

Patient Characteristics Survey 2007

Survey for the week ending 10/28/2007

26. Sheet

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 of _____

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|--------------------------|----------------------|--------------------------|--|--|--|--|--|
| 1a. Facility Code | | 1b. Facility Name | | | | | |
| 2a. Unit Code | 2b. Site Code | 3. Unit Site Name | | | | | |
| 4a. Program Code | | 4b. Program Name | | | | | |

For Codes Not Labeled Below, Please See Back of Form.

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|---|--|--|---|---|---|---|---|--|--|--|---|---|---|---|---|---|---|---|---|
| 5a. First Initial, First Name <input style="width: 40px; height: 20px;" type="text"/> | 5b. First Initial, Last Name <input style="width: 40px; height: 20px;" type="text"/> | 6. Date of Birth <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr></table> | | | | | | | | | M | M | D | D | Y | Y | Y | Y | 7. Gender (circle one) 1 2 9 M F Unknown |
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| M | M | D | D | Y | Y | Y | Y | | | | | | | | | | | | |

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|---|---|
| 8. Hispanic Ethnicity (circle one) 0 No, not Hispanic/Latino 1 Yes, Hispanic/Latino 9 Unknown | 9. Race (circle all that apply) 1 White 2 Black/African Amer 3 Asian 4 Amer/Indian Alaska/Native 5 Native Hawaiian/Other Pacific Islander 6 Other 9 Unknown |
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| 10a. Current Living Situation <input style="width: 40px; height: 20px;" type="text"/> | 10b. County of Residence NYS County Unknown = 70 Unascertained = 99 <input style="width: 40px; height: 20px;" type="text"/> | 10c. Residence Zipcode Unknown = 99999 Homeless = 88888 <input style="width: 40px; height: 20px;" type="text"/> <small>Please provide Zip Code for Client's Current Living Situation in 10a</small> |
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| 10d. Household Composition (circle all that apply) 0 Not Applicable 1 Lives Alone 2 With Child 3 With Parent 4 With Sibling 5 With Spouse/Domestic Partner 6 Other Relatives 7 Other Unrelated 9 Unknown | 10e. Parental Status (circle one) 0 No children 1 Children over 18 2 Minor's in custody 3 Minor's NOT in custody 9 Unknown |
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| 11. Primary Language Unknown = 99 <input style="width: 40px; height: 20px;" type="text"/> | 12. Does Client Have Prior Active U.S. Military Service? (circle one) 0 No 1 Yes 9 Unknown | 13. Current Employment Status Unknown=99 <input style="width: 40px; height: 20px;" type="text"/> |
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| 14. Education Unknown = 99 <input style="width: 40px; height: 20px;" type="text"/> | 15. Does Client Receive Special Education Services? (circle one) 0 Not Applicable 1 Yes 2 No 9 Unknown |
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| 16. Current Disabilities/Disorders (circle all that apply) 0 None 1 Mental Illness 2 Mental Retardation 3 Developmental Disability 4 Alcohol Related Disorder 5 Drug/Subst Related Disorder 6 Physical Disability 9 Unknown | 17. SPMI or SED (circle one) 0 No 1 Yes 9 Unknown |
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| 18. Global Assessment of Functioning (GAF) Rating Unknown = 00 <input style="width: 40px; height: 20px;" type="text"/> | 19a. Principal Psychiatric Diagnosis <input style="width: 40px; height: 20px;" type="text"/> . <input style="width: 40px; height: 20px;" type="text"/> | 19b. Additional Diagnosis <input style="width: 40px; height: 20px;" type="text"/> . <input style="width: 40px; height: 20px;" type="text"/> |
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| 20a. Cash Assistance Benefits (circle all that apply) 0 None 1 SSI 2 SSDI 3 Public Assistance 4 Veterans 5 Other 9 Unknown |
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| 20b. Health Insurance Coverage 0 None 1 Medicaid Only 2 Medicare Only 3 Medicaid & Medicare 4 Private Insurance 5 Child Health Plus 6 Family Health Plus 7 Other 9 Unknown | 20c. Is Client Enrolled in an HMO or Managed Care? 0 No 1 Yes 9 Unknown |
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|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|---|---|---|
| 21. Date of Admission, Current Episode: If program does formal admission paperwork, enter admission date for current episode of treatment, or, if program does not do formal admission paperwork, enter 7777777. <input style="width: 40px; height: 20px;" type="text"/> | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr></table> | | | | | | | | | M | M | D | D | Y | Y | Y | Y |
| | | | | | | | | | | | | | | | | | |
| M | M | D | D | Y | Y | Y | Y | | | | | | | | | | |

