

## MENTAL HEALTH MODULE

### BACKGROUND

The HSRS Mental Health Module is a federally supported effort for reporting client demographic and service data for people served through the public mental health system. Development of this module was a joint effort between staff from the BPRT, BMO, OPRA and BIS within the DHS and included considerable effort and input from various county level administrators and program staff.

The Mental Health module data provides federal, state and county administrators with accurate and timely data on the people served through our public mental health system. This information is used for oversight and improvement of the service system as well as compliance with State and Federal regulations.

A recent improvement to the module is the Consumer Status Data Set. Beginning in CY 2002, fields 31 through 43 will be used to collect information reflecting the ongoing status of people who have a BRC Target Group Code of H or L. This data will be used in support of the efforts of the Department to meet the expectations contained in the Governor's Blue Ribbon Commission Report (1999) and the requirements of the Federal Mental Health Block Grant.

### GENERAL INFORMATION

All county Departments of Community Programs and Human Services are required to report to the module. For reporting purposes, a client/consumer is defined as a person who has been authorized by a DCP or HSD for services related to mental health and who has their own client record.

**Consumer Status Data Set (CSDS) information is collected through Fields 31 - 43. CSDS data fields should be completed at the beginning of a HSRS episode for consumers who have a BRC Target Group Code of H or L. Updates will be expected at six month intervals thereafter. The status data should also be reported at the close of an episode if it has been at least 90 days from the last update.**

The Mental Health module has a 90 day episode closing feature. Ninety days after all SPC End Dates and their respective Closing Reasons have been entered and processed with no new SPC activity, the episode will be closed with the next monthly HSRS update. The Episode End Date will reflect the last SPC End Date.

### REPORTING FREQUENCY

**Quarterly reporting is required on the module for each client.** The Mental Health module provides for the option of monthly reporting of services.

First Quarter	January - March	Due April month-end
Second Quarter	April - June	Due July month-end
Third Quarter	July - September	Due October month-end
Fourth Quarter	October - December	Due February month-end

### HSRS MENTAL HEALTH MODULE

**REGISTRATION - Screen M1 - New, Update, Error Correct or Inquiry** **MODULE TYPE 9**

Episode Key		1 Worker ID			2 Client ID		
3a Last Name		3b First Name		3c Middle Name	3d Suffix	4 Birthdate (mm/dd/yyyy)	5 Sex <input type="checkbox"/> F <input type="checkbox"/> M
6a Hispanic / Latino <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No	6b Race (Check up to 5) <input type="checkbox"/> A = Asian <input type="checkbox"/> B = Black or African American <input type="checkbox"/> P = Native Hawaiian or Pacific Islander <input type="checkbox"/> I = American Indian or Alaska Native <input type="checkbox"/> W = White			7 Client Characteristics		8 MA Number	

**MENTAL HEALTH INFORMATION**

9a Legal/Commitment Status		9b Commitment Status Review Date		10 BRC Target Population	11 Presenting Problem (client perspective)		12 Diagnostic Impression Primary		Axis III	13 County of Residence	14 Episode Closing Date	
15 Social Support	16a No. of Minor Children	16b No. Living With Client	17 Veteran Status <input type="checkbox"/> Yes <input type="checkbox"/> No	18 Referral Source	19 Case Review Date		20 Family ID		21 Local Data			

**SERVICES - Screen M2 - New, Update, Error Correct or Inquiry**

Prog. No. (U)	22 SPC/Subprogram	23 SPC Start Date	24 Provider Number	Units		27 SPC End Date	28 SPC End Reason	29 Delivery Date		30 SPC Review Date
				25 Days	26 Other			mm	yyyy	

**CONSUMER STATUS - Screen M4 Required when BRC Target Population in Field 10 is Coded H or L.**

31 BRC Target Population Update		32 Psychosocial and Environmental Stressors		33 Global Assessment of Functioning (Specific two digit number)		34 Health Status	35 Health Care Appointment <u>Health</u> <u>Vision</u> <u>Dental</u>			36 Suicide Risk	
37 Residential Arrangement		38 Daily Activity	39 Employment	40 Employment Level	41 Legal/Commitment Status Update		42 Criminal Justice System			43 Financial Supports	

**OPTIONAL DATA - Screen 18 (Module Key:**

Street Address			City	State	Zip Code	County		Telephone ( )		
----------------	--	--	------	-------	----------	--------	--	------------------	--	--

Shaded areas are optional.

