The CMHS Jail Diversion
Targeted Capacity Expansion Initiative

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE USE
DATA COLLECTION FORM

FINAL VERSION – REVISED MAY 2006

INSTRUCTIONS:

Complete **one form (page 3) per program participant per provider**. Broad treatment categories are required (i.e. 0100, 0200, 0300, etc.). Alternatively, specific treatment categories within the broad categories may instead be recorded. Use **one line per treatment episode** for Emergency Room (ER), psychiatric inpatient/hospital, residential treatment/community living arrangements and detoxification. All other treatment codes should be listed only once.

Always indicate treatment code, date treatment began, date treatment ended, and number of days **OR** number of visits/times to date as well as number of hours, if available. Whether days or times/visits are required depends on the treatment category (see specific instructions under each TREATMENT CODE category on pages 4 and 5). If episode is incomplete, enter date treatment ended as 99/99/99. Data should be collected for **6 months post-baseline for all major service providers** and **one year post-baseline for hospitalizations and ER use**.

NOTE THE FOLLOWING:

- If the following services were received as **part of an overarching service package** (e.g., Assertive Community Treatment (ACT), psychiatric inpatient/hospital, intensive outpatient treatment), **record the overarching service code ONLY**:

    - Individual therapy – any focus
    - Group therapy – any focus
    - Medication Management/Monitoring
    - Case Management
    - Any vocational/rehabilitation
    - Any community support

EXAMPLES:

1. **Records indicate that a program participant received the following outpatient services from a service provider:**

   ▪ Hour-long individual therapy sessions with an unknown focus from October 18, 2002 to November 17, 2002 (attended 3 sessions) and again from January 4, 2003 to February 20, 2003 (attended 4 sessions).
   ▪ Group therapy, substance abuse focus every week for 1.5 hours from October 20, 2002 to March 15, 2003 (attended 13 sessions).

   Two coding options exist:

   a.   Code: 0400; Date Tx Began: 10/18/02; Date Tx Ended: 03/15/03; #Visits/Times: 20; Hours: 27

   b.   Code: 0405; Date Tx Began: 10/18/02; Date Tx Ended: 02/20/03; #Visits/Times: 7; Hours: 7
           Code: 0407: Date Tx Began: 10/20/02; Date Tx Ended: 03/15/03; #Visits/Times: 13; Hours: 20

2. **Records indicate that a program participant was hospitalized on the following occasions:**

   ▪ November 18, 2002 to November 26, 2002
   ▪ January 18, 2003 to January 30, 2003

   One coding option exists:

   a.   Code: 0300; Date Tx Began: 11/18/02; Date Tx Ended: 11/26/02; # Days: 9
           Code: 0300; Date Tx Began: 1/18/03; Date Tx Ended: 01/30/03; # Days: 13

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Date of Baseline Interview: __ __/ __ __/ __ __ __ __   **Subject ID:** ___ ___- ___ ___ ___ ___ ___
(Site Code) (Prog#)   (Subject ID#)

Provider Agency/Organization:_____
[*Be sure to complete one form per program participant PER PROVIDER.]

Total # Hours [Round up to the nearest whole hour. Leave blank if <u>unknown</u>]

Code	Specify	Date Tx Began	Date Tx Ended [Enter 99/99/99 if still in treatment]	# Days <u>OR</u> Visits/Times	[CHECK ONE]	
__ __ __ __	_____	__ __/ __/ __ __	__ __/ __ __/ __ __	__ __ __	__Days __Visits/Times	__ __ __
__ __ __ __	_____	__ __/ __/ __ __	__ __/ __ __/ __ __	__ __ __	__Days __Visits/Times	__ __ __
__ __ __ __	_____	__ __/ __/ __ __	__ __/ __/ __ __	__ __ __	__Days __Visits/Times	__ __ __
__ __ __ __	_____	__ __/ __/ __ __	__ __/ __/ __ __	__ __ __	__Days __Visits/Times	__ __ __
__ __ __ __	_____	__ __/ __/ __ __	__ __/ __/ __ __	__ __ __	__Days __Visits/Times	__ __ __
__ __ __ __	_____	__ __/ __/ __ __	__ __/ __/ __ __	__ __ __	__Days __Visits/Times	__ __ __
__ __ __ __	_____	__ __/ __/ __ __	__ __/ __/ __ __	__ __ __	__Days __Visits/Times	__ __ __
__ __ __ __	_____	__ __/ __/ __ __	__ __/ __/ __ __	__ __ __	__Days __Visits/Times	__ __ __
__ __ __ __	_____	__ __/ __/ __ __	__ __/ __/ __ __	__ __ __	__Days __Visits/Times	__ __ __