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| 22. Source of Referral Unknown = 99 <input style="width: 40px; height: 20px;" type="text"/> | 23. Criminal Justice or Juvenile Justice Status Not CJ/JJ Client = 00 Unknown = 99 <input style="width: 40px; height: 20px;" type="text"/> |
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| 24. Date Last Served Before Oct 22, 2007 by THIS Program Never = 00000000 Unknown= 99999999 <input style="width: 40px; height: 20px;" type="text"/> | 25. Circle Date(s) of Client Service During Survey Week (circle all that apply) Oct 22 Oct 23 Oct 24 Oct 25 Oct 26 Oct 27 Oct 28 |
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|---------------------|------------------------|
| Contact Name | Phone () |
|---------------------|------------------------|

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| Client Name | Facility/Unit/Site Code | Sheet <input style="width: 40px; height: 20px;" type="text"/> of _____ |
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Instructions for Patient Characteristics Survey 2007

ITEM 5a & b
5a. First initial, client's first name 5b. First initial, client's last name

ITEM 6. Date of Birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| M | M | D | D | Y | Y | Y | Y |

ITEM 7. Gender 1 = Male, 2 = Female, 9 = Unknown

ITEM 8. Hispanic Ethnicity (circle one response only)
0. No, not Hispanic/Latino 1. Yes, Hispanic/Latino 9. Unknown

ITEM 9. Race (circle all that apply)

| | |
|----------------------------------|---|
| 1. White | 5. Native Hawaiian/Other Pacific Islander |
| 2. Black/African American | 6. Other |
| 3. Asian | 9. Unknown |
| 4. American Indian/Alaska Native | |

ITEM 10a. Current Living Situation (choose one response only)
For ALL clients, please provide residence type where client is CURRENTLY LOCATED.

01. Private residence (home, apartment, rooming house, hotel, motel, supported housing, supported SRO, permanent/transient housing programs and shelter plus care housing)
02. Inpatient setting or Children's Residential Treatment Facility ("RTF")
03. OMH Residential Care, LICENSED programs: community residence (child or adult), crisis residence, family based treatment, family care, teaching family home, apartment treatment, congregate treatment, apartment support, congregate support, community residence-SRO
04. Adult home (DOH licensed residential program for adults)
05. NYS Office of Children & Family Services (OCFS) foster care.
06. Institutional setting for youth (OCFS, DSS, or Juvenile Justice Facility).
07. Youth community-based residence (OCFS, DSS, NYSED)
08. Nursing or health-related facility (nursing home, skilled nursing facility)
09. Homeless (e.g., shelter, street, transitional living center)
10. Incarcerated
11. Other (for instance, non-OMH residential care such as group home or halfway house)
99. Unknown

