained, or diverted who have a mental illness. They can also be individuals in the hospital or on conditional release who have a forensic legal status or people coming out of prison/jail who have serious mental illness.

**Mental Retardation/Developmental Disability** – Can be used to indicate client has a DD diagnosis without entering a specific Axis II diagnosis.

**Deaf/Hard of Hearing** – Client has partial or full hearing impairment.

**Blind/Sight Impaired** – Client has partial or full sight impairment.

**Physically Disabled** – Client has physical disability involving motor skills or ambulation.

**Sexual Abuse Victim** – Client has history of sexual molestation, rape, or other inappropriate sexual contact.

**Domestic Violence Victim/Witness** – Client has history of intimate partner victimization or has witnesses violence between family members.

**Child of Alcohol/Drug Abuser** – Client has history of exposure to parent/guardian substance abuse.

**HIV/AIDS** – Client is positive for HIV/AIDS.

**Suicidal** – Includes clients with a history of multiple episodes of suicidality or low lethality suicidal behavior. Also refers to history of intentional self-injury (e.g., cutting).

**Language Barriers/English 2nd Language** – Client cannot communicate in English or is not a native English speaker.

**Hepatitis C** – Client is positive for Hepatitis C virus.

**Transgendered** – Client expresses a gender identity that differs from the one corresponding to his/her sex at birth.

**In Custody/Child Welfare** – Client is in dependent child in state custody at time of record creation.

**Multiple Service System Involvement** – Refers to children and adolescents involved in two or more service systems. Such clients may receive service coordination or services funded through a Families and Children First Council.

**Early Childhood: At Risk for SED** – Client is age 0 to 6 and presents with symptoms and behaviors that suggest risk of serious emotional disturbance.

**Sexual Offender** – Client is a registered offender and/or someone with a history of referral and treatment for sexual aggression.

**Bisexual/Gay/Lesbian** – Client identifies as a sexual minority.

**Military Family** – Client is the child, spouse or other dependent of active or inactive soldier. Military includes National Guard, Army, Navy, Marines, Coast Guard.

**None of the above** – Use this category if client does not meet criteria for any special population.

### **Military Status**

Identify client's status in the uniformed services (Army, Navy, Air Force, Marines, Coast Guard, National Guard, etc.)

**None** – Client has no history of military service.

**Discharged** – Client has history of military service, but is not actively enlisted.

**Active Duty** – Client is actively enlisted in military service.

**Disabled Vet** – Client has a disability resulting from military service.

**Served In** – Indicate all that apply.

### **Pregnancies**

Indicate whether the client has **given live birth in the last 5 years**.

Indicate **total number** of LIVE births.

Indicate whether **client is currently pregnant**, and if yes, indicate **trimester at time** of record creation.

### **Drug of Choice**

This field indicates the client's primary substance problem. Can enter up to three **Drugs of Choice**, each with information about **Frequency of Use** and **Route of Administration**. Field cannot be left blank for MH admission if client is admitted to IDDT program. For MH-only clients, **Nicotine** use should be indicated if client uses tobacco products. Field does not indicate diagnosis, only that substance use occurs.

**Alcohol** – Any drink containing ethanol

**Cocaine/Crack** – Cocaine hydrochloride (powdered cocaine), crack or rock cocaine

**Marijuana/Hashish** – Includes THC and any other cannabis sativa preparations

**Heroin** – A synthetic opiate drug made from morphine, comes in numerous forms such as white or brown powder or black-tar

**Non-Prescription Methadone** – A synthetic opiate medication that binds to the same receptors as heroin, is only to be listed as a drug of choice if the client is using outside of prescription

**Other Opiates and Synthetics** – Includes codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects.

**PCP** – Phencyclidine

**Other Hallucinogens** – Includes LSD, DMT, STP, hallucinogens, mescaline, peyote, psilocybin, etc.

**Methamphetamines** – Potent central nervous system stimulant of the phenylethylamine family

**Other Amphetamines** – Includes amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs

**Other Stimulants** – Includes methylphenidate and any other stimulants

**Benzodiazepines** – Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified benzodiazepines

**Other Non-Benzodiazepine Tranquilizers** – Includes meprobamate, tranquilizers, etc.

**Barbiturates** – Includes amobarbital, pentobarbital, phenobarbital, secobarbital, etc.

**Other Non-Barbiturate Sedatives or Hypnotics** – Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, etc.

**Inhalant** – Includes chloroform, ether, gasoline, glue, nitrous oxide, paint thinner, etc.

**Over-the-Counter Medications** – Includes aspirin, cough syrup, diphenhydramine and other antihistamines, sleep aids, and any other legally obtained, non-prescription medication

**Nicotine** – An alkaloid derived from the tobacco plant that is responsible for smoking's psychoactive and addictive effects. Can take many forms, smoked, chewed, snorted, etc.

