WORKER ID (Field 1)
OPTIONAL

DEFINITION: Agency designated number indicating the primary worker assigned to the client/consumer; or the person designated by the agency as having overall responsibility for the client/consumer or case. This is the person who will get information back about the client/consumer if worker sort is selected on any reports requested. You may use a provider ID if you have delegated overall responsibility to a provider and you want them to get back all information about this client/consumer.

CODES: Enter the 10 digit code identifying the primary worker or service provider.

NOTES: This is an agency assigned number. Provider ID’s are also accepted.

PURPOSE: This data element is used to sort output reports for local agency use (such as case listings).

CLIENT ID (Field 2)
REQUIRED

DEFINITION: A unique identifier that is computer generated for each individual reported on HSRS. Full legal name, birthdate, and sex are used to produce a 14 character ID which bears no resemblance to the client’s name.

ENTER: May be left blank if name, birthdate, and sex are reported.
OR
Enter the 14 character HSRS client/consumer identification number.

The ID will be generated and returned to you on the terminal screen. Copy it down or print the screen. Once the ID number is generated, use it on all future input.

PURPOSE: The data in this field is used to maintain client/consumer confidentiality while allowing reports to be produced on individual client/consumers for audit purposes and to produce summary reports on multiple services to the same individual. This data element enables a record to be identified and data to be reliably associated with a particular individual.
NAME - LAST, FIRST, MIDDLE, SUFFIX (Field 3a-d)
REQUIRED

DEFINITION: The full legal name of the client/consumer. Nicknames, abbreviations or other variations should not be used.

ENTER: Enter the full legal name of the client/consumer. If the client/consumer has no legal first name enter the word None; if no middle name and/or suffix, leave blank.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the name, nor are any other punctuation marks accepted.

PURPOSE: This information allows the system to generate a unique Client ID. This information is also employed to produce client listings for local agency use.

BIRTHDATE (Field 4)
REQUIRED

CODES: Enter the 8 digit birthdate of the client/consumer using month/day/full year.

PURPOSE: This information allows the system to generate a unique Client ID. Birthdate is used to calculate the client/consumer's age for preparation of summary reports which compare the characteristics of the population area served, to assess issues of accessibility or unintended exclusion of age groups. Client/consumer age is an important variable in the epidemiology of mental illness and is associated with particular diagnostic clusters.

SEX (Field 5)
REQUIRED

DEFINITION: Client/consumer's gender.

CODES: F = Female
M = Male

PURPOSE: This information allows the system to generate a unique Client ID. A client/consumer’s gender is an important variable in the epidemiology of mental illness and especially with respect to diagnostic clusters. In addition, as a demographic variable related to population characteristics, it reflects on the use of and access to mental health services by each sex.
HISPANIC/LATINO (Field 6a)
REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes
N = No

RACE (Field 6b)
REQUIRED

DEFINITION: The race of the client/consumer as determined by the client/consumer. Code as many as apply up to all five.

CODES: A = Asian
B = Black or African American
W = White
P = Native Hawaiian or Pacific Islander
I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original people of North, South and Central America.

PURPOSE: The race of the client/consumer is important for both epidemiologic reasons and for comparisons with the population characteristics for the area served. Issues of accessibility, appropriateness of service and equity can be examined.
CLIENT CHARACTERISTICS (Field 7)
REQUIRED

DEFINITION: Description of the client/consumer according to selected personal, social and demographic factors. Code as many as apply up to three. Code definitions are in Appendix I.

CODES: Enter at least one and up to three codes from the list below that best describe the client/consumer. A person receiving services reported on the Mental Health module is assumed to have a Client Characteristic of 02-Mental Illness.

19 Developmental disability - brain trauma
23 Developmental disability - cerebral palsy
25 Developmental disability - autism spectrum
26 Developmental disability - mental retardation
27 Developmental disability - epilepsy
28 Developmental disability - other or unknown
29 Family member of developmental disability client
86 Severe emotional disturbance - child/adolescent
02 Mental illness (excluding SPMI)
03 Serious and persistent mental illness (SPMI)
14 Family member of mental health client
04 Alcohol client
05 Drug client
10 Chronic alcoholic
12 Alcohol and other drug client
16 Family member of alcohol and other drug client
17 Intoxicated driver
39 Gambling client
07 Blind/visually impaired
08 Hard of hearing
32 Blind/deaf
79 Deaf
09 Physical disability/mobility impaired
36 Other handicap
59 Unmarried parent
71 Victim of domestic abuse
50 Regular caregiver of dependent person
55 Frail elderly
57 Abused/neglected elder
18 Alzheimer's disease/related dementia
43 Migrant
44 Refugee
45 Cuban/Haitian entrant
33 Corrections/criminal justice system client (adult only)
84 Repeated school truancy
37 Frail medical condition
38 Criminal justice system involvement (alleged or adjudicated)
72    Victim of abuse or neglect (alleged or adjudicated)
80    Homeless
90    Special study code (to be defined as need arises)
91    Hurricane Katrina evacuee
92    Hurricane Rita evacuee
99    None of the above

SPECIAL CHILDREN'S SERVICES CATEGORIES
61    CHIPS - abuse and neglect
62    CHIPS - abuse
63    CHIPS - neglect
64    Family member of abused/neglected child
69    JIPS - status offender
70    Family member of status offender
68    CHIPS - other
74    Family member of CHIPS - other
66    Delinquent
73    Family member of delinquent

NOTES: Client/consumer characteristics should identify up to three major needs or
descriptors.

PURPOSE: This data will be used to assess outreach to and accessibility in relation to
special client/consumer groups and to allow comparisons across the
HSRS database outside of the Mental Health module. Client
Characteristics can also be used in system planning.

**MA NUMBER (Field 8)**
REQUIRED IF MA ELIGIBLE

CODES: Enter the client’s 10 digit medical assistance number.

NOTES: This field should be updated if the client/consumer becomes eligible
during the treatment episode.

PURPOSE: This data is used to match client/consumers served with other DHFS
data bases for analysis purposes. Types of analysis include depiction
of expenditure data allowing a more complete picture of the resources
consumed by this client/consumer population. This information will be
used to assess point in time MA eligibility of client/consumers served
through the public mental health system.
**LEGAL/COMMITMENT STATUS (Field 9a)**

**REQUIRED**

**DEFINITION:**

Voluntary - a person who voluntarily seeks services.

