

OBHIS RECORD FIELDS

Definitions of Fields in the OBHIS Client Record

Identifier Type

This is the source of service funding that is associated with the Client ID Number.

GOSH, Shares or Heartland – Board systems for public-funded services

Medicaid – Federal/State health care program

MACSIS – Legacy board system

SSN (social security number) – Use when the GOSH, Shares, Heartland, MACSIS or Medicaid ID number is not known, but the social security number is available.

Unknown – The funding source and ID number is unknown. If you choose this option, you cannot enter an ID number. The record cannot be validated and is incomplete. You must return to the record and enter a valid identifier source and ID number for the record to be processed.

OBHIS Client ID Number

Enter the number linked to the source of public funding (GOSH, Medicaid, Shares, Heartland, or MACSIS) indicated in the Identifier Type field. If there is no number available from the funding source, select SSN as the identifier type and enter the social security number.

First Name

First name of the client

Last Name

Last name of the client

Birth Date

Birth date of the client in the following format: mm/dd/yyyy

Gender

Male / Female – If the client is **transgender**, use client's chosen gender identity. If the client does not identify as either male or female, select Unknown. To identify a client as transgender, you will enter "Nonconforming Gender Identity" in Special Populations.

Unknown – Information is missing or does not fit binary definition.

Race

Alaska Native (Aleut, Inupait, Tlingit, Yupik, Eyak, Haida, Tsimshian, Althabasakan) – Origin in any of the original people of Alaska

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American Indian (other than Alaskan Native) – Origin in any of the indigenous people of North, South and/or 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, Indian subcontinent, or Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, The Philippines, Thailand, and Viet Nam

Black/African American – Origin in any of the black racial groups of Africa and African-Diaspora

Pacific Islander – Origin in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands

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

Other Specific Race – Use this category for instances in which the client does not self-identify 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

Cuban – Of Cuban origin regardless of race.

Hispanic, Specific Origin not Given – Country or region of Hispanic origin is not provided

Mexican – Of Mexican origin regardless of race

Puerto Rican – Of Puerto Rican origin regardless of race

Not of Hispanic Origin – Use this category for instances in which the client does not self-identify with an Hispanic ethnicity

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

Unknown – Information is missing

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Definitions of Fields in the OBHIS Admission Record

Admission Type

AOD – in cases when the client is being treated for only Substance Use Disorder (SUD)

MH – in cases when the client is being treated for only Mental Health (MH)

AOD/MH – in cases when the client is being treated for both SUD and MH

Date of First Contact

The date of first contact between client and provider/agency provided in the following format:
mm/dd/yyyy

If you do not collect these data, use the same date as entered in Date of Admission.

Date of Admission

The date of first treatment/services received by the client provided in the following format:
mm/dd/yyyy

Admission has occurred if and only if the client begins treatment. Assessment and evaluation are considered treatment. Events such as initial screening, referral, and wait-listing are considered to take place prior to admission. For Alcohol and Other Drugs (AOD) level of care transfers, this is the day when the client receives his/her first direct treatment after transfer.

Marital Status

- **Divorced** – Includes those who are legally divorced, but are not currently married or cohabiting
- **Married (Living Together as Married)** – Includes those cohabiting as a couple
- **Separated** – Includes those separated legally or otherwise absent from spouse because of marital discord
- **Single (Never Married)** – Includes clients whose only marriage was annulled
- **Widowed** – Includes those whose spouse is deceased, but are not currently married or cohabiting
- **Unknown** – Information is missing

Highest Education Level Completed

Indicate the HIGHEST education level that the client has COMPLETED to date.

< 1st Grade – Client completed early childhood education (including preschool, kindergarten, Head Start, etc.)

1st Grade through 11th Grade – Client completed the grade level indicated

High School Diploma/GED – Client received high school diploma or GED

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Technical School – Client completed coursework at a technical school and received a certificate, e.g., LPN, EMT, or HVAC training

Some college – Client completed some college coursework, but did not receive a degree

2 Yr. College/Assoc. Degree – Client completed a 2-year program and received a degree (including an Associate’s Degree from a 2-year institution)

4 Yr. College/Assoc. Degree – Client completed a 4-year program and received a degree (including an Associate’s Degree from a 4-year institution)

Graduate Degree – Client completed Master’s level education or above and received a degree (including a Doctorate and other professional degrees, such as a JD, etc.)