**Other Medications** – Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, etc.

### Frequency of Use

Select only one option to indicate typical frequency of use.

### Route of Administration

**Oral** – By mouth

**Smoking** – Substance is burned and inhaled, e.g., marijuana, crack cocaine

**Inhalation** – Substance is inhaled by mouth or nose, but without burning, e.g., powder cocaine

**Injection** – Substance is administered through the skin, usually with a needle

**Other** – Could include anal route of administration

### Age of First Use – First Intoxication

For drugs other than alcohol, this identifies the age at which the client first used the substance identified. For alcohol, this field records the age of the first intoxication.

## Primary AOD Code

Placeholder for AOD Diagnostic Information

## Number of Arrests

Number of arrests in the 30 days preceding the date of admission, update or discharge.

## Primary Reimbursement

Select the expected primary reimbursement for treatment services. Can only choose one.

**Self-Pay** – Client is paying out of pocket

**Blue Cross/Blue Shield** – Also known as Anthem

**Medicare** – Federally-funded program

**Medicaid** – Federal/State-funded program, means-tested

**Other Government Support** – Board funding/State subsidy

**Worker's Compensation** – BWC coverage

**Other Private Health Insurance** – e.g., United Behavioral Healthcare, Aetna, Champus, etc.

## Self-Help Program Attendance in past 30 Days

Required for AOD admission and discharge.

## Paying Board

Board responsible for coverage if primary reimbursement is **Other Government Support**; Can be Resident Board if client covered 100% by Medicaid, Medicare, or Worker's Compensation.

## Tobacco Product Use

Indicate "Yes" if client has smoked or chewed tobacco/nicotine one or more times in past 30 days.

## AOD Involvement

Indicate "Yes" if client has history of substance abuse.

## Dual Eligible (Medicaid/Medicare)

Indicate "Yes" if client is covered by both Medicaid and Medicare.

## Children CGAS (Optional)

Providers using CGAS for children/adolescents can record score.

## Biomarkers

### Source of Height/Weight

Indicate whether weight & height are client self-report or measurement with scales by agency staff.

## Height & Weight

Enter height in feet and inches, weight in pounds.

## Chronic Health Conditions

**Diabetes** – Includes Type 1 or Type 2, controlled or uncontrolled; may be comorbid with high cholesterol.

**High Cholesterol** – Blood tests indicate high levels of cholesterol; may be co-morbid with diabetes, underactive thyroid, cardio-vascular disease, and high blood pressure.

**Cardiovascular Disease** – Includes heart attack, stroke and any other disease of the heart or blood vessels; may be comorbid with high blood pressure.

**High blood pressure** – Measurement of systolic and diastolic blood pressure indicates condition; may be comorbid with cardiovascular disease, high cholesterol.

**Cancer** – Any type or stage (I-IV) or in remission.

**Kidney Disease/Failure** – Deterioration of kidney function; may be comorbid with high blood pressure.

**Bowel Obstruction** – Constipation; the small or large intestine is partly or completely blocked; may be a side effect of medication.

**Respiratory Disease** – Chronic Obstructive Pulmonary Disease (COPD), asthma; diseases of the lung, pleural cavity, bronchial tubes, trachea, upper respiratory tract.

**None** – No report or evidence of listed conditions.

## Health Care Utilization

Information on number of times over last six months client has had:

**Hospital Admission** – Can be for physical or psychiatric condition

**Emergency Room Visit or Admission** – Only hospital ER; crisis CMHC outpatient does not apply

**Outpatient Primary Care Visit** – May include Urgent Care

**Dental Visit** – Outpatient only; ER visits for dental emergency does not apply

## Evidence-based Practices (EPBs)

Agency's OH BH administrator must complete Set-Up record or these fields will not be available on web-based data entry screen. Should not enter batch without submitting a Set-Up record.

**Supportive Housing** -- Supported Housing is a specific program model in which a client lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability.