Involuntary civil - a person committed for a non-criminal proceeding whether for purposes of examination and observation or for treatment, either by a physician’s certificate, a court proceeding, or police or related agencies.

Involuntary criminal - a person committed pursuant to one of the following:
- charges and/or convictions pending, determination of competency to stand trial,
- found “not guilty by reason of insanity” or “guilty but insane”,
- transfers from correctional institutions.

**CODES:**

1 Voluntary
2 Voluntary with settlement agreement
3 Involuntary civil - Chapter 51
4 Involuntary civil - Chapter 55
5 Involuntary criminal
6 Guardianship only

**NOTES:**

This field relates specifically to CH 51 and CH 55 and represents commitment status of the client/consumer at the beginning of treatment episode.

**PURPOSE:**

This item can be of importance in understanding variations in length of contact with an agency or in the types of services a client/consumer may receive. In addition, it helps to characterize important variations in client/consumer mix across mental health agencies, which can explain staffing variations and cost differences.

**COMMITMENT STATUS REVIEW DATE (Field 9b)**

**OPTIONAL**

**DEFINITION:**

Date when the commitment status review is due to take place.

**CODES:**

Enter the eight digit date in the format month/day/full year. This is a future date.

**PURPOSE:**

For local use in case monitoring/case management.
DEFINITION: This is an overall clinical assessment of service needs and should reflect the current rating of the consumer's needs (the six month update). The BRC Target Groups are intended to provide a frame of reference and an indication of expected need as well as an overall assessment of consumers' service needs at a point in time.

Persons in Need of Ongoing, High Intensity, Comprehensive Services - have a primary diagnosis of a major mental illness or severe emotional disturbance, and they have substantial needs for psychiatric and medical treatment, including substance abuse, daily living skills, budgeting, job training, family support and support at school. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. Persons in this category may need help to access community resources, such as safe, affordable housing, benefits and entitlements, and legal assistance. They need support and assistance in combating stigma and discrimination. Without ongoing, comprehensive services, these persons will be at the highest risk for increased psychiatric hospitalizations or extensive reliance on placement in nursing homes, child-caring institutions, and other supervised settings; confinement in jail; homelessness; and increased harm to self.

These persons will sometimes experience acute psychiatric crises as a result of increases in symptoms of mental illness or environmental stresses. Because some may be reluctant to access mental health or other services, extensive outreach may be needed to engage them into services. The person and family need ongoing, comprehensive treatment and intensive community support and wraparound services to help them achieve and maintain a more stable level of functioning and a lifestyle relying more on natural supports and less on formal mental health services.

Persons in Need of Ongoing Low Intensity Services - have a diagnosed mental disorder. They function in a fairly stable manner but may occasionally experience acute psychiatric crises. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. These persons need services such as ongoing medication management (prescription, evaluation, and monitoring), case management, and/or periodic support contacts. With the benefit of such services, they are usually able to live relatively independently and have good potential for recovery and increasing success in community living. Without ongoing supports and services, however, they can be at a serious risk for relapse and for much more costly treatment, including intensive crisis intervention and psychiatric hospitalization.
Persons in Need of Short-Term Situational Services - experience situational crises, such as divorce, death of parent, spouse or significant other, or severe trauma, such as sexual abuse, physical abuse, or neglect, that may contribute to a mental health problem. They require short-term support, treatment, or counseling services. Due to situational difficulties, these individuals may experience temporary difficulties in their vocational, educational, family, or social roles. They may also experience acute psychiatric crises. They endanger themselves or others. Without appropriate, early identification and diagnosis, short-term counseling, and treatment the person's mental status and role functioning may be at risk of further deterioration. Appropriate identification of mental health problems in this population is critical because they are often first seen in non-mental health settings.

CODES:  
H  Persons in need of ongoing, high intensity, comprehensive services  
L  Persons in need of ongoing, low intensity services  
S  Persons in need of short-term situational services

NOTES:  
Adults and children may be classified under the BRC Target Population. The BRC Target Population Codes H, L, and S replace the use of Severity Codes 1, 2, 3, and 4 as of 1-1-2002.

People who begin a treatment episode with a BRC Target Group code of H or L are required to have Consumer Status Data Set (CSDS) fields 31 through 43 completed at the beginning of the treatment episode, every six months thereafter, and at episode close.

PURPOSE:  
To determine differences in the service needs of people within the public mental health system. Monitor, review and assess change.

This data will be used to support the efforts of the Department to meet the expectations of the Governor's Blue Ribbon Commission Report (1999) and the requirements of the Federal Mental Health Block Grant.
PRESENTING PROBLEM (Field 11)
OPTIONAL

DEFINITION: The presenting problem(s) from the client/consumer’s perspective at the beginning of a treatment episode is the reason why the client/consumer is seeking services.

CODES: Enter at least one and up to three codes from the list below.

01 Marital/family problem
02 Social/interpersonal (other than family problem)
03 Problems coping with daily roles and activities (includes job, school, housework, daily grooming, financial management, etc.)
04 Medical/somatic
05 Depressed mood and/or anxious
06 Attempt, threat, or danger of suicide
07 Alcohol
08 Drugs
09 Involvement with criminal justice system
10 Eating disorder
11 Disturbed thoughts
12 Abuse/assault/rape victim
13 Runaway behavior
14 Emergency detention

PURPOSE: Many managers find the reasons why client/consumers are entering for services as valuable as diagnostic groupings in describing their case load. They are used as both a complement and an alternative to diagnosis in presenting typologies for the client/consumers served.
DIAGNOSTIC IMPRESSION (Field 12)
REQUIRED

DEFINITION: The current diagnosis of the client/consumer’s condition per DSM IV on Axis I and/or Axis II and/or Axis III.

Axis I Clinical Disorders
Other Conditions That May Be a Focus of Clinical Attention

Axis II Personality Disorders, Mental Retardation

Axis III General Medical Conditions

NOTES: Axis I includes all the varying clinical disorders and includes Substance Disorders. Axis I codes must be used for primary when the BRC Target Population is H.

Axis II is for reporting Personality Disorders and Mental Retardation. However, Mental Retardation diagnoses may not be reported as the first diagnosis entered.

