

Instructions for Patient Characteristics Survey 2003

<p>ITEM 5a & b 5a. First initial, client's first name 5b. First initial, client's last name</p>	<p>ITEM 18 Prior Mental Health Services Received (<i>circle all that apply</i>) <i>Prior to admission/entry to this unit, mental health services received from any mental health provider.</i></p> <table style="width: 100%;"> <tr> <td>00. No prior service</td> <td>06. Emergency mental health nonresidential program</td> </tr> <tr> <td>01. State psychiatric center inpatient unit</td> <td>07. CSP mental health nonresidential program</td> </tr> <tr> <td>02. General or certified hospital psychiatric inpatient</td> <td>08. Local mental health practitioner</td> </tr> <tr> <td>03. RTF for C&Y</td> <td>09. Prison/jail/court mental health services</td> </tr> <tr> <td>04. Mental health noninpatient residential program</td> <td>99. Unknown</td> </tr> <tr> <td>05. Mental health outpatient program</td> <td></td> </tr> </table>	00. No prior service	06. Emergency mental health nonresidential program	01. State psychiatric center inpatient unit	07. CSP mental health nonresidential program	02. General or certified hospital psychiatric inpatient	08. Local mental health practitioner	03. RTF for C&Y	09. Prison/jail/court mental health services	04. Mental health noninpatient residential program	99. Unknown	05. Mental health outpatient program																																																																																									
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<p>ITEM 7 Gender 1 = Male, 2 = Female, 9 = Unknown</p>	<p>ITEM 20a Diagnostic System (<i>circle one</i>)</p> <table style="width: 100%;"> <tr> <td>0. No Diagnosis Available</td> <td>1. DSM III</td> <td>3. DSM IV</td> <td>5. Other</td> </tr> <tr> <td></td> <td>2. DSM III-R</td> <td>4. ICD-9-CM</td> <td>9. Unknown</td> </tr> </table>	0. No Diagnosis Available	1. DSM III	3. DSM IV	5. Other		2. DSM III-R	4. ICD-9-CM	9. Unknown																																																																																												
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<p>ITEM 8 Hispanic Ethnicity (<i>choose one response only</i>)</p> <ol style="list-style-type: none"> 0. No, not Hispanic/Latino 1. Yes, Hispanic/Latino 9. Unknown 	<p>ITEM 20b Principal Psychiatric Diagnosis (<i>enter 5 Digit Diagnostic Code</i>)</p>																																																																																																				
<p>ITEM 9 Race (<i>circle all that apply</i>)</p> <table style="width: 100%;"> <tr> <td>1. White</td> <td>5. Native Hawaiian/Other Pacific Islander</td> </tr> <tr> <td>2. Black/African American</td> <td>6. Other</td> </tr> <tr> <td>3. Asian</td> <td>9. Unknown</td> </tr> <tr> <td>4. American Indian/Alaska Native</td> <td></td> </tr> </table>	1. White	5. Native Hawaiian/Other Pacific Islander	2. Black/African American	6. Other	3. Asian	9. Unknown	4. American Indian/Alaska Native		<p>ITEM 20c Additional Diagnosis (<i>enter 5 Digit Diagnostic Code</i>) <i>The 2nd most important to the focus of treatment.</i></p>																																																																																												
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<p>ITEM 10a Residence Type <i>For clients currently in police lockup or jail, or if a client is hospitalized for psychiatric treatment, please report client's living situation PRIOR to incarceration/admission. For all other programs, report client's CURRENT living situation.</i></p> <ol style="list-style-type: none"> 01. Own residence (home/apartment), rooming house, hotel, SRO 02. Psychiatric inpatient care 03. Residential treatment facility for children & youth 04. Mental health noninpatient residential program (e.g., community residence, crisis residence, family based treatment, family care) 05. DOH licensed residential program for adults (adult homes) 06. NYS Office of Children & Family Services (OCFS) foster care 07. NYS OCFS Division of Rehabilitative Services facility 08. Other OCFS or Education Department residential program for children & youth 09. 