Unknown – information is missing

Current Educational Enrollment

Indicate the education level in which the client is currently enrolled, but has not yet completed at the time of record creation. If the record is created during summer months when school is not in session and the client expects to continue schooling after the break, indicate enrollment category that applies to this expectation.

Pre-School – Client is currently enrolled in early childhood education program, e.g., Help Me Grow, Head Start, Pre-K.

K – 12th Grade – Client is currently enrolled in elementary, middle or high school (grades kindergarten through 12th) Includes home schools, private or public schools.

GED Classes – Client is currently enrolled in GED coursework

College – Client is currently enrolled in a college or university

Other Schooling – Client is currently enrolled in specific schooling, such as Adult Basic Education, Literacy, etc.

Vocation/Job Training – Client is currently enrolled in vocational or job training, such as HVAC, cosmetology, carpentry, computer classes, etc.

Has not attended school in the last three months – NOT ENROLLED: The client has dropped out, graduated, or was otherwise not enrolled in school for three months prior to the date of admission. Do not use this category for a student who is expected to continue enrollment after summer break.

Unknown – Information is missing

Education Type (If K-12 Selected)

Individual Education Plan (IEP) – Client is enrolled, or expected to continue enrollment after summer break, in kindergarten through 12th grade AND has an IEP plan. Includes clients enrolled

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in kindergarten through 12th grade with private instruction, who have an Instructional School Plan (ISP).

No Individual Education Plan (IEP) – Client is enrolled, or expected to continue enrollment after summer break, in kindergarten through 12th grade and does NOT have an IEP or ISP plan.

Unknown – Information is missing.

Primary Source of Income/Support

Disability (SSI/SSD, WC) – Examples: SSI, SSDI, Worker’s Compensation, etc.

Family/Relative – Income received from family or relative, including spousal alimony

Public Assistance – Examples: TANF, Unemployment insurance, etc.

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

Wages/Salary – Income generated by employment or business activity, such as farming

None – Client has no source of income or support

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

Unknown – information is missing

Employment at Admission

In the Labor Force:

Full Time – 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 client intends to work after leave ends.

Part Time – Same as full time, except less than 35 hours per week

Sheltered – Defined as a transitional or extended employment program intended to provide training and experience to individuals in segregated settings where they acquire the skills necessary to succeed in subsequent competitive employment or 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 the Labor Force:

Disabled – Client is unable to work because of disability.

Engaged in Residential/Hospitalization – Client is unable to work due to hospitalization/residential treatment.

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

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

Retired – Client is retired from working

Student – Client is actively enrolled in and attending school and *is not employed*. **If a student is employed, indicate employment status as Part Time or Full Time. Do NOT indicate status as Student.**

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

Other Not in Labor Force – Unemployed, not looking, discouraged worker, Other: client is not in labor force due to barriers such as inadequate transportation, lack of childcare, poor health that does not qualify for disability, is needed at home to care for others, or lacks job skills.

Unknown – Employment status information is missing.

Living Arrangement at Admission

Indicate client’s living arrangement at the time of record creation. [Note: Medical Community for SUD clients is captured as a Level of Care and Type 1 Residential Bed Treatment for MH clients is captured under Care Setting.]

Private Residence - Adult Own Home and Other’s Home) – Client living alone or with others in a house, apartment, or mobile home owned or rented under Ohio tenant landlord law. Housing is not sponsored, licensed, supervised, or otherwise connected to a mental health or AOD provider. Does not include supportive housing services. Includes publicly-funded (HUD) housing and Section 8 voucher.

- Includes adult children (age 18 and over) living with parents or relatives;
- Includes adults living temporarily with relatives or friends (*unless* they are being evicted within a week, no subsequent residence has been identified, and they lack resources and support networks needed to obtain housing).

Private Residence - Child A house, apartment, or mobile home that an adult related to the client owns or rents under Ohio tenant landlord law. Includes HUD housing, Section 8 voucher, and home ownership.