Axis III is used for reporting current general medical conditions (per ICD9) that are potentially relevant to the understanding and management of the consumer’s mental disorder. The general medical condition(s) that do not demonstrate sufficient relationship to an Axis I status should still be recorded here, due to potential relationship and prognosis in treatment.

CODES: The first diagnosis entered should be an indication of the primary reason the individual is receiving services and should be either Axis I or Axis II. Enter up to four (4) Axis I or Axis II diagnoses. Enter one (1) Axis III diagnosis in the last section of Field 12 when applicable.

PURPOSE: This information will be used to provide a description of client/consumers served.

The issue of concurrent disabilities among client/consumers who have mental illness is a critical one. Of concern are such groups with mental illness who also are diagnosed with substance abuse problems, communication disorders, visual or hearing impairments, physical/medical problems, and those who have developmental disabilities or mental retardation. The presence of multiple disabilities may account for unique referral patterns, for whether case management action related to the client/consumer is appropriate, and, significantly, for whether client/consumers who are multiply disabled place greater demands on the resources of an organization.
COUNTY OF RESIDENCE (Field 13)
REQUIRED

DEFINITION: County where the client/consumer resides.

CODES:

01 Adams 37 Marathon 84 Menominee Indian Res
02 Ashland 38 Marinette 85 Red Cliff Indian Reserv
03 Barron 39 Marquette 86 Stockbridge Munsee Ind
04 Bayfield 40 Milwaukee 87 Potawatomi Indian Res
05 Brown 41 Monroe 88 Lac du Flambeau Indian
06 Buffalo 42 Oconto 89 Bad River Indian Reserv
07 Burnett 43 Oneida 91 Mole Lake Indian Reserv
08 Calumet 44 Outagamie 92 Oneida Indian Reserv
09 Chippewa 45 Ozaukee 94 Lac Courte Oreilles Indian
10 Clark 46 Pepin 95 St Croix Indian Reserv
11 Columbia 47 Pierce
12 Crawford 48 Polk
13 Dane 49 Portage
14 Dodge 50 Price
15 Door 51 Racine
16 Douglas 52 Richland
17 Dunn 53 Rock
18 Eau Claire 54 Rusk
19 Florence 55 St. Croix
20 Fond du Lac 56 Sauk
21 Forest 57 Sawyer
22 Grant 58 Shawano
23 Green 59 Sheboygan
24 Green Lake 60 Taylor
25 Iowa 61 Trempealeau
26 Iron 62 Vernon
27 Jackson 63 Vilas
28 Jefferson 64 Walworth
29 Juneau 65 Washburn
30 Kenosha 66 Washington
31 Kewaunee 67 Waukesha
32 La Crosse 68 Waupaca
33 Lafayette 69 Waushara
34 Langlade 70 Winnebago
35 Lincoln 71 Wood
36 Manitowoc 72 Menominee
73 Out of State

PURPOSE: This field allows multi-county agencies to identify specific counties within their reporting unit. Also allows for identifying those clients/consumers who are out of county residents.
EPISODE CLOSING DATE (Field 14)
OPTIONAL

DEFINITION:  The date all mental health services are completed and the case is closed.

CODES:  Enter an 8 digit number in the format of month/day/full year. Must be earlier than or equal to the current date.

NOTE:  The module will automatically close an episode when all SPCs for this client/consumer have been closed for 90 days. The Episode Closing Date then becomes the date the last SPC was closed.

PURPOSE:  This data is used to determine active and closed cases, for case management purposes, and in determining episode duration.

SOCIAL SUPPORT (Field 15)
OPTIONAL

DEFINITION:  The client/consumer's family/interpersonal relationship status at time of admission in terms of the frequency and quality of contact.

CODES:  Family/Marital/Interpersonal Relationships
01  Very frequent contact - positive contact
02  Frequent or more often - usually positive contact
03  Occasional or more often - contact sometimes positive, sometimes negative
04  Contact is usually negative
05  Little or no social support

NOTES:  Social support is an overall assessment of the client/consumer's familial, marital, significant other, or close friend/intimate relationships as follows:
Positive  constructive, harmonious, compatible, close relationships with differences or conflicts being worked out;
Negative  destructive, incompatible, distant relationships with unresolved differences or conflicts;
Very Frequent  at least daily;
Frequent  at least weekly;
Occasional  at least monthly;
Significant Others  spouse, children, parent, or close friends or intimates.

PURPOSE:  This data has implications for prognosis in terms of potential availability of a support system and figures significantly in the epidemiology of mental illness.
NUMBER OF CHILDREN (Field 16a)
OPTIONAL
DEFINITION: The total number of client/consumer’s children under the age of 18 years.

NUMBER OF CHILDREN LIVING WITH THE CLIENT (Field 16b)
OPTIONAL
DEFINITION: Total number of children under the age of 18 years living with the client/consumer and for whom the client/consumer has custody.
PURPOSE: This data can be used to provide some indication of the client/consumer’s support system.

VETERAN STATUS (Field 17)
OPTIONAL
DEFINITION: A veteran is any person who has served on active duty in the Armed Forces of the United States, including the Coast Guard. Not counted are those whose only service was in the Reserves, National Guard, or Merchant Marine.

CODES: N = No, not a Veteran
Y = Yes, has served on active duty

PURPOSE: Veteran status may be associated with particular diagnostic clusters or presenting problems, and may also be a pointer for the need to check on client/consumer history in other mental health service systems.
REFERRAL SOURCE (Field 18)
OPTIONAL

DEFINITION: The individual or agency that referred the client/consumer for services.

CODES:  
01 Self  
02 Family or friend  
03 Law enforcement (except court or correction agency)  
04 Court or correction agency  
05 School system or education agency  
06 Social service agency  
07 Inpatient or residential  
08 Physician/health care provider  
99 Other

PURPOSE: This is valuable information in a marketing sense, as well as in a clinical sense. Managerially, it is prudent to know the sources that are referring client/consumers to the agency. This information is of value in taking actions in the resource acquisition area. Clinically, the source of referral is a variable of potential significance in developing a typology of client/consumers and in understanding the course of the episode of illness, differences in utilization patterns, or the client/consumer's prognosis.

CASE REVIEW DATE (Field 19)
OPTIONAL

DEFINITION: Date when the case review or other agency activity is due to take place.