**Supported Employment** -- Supported Employment (SE) is an evidence-based service to promote rehabilitation and return to productive employment for persons with serious mental illness' rehabilitation and

their return to productive employment. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake through follow-along. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to public), in normalized settings, and utilize multiple employers. The SE team has a small client to staff ratio. SE contacts occur in the home, at the job site, or in the community. The SE team is assertive in engaging and retaining clients in treatment, especially utilizing face-to-face community visits, rather than phone or mail contacts. The SE team consults/works with family and significant others when appropriate. SE services are frequently coordinated with Vocational Rehabilitation benefits.

**Assertive Community Treatment (ACT)** -- A team based approach to the provision of treatment, rehabilitation and support services. ACT/PACT models of treatment are built around a self-contained multi-disciplinary team that serves as the fixed point of responsibility for all patient care for a fixed group of clients. In this approach, normally used with clients with severe and persistent mental illness, the treatment team typically provides all client services using a highly integrated approach to care. A key aspect is low caseloads and the availability of the services in a range of settings.

**Family Psycho-Education** -- Offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through the active involvement of family members in treatment and management and to alleviate the suffering of family members by supporting them in their efforts to aid the recovery of their loved ones. Family Psycho-education programs may be either multi-family or single-family focused. Core characteristics of family Psycho-education programs include the provision of emotional support, education, resources during periods of crisis, and problem-solving skills.

**Integrated Dual Disorder Treatment (IDDT)** -- Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses.

**Illness Self-Management/Wellness Management & Recovery** -- These are broad set of rehabilitation methods aimed at teaching individuals with a mental illness strategies for collaborating actively in their treatment with professionals, for reducing their risk of relapses and re-hospitalizations, for reducing severity and distress related to symptoms, and for improving their social support. Specific evidence-based practices that are incorporated under the broad rubric of illness self-management are psycho-education about the nature of mental illness and its treatment, "behavioral tailoring" to help individuals incorporate the taking of medication into their daily routines, relapse prevention planning, teaching coping strategies to managing distressing persistent symptoms, cognitive-behavior therapy for psychosis, and social skills training. The goal of illness self-management is to help individuals develop effective strategies for managing their illness in collaboration with professionals and significant others, thereby freeing up their time to pursue their personal recovery goals.

**Medication Management** -- In the toolkit on medication management there does not appear to be any explicit definition of medication management. However the critical elements identified for evidence-

based medication management approaches are the following: Utilization of a systematic plan for medication management; Objective measures of outcome are produced; Documentation is thorough and clear; Clients and practitioners share in the decision-making.

**Therapeutic Foster Care** -- Children are placed with foster parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. In addition, therapeutic foster parents are given a higher stipend than to traditional foster parents, and they receive extensive pre-service training and in-service supervision and support. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed. A key difference between TFC and traditional foster care is the TFC family receives an extensive pre-service training and in-service supervision and support.

**Multi-Systemic Therapy (MST)** -- MST views the individual as nestled within a complex network of interconnected systems (family, school, peers). The goal is to facilitate change in this natural environment to promote individual change. The caregiver is viewed as the key to long-term outcomes. Must be licensed by MST, Inc.

**Functional Family Therapy (FFT)** -- FFT is a phased program where each step builds on one another to enhance protective factors and reduce risk by working with both the youth and their family.

**Intensive Home-based Treatment (IHBT)** -- Intensive Home-Based Treatment is a time-limited mental health service for youth with serious emotional disabilities and their families, provided in the home, school and community where the youth lives, with the goal of stabilizing mental health concerns, and safely maintaining the youth in the least restrictive, most normative environment. IHBT provides a comprehensive set of services (CPST, Behavioral Health Counseling and Therapy; Crisis Response; mental health assessment, supportive services) integrated by a team of providers into a seamless set of services delivered to the family. The main purposes are out-of-home placement prevention, reunification, and stabilization & safety.

## SMD/SED Operational Definitions

### Serious Mental Illness, Serious Mental Disorder

#### Adults with a Mental Illness, Disorder or Disease

- I. Must be 18 years of age or older; and
- II. Individuals with any DSM-IV-TR diagnosis, with the exception of the following exclusionary diagnoses:
  - developmental disorders (tic disorders, mental retardation, pervasive developmental disorders, learning disorders, motor skills disorders and communication disorders)
  - substance-related disorders
  - conditions or problems classified in DSM-IV-TR as other conditions that may be a focus of clinical attention (V codes)
  - Dementia, mental disorders associated with known or unknown physical conditions such as hallucinosis, amnesic disorder or delirium
  - sleep disorders; and
- III. Individuals with Global Assessment of Functioning Scale (GAF) ratings between 60 and 100 (lowest level of care need, tier 3).