- Includes minor children (under age 18) living with parents;
- Includes minor children living with relatives who are legal guardians (kinship care).

Permanent Supportive Housing – Permanent Supportive Housing has a comprehensive array of supportive services designed to help tenants achieve and sustain housing stability; however, on-going participation in services is not required for tenants to retain their housing. The client

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resides in a house, apartment, or a mobile home that the client owns or rents under Ohio tenant landlord law. Housing is not sponsored, licensed, supervised, or otherwise connected to a mental health or AOD provider. Includes publicly funded (HUD) housing, section 8 voucher; and home ownership where the individual holds the mortgage or deed.

Residential Care/Group Home/ACF[‡]

1. Licensed through Department of Health – may or may not share a bedroom. Residential care facility is a home that provides either of the following:
 - a. Accommodations for 17 or more unrelated individuals, including supervision and personal care services for at least 3 of those individuals who are dependent on the services of others by reason of age or physical or mental impairment.
 - b. Accommodations for 3 or more unrelated individuals (can be called Assisted Living), including:
 - i. supervision and personal care services for at least 3 of those individuals - who are dependent on the services of others by reason of age or physical or mental impairment;
 - ii. and, supervision for at least 1 of those individuals – of special diets, application of dressings, OR administration of medication to residents, to the extent authorized.
2. 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. May or may not be a long term more permanent housing depending on level of care needed for consumer. Licensed by the state, includes room and 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. Also known as Adult Residential Care/ ACF: Adult Care Facility (Adult Group Home/ Adult Family Home) and Adult Residential Care (Type 2, 3).
3. 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.

‡Type 1 Residential Bed facilities are not included in this category. Services delivered in a Type 1 Residential setting is reported in the Care Setting field.

Community Residence – A house, apartment or other housing arrangement in which the client enters into an agreement NOT covered by Ohio tenant landlord law. Housing is contingent upon adherence to rules or receipt of specific services. There is financial sponsorship and/or provision of on-site supervision.

- May be owned and managed by county behavioral health authority, behavioral health provider, or private entity.
- May include room and board, but not personal care

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- Includes Recovery Residence, a sober living environment with peer support and other addiction recovery support. Examples: Sober House; Level 1, 2, 3

Temporary Housing

1. **Transitional 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. Transitional Housing is usually connected to a program with goals and completion timeframes. Services and supports required as part of program. Includes Domestic Violence Shelters, Correctional Half-Way Houses.
2. **Respite:** Short-term living environment that may or may not be 24-hour care. Reasons for this type of care are more environmental in nature.
3. **Crisis Care:** Provision of short-term care to stabilize a client 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.

Foster Care – Living situations in which the adult or child 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.

DD Licensed/Operated Facility – Refers to any ODDD licensed waiver home where supervision, services and/or accommodations are provided. Examples: Group Home for persons with DD. Includes institutional facilities under the jurisdiction of ODDD (aka, Intermediate Care Facilities for Individuals with Intellectual Disability [ICF-IID]). Can be privately or publicly operated.

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

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.

Clients are homeless if:

- They are being discharged within a week from an institution such as a hospital, substance abuse treatment facility, or jail/prison, no subsequent residence has been identified, *and* they lack resources and support networks needed to obtain housing;
- They are being evicted within a week from a private residence, no subsequent residence has been identified, *and* they lack resources and support networks needed to obtain housing;
- They are being discharged within a week from a place of care such as crisis, foster care, or residential, no subsequent residence has been identified, *and* they lack resources and support networks needed to obtain housing.

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Other – If the client’s housing situation cannot be identified as one of the described categories, and the living arrangement is known

Unknown – Information is missing

Does the Client Use Tobacco Products?

Indicate if the client uses tobacco products. This includes cigarettes, smokeless tobacco, nicotine oils for vaping, etc.

Unknown – information is missing

Military Status

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

Active – Client is actively enlisted in military service.

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

Disabled Veteran – Client has a disability resulting from military service. The client may also be discharged; use this category for discharged veterans with disability.

None – Client has no history of military service.

County of Residence

Indicate client’s county of residence at the time of record creation.

Paying Entity/Board

If the client’s payment source at admission is Medicaid, paying entity = OhioMHAS. If the payment source at admission is board funding, paying entity is the contracting board.