CODES: Enter the 8 digit date in the format month/day/full year.

NOTES: Order the L220 report.

PURPOSE: For local use in case monitoring/case management. This field is used for generating the L220 report which is sorted by Worker ID (Field 1).
FAMILY ID (Field 20)
OPTIONAL

DEFINITION: An agency assigned number that will link family members together.

CODES: Enter up to 7 agency assigned characters. Both numbers and letters are accepted. Use an A as the final character in a Family ID to designate that client/consumer as the one the entire family will be grouped under on output reports. All other client/consumers in a given family grouping should be given the same Family ID but ending with a B.

PURPOSE: For local use in case monitoring/case management.

LOCAL DATA (Field 21)
OPTIONAL

DEFINITION: Agency defined.

CODES: Enter up to 8 agency assigned characters in the first box and 6 characters in the second box to collect information needed by the agency.

PURPOSE: For local use in case monitoring/case management.
STANDARD PROGRAM CATEGORY/SUBPROGRAM (SPC) (Field 22)
REQUIRED

DEFINITION: The specific service (SPC) provided to the client/consumer. The subprogram relates to narrower program initiatives and should be used if appropriate. The following are Mental Health module SPCs which require Unit of Service reporting. Any other appropriate SPCs provided to the client/consumer should be reported even though they may not be listed here. Do not use CORE Cluster SPC codes. SPCs are defined in Appendix D.

<table>
<thead>
<tr>
<th>SPC/SUB CODE</th>
<th>STANDARD PROGRAM CATEGORY NAME</th>
<th>UNITS TO BE REPORTED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>503</td>
<td>Inpatient</td>
<td>Days</td>
</tr>
<tr>
<td>503 10</td>
<td>Emergency detention</td>
<td>Days</td>
</tr>
<tr>
<td>505</td>
<td>DD center/nursing home</td>
<td>Days</td>
</tr>
<tr>
<td>925</td>
<td>Institution for mental disease</td>
<td>Days</td>
</tr>
<tr>
<td><strong>Residential</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>202</td>
<td>Adult family home</td>
<td>Days</td>
</tr>
<tr>
<td>203</td>
<td>Foster home</td>
<td>Days</td>
</tr>
<tr>
<td>204</td>
<td>Group home</td>
<td>Days</td>
</tr>
<tr>
<td>205</td>
<td>Shelter care</td>
<td>Days</td>
</tr>
<tr>
<td>504</td>
<td>Residential care center</td>
<td>Days</td>
</tr>
<tr>
<td>506</td>
<td>CBRF</td>
<td>Days</td>
</tr>
<tr>
<td><strong>Partial Day</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>108</td>
<td>Work related services</td>
<td>Hours</td>
</tr>
<tr>
<td>615</td>
<td>Supported employment</td>
<td>Hours</td>
</tr>
<tr>
<td>706</td>
<td>Day center services non-medical</td>
<td>Hours</td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>303</td>
<td>Juvenile probation and supervision</td>
<td>Hours</td>
</tr>
<tr>
<td>507 10</td>
<td>Medication management</td>
<td>Hours</td>
</tr>
<tr>
<td>507 20</td>
<td>Individual</td>
<td>Hours</td>
</tr>
<tr>
<td>507 30</td>
<td>Group</td>
<td>Hours</td>
</tr>
<tr>
<td>507 40</td>
<td>Family (or couple)</td>
<td>Hours</td>
</tr>
<tr>
<td>507 50</td>
<td>Intensive in-home</td>
<td>Hours</td>
</tr>
<tr>
<td>507 60</td>
<td>Family support</td>
<td>Hours</td>
</tr>
<tr>
<td>704</td>
<td>Day treatment-medical</td>
<td>Hours</td>
</tr>
<tr>
<td><strong>Emergency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>501</td>
<td>Crisis intervention</td>
<td>Hours</td>
</tr>
<tr>
<td>503 20</td>
<td>Emergency room-hospital setting</td>
<td>Hours</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>509</td>
<td>Community support</td>
<td>Hours</td>
</tr>
<tr>
<td>510</td>
<td>Comprehensive community services</td>
<td>Days</td>
</tr>
<tr>
<td>511</td>
<td>Community recovery services</td>
<td>Hours</td>
</tr>
<tr>
<td>604</td>
<td>Case management</td>
<td>Hours</td>
</tr>
</tbody>
</table>
CODES: Enter the 3 digit SPC code (and the 2 digit subprogram code if applicable).

PURPOSE: This information is used to determine the type of services client/consumers receive; it is also used to develop cost centers for cost analyses.

SUBPROGRAM DEFINITIONS
503/10 Emergency detention (days)
Covered in the Wisconsin Mental Health Act, s. 51.15, Stats.

503/20 Emergency room (hours) hospital setting

507/10 Outpatient - medication management
Includes the prescription, directions on the use of, and review of medication, with not more than minimal psychotherapy. It is considered a hospital service when provided to hospital inpatients and should not be a separately identified professional service.

507/20 Outpatient - individual
Goal directed, face-to-face therapeutic intervention (including insight oriented, behavior modifying or supportive psychotherapy) with the eligible consumer that focuses on the mental health needs of the consumer.

507/30 Outpatient - group
Goal directed, face-to-face therapeutic intervention with the eligible consumer and one or more consumers who are treated at the same time which focuses on the mental health needs of the consumers in the group. Group shall not exceed 10 clients/consumers and 2 therapists.

507/40 Outpatient - family or couple
Goal directed face-to-face therapeutic intervention with a minimum of two family members that may include the consumer. Services may be in a clinic, home, community or educational setting.

507/50 Outpatient - intensive in-home
Flexible, time limited intensive services provided in the home. In-home services are geared toward families at risk of having a child removed from home. Services are focused on the family as a unit and include: specialized parent skills training, behavior management, family therapy, 24 hour accessibility by the family as needed, and intensive supervision by staff.

507/60 Outpatient - family support
Flexible, time limited therapy which relieves and supports the primary caregiver or supports that caregiver in the role. Examples are, but not limited to: teaching parenting skills in the home, assisting with behavioral management techniques, taking care of an identified consumer while the caregiver is preparing meals or coming to the home to be sure that a child is up and ready to go to school.
SPC START DATE (Field 23)
REQUIRED

DEFINITION: The date on which delivery of this SPC actually began.