**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.

## **BRC TARGET POPULATION (Field 10) REQUIRED**

**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)**  
**REQUIRED**

**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.

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 Potawatamie 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:

<b>Positive</b>	constructive, harmonious, compatible, close relationships with differences or conflicts being worked out;
<b>Negative</b>	destructive, incompatible, distant relationships with unresolved differences or conflicts;
<b>Very Frequent</b>	at least daily;
<b>Frequent</b>	at least weekly;
<b>Occasional</b>	at least monthly;
<b>Significant Others</b>	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)**

REQUIRED FOR BRC TARGET POPULATION CODE H - ALL ELSE 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)**

REQUIRED FOR BRC TARGET POPULATION CODE H - ALL ELSE 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.

<b>SPC/SUB CODE</b>		<b>STANDARD PROGRAM CATEGORY NAME</b>	<b>UNITS TO BE REPORTED</b>
<b>Inpatient</b>			
503		Inpatient	Days
503	10	Emergency detention	Days
505		DD center/nursing home	Days
925		Institution for mental disease	Days
<b>Residential</b>			
202		Adult family home	Days
203		Foster home	Days
204		Group home	Days
205		Shelter care	Days
504		Residential care center	Days
506		CBRF	Days
<b>Partial Day</b>			
108		Work related services	Hours
615		Supported employment	Hours
706		Day center services non-medical	Hours
<b>Outpatient</b>			
303		Juvenile probation and supervision	Hours
507		Counseling/therapeutic resources	Hours
507	10	Medication management	Hours
507	20	Individual	Hours
507	30	Group	Hours
507	40	Family (or couple)	Hours
507	50	Intensive in-home	Hours
507	60	Family support	Hours
704		Day treatment-medical	Hours
<b>Emergency</b>			
501		Crisis intervention	Hours
503	20	Emergency room-hospital setting	Hours
<b>Other</b>			
509		Community support	Hours
510		Comprehensive community services	Days
604		Case management	Hours

- 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

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:

<b>Inpatient</b>			
503		Inpatient	Days
503	10	Emergency detention	Days
505		DD center/nursing home	Days
925		Institute for mental disease	Days
<b>Residential</b>			
202		Adult family home	Days
203		Foster home	Days
204		Group home	Days
205		Shelter care	Days
504		Residential care center	Days
506		CBRF	Days
<b>Other</b>			
510		Comprehensive community services	Days

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:

**Partial Day**

108		Work related services	Hours
615		Supported employment	Hours
706		Day center services non-medical	Hours

**Outpatient**

303		Juvenile probation and supervision	Hours
501		Crisis intervention	Hours
503	20	Emergency room	Hours
507		Counseling/therapeutic resources	Hours
507	10	Medication management	Hours
507	20	Individual	Hours
507	30	Group	Hours
507	40	Family (or couple)	Hours
507	50	Intensive in-home	Hours
507	60	Family support	Hours
704		Day treatment-medical	Hours
509		Community support	Hours
604		Case management	Hours

**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)
  - Treatment 06 Referred
  - Not 07 Withdrew against staff advice or services not wanted
  - Completed 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.

**BRC TARGET POPULATION UPDATE (Field 31)  
REQUIRED**

**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)  
REQUIRED**

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

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

**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.

**Code Description**

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

**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)**  
**REQUIRED**

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.

**Stable Health Conditions**

Has a health condition(s) and is stable. Minimal medical interventions are needed. No hospitalizations or emergency room use. Medications and treatments are effective in managing or alleviating symptoms. Examples of these conditions could be hypertension, diabetes, cardiac disease, fibromyalgia, multiple sclerosis, cerebral palsy, cystic fibrosis, stroke, arthritis, and infections. This is not an inclusive list.

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.