#### Adults with Serious Mental Illness, aka SMD

- I. Must be 18 years of age or older; and
- II. Individuals with any DSM-IV-TR diagnosis, with the exception of the following exclusionary diagnoses:
  - developmental disorders (tic disorders, mental retardation, pervasive developmental disorders, learning disorders, motor skills disorders and communication disorders)
  - substance-related disorders
  - conditions or problems classified in DSM-IV-TR as other conditions that may be a focus of clinical attention (V codes)
  - Dementia, mental disorders associated with known or unknown physical conditions such as hallucinosis, amnesic disorder or delirium sleep disorders; and
- III. Treatment history covers the client's lifetime treatment for the DSM IV-TR diagnoses other than those listed as exclusionary diagnoses specified in section II and meets one of the following criteria:
  - a. Continuous treatment of 6 months or more, or a combination of, the following treatment modalities: inpatient psychiatric treatment, partial hospitalization or six months continuous residence in a residential program (e.g., supervised residential treatment program, or supervised group home); or
  - b. Two or more admissions of any duration to inpatient psychiatric treatment, partial hospitalization or residential programming within the most recent 12 month period; or

- c. A history of using two or more of the following services over the most recent 12 month period continuously or intermittently (this includes consideration of a person who received care in a correctional setting): psychotropic medication management, behavioral health counseling, CPST, crisis intervention; or
  - d. Previous treatment in an outpatient service for at least six months, and a history of at least two mental health psychiatric hospitalizations; or
  - e. In the absence of treatment history, the duration of the mental disorder is expected to be present for at least 6 months; and
- IV. Individuals with Global Assessment of Functioning Scale (GAF) ratings between 40 and 60 (mid-range level of care need, tier 2) ). Clinician discretion may be used in determining into which tier an individual with a GAF rating of 40-50 (either tier 1 or tier 2) should be placed.

Adults with Serious and Persistent Mental Illness, aka (SPMI)

- I. Must be 18 years of age or older; and
- II. Individuals with any DSM-IV-TR diagnosis, with the exception of the following exclusionary diagnoses:
  - developmental disorders (tic disorders, mental retardation, pervasive developmental disorders, learning disorders, motor skills disorders and communication disorders)
  - substance-related disorders
  - conditions or problems classified in DSM-IV-TR as other conditions that may be a focus of clinical attention (V codes)
  - Dementia, mental disorders associated with known or unknown physical conditions such as hallucinosis, amnesic disorder or delirium and sleep disorders; and
- III. Treatment history covers the client's lifetime treatment for the DSM IV-TR diagnoses other than those listed as exclusionary diagnoses specified in section II and meets one of the following criteria:
  - a. Continuous treatment of 12 months or more, or a combination of, the following treatment modalities: inpatient psychiatric treatment, partial hospitalization or 12 months continuous residence in a residential program (e.g., supervised residential treatment program, or supervised group home); or
  - b. Two or more admissions of any duration to inpatient psychiatric treatment, partial hospitalization or residential programming within the most recent 12 month period; or
  - c. A history of using two or more of the following services over the most recent 12 month period continuously or intermittently (this includes consideration of a person who might have received care in a correctional setting): psychotropic medication management, behavioral health counseling, CPST, crisis intervention; or
  - d. Previous treatment in an outpatient service for at least 12 months, and a history of at least two mental health psychiatric hospitalizations; or
  - e. In the absence of treatment history, the duration of the mental disorder is expected to be present for at least 12 months; and

- IV. Individuals with Global Assessment of Functioning Scale (GAF) ratings of 50 or below (highest level of care need, tier 1). Clinician discretion may be used in determining into which tier an individual with a GAF rating of 40-50 (either tier 1 or tier 2) should be placed.

## **SED or Serious Emotional Disturbance**

### Children or Adolescents with Mental / Emotional Disorders

- I. 0 years of age through 17 years of age (youth aged 18-21 years who are enrolled in high school, in Department of Youth Services or Children Services custody or when it is otherwise developmentally/clinically indicated may be served to assist with transitioning to adult services), and
- II. Individuals with any DSM-IV-TR diagnosis, except developmental disorders (tic disorders, mental retardation, pervasive developmental disorders, learning disorders, motor skills disorders and communication disorders), substance-related disorders, or conditions or problems classified in DSM-IV-TR as other conditions that may be a focus of clinical attention (V codes) unless these conditions co-occur with another diagnosable mental or emotional disorder, and
- III. Assessment of impaired functioning at age appropriate levels and difficulty with age appropriate role performance with a Global Assessment of Functioning Scale (GAF score between 50 and 90). Clinical discretion may be used to place individuals with GAF scores between 50 and 60 in a higher intensity (Serious Emotional Disturbance)