24-Hour medical (e.g., general hosp. non-psych. unit, nursing facility) 10. Homeless (e.g., shelter, street, transitional living center) 11. Other 99. Unknown 	<p>ITEM 21 Current Benefits (<i>circle all that apply</i>)</p> <table style="width: 100%;"> <tr> <td>0. None</td> <td>4. Medicare</td> </tr> <tr> <td>1. Supplemental Security Income (SSI)</td> <td>5. Medicaid</td> </tr> <tr> <td>2. Social Security Disability Income (SSDI)</td> <td>6. Veterans' Statute</td> </tr> <tr> <td>3. Any public assistance cash program (e.g., TANF, Safety Net)</td> <td>7. Other</td> </tr> <tr> <td></td> <td>9. Unknown</td> </tr> </table>	0. None	4. Medicare	1. Supplemental Security Income (SSI)	5. Medicaid	2. Social Security Disability Income (SSDI)	6. Veterans' Statute	3. Any public assistance cash program (e.g., TANF, Safety Net)	7. Other		9. Unknown																																																																																										
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<p>ITEM 12 Veteran Status (<i>choose one response only</i>)</p> <ol style="list-style-type: none"> 0. Not a Veteran 1. Yes, Veteran 9. Unknown 	<p>ITEM 25 Criminal Justice or Juvenile Justice Status <i>(choose one response only)</i> <i>Clients referred for OMH Family Court evaluations are not criminal justice clients.</i></p> <ol style="list-style-type: none"> 00. Not a criminal justice nor juvenile justice client <p>Incarcerated Clients</p> <ol style="list-style-type: none"> 01. Police lockup prisoner 02. County/City Jail or Court Detention Prisoner 03. NYS Dept. of Correctional Services Prisoner 04. Adjudicated Juvenile Delinquent or Offender in OCFS Division of Rehabilitative Services (DRS) Facility 05. Adjudicated PINS (Person in Need of Supervision) or Juvenile Delinquent in other OCFS Facility (not DRS) <p>Community Based Clients</p> <ol style="list-style-type: none"> 06. Adjudicated Juvenile Delinquents or PINS on OCFS Aftercare 07. Probationer (adults, Juvenile Delinquents and PINS on probation) 08. Parolee (adults and Juvenile Offenders on parole) 09. Criminal Procedure Law (CPL) 330.20 Order of Conditions & Order of Release 10. On bail, released on own recognizance (ROR), conditional discharge, PINS diversion, or other alternative to incarceration (ATI) status (e.g. Bklyn Mental Health Court, Albany County Jail Diversion Program) 11. Under arrest 99. Unknown whether or not client has a criminal justice or juvenile justice status 																																																																																																				
<p>ITEM 13 Current Employment Status (<i>circle one</i>)</p> <ol style="list-style-type: none"> 0. No employment of any kind 1. Competitive employment (employer-paid position) with no formal supports 2. Competitive employment (employer-paid position) with ongoing supports 3. Community-integrated employment run by a state or local agency (agency-funded positions only) 4. Works in a sheltered (non-integrated) workshop run by state or agency 5. Sporadic or casual employment for pay (includes odd jobs) 6. Non-paid work experience (includes volunteer positions) 7. Other employment situation 9. Unknown 	<p>ITEM 26 Date Last Served Before 10/27/03 by THIS Program</p> <p>00000000 = client has never been served before in this program 99999999 = unknown when this client was last served by this program</p>																																																																																																				
<p>ITEM 14 Education Level (<i>choose one response only</i>)</p> <table style="width: 100%;"> <tr> <td>00. No formal education</td> <td>11. Eleventh grade</td> </tr> <tr> <td>01. First grade</td> <td>12. Twelfth grade (high school graduate)</td> </tr> <tr> <td>02. Second grade</td> <td>13. GED</td> </tr> <tr> <td>03. Third grade</td> <td>14. Business, technical training</td> </tr> <tr> <td>04. Fourth grade</td> <td>15. Some college, no degree</td> </tr> <tr> <td>05. Fifth grade</td> <td>16. Associate's degree</td> </tr> <tr> <td>06. Sixth grade (grammar school graduate)</td> <td>17. Bachelor's degree</td> </tr> <tr> <td>07. Seventh grade</td> <td>18. Graduate degree</td> </tr> <tr> <td>08. Eighth grade</td> <td>19. Other</td> </tr> <tr> <td>09. Ninth grade</td> <td>99. Unknown</td> </tr> <tr> <td>10. Tenth grade</td> <td></td> </tr> </table>	00. No formal education	11. Eleventh grade	01. First grade	12. Twelfth grade (high school graduate)	02. Second grade	13. GED	03. Third grade	14. Business, technical training	04. Fourth grade	15. Some college, no degree	05. Fifth grade	16. Associate's degree	06. Sixth grade (grammar school graduate)	17. Bachelor's degree	07. Seventh grade	18. Graduate degree	08. Eighth grade	19. Other	09. Ninth grade	99. Unknown	10. Tenth grade		<p>ITEM 27 Date of Client Service (<i>circle all that apply</i>) <i>Circle the date(s) the client was seen during the survey week.</i></p>																																																																														