Service Use Data Collection Form Final Version – May 2006
The TAPA Center

TREATMENT CODES:

0100 = Emergency Room

(Use one line per episode, include start and end date and total number of days. Collect data on all episodes for 1 year post-baseline.)

0200 = Other Crisis Services

(List total number of times used--and total number of hours, if known--within time period; start date= first day of first time used and end date = last day of last time used.)

0201 = Mobile crisis services
0202 = Crisis Stabilization Unit
0203 = Crisis residential/respite care
0204 = Other, specify _____
0205 = Other, specify _____

0300 = Psychiatric Inpatient/Hospital

(Use one line per episode, include start and end date and total number of days. Collect data on all episodes for 1 year post-baseline.)

0400 = Outpatient (excluding Case Management)

(List total number of times/visits--and total number of hours if known—within time period; start date = first time/visit, end date = last time/ visit.)

0401 = Individual or family therapy, mental health focus
0402 = Individual or family therapy, substance abuse focus
0403 = Individual or family therapy, mental health & substance abuse focus

0404 = Individual or family therapy, other focus, specify _____
0405 = Individual or family therapy, focus unknown
0406 = Group therapy/specialty groups, mental health
0407 = Group therapy/specialty groups, substance abuse
0408 = Group therapy/specialty groups, mental health & substance abuse
0409 = Group therapy/specialty groups, other focus, specify _____
0410 = Group therapy/specialty groups, focus unknown
0411 = Intensive outpatient treatment/day treatment/partial hospitalization, mental health
0412 = Intensive outpatient treatment/day treatment/partial hospitalization, substance abuse
0413 = Intensive outpatient treatment/day treatment/partial hospitalization, mental health & substance abuse
0414 = Intensive outpatient treatment/day treatment/partial hospitalization, focus unknown
0415 = Other, specify _____
0416 = Other, specify _____

0500 = Case Management

(List total number of times/visits--and total number of hours if known—within time period; start date = first time/visit, end date = time/ visit.)

0501 = Case management
0502 = Intensive case management
0503 = Assertive Community Treatment (ACT)
0504 = Other, specify _____
0505 = Other, specify _____

0904 = Vocational counseling

0905 = Supported education
0906 = Other, specify _____
0907 = Other, specify _____

0600 = Medication Management/ Monitoring

(List total number of times/visits--and total number of hours if known--within time period; start date = first time/visit, end date = last time/ visit.)

0700 = Residential Treatment/ Community Living Arrangements

(Use one line per episode, include start and end date and total number of days.)

0701 = Supported housing/living
0702 = Group home, community residence
0703 = Adult home/living facility
0704 = Residential (substance abuse) treatment
0705 = Halfway house (criminal justice)
0706 = Other, specify _____
0707 = Other, specify _____

0800 = Detoxification

(Use one line per episode, include start and end date and total number of days.)

0900 = Vocational/Rehabilitation

(List total number of times/visits--and total number of hours if known--within time period; start date = first time/visit, end date = last time/ visit.)

0901 = Psychosocial rehabilitation
0902 = Consumer-operated/ peer-run services
0903 = Supported employment

1000 = Community Support

(List total number of times/visits--and total number of hours if known--within time period; start date = first time/visit, end date = last time/ visit.)

1001 = Homeless outreach
1002 = Legal or consumer advocacy
1003 = Representative payee services
1004 = Family psychoeducation
1005 = Other, specify _____
1006 = Other, specify _____

1100 = Jail Services

(List total number of times/visits--and total number of hours if known--within time period; start date = first time/visit, end date = last time/ visit.)