Number of Arrests in Past 30 Days

Indicate number of arrests during the past 30 days.

Referred By

Individual (Self) – Self-referral or a referral by a family member, friend, or any other individual who would not be included in any of the other categories

AOD Care Provider – Any program, clinic, or other health care provider whose principal objective 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 – Any program, clinic, hospital or other health care provider whose principal objective is treatment of clients with mental illnesses

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Other Health Provider – Nursing homes, medical clinics, FQHC, VA, primary care practices, Health Department, etc.

School – Principal, counselor, teacher or student assistance program, private or public educational institution

Employer/EAP – A supervisor or an employee counselor

Child Welfare (CDJFS, CSBS) – State or county child welfare agencies

Ohio Family and Children First Council – Governor’s Children’s Cabinet with purpose of coordinating government services for children and families

Other Community Provider -- Community or religious organization; a non-child welfare state or county agency (e.g., JFS) ; self-help groups (AA, NA); any other agencies or referral sources which are not included in any of the other categories

State Psychiatric Hospital – Includes clients from state hospital forensic and civil units

State Prison – Secure correctional facilities operated by the state, referrals facilitated by Access to Recovery or Community Linkage programs

Jail – Local or regional adult confinement or juvenile detention centers.

Courts/Other Criminal Justice – including, but not limited to: federal, municipal, common pleas, juvenile court, domestic relations, drug court, mental health court, probation, parole, diversionary program, defense attorneys

TASC – Categories used ONLY by Treatment Accountability for Safer Communities (TASC) agencies

Unknown – Information is missing

Assessment and Referral Only

Indicate if this client is to receive an assessment and referral only. Selecting a record type (AOD, MH or AOD/MH) will generate an administrative discharge for that admission. Selecting “No” will bypass the option to create an assessment and referral only admission.

Provider Client Number

This is not a required field. A provider may use an agency-specific ID number for internal tracking purposes.

Childbirth in the last 5 years?

Required field for females only. Indicate whether the client has given live birth in the last 5 years. **Does not include stillborn births.**

Is the Client Currently Pregnant?

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Required field for females only. Indicate pregnancy status of the client at the time of record creation.

Total Number of Births (live and still)

Indicate total number of live and still births.

Stage of Pregnancy

1st Trimester – Client is 1-12 weeks pregnant (first 3 months)

2nd Trimester – Client is 13-27 weeks pregnant (3-6 months)

3rd Trimester – Client is 28-40 weeks pregnant (6-9 months)

Unknown – Information is missing

Number of Children in Household under 18

Required for all clients. Count number of children living in client's household even if they are not directly dependent upon or related to the client.

Special Populations

SMD/ SED

- Adults: the client has a long-standing, persistent disability due to a psychiatric condition. The client has 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.

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

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 with mental illness who get arrested, detained, or diverted. They can also be individuals in the hospital or on conditional release who have a forensic legal status or people coming out of person/jail who have serious mental illness.

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

Suicidal – Includes clients with a history of multiple episodes of suicidality or low lethality suicidal behavior. Also refers to history of intentional self-injury, such as cutting.

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

In Custody of Children's Services – Client is a dependent child in state custody at time of record creation.

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

Language Barriers/English as a Second Language – Client cannot communicate in English or is not a native English speaker.

Deaf or Hearing Impaired – Client has partial or full hearing impairment.

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

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

Blind or Visually Impaired – Client has partial or full sight impairment.

Speech Impaired – Client has a partial or full speech impairment.

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

Hepatitis C – Client is positive for Hepatitis C virus.

Traumatic Brain Injury – Client has a partial or permanent disability resulting from a brain injury.

Physical Abuse Victim – Client has a history of physical abuse, restraint, threat of physical harm or other inappropriate physical contact.

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 witnessed violence between family member.

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

Non-Conforming Gender Identity – Client identifies as transgender or other non-conforming gender identity.

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

Multiple Service System Involvement – Client is involved in multiple service systems, which could include courts, juvenile justice, child welfare, developmental disabilities, probation.

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NO SPECIAL POPULATION – Use this category if client does not meet criteria for any special population.