CODES: Enter an 8 digit number in the format month/day/full year.

PURPOSE: The data collected here is used to separate closed services from active client/consumers within an SPC. When SPC End Date and/or Unit of Service information is added to this data, average length of service, service duration, and average service intensity information is generated.

PROVIDER NUMBER (Field 24)
REQUIRED FOR MENTAL HEALTH DESKCARD SPCs

DEFINITION: The number assigned to identify the agency, facility, or person that is delivering the SPC to the client/consumer.

CODES: Enter the appropriate 10 digit identification number of the provider or worker who delivers this SPC to the client/consumer. Provider numbers are assigned by the state and may be obtained by contacting the SOS Desk. Worker ID numbers can also be used.

NOTES: See Appendix E of this handbook for instructions on requesting Provider Numbers. The terminal operator can do an on-line inquiry of HSRS provider numbers.

PURPOSE: This information is used to produce various reports for local agencies.
**UNITS - DAYS (Field 25)**
**REQUIRED FOR APPROPRIATE SPCS**

**DEFINITION:** The number of days of care provided for the following SPCs:

<table>
<thead>
<tr>
<th>SPC Category</th>
<th>Code</th>
<th>Description</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient</strong></td>
<td>503</td>
<td>Inpatient</td>
<td>Days</td>
</tr>
<tr>
<td></td>
<td>503</td>
<td>Emergency detention</td>
<td>Days</td>
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<td>505</td>
<td>DD center/nursing home</td>
<td>Days</td>
</tr>
<tr>
<td></td>
<td>925</td>
<td>Institute for mental disease</td>
<td>Days</td>
</tr>
<tr>
<td><strong>Residential</strong></td>
<td>202</td>
<td>Adult family home</td>
<td>Days</td>
</tr>
<tr>
<td></td>
<td>203</td>
<td>Foster home</td>
<td>Days</td>
</tr>
<tr>
<td></td>
<td>204</td>
<td>Group home</td>
<td>Days</td>
</tr>
<tr>
<td></td>
<td>205</td>
<td>Shelter care</td>
<td>Days</td>
</tr>
<tr>
<td></td>
<td>504</td>
<td>Residential care center</td>
<td>Days</td>
</tr>
<tr>
<td></td>
<td>506</td>
<td>CBRF</td>
<td>Days</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>510</td>
<td>Comprehensive community services</td>
<td>Days</td>
</tr>
</tbody>
</table>

**CODES:** Enter up to 3 digits.

**NOTES:** Inpatient or residential program codes not listed here may be used.

**PURPOSE:** This information is used to determine the type and amount/volume of service being provided.
**UNITS - OTHER (Field 26)**  
**REQUIRED FOR APPROPRIATE SPCS**

**DEFINITION:** The number of program activity units the client/consumer has received.

**CODES:** This is a 5 digit field with a maximum of 2 decimal places. Enter the appropriate number of hours and fractions of hours to the nearest quarter hour for the following SPCs:

<table>
<thead>
<tr>
<th>SPC</th>
<th>Code</th>
<th>Description</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial Day</td>
<td>108</td>
<td>Work related services</td>
<td>Hours</td>
</tr>
<tr>
<td></td>
<td>615</td>
<td>Supported employment</td>
<td>Hours</td>
</tr>
<tr>
<td></td>
<td>706</td>
<td>Day center services non-medical</td>
<td>Hours</td>
</tr>
<tr>
<td>Outpatient</td>
<td>303</td>
<td>Juvenile probation and supervision</td>
<td>Hours</td>
</tr>
<tr>
<td></td>
<td>501</td>
<td>Crisis intervention</td>
<td>Hours</td>
</tr>
<tr>
<td></td>
<td>503</td>
<td>20 Emergency room</td>
<td>Hours</td>
</tr>
<tr>
<td></td>
<td>507</td>
<td>Counseling/therapeutic resources</td>
<td>Hours</td>
</tr>
<tr>
<td></td>
<td>507</td>
<td>10 Medication management</td>
<td>Hours</td>
</tr>
<tr>
<td></td>
<td>507</td>
<td>20 Individual</td>
<td>Hours</td>
</tr>
<tr>
<td></td>
<td>507</td>
<td>30 Group</td>
<td>Hours</td>
</tr>
<tr>
<td></td>
<td>507</td>
<td>40 Family (or couple)</td>
<td>Hours</td>
</tr>
<tr>
<td></td>
<td>507</td>
<td>50 Intensive in-home</td>
<td>Hours</td>
</tr>
<tr>
<td></td>
<td>507</td>
<td>60 Family support</td>
<td>Hours</td>
</tr>
<tr>
<td></td>
<td>704</td>
<td>Day treatment-medical</td>
<td>Hours</td>
</tr>
<tr>
<td>Other</td>
<td>509</td>
<td>Community support</td>
<td>Hours</td>
</tr>
<tr>
<td></td>
<td>511</td>
<td>Community recovery services</td>
<td>Hours</td>
</tr>
<tr>
<td></td>
<td>604</td>
<td>Case management</td>
<td>Hours</td>
</tr>
</tbody>
</table>

**NOTES:** Other non-inpatient or non-residential codes may be used.

**PURPOSE:** This information is used to determine the type and amount/volume of service being provided.
SPC END DATE (Field 27)
REQUIRED

DEFINITION: The date on which service in this SPC ended.

CODES: Enter an 8 digit number in the format month/day/full year.

PURPOSE: When this information is added to SPC Start Date and/or Units of Service data reports can be generated identifying average lengths of service or service duration and/or average service intensity. This field is also used to separate closed from active client/consumers within an SPC.

SPC CLOSING REASON (Field 28)
REQUIRED FOR MENTAL HEALTH SPCS LISTED IN FIELD 22.

DEFINITION: The reason the service (SPC) was closed.

NOTES: SPC Closing Reason is required for SPCs listed in Field 22 of the handbook and deskcard.