**Unstable Health Conditions**

Has a health condition(s) and is unstable. Frequent medical interventions are needed. Person may have periodic hospitalizations and emergency room use. Medications may change often in an attempt to stabilize medical condition(s). If more than one health condition, may result in complex medical treatments. Examples of these conditions could be hypertension, diabetes, cardiac disease, fibromyalgia, multiple sclerosis, cerebral palsy, cystic fibrosis, stroke, quadriplegia, paraplegia, osteoporosis, arthritis, and infections. This is not an inclusive list.

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.

**New Symptoms**

Person has new symptoms not related to currently diagnosed health conditions. This could include frequency of urination, bowel changes (diarrhea or constipation), skin changes, falls, dizziness, weight loss/gain, fatigue, pain, tremors, loss of vision/hearing, infections. This is not an inclusive list.

7 **New Symptoms/Incapable**

Person **is incapable** or unwilling to seek medical attention and does not follow through with recommendations.

9 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.

**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)  
REQUIRED**

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

**CODES:** Enter three.

	<b>Kept Appointment or No Appointment Needed</b>	<b>Unable to Access Needed Services</b>	<b>Did Not Keep or Refused Appointment</b>	<b>Unknown</b>
Health care appointment	1	2	3	9
Vision care appointment	1	2	3	9
Dental care appointment	1	2	3	9

**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)**  
**REQUIRED**

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

<b>CODES:</b>	<b>Code</b>	<b>Label</b>	<b>Definition</b>
	1	No risk factors	
	2	Presence of risk factors	Presence of risk factors, but no immediate risk. Risk factors include: <ul style="list-style-type: none"> <li>• Family history of mental or substance abuse disorder</li> <li>• Family history of suicide</li> <li>• Firearm in the home</li> <li>• Incarceration</li> <li>• Adverse life events/major personal loss</li> <li>• Family violence, including physical or sexual abuse</li> </ul>
	3	High potential for suicide	Has at least one of these risk factors: <ul style="list-style-type: none"> <li>• Development of suicidal plan, acquiring the means, rehearsal behavior, setting a time for an attempt</li> <li>• Severe hopelessness</li> <li>• Presence of a suicide note</li> <li>• Contemplation or use of a violent or especially lethal method</li> <li>• Affirmation of intent to kill self</li> <li>• Making out a will or giving away favorite possessions</li> <li>• Inappropriately saying goodbye</li> <li>• Explicit statements of suicidal ideation or feelings</li> </ul>
	9	Unknown	

**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.

CODES:	Code	Label	Definition/Example
	1	Street or shelter	Homelessness; transient, hotel
	2	Private residence or household	Such as apartment or house; owned or rented
	3	Supported or semi supervised residence	Board and care, supervised apartments, YMCA/YWCA, safe house for children
	4	Specialized facility - on-site supervision	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
	5	Other institution	Such as hospital, nursing home, IMD, DD center, state institution
	6	Jail or correctional facility	

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.

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

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.

CODES:

Code	Label	Definition/Example
1	Competitive	Employment (part or full-time) in a real (i.e., market) job
2	Temporary	Include seasonal employment
3	Supported	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
4	Sheltered	Remunerative employment or other occupational rehabilitating activity of an educational or therapeutic nature
5	Prevocational activity	Job training, transitional, vocational rehab
6	Not working	Wants to work, looking for work and available to accept a job
7	Unemployed/retired	Uninterested in employment
8	Other status	Homemaker, student, caregiver, SSI disabled
9	Not in the labor force	Institutionalization, incarceration, medical reason, other
99	Unknown	

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

**EMPLOYMENT LEVEL (Field 40)**  
**REQUIRED**

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

CODES:

Code	Label	Definition
1	Full-time	Totaling 35 or more hours per week. Includes working both full-time and part-time jobs
2	Part-time	20 - 34 hours per week
3	Other part-time	Less than 20 hours per week

**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 | <ul style="list-style-type: none"><li>• Juvenile Correction Institution (JCI)</li><li>• Youth Corrective Sanctions Program (YCSP) = in-home intensive community based programming for youth who have been in JCI</li><li>• Youth Leadership Training Center (YLTC) = 4-5 month residential program for male youth ages 14-17</li></ul> |

CODES:

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

PURPOSE: To measure level of MH consumer criminal justice involvement.

**FINANCIAL SUPPORTS (Field 43)**  
**REQUIRED**

**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.