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<p>ITEM 15 Current Educational Enrollment (<i>choose one response only</i>)</p> <ol style="list-style-type: none"> 0. No, not enrolled in school 1. Yes, enrolled in school PART TIME 2. Yes, enrolled in school FULL TIME 9. Unknown 	<p>ITEM 28 Disposition (<i>choose one response only</i>)</p> <p>00. Not terminated</p> <p>Terminated – Not Referred Elsewhere:</p> <table style="width: 100%;"> <tr> <td>01. No further treatment needed</td> <td>03. Client unavailable or lost to contact</td> </tr> <tr> <td>02. Client rejected treatment and/or referral</td> <td>04. Client died</td> </tr> <tr> <td></td> <td>05. Other reasons</td> </tr> </table> <p>Terminated – Referred To:</p> <table style="width: 100%;"> <tr> <td>06. State psychiatric center inpatient</td> <td>12. Emergency mental health program</td> </tr> <tr> <td>07. General or certified hospital psychiatric inpatient</td> <td>13. Community support nonresidential mental health program</td> </tr> <tr> <td>08. Residential treatment facility for children & youth</td> <td>14. Local mental health practitioner</td> </tr> <tr> <td>09. Single Point of Access</td> <td>15. Non-mental health community service provider</td> </tr> <tr> <td>10. Mental health noninpatient residential program</td> <td>16. Court</td> </tr> <tr> <td>11. Mental health outpatient program</td> <td>17. Other</td> </tr> <tr> <td></td> <td>99. Unknown</td> </tr> </table>	01. No further treatment needed	03. Client unavailable or lost to contact	02. Client rejected treatment and/or referral	04. Client died		05. Other reasons	06. State psychiatric center inpatient	12. Emergency mental health program	07. General or certified hospital psychiatric inpatient	13. Community support nonresidential mental health program	08. Residential treatment facility for children & youth	14. Local mental health practitioner	09. Single Point of Access	15. Non-mental health community service provider	10. Mental health noninpatient residential program	16. Court	11. Mental health outpatient program	17. Other		99. Unknown																																																																																
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	99. Unknown																																																																																																				
<p>ITEM 16 Current Disabilities (<i>circle all that apply</i>)</p> <table style="width: 100%;"> <tr> <td>0. None</td> <td>4. Alcohol Related Disorder</td> </tr> <tr> <td>1. Mental Illness</td> <td>5. Drug/Substance Related Disorder</td> </tr> <tr> <td>2. Mental Retardation</td> <td>6. Physical Disability</td> </tr> <tr> <td>3. Developmental Disability</td> <td>9. Unknown</td> </tr> </table>	0. None	4. Alcohol Related Disorder	1. Mental Illness	5. Drug/Substance Related Disorder	2. Mental Retardation	6. Physical Disability	3. Developmental Disability	9. Unknown	<p>ITEM 29 Source of Payment (<i>circle all that apply</i>)</p> <table style="width: 100%;"> <tr> <td>0. No charge made or no payment expected</td> <td>2. Medicare</td> <td>5. Court</td> </tr> <tr> <td>1. Medicaid</td> <td>3. Private insurance</td> <td>6. Other</td> </tr> <tr> <td></td> <td>4. Self pay</td> <td>9. Unknown</td> </tr> </table>	0. No charge made or no payment expected	2. Medicare	5. Court	1. Medicaid	3. Private insurance	6. Other		4. Self pay	9. Unknown																																																																																			
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<p>ITEM 17 Severe and Persistent Mental Illness/Serious Emotional Disturbance (<i>circle one</i>)</p> <ol style="list-style-type: none"> 0. No 1. Yes 9. Unknown 																																																																																																					