Mental Health Admission Fields

Diagnostic Code Type

Indicate diagnostic coding system used for record (must select one; cannot mix code types); Must use billable codes.

ICD-10 Codes – International Statistical Classification of Diseases and Related Health Problems. This code set is the most complete.

DSM-5 Codes – Diagnostic and Statistical Manual of Mental Disorders; this list of diagnoses is much shorter than the ICD10 code set and tends to under-represent options for substance abuse disorders. For example, the list does not include codes for substance use disorders in remission.

Primary (1st), Secondary (2nd) & Tertiary (3rd) Diagnostic Codes

Indicate up to three diagnostic codes for the client.

- If this is an admission to **MH treatment**, Primary Code must be MH; Substance Use disorder diagnoses that include psychiatric symptoms (e.g., F10.221, Alcohol dependence with delirium) are considered mental health diagnoses. Substance Use disorder diagnoses that do not include psychiatric symptoms (e.g., F10.20, Alcohol dependence, uncomplicated) are not considered mental health diagnoses.
- either Secondary or Tertiary Codes can be AOD.
- **Dual MH/AOD admissions** for concurrent or sequential MH/AOD treatment: MH Primary code must be MH diagnosis and AOD Primary Code must be AOD diagnosis; Secondary or Tertiary Codes can be either AOD/MH.
- Providers of **Integrated Dual Disorder Treatment (IDDT)** can either create 1) dual MH/SUD admission records or they can create 2) a single MH admission record and enter an MH Primary diagnosis with SUD Secondary or Tertiary diagnoses.
 - Option 1: A dual record measures SUD treatment outcomes at discharge from active AOD treatment. A dual record measures MH treatment outcomes at annual update or at discharge from active mental health treatment.
 - Option 2: A single MH admission record measures mental health treatment outcomes at annual update or discharge. It will not measure SUD treatment outcomes at discharge.

Care Setting (MH ONLY)

Indicate location of client care setting (must select one).

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Community – Services are delivered in the community as opposed to a hospital, correctional facility, or Type 1 bed residence.

Jail/Prison – Services are delivered in a correctional facility.

Type 1 Bed Residential – Residential facility owned/operated by a Behavioral Health Agency providing accommodations, supervision, personal care services, and mental health services for one or more unrelated adults with mental illness or one or more unrelated children or adolescents with severe emotional disturbances.

Alcohol and Other Drug Admission Fields

Diagnostic Code Type

Indicate diagnostic coding system used for record (must select one; cannot mix code types); Must use billable codes:

ICD-10 Codes – International Statistical Classification of Diseases and Related Health Problems Version 10. This code set is the most complete.

DSM-5 Codes – Diagnostic and Statistical Manual of Mental Disorders Version 5. This list of diagnoses is much shorter than the ICD10 code set and tends to under-represent options for substance abuse disorders. For example, the list does not include codes for substance use disorders in remission.

Primary (1st), Secondary (2nd) & Tertiary (3rd) Diagnostic Codes

Indicate up to three diagnostic codes for the client.

- If admission is to **AOD treatment**, Primary Code must be AOD; E.g., F31.11, Bipolar I disorder (mild), cannot be used as a primary diagnosis in an SUD admission record. A mental health diagnosis can be entered as a Secondary or Tertiary diagnosis in an SUD admission record.
- either Secondary or Tertiary Codes can be MH.
- Dual AOD/MH admissions for concurrent or sequential AOD/MH treatment, AOD Primary code must be AOD diagnosis and MH Primary Code must be MH diagnosis. Secondary or Tertiary Codes can be AOD or MH.

Level of Care (LOC)

Early Intervention (Level 0.5) – Assessment and education. 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).

Outpatient (Level 1) – Services for recovery or motivational enhancement therapies and strategies

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- Adult: client receives less than 9 hours of services per week
- Adolescents: client receives less than 6 hours of services per week

Intensive Outpatient (Level 2.1) – Services for multidimensional instability, including co-occurring conditions. Meetings are organized at any time of day – before or after work/school, during the day, in the evening and/or on weekends.