### Child or Adolescent with Serious Emotional Disturbance

- I. 0 years of age through 17 years of age (youth aged 18-21 years who are enrolled in high school, in Department of Youth Services or Children Services custody or when it is otherwise developmentally/clinically indicated may be served to assist with transitioning to adult services); and
- II. Individuals with any DSM-IV-TR diagnosis, except developmental disorders (tic disorders, mental retardation, pervasive developmental disorders, learning disorders, motor skills disorders and communication disorders), substance-related disorders, or conditions or problems classified in DSM-IV-TR as other conditions that may be a focus of clinical attention (V codes), unless these conditions co-occur with another diagnosable mental or emotional disorder; and
- III. Assessment of impaired functioning at age appropriate levels and difficulty with age appropriate role performance with a Global Assessment of Functioning Scale (GAF score below 60). Clinical discretion may be used to place individuals with GAF scores between 50 and 60 in a lower intensity of services (Mental/Emotional Disorder); and
- IV. Duration of the mental health disorder has persisted or is expected to be present for six months or longer.

## GAF Scoring Criteria

**100-91** Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his/her many positive qualities. No symptoms.

**90-81** Absent of minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).

**80-71** If symptoms are present, they are transient and expectable reactions to psycho-social stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).

**70-61** Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful relationships.

**60-51** Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).

**50-41** Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

**40-31** Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

**30-21** Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home or friends).

**20-11** Some danger of hurting self or others (e.g., suicidal attempts without clear expectation of death; frequent violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).

**10-1** Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

## Mental Health Episodes

A **mental health treatment episode** is defined as the period of services between the beginning of treatment services and an update or termination of services for the prescribed treatment plan. Mental health treatment episodes are created with an annual update record if the client is still receiving services or with a termination (discharge) record if the client is no longer receiving services.

A **mental health admission** is defined as the formal acceptance of a client with serious mental disturbance (SMD) or severe emotional disturbance (SED) into treatment. Therefore, events such as initial screening, referral, and wait-listing are considered to take place before the admission date. The Department of Mental Health requires an admission record **ONLY** for clients with SMI or SED who are admitted for mental health treatment paid for in whole or part by public funds. An SMD and SED determination are based on diagnosis, the global assessment of functioning (GAF), and the special population field SMD/SED. Criteria for SMD/SED determination are found beginning on page 16. Many mental health clients have an SMI or SED diagnosis and GAF determination upon referral from a hospital or other treatment provider. These prior diagnostic and GAF assessments can be used at intake to create an admission record; otherwise, creation of an admission record should be delayed until an SMD or SED diagnosis and GAF have been determined through a diagnostic assessment or physician interview.

An **update** is defined as the yearly update of information about active clients. A yearly post-admission update is required for all active clients. An active client is defined as someone receiving services within the six month period prior to the yearly update. A client admitted on July 13, 2010, who last received services on February 14, 2011, would be considered active on an annual update occurring July 13, 2011. However, if no update or discharge record were submitted, the client would be flagged for discharge after August 14 because of a six month (180 day) lapse in service receipt.

A **discharge** is defined as the termination of services regardless of the reason. In cases where a client with SMD/SED has a 180-day lapse in service receipt, ODMH will issue a notice of administrative closure. Providers may choose to create either a discharge or an update record upon notice of administrative closure.

A mental health **transfer** is used only with clients placed a Type1 Residential Treatment Facility. The purpose of transfer records is to provide the State with information about length of stay in the Type 1 Residential level of care. Therefore, Transfer Records are created to track the client's movement out of or into the Type 1 Residential placement level of care within the agency providing the residential treatment. When client is admitted to a Type 1 Residential Treatment Facility, the admission record is used to indicate that living situation. If the client is moved from the Type 1 Residential Facility to a different living situation such as foster care or a group home within the same agency or to another agency, a transfer record should be created so that length of stay in the Type 1 Residential placement level of care can be calculated. If the client is changing providers when discharged directly from a Type 1 Residential placement level of care, the discharge record will be populated with the living situation entered into the transfer record. An outpatient provider may choose to leave a client's record open because the client has been temporarily placed at a Type 1 Residential Facility for stabilization and is expected to return to the outpatient agency. In such a case, the outpatient provider should not change the client's living situation *unless at the time of annual update* the client is still residing at the Type 1 Residential Facility.