CODES:
01 Completed service - major improvement
02 Completed service - moderate improvement
03 Completed service - no change
04 Formally transferred to another community based resource
05 Administratively discontinued service (i.e., or noncompliance)
06 Referred
07 Withdrew against staff advice or services not wanted
08 Funding/authorization expired
09 Incarcerated (local jail or prison)
10 Entered nursing home or institutional care (IMD, RCC, etc.)
11 No probable cause
99 Death

Level of Improvement Explanation (Major, Moderate, No Change)
For client/consumers who have completed services (code 01, 02, 03) in inpatient, outpatient, day services, or residential treatment, an overall rating of the client/consumers condition at discharge. Major improvement means that most or all areas have improved and there is a good prognosis; Moderate means that some areas have improved but the prognosis is guarded or fair.

PURPOSE: To allow for evaluation of service outcome.
**DELIVERY MONTH/YEAR (Field 29)**
**REQUIRED**

**DEFINITION:** The month and year during which units of an SPC were delivered. If reporting quarterly, enter the third month of the quarter.

**CODES:** Enter a six digit number in the format of month/full year.

**PURPOSE:** To allow for production of reports connected to a particular month/year.

---

**SPC REVIEW DATE (Field 30)**
**OPTIONAL**

**DEFINITION:** The date when the next SPC review is due to take place.

**CODES:** Enter the 6 digit date in the format of month/full year.

**NOTES:** Order the L330 report.

**PURPOSE:** For local use in case monitoring/case management.
DEFINITION: This is an update of the overall clinical assessment of service needs (Field 10) and should reflect the current rating of the consumer’s needs (the six month update). The six month update is required if the initial BRC code was H or L. The Blue Ribbon Commission (BRC) Target Groups are intended to provide a frame of reference and an indication of expected need as well as an overall assessment of consumers’ service needs at a point in time.

Persons in Need of Ongoing, High Intensity, Comprehensive Services - have a primary diagnosis of a major mental illness or severe emotional disturbance, and they have substantial needs for psychiatric and medical treatment, including substance abuse, daily living skills, budgeting, job training, family support and support at school. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. Persons in this category may need help to access community resources, such as safe, affordable housing, benefits and entitlements, and legal assistance. They need support and assistance in combating stigma and discrimination. Without ongoing, comprehensive services, these persons will be at the highest risk for increased psychiatric hospitalizations or extensive reliance on placement in nursing homes, child-caring institutions, and other supervised settings, confinement in jail, homelessness, and increased harm to self.

These persons will sometimes experience acute psychiatric crises as a result of increases in symptoms of mental illness or environmental stresses. Because some may be reluctant to access mental health or other services, extensive outreach may be needed to engage them into services. The person and family need ongoing, comprehensive treatment and intensive community support and wraparound services to help them achieve and maintain a more stable level of functioning and a lifestyle relying more on natural supports and less on formal mental health services.

Persons in Need of Ongoing Low Intensity Services - have a diagnosed mental disorder. They function in a fairly stable manner but may occasionally experience acute psychiatric crises. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. These persons need services such as ongoing medication management (prescription, evaluation, and monitoring), case management, and/or periodic support contacts. With the benefit of such services, they are usually able to live relatively independently and have good potential for recovery and
increasing success in community living. Without ongoing supports and services, however, they can be at a serious risk for relapse and for much more costly treatment, including intensive crisis intervention and psychiatric hospitalization.

**Persons in Need of Short-Term Situational Services** - experience situational crises, such as divorce, death of parent, spouse or significant other, or severe trauma, such as sexual abuse, physical abuse, or neglect, that may contribute to a mental health problem. They require short-term support, treatment, or counseling services. Due to situational difficulties, these individuals may experience temporary difficulties in their vocational, educational, family, or social roles. They may also experience acute psychiatric crises. They endanger themselves or others. Without appropriate, early identification and diagnosis, short-term counseling, and treatment the person's mental status and role functioning may be at risk of further deterioration. Appropriate identification of mental health problems in this population is critical because they are often first seen in non-mental health settings.

**CODES:**

- **H** Persons in need of ongoing, high intensity, comprehensive services
- **L** Persons in need of ongoing, low intensity services
- **S** Persons in need of short-term situational services

**NOTES:**

Adults and children may be classified under the BRC Target Population. The BRC Target Population Codes H, L, and S replace the use of Severity Codes 1, 2, 3, 4.

When BRC Target Population is H, the Primary Diagnostic Impression must be from Axis I.

Entries to Field 31 have no effect on Field 10.

**PURPOSE:** To determine differences in the service needs of people within the public mental health system. Monitor, review and assess change.
PSYCHOSOCIAL AND ENVIRONMENTAL STRESSORS - DSM IV, AXIS IV (Field 32)
OPTIONAL

**DEFINITION:** *Current* problems that may affect the diagnosis, treatment and prognosis of mental disorders.

**CODES:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Acute Events</th>
<th>Enduring Circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
<td>No acute events that may be relevant to the disorder.</td>
<td>No enduring circumstances that may be relevant to the disorder.</td>
</tr>
<tr>
<td>2</td>
<td>Mild</td>
<td>Such as broke up with boy or girlfriend; started or graduated from school; child left home.</td>
<td>Such as family arguments; job dissatisfaction; residence in high crime neighborhood.</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
<td>Such as marriage; marital separation; loss of job; retirement; miscarriage.</td>
<td>Such as marital discord; serious financial problems; trouble with boss; being a single parent.</td>
</tr>
<tr>
<td>4</td>
<td>Severe</td>
<td>Such as divorce; birth of first child; trauma victim; witnessing violence (community or domestic).</td>
<td>Such as unemployment; poverty.</td>
</tr>
<tr>
<td>5</td>
<td>Extreme</td>
<td>Such as death of spouse; serious physical illness diagnosed; victim of rape.</td>
<td>Such as serious chronic illness in self or child; ongoing physical or sexual abuse.</td>
</tr>
<tr>
<td>6</td>
<td>Catastrophic</td>
<td>Such as death of child; suicide of spouse; devastating natural disaster.</td>
<td>Such as captivity as hostage; concentration camp experience.</td>
</tr>
<tr>
<td>0</td>
<td>Inadequate</td>
<td>Inadequate Information</td>
<td></td>
</tr>
</tbody>
</table>

**NOTES:** Further description of problems can be found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); relates not only to acute events but also to enduring circumstances.

**PURPOSE:** Provides well accepted information regarding level of stress and gives a more complete picture of the population being served.
GLOBAL ASSESSMENT OF FUNCTIONING - DSM IV, AXIS V (Field 33)
REQUIRED

DEFINITION: The clinician's judgment of the individual's current overall psychological, social and occupational improvement/status.

