

Ohio Department of Mental Health

Definitions

Records and Data Entry Fields in Treatment Episode Outcomes

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Mental Health Episodes

A **mental health treatment episode** is defined as the period of services between the beginning of a treatment services (admission) 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 creation of the admission record. 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 in Appendix A. 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 **transfer** is used only with consumers 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.

Mental Health Special Programs: Evidence-based Practices

- a. **Supportive Housing:** Supported Housing is a specific program model in which a consumer 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.
- b. **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.
- c. **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.
- d. **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.
- e. **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.

- f. **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.
- g. **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; Consumers and practitioners share in the decision-making.
- h. **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 case-loads 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.
- i. **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.
- j. **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.
- k. **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.

Referral Source

- a. **Individual** – includes self-referral/family/friend. Includes the client, a family member, friend or any other individual, who would not be included in any of the following categories.
- b. **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.
- c. **Mental Health Provider** – a psychiatrist, psychiatric hospital, or mental health program.
- d. **Other Health Care Provider** – a physician or other licensed health care professional; or general hospital, clinic, or nursing home.
- e. **School** – a school principal, counselor, or teacher; or student assistance program, the school system, or an educational agency.
- f. **Employer/EAP** – a supervisor or an employee counselor.
- g. **Child Welfare Agency** (i.e., County Department of Job and Family Services, Child Service Board) – federal, state, or county child welfare agencies.
- h. **Other Community Referral** – community or religious organization; a non-child welfare state or county agency; self-help groups (AA, NA).
- i. **Prison** – state correctional facility.
- j. **Courts/Other Criminal Justice** – Federal, municipal, common please, juvenile court, domestic relations, drug court, mental health court, probation, parole, diversionary program, defense attorneys.
- k. **Forensic Hospital** – State hospital forensic unit.
- l. **Jail** – county or municipal correctional facility.
- m. **Families and Children First Council** – OFCF

Marital Status

- a. **Single/Never Married** – includes clients whose only marriage was annulled.
- b. **Married/Living Together as Married** – includes those cohabiting as a couple.
- c. **Divorced** – includes those who are legally divorced, but are not currently married or cohabiting.
- d. **Widowed** – includes those whose spouse is deceased, but are not currently married or cohabiting.
- e. **Separated** – includes those separated legally or otherwise absent from spouse because of marital discord.

Education Type

- a. **Not Behaviorally Handicapped** – Use this to indicate that the client does not have an Individual Education Plan (IEP).
- b. **Behaviorally Handicapped** – Use this to indicate the client HAS an Individual Education Plan (IEP).

Employment Status

- a. **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.
- b. **Part Time Employed** – same as full time except less than 35 hours/weekly.
- c. **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.
- d. **Unemployed but Actively Looking for Work** – actively seeking work, but not yet working.

NOT IN LABOR FORCE:

- e. **Homemaker** – client is primarily responsible for managing a household and is not responsible for earning the income for that household.
- f. **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.
- g. **Volunteer Worker** – client is actively engaged in volunteer work on a regular basis in lieu of employment.
- h. **Retired** – client is retired from working.
- i. **Disabled** – client is unable to work because of disability.
- j. **Inmate of Jail/Prison/Corrections** – client is unable to work due to incarceration.
- k. **Engaged in Residential/Hospital (Institutionalized)** – client is unable to work due to hospitalization/residential treatment.
- l. **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 child-care, 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

- a. **Wages/Salary Income** - income generated by employment.
- b. **Family/Relative** - spousal alimony, income received from family or relative.
- c. **Public Assistance** - Examples: TANF, Unemployment insurance.
- d. **Retirement/Pension** –Social Security, 401K, etc.

- e. **Disability** - Examples: SSI, SSDI, Worker's Compensation.
- f. **Other** - Any other source of income including when client has income, but does not disclose source of income.

Living Arrangement

- a. **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.
- b. **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.
- c. **Other's Home** – House, apt, 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.
- d. **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.
- e. **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.
- f. **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.
- g. **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.

- h. **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.
- i. **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.
- j. **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.
- k. **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.
- l. **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.
- m. **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.
- n. **Correctional Facility** – Refers to any facility operated by city, county, state or federal law enforcement providers. Examples: Jail, Workhouse, Prison.
- o. **Other** – Refers to any living arrangements that are not listed above.
- p. **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.

Special Populations

- a. **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.
- b. **Alcohol/Other Drug Abuse** – Can be used to indicate a substance abusing / mentally ill (SAMI) client.
- c. **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.

- d. **Mental Retardation/Developmental Disability** – Can be used to indicate client has a DD diagnosis without entering a specific Axis II diagnosis.
- e. **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).
- f. **Transgendered** – Client expresses a gender identity that differs from the one corresponding to his/her sex at birth.
- g. **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.
- h. **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.
- i. **Sexual Offender** – Client is a registered offender and/or someone with a history of referral and treatment for sexual aggression.
- j. **Bisexual/Gay/Lesbian** – Client identifies as a sexual minority.
- k. **Military Family** – Client is the child, spouse or other dependent of active or inactive soldier. Military includes National Guard, Army, Navy, Marines, Coast Guard.

Biomarkers

- a. **Diabetes** – Includes Type 1 or Type 2, controlled or uncontrolled; may be comorbid with high cholesterol.
- b. **High Cholesterol** -- Blood tests indicate high levels of cholesterol; may be co-morbid with diabetes, underactive thyroid, cardio-vascular disease, and high blood pressure.
- c. **Cardiovascular Disease** – Includes heart attack, stroke and any other disease of the heart or blood vessels; may be comorbid with high blood pressure.
- d. **High blood pressure** – Measurement of systolic and diastolic blood pressure indicates condition; may be comorbid with cardiovascular disease, high cholesterol.
- e. **Cancer** – Any type or stage (I-IV) or in remission.
- f. **Kidney Disease/Failure** – Deterioration of kidney function; may be comorbid with high blood pressure.
- g. **Bowel Obstruction** – Constipation; the small or large intestine is partly or completely blocked; may be a side effect of medication.
- h. **Respiratory Disease** – Chronic Obstructive Pulmonary Disease (COPD), asthma; diseases of the lung, pleural cavity, bronchial tubes, trachea, upper respiratory tract.
- i. **None** – No report or evidence of listed conditions.

SMD/SED Operational Definition

Serious Mental Illness, aka SMD

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.
- 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

- 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.
 - 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.
- 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

*The subgroup did not agree upon whether children diagnosed with the V-codes for physical abuse and sexual abuse of a child should be defined as SED.

- 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.