- Adult: client receives more than 9 hours of services per week
- Adolescents: client receives more than 6 hours of services per week

Partial Hospitalization (Level 2.5) – Services for multidimensional instability, including co-occurring conditions. Services are organized outpatient care for 20 or more hours per week (adolescents and adults), usually during the day (“day treatment” or “partial hospitalization”).

Non-medical Community Residential (Levels 3.1, 3.3, 3.5) – Clinically managed residential services at 3 levels:

- 3.1 – Low-intensity, 24-hour structure with available personnel, at least 5 hours of clinical service per week (adolescent and adult).
- 3.3 – Population-specific, high-intensity, 24-hour care with trained counselors, less intense environment and treatment for those with cognitive and other impairments (adult only)
- 3.5 – High-intensity, 24-hour care with trained counselors
 - Adolescents – medium intensity
 - Adults – high intensity

Medical Community Residential (levels 3.7, 4) – 24-hour nursing care at two levels:

- 3.7 – Medically monitored, inpatient services; physician availability, counselor availability (16 hours per day)
 - Adolescents –high intensity
 - Adults –intensive
- 4 – Medically managed, intensive inpatient services (adolescent and adult); daily physician care, counseling available

No Treatment Recommended – No level of care assigned, treatment not recommended for client

Assessment Only – No level of care assigned, assessment & referral only option not used

No treatment recommended: Client was assessed and treatment is not recommended.

- **LOC Consistent with Assessment?**

Indicate reason if LOC 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 LOC.
- Appropriate LOC not available – The assessed LOC is not available at the agency.

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- Undue client hardship – Client is unable or unwilling to participate in the assessed LOC due to personal circumstances.
- Other – Specify any other reason for LOC inconsistency that does not fit the previously identified reasons

Medication Assisted Therapy

Indicate all that apply:

- **Alcohol Addiction** – client is receiving medication assisted therapy from a licensed provider for alcohol addiction; including naltrexone (ReVia®, Depade®, Vivitrol®), disulfiram (Antabuse®), acamprostate calcium (Campral®).
- **Nicotine Addiction** – client is receiving medication assisted therapy from a licensed provider for nicotine addiction; including Wellbutrin®, Zyban® and varenicline (Chantix®).
- **Opioid Addiction** – client is receiving medication assisted therapy from a licensed provider for opioid addiction; including methadone, buprenorphine (Suboxone®), and naltrexone (Vivitrol®).
- **None** – client is not receiving medication assisted therapy from a licensed provider.

Prior AOD Treatment Episodes

Indicate number of previously treated episodes throughout the client's lifetime.

Mental Health History?

Indicate if the client has previous history of mental health issues.

Social Connectedness

Indicate number of times the client has attended self-help programs during the past 30 days, prior to admission.

Drug of Choice

Indicate drug of choice by checking up to three drugs of choice from the list below:

- **Alcohol** – any drink containing ethanol
- **Barbiturates** – Includes amobarbital, pentobarbital, phenobarbital, secobarbital, etc.
- **Benzodiazepines** – Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified benzodiazepines.
- **Cocaine/Crack** - cocaine hydrochloride (powdered cocaine), crack or rock cocaine
- **Heroin** – a synthetic opiate drug made from morphine, comes in numerous forms: white, brown or other colored powder, chunks or black tar.
- **Inhalants** – includes chloroform, ether, gasoline, glue, nitrous oxide, paint thinner, etc.
- **Marijuana/Hashish** – includes THC and any other cannabis sativa preparations (extracts and concentrates; oils, dabs, shatter)

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- **Methamphetamine** – potent central nervous system stimulant of the phenylethylamine family
- **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.
- **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 Amphetamines** – includes amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs
- **Other Hallucinogens** – includes LSD, DMT, STP, hallucinogens, mescaline, peyote, psilocybin, etc.
- **Other Medications** – includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, etc.
- **Other Non-Barbiturate Sedatives or Hypnotics** – includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, etc.
- **Other Non-Benzodiazepine Tranquilizers** – includes meprobamate, tranquilizers, etc.
- **Other Opiates and Synthetics** – includes codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects.
- **Other Stimulants** – includes methylphenidate and any other stimulants
- **Over-the-Counter Medications** – includes aspirin, cough syrup, diphenhydramine and other anti-histamines, sleep aids, and any other legally obtained, non-prescription medication.
- **PCP** – phencyclidine

Unknown – Information is missing. Choosing this option will autofill Frequency of Use, Route of Administration and Age of First Use with “Unknown” values.