CODES: Enter a specific 2 digit code.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>91+</td>
<td>Superior functioning in a wide range of activities</td>
</tr>
<tr>
<td>81-90</td>
<td>Absent or minimal symptoms, good functioning in all areas</td>
</tr>
<tr>
<td>71-80</td>
<td>If symptoms are present, they are transient and expectable reactions to psychosocial stressors</td>
</tr>
<tr>
<td>61-70</td>
<td>Some mild symptoms</td>
</tr>
<tr>
<td>51-60</td>
<td>Moderate symptoms</td>
</tr>
<tr>
<td>41-50</td>
<td>Serious symptoms</td>
</tr>
<tr>
<td>31-40</td>
<td>Some impairment in reality testing or communication</td>
</tr>
<tr>
<td>21-30</td>
<td>Behavior is considerably influenced by delusions or hallucinations</td>
</tr>
<tr>
<td>11-20</td>
<td>Some danger of hurting self or others</td>
</tr>
<tr>
<td>01-10</td>
<td>Persistent danger of severely hurting self or others</td>
</tr>
<tr>
<td>00</td>
<td>Inadequate information</td>
</tr>
</tbody>
</table>

NOTES: Further description of the GAF Scale can be found in the DSM-IV.

PURPOSE: Monitor, review and assess change in an individual's goal attainment over time. Proxy for adequacy of services and supports that are provided, given current functioning and symptoms.
HEALTH STATUS (Field 34)
OPTIONAL

DEFINITION: This domain refers to the consumer's current physical health.

CODES:
1 No Health Condition

2 Stable/Capable
   Person is capable of seeking medical attention and is independent in management of health condition.

3 Stable/Incapable
   Person is incapable or unwilling to seek medical attention and cannot manage health condition independently.

4 Unstable/Capable
   Person is capable of seeking medical attention and is independent in management of health condition.

5 Unstable/Incapable
   Person is incapable or unwilling to seek medical attention and cannot manage health condition independently.

6 New Symptoms/Capable
   Person is capable of seeking medical attention and independently follows through with recommendations.

7 New Symptoms/Incapable
   Person is incapable of seeking medical attention and does not follow through with recommendations.

8 Unknown

NOTES: This field is not intended to reflect the availability of service or the ability of the consumer to afford the cost of a service.

MH – 27
PURPOSE: A consumer's ability or inability to access medical care for health conditions may impact his/her mental health status and overall functioning. A consumer's physical health may have direct effect on the types or complexity of the services and supports needed to support recovery. May indicate necessity of coordinating treatment and/or the potential of drug interaction.

HEALTH CARE APPOINTMENT (Field 35)
OPTIONAL

DEFINITION: This domain refers to whether the consumer has accessed health care in the past six months.

CODES: Enter three.

<table>
<thead>
<tr>
<th>Service</th>
<th>Kept Appointment or No Appointment Needed</th>
<th>Unable to Access Needed Services</th>
<th>Did Not Keep or Refused Appointment</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care appointment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Vision care appointment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Dental care appointment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

NOTES: Unable to Access Needed Services includes: No provider available, no transportation available, unable to pay for services, provider refused to accept consumer.

PURPOSE: Evaluate links to Primary Care. (This is a recommended MH/AODA Managed Care performance indicator.) Track access and delivery of primary health care among public mental health consumers.
SUICIDE RISK (Field 36)
OPTIONAL

DEFINITION: Identify the presence of suicide risk factors and reflect the current status.

<table>
<thead>
<tr>
<th>CODE</th>
<th>Label</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No risk factors</td>
<td>Presence of risk factors, but no immediate risk. Risk factors include:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Family history of mental or substance abuse disorder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Family history of suicide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Firearm in the home</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Incarceration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adverse life events/major personal loss</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Family violence, including physical or sexual abuse</td>
</tr>
<tr>
<td>2</td>
<td>Presence of risk factors</td>
<td>Has at least one of these risk factors:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Development of suicidal plan, acquiring the means, rehearsal behavior, setting a time for an attempt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Severe hopelessness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Presence of a suicide note</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Contemplation or use of a violent or especially lethal method</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Affirmation of intent to kill self</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Making out a will or giving away favorite possessions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Inappropriately saying goodbye</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Explicit statements of suicidal ideation or feelings</td>
</tr>
<tr>
<td>9</td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

PURPOSE: To determine risk level of potential suicide of population in public mental health service system.
RESIDENTIAL ARRANGEMENT (Field 37)
REQUIRED

DEFINITION: The category that describes the consumer's current residential situation.

<table>
<thead>
<tr>
<th>CODE</th>
<th>Label</th>
<th>Definition/Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Street or shelter</td>
<td>Homelessness; transient, hotel</td>
</tr>
<tr>
<td>2</td>
<td>Private residence or household</td>
<td>Such as apartment or house; owned or rented</td>
</tr>
<tr>
<td>3</td>
<td>Supported or semi supervised residence</td>
<td>Board and care, supervised apartments, YMCA/YWCA, safe house for children</td>
</tr>
<tr>
<td>4</td>
<td>Specialized facility - on-site supervision</td>
<td>Such as assisted living facility, residential care apartment complex, adult family home, CBRF, halfway house, group home, adult foster home, foster/respite care, treatment foster care, residential care center, domestic abuse shelter</td>
</tr>
<tr>
<td>5</td>
<td>Other institution</td>
<td>Such as hospital, nursing home, IMD, DD center, state institution</td>
</tr>
<tr>
<td>6</td>
<td>Jail or correctional facility</td>
<td></td>
</tr>
</tbody>
</table>

PURPOSE: Describes where the person lives and change of that residence over time.

DAILY ACTIVITY (Field 38)
REQUIRED

DEFINITION: The current planned activity (including education) of the consumer. Does not include employment activities. Must enter one and may enter up to three codes.

