CMHS Jail Diversion and Trauma Recovery Initiative
Priority to Veterans

SERVICES USE
DATA COLLECTION FORM
2.19.09

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; we encourage you to use the most specific code available.

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 one year post-baseline for all major service providers.

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:

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).

<u>Two</u> 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

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

<u>One</u> 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

1. Date of Baseline Interview (MM/DD/YY): __ __ / __ __ / __ __

2. Subject ID: ____ ____- ____ - ____- ____ ____ ____
               (Site Code) (Prog #) (Grp #) (Subject ID #)

3. Provider Agency/Organization*: _____

*Be sure to complete one form per program participant PER PROVIDER.

	Code	Specify	Date Tx Began (MM/DD/YY)	Date Tx Ended (MM/DD/YY; enter 99/99/99 if still in treatment)	# Days OR Visits/Times	Check One	Total # Hours (Round up to the nearest whole hour; leave blank if unknown)
1	__ __ __ __		__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ __	[ ] # Days [ ] # Visits/Times	__ __ __ __
2	__ __ __ __		__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ __	[ ] # Days [ ] # Visits/Times	__ __ __ __
3	__ __ __ __		__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ __	[ ] # Days [ ] # Visits/Times	__ __ __ __
4	__ __ __ __		__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ __	[ ] # Days [ ] # Visits/Times	__ __ __ __
5	__ __ __ __		__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ __	[ ] # Days [ ] # Visits/Times	__ __ __ __
6	__ __ __ __		__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ __	[ ] # Days [ ] # Visits/Times	__ __ __ __
7	__ __ __ __		__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ __	[ ] # Days [ ] # Visits/Times	__ __ __ __
8	__ __ __ __		__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ __	[ ] # Days [ ] # Visits/Times	__ __ __ __
9	__ __ __ __		__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ __	[ ] # Days [ ] # Visits/Times	__ __ __ __
10	__ __ __ __		__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ __	[ ] # Days [ ] # Visits/Times	__ __ __ __

Attach additional sheets as necessary

TREATMENT CODES

0100 = Emergency Room

(Use one line per episode, include start and end date and total number of days.)
- 0101 = Physical complaint
- 0102 = Mental or emotional difficulties
- 0103 = Alcohol or substance abuse

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.)

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 = Self-help or peer support
- 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)

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 = 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.)
      0801 = Detox program
      0802 = Other overnight substance abuse program

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 = time/ visit.)
      0901 = Psychosocial rehabilitation
      0902 = Consumer-operated/ peer-run services
      0903 = Supported employment
      0904 = Vocational counseling

1000 = 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 = time/ visit.)

1100 = 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 = time/ visit.)
      1101 = Homeless outreach
      1102 = Legal or consumer advocacy
      1103 = Representative payee services
      1104 = Family psychoeducation
      1105 = Other (specify)
      1106 = Other (specify)

1200 = Other Trauma-Specific

(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.)
      1201 = Cognitive Behavioral Therapy (CBT)
      1202 = Dialectical Behavioral Therapy (DBT)
      1203 = Eye Movement Desensitization and Reprocessing (EMDR)
      1204 = Addiction and Trauma Recovery Integration Model (ATRIUM)
      1205 = Risking Connection
      1206 = Sanctuary Model
      1207 = Seeking Safety
      1208 = Trauma, Addictions, Mental Health, and Recovery (TAMAR) Model
      1209 = Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
      1210 = Trauma Recovery and Empowerment Model (TREM and M-TREM)
      1211 = Other individual services (specify)
      1212 = Other group services (specify)
      1213 = Other body/somatic oriented services (specify)
      1214 = Other trauma-specific (specify)
      1215 = Other trauma-specific (specify)

1300 = Housing Services

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

> 1301 = Help in placement or locating housing
>
> 1302 = Help remaining in housing (voucher or subsidy, negotiation with landlord or other actions to prevent eviction, etc.)
>
> 1303 = Shelter services
>
> 1304 = Transitional housing services

1400 = Transportation Services

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

1500 = Child Care Services

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

1600 = Social or Recreational Services

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