Primary (1st), Secondary (2nd), Tertiary (3rd) Drugs of Choice

Indicate up to three drugs of choice, each with the following information:

- **Age of First Use** – indicate the age at which the client first used the identified substance (for alcohol, this is the age of first intoxication). If age is unknown, enter “97”.
- **Frequency of Use** – select only one option to indicate typical frequency of use.
- **Route of Administration** – select usual method typically used by client to administer the identified substance:
 - Inhalation – substance is inhaled by mouth or nose, but without burning (e.g., powdered cocaine)
 - Injection – substance is administered through the skin, usually with a needle
 - Oral – substance is administered through the mouth (chewing, swallowing, sublingual absorption, etc.)
 - Other – could include anal route of administration
 - Smoking – substance is burned and inhaled (e.g., marijuana, crack cocaine)
 - Unknown – information is missing

OBHIS Update Record for Mental Health Clients

OBHIS RECORD FIELDS

All fields in the Update Record for Mental Health clients appear on the Admission Record. When creating an Update Record, indicate status of client *at time of record creation*.

OBHIS Transfer Record for Substance Use Disorder Clients

Level of Care fields in the Transfer Record are the same as those defined for the Admission Record.

OBHIS Discharge Record Fields

Most fields in the Discharge Record appear on the Admission Record. Exceptions are as follows:

Pregnancy

A. Was Client Pregnant at Admission? Field will default to information on Admission Record

B. Is Client Currently Pregnant? Indicate “Yes” or “No” to pregnancy status at discharge

If Yes to A or B, Stage of Pregnancy:

1st Trimester – Client is 1-12 weeks pregnant (first 3 months)

2nd Trimester – Client is 13-27 weeks pregnant (3-6 months)

3rd Trimester – Client is 28-40 weeks pregnant (6-9 months)

Birth Occurred: Drug Free – Infant tested drug free at birth

Birth Occurred: Not Drug Free – Infant tested drug free at birth

Pregnancy Terminated – Deliberate termination of pregnancy

Miscarriage – Spontaneous extermination of fetus before it is able to survive independently

Unknown – Information is missing

Discharge Reason

Assessment & Evaluation Only, Client Rejected Recommendations – The treatment episode is limited to assessment/evaluation, with treatment recommendations rejected.

Assessment & Evaluation Only, No Further Services Recommended – The treatment episode is limited to assessment/evaluation, with no further services or referral for services.

Client Moved – Client relocated during course of treatment

Death – Client died during course of treatment. Includes suicide.

Discharge Due to Incarceration

Incarcerated Due to Offense Committed while in Treatment/Recovery with SATISFACTORY Progress

OBHIS RECORD FIELDS

Incarcerated Due to Offense Committed while in Treatment/Recovery with UNSATISFACTORY Progress

Incarcerated Due to Old Warrant/Charge from Before Entering in Treatment/Recovery with SATISFACTORY Progress

Incarcerated Due to Old Warrant/Charge from Before Entering in Treatment/Recovery with UNSATISFACTORY Progress

Involuntary Discharge/Left on Own

Involuntarily Discharged Due to Non-Participation

Involuntarily Discharged Due to Violation of Rules

Left on Own, Against Staff Advice WITH Satisfactory Progress

Left on Own, Against Staff Advice WITHOUT Satisfactory Progress

Other

Needed Services Not Available – Example: MAT services not available

Referred to Another Program or Service with SATISFACTORY Progress – Example: needed a level of care not available

Referred to Another Program or Service with UNSATISFACTORY Progress – See above.

Successful Completion/Graduate -- Satisfactorily met treatment goals

Transferred to Another Facility for Health Reasons – Example: Transferred to a hospital or skilled nursing facility

Other – Any discharge reason not covered by other categories

AOD Discharge Record Fields

Religious preference – Answer “Yes” or “No” to whether the client chose another provider due to religious preference.

Gambling Screen – Answer “Yes” or “No” to whether the client was screened for a gambling disorder.