<table>
<thead>
<tr>
<th>CODE</th>
<th>Label</th>
<th>Definition/Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No educational, social, or planned activity</td>
<td>Not in job training, not in school</td>
</tr>
<tr>
<td>2</td>
<td>Part-time educational activity</td>
<td>Part-time appropriate to the type of school (elementary, high school, college, technical)</td>
</tr>
<tr>
<td>3</td>
<td>Full-time educational activity</td>
<td>Full-time appropriate to the type of school (elementary, high school, college, technical)</td>
</tr>
<tr>
<td>4</td>
<td>Meaningful social activity</td>
<td>Socializing, support network, routine</td>
</tr>
<tr>
<td>5</td>
<td>Volunteer or planned formal activities</td>
<td>Clubs, drop-in</td>
</tr>
<tr>
<td>6</td>
<td>Other activities</td>
<td>Activities of homemaking, caregiving</td>
</tr>
<tr>
<td>9</td>
<td>Unknown</td>
<td>Information not available</td>
</tr>
</tbody>
</table>

PURPOSE: Provides a measure of consumer's level of independence and involvement in the community.
**EMPLOYMENT (Field 39)**

**REQUIRED**

**DEFINITION:** The *current* employment activity of the consumer. Enter one code.

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Definition/Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Competitive</td>
<td>Employment (part or full-time) in a real (i.e., market) job</td>
</tr>
<tr>
<td>2</td>
<td>Temporary</td>
<td>Include seasonal employment</td>
</tr>
<tr>
<td>3</td>
<td>Supported</td>
<td>Competitive employment with ongoing long-term support (i.e., the consumer and their employer are actively supported by a CSP team) to structure the job or work environment</td>
</tr>
<tr>
<td>4</td>
<td>Sheltered</td>
<td>Remunerative employment or other occupational rehabilitative activity of an educational or therapeutic nature</td>
</tr>
<tr>
<td>5</td>
<td>Prevocational activity</td>
<td>Job training, transitional, vocational rehab</td>
</tr>
<tr>
<td>6</td>
<td>Not working</td>
<td>Wants to work, looking for work and available to accept a job</td>
</tr>
<tr>
<td>7</td>
<td>Unemployed/retired</td>
<td>Uninterested in employment</td>
</tr>
<tr>
<td>8</td>
<td>Other status</td>
<td>Homemaker, student, caregiver, SSI disabled</td>
</tr>
<tr>
<td>9</td>
<td>Not in the labor force</td>
<td>Institutionalization, incarceration, medical reason, other</td>
</tr>
<tr>
<td>99</td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

**PURPOSE:** Provides a measure of consumer's level of independence.

**EMPLOYMENT LEVEL (Field 40)**

**OPTIONAL**

**DEFINITION:** If employed (Field 39 codes 1-5), indicate the current hours worked per the following categories.

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Full-time</td>
<td>Totaling 35 or more hours per week. Includes working both full-time and part-time jobs</td>
</tr>
<tr>
<td>2</td>
<td>Part-time</td>
<td>20 - 34 hours per week</td>
</tr>
<tr>
<td>3</td>
<td>Other part-time</td>
<td>Less than 20 hours per week</td>
</tr>
</tbody>
</table>
LEGAL/COMMITMENT STATUS UPDATE (Field 41)
REQUIRED

DEFINITION: Voluntary - a person who voluntarily seeks service.

Involuntary Civil - a person committed for a noncriminal proceeding whether for purposes of examination and observation or for treatment, either by a physician's certificate, a court proceeding, or police or related agencies.

Involuntary Criminal - a person committed pursuant to one of the following:
  - charges and/or convictions pending, determination of competency to stand trial
  - found not guilty by reason of insanity or guilty but insane
  - transfers from correctional institutions

CODES: 1 Voluntary (No commitment status)
  2 Voluntary with settlement agreement
  3 Involuntary civil - Chapter 51
  4 Involuntary civil - Chapter 55
  5 Involuntary criminal
  6 Guardianship

NOTES: This field relates specifically to CH 51 and CH 55 and represents an updated commitment status of the client/consumer.

PURPOSE: Identify the category that reflects the consumer's current commitment status. This field is a point in time update of the information provided at episode beginning.
INCARCERATION/INVOLVEMENT WITH CRIMINAL JUSTICE SYSTEM (Field 42) REQUIRED

DEFINITION: Within the last six months. Must enter one; may enter up to four.

Probation The court sentences a person to probation with certain requirements: i.e., sentenced to five years probation; have to report regularly to probation officer; have to attend AODA treatment; have to provide restitution, etc. If a person fails his/her probation, they have to go through the court system and be sentenced again.

Jailed Means county jails.

Imprisoned Means state prisons, federal prisons, or forensic units of state hospitals.

Parole Already imprisoned and is let out before the entire sentence time has been completed. Parole has certain requirements that may include: regular meetings with parole officer, doing random urine tests for drugs, etc. If a person fails on parole, he/she is immediately returned to prison.

Juvenile Justice System
- Juvenile Correction Institution (JCI)
- Youth Corrective Sanctions Program (YCSP) = in-home intensive community based programming for youth who have been in JCI
- Youth Leadership Training Center (YLTC) = 4-5 month residential program for male youth ages 14-17

CODES:  

<table>
<thead>
<tr>
<th>Code</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>On probation</td>
</tr>
<tr>
<td>3</td>
<td>Arrest(s)</td>
</tr>
<tr>
<td>4</td>
<td>Jailed/imprisoned (includes Huber)</td>
</tr>
<tr>
<td>5</td>
<td>On parole</td>
</tr>
<tr>
<td>6</td>
<td>Juvenile justice system contact</td>
</tr>
<tr>
<td>9</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

PURPOSE: To measure level of MH consumer criminal justice involvement.
FINANCIAL SUPPORTS (Field 43)
OPTIONAL

DEFINITION: Identify the consumer's primary source(s) of financial support. Must enter one, may enter four; include all that apply for the current point in time.

CODES:
1  Paid employment
2  Social Security retirement benefits/pension
4  Disability payments - VA or private policy
5  Worker's compensation
6  Food stamps
7  Temporary Assistance for Needy Families (TANF) - formerly AFDC
8  Trust funds/savings income
9  Alimony/maintenance, child support
10 Unemployment compensation
11 Relatives and/or spouse
12 Rent supplements - HUD, Section 8
13 County cash assistance - county replacement for General Relief
14 None
15 Other
16 Supplemental Security Income (SSI)
17 Social Security Disability Income (SSDI)
99 Unknown

PURPOSE: Provides information on how individuals support themselves.