ITEM 10b. County of Residence (choose one response only)
County Code for Client's Current Living Situation

| | | | |
|----------------|---------------|-----------------|----------------------|
| 01 Albany | 19 Genesee | 37 Orleans | 55 Tompkins |
| 02 Allegany | 20 Greene | 38 Oswego | 56 Ulster |
| 03 Bronx | 21 Hamilton | 39 Otsego | 57 Warren |
| 04 Broome | 22 Herkimer | 40 Putnam | 58 Washington |
| 05 Cattaraugus | 23 Jefferson | 41 Queens | 59 Wayne |
| 06 Cayuga | 24 Kings | 42 Rensselaer | 60 Westchester |
| 07 Chautauqua | 25 Lewis | 43 Richmond | 61 Wyoming |
| 08 Chemung | 26 Livingston | 44 Rockland | 62 Yates |
| 09 Chenango | 27 Madison | 45 St. Lawrence | |
| 10 Clinton | 28 Monroe | 46 Saratoga | Miscellaneous |
| 11 Columbia | 29 Montgomery | 47 Schenectady | 70 New York State, |
| 12 Cortland | 30 Nassau | 48 Schoharie | County |
| 13 Delaware | 31 New York | 49 Schuyler | Unknown |
| 14 Dutchess | 32 Niagara | 50 Seneca | 80 Other State |
| 15 Erie | 33 Oneida | 51 Steuben | 90 Other Country |
| 16 Essex | 34 Onondaga | 52 Suffolk | 99 Unascertained |
| 17 Franklin | 35 Ontario | 53 Sullivan | |
| 18 Fulton | 36 Orange | 54 Tioga | |

ITEM 10c. Residence Zip Code
5 Digit Zip Code for Client's Current Living Situation
88888 = Homeless 99999 = Unknown

ITEM 10d. Household Composition (choose all that apply)

0. Not applicable, client is not in a private residence (i.e., client has not chosen outcome #1 for Current Living Situation question.)
1. Client lives alone
2. Client's child, stepchild, foster child or grandchild
3. Client's parent
4. Client's sibling(s)
5. Client's spouse or domestic partner
6. Other relatives of client not specified above
7. Other people unrelated to client
9. Unknown

ITEM 10e. Parental Status (choose one response only)

0. No children
1. Client has children, but all children are over 18 yrs. old
2. Has minor children, in client's custody
3. Has minor children, NOT in client's custody
9. Unknown

ITEM 11. Primary Language (choose one response only)

| | | |
|-------------|--------------------------------------|-------------------|
| 01. English | 08. Japanese | 15. Polish |
| 02. Spanish | 09. Russian | 16. Hebrew |
| 03. Chinese | 10. Vietnamese | 17. Arabic |
| 04. Creole | 11. Korean | 18. Sign Language |
| 05. French | 12. Indic (e.g., Hindi, Urdu, Sindi) | 19. Other |
| 06. Greek | 13. Yiddish | 99. Unknown |
| 07. Italian | 14. German | |

ITEM 12. Does client have prior active U.S. military service?
(choose one response only) 0. No 1. Yes 9. Unknown

ITEM 13. Current Employment Status (choose one response only)

01. Competitive employment (employer-paid position) with no formal supports
02. Competitive employment (employer-paid position) with ongoing supports
03. Community-integrated employment run by a state or local agency (agency-funded positions only)
04. Non-integrated employment run by state or local agency (Sheltered Workshop, Affirmative Businesses, Enclaves, Mobile Work Crews)
05. Sporadic or casual employment for pay (includes odd jobs)
06. Non-paid work position (volunteer)
07. Unemployed, looking for work
08. Not In Labor Force : retired, homemaker, student, incarcerated
09. Not In Labor Force : disabled, psychiatric inpatient
99. Unknown

ITEM 14. Education Please report current grade for persons currently enrolled in an academic program, and highest grade completed for persons not currently enrolled in an academic program. (choose one response only)

| | |
|---|----------------------------------|
| 00. No formal education | 11. Eleventh Grade |
| 01. First grade | 12. 12th grade, no diploma |
| 02. Second grade | 13. High school diploma or 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 | |

ITEM 15. Does client receive special education services? (choose one)
0. Not applicable (Client is 22 or older, or client is not enrolled in elementary or secondary education)

1. Yes
2. No
9. Unknown

ITEM 16. Current Disabilities/Disorders (choose all that apply)

| | |
|-----------------------------|------------------------------------|
| 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 |

ITEM 17. Severe and Persistent Mental Illness/ Serious Emotional Disturbance (choose one)

0. No
1. Yes
9. Unknown

ITEM 18. Global Assessment of Functioning (GAF) Rating

| | | | |
|------------|-----------|-----------|-----------------|
| 10) 91-100 | 07) 61-70 | 04) 31-40 | 01) 01-10 |
| 09) 81-90 | 06) 51-60 | 03) 21-30 | 00) Unknown GAF |
| 08) 71-80 | 05) 41-50 | 02) 11-20 | |

ITEM 19a. Principal Psychiatric Diagnosis (enter 5 Digit Diagnostic Code)

ITEM 19b. Additional Diagnosis (enter 5 Digit Diagnostic Code)
The 2nd most important to the focus of treatment.

ITEM 20a. Cash Assistance Benefits (choose all that apply)

| | |
|--|---|
| 0. No Cash Assistance | 3. Public assistance cash program (TANF, Safety Net, etc) |
| 1. SSI (Supplemental Security Income) | 4. Veterans' Cash Assistance |
| 2. SSDI (Social Security Disability Insurance) | 5. Other |
| | 9. Unknown |

ITEM 20b. Health Insurance Coverage (choose one response only)

| | | |
|--------------------------|--------------------------|-----------------------|
| 0. No insurance coverage | 3. Medicaid and Medicare | 6. Family Health Plus |
| 1. Medicaid only | 4. Private Insurance | 7. Other |
| 2. Medicare only | 5. Child Health Plus | 9. Unknown |

ITEM 20c. Is client enrolled in an HMO or Managed Care?
(choose one response only)

0. No
1. Yes
9. Unknown

ITEM 21. Admission Date, Current Episode
If program does formal admission OR *If program does not do formal admission paperwork*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| M | M | D | D | Y | Y | Y | Y |

enter 77777777

ITEM 22. Source of Referral (choose one response only)

| | |
|--|---|
| 01. Self, family, or friend | 11. Local mental health practitioner |
| 02. State psychiatric center inpatient unit | 12. Other medical care provider |
| 03. General or certified hospital psychiatric inpatient | 13. Facility for the mentally retarded/developmentally disabled |
| 04. Residential treatment facility for children & youth | 14. Alcohol or substance abuse program |
| 05. Local AOT Coordinator | 15. School/educational system |
| 06. Single Point of Access (SPOA) | 16. Juvenile justice system |
| 07. Mental health non-inpatient residential program | 17. Adult criminal justice system |
| 08. Mental health outpatient program | 18. Family court |
| 09. Emergency program or general hospital emergency room | 19. Shelter for homeless |
| 10. CSP nonresidential program | 20. Other non-mental health community service provider |
| | 21. Other |
| | 99. Unknown |

ITEM 23. Criminal Justice or Juvenile Justice Status
(choose one response only)
Clients referred for OMH Family Court evaluations are not criminal justice clients.

00. Not a criminal justice nor juvenile justice client
01. Police lockup prisoner
02. County/City Jail or Court Detention Prisoner
03. NYS Dept. of Correctional Services Prisoner
04. Adjudicated Juvenile Delinquent or Juvenile Offender in juvenile justice facility
05. Adjudicated PINS (Person in Need of Supervision) or Juvenile Delinquent in youth residential facility other than juvenile justice facility
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
11. Alternative to incarceration (ATI) status, Mental Health Court, PINS Diversion
12. Under arrest
99. Unknown whether or not client has a criminal justice or juvenile justice status

ITEM 24. Date Last Served Before Oct 22 2007 by THIS Program
00000000 = client has never been served before in this program
99999999 = unknown when this client was last served by this program

ITEM 25. Date of Client Service (choose all that apply)
Circle the date(s) the client was seen during the survey week.