

RECORD MANAGEMENT

RECORD MANAGEMENT information is collected by grantee staff at BASELINE, REASSESSMENT, and DISCHARGE, even when an assessment interview is not conducted.

Client ID

Grant ID

Site ID

1. Indicate Assessment Type:

<input type="radio"/> Baseline Assessment 1a. <i>[IF QUESTION 1 IS BASELINE]</i> Enter the MONTH and YEAR when the client first received services under this grant for this episode of care. <input type="text"/> / <input type="text"/> MONTH YEAR	<input type="radio"/> Reassessment (3-month or 6-month)	<input type="radio"/> Clinical Discharge Assessment
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2. What is the client's month and year of birth?

/
MONTH YEAR

3. Was the assessment interview conducted?

<input type="radio"/> Yes 3a. <i>[IF QUESTION 3 IS YES]</i> When? <input type="text"/> / <input type="text"/> / <input type="text"/> MONTH DAY YEAR	<input type="radio"/> No 3b. <i>[IF QUESTION 3 IS NO]</i> Why not? Choose only one. <input type="radio"/> Not able to obtain consent from proxy <input type="radio"/> Client was impaired or unable to provide consent <input type="radio"/> Client refused this interview <input type="radio"/> Client was not reached for interview <input type="radio"/> Client refused all interviews
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4. [CHILD ONLY] Was the respondent the child or the caregiver?

- Child
- Caregiver

BEHAVIORAL HEALTH DIAGNOSES

BEHAVIORAL HEALTH DIAGNOSES information is collected by grantee staff at BASELINE, REASSESSMENT and DISCHARGE, even when an assessment interview is not conducted.

1. Was the client screened or assessed by your program for trauma-related experiences?

- Yes
- No
- DON'T KNOW

1a. [IF QUESTION 1 IS NO] Please select why:

- No time during interview
- No training around trauma screening/disclosure
- No institutional/organizational policy around screening
- No referral network and/or infrastructure for trauma services currently available
- Other

1b. [IF QUESTION 1 IS YES] Was the screen positive?

- Yes
- No
- DON'T KNOW

2. Did the client have a positive suicide screen?

- Yes
- No
- DON'T KNOW

2a. [IF QUESTION 2 IS YES] Was a suicidal safety plan developed?

- Yes
- No
- DON'T KNOW

2b. [IF QUESTION 2 IS YES] Was access to lethal means assessed?

- Yes
- No
- DON'T KNOW

3. Behavioral Health Diagnoses

Please indicate the client’s current behavioral health diagnoses using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes listed below, **as made by a clinician**. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* descriptors. Select up to three behavioral health diagnoses from the mental health, Z-codes, and substance use diagnoses below.

If no mental health diagnosis, select reason:

- No clinician assessment
- High risk factors requiring intervention and not yet meeting criteria for a DSM/ICD diagnosis
- Only met criteria for a “Z” code
- Other (please specify _____)

<u>MENTAL HEALTH DIAGNOSES</u>	Diagnosed?
Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	
F20 – Schizophrenia	<input type="radio"/>
F21 – Schizotypal disorder	<input type="radio"/>
F22 – Delusional disorder	<input type="radio"/>
F23 – Brief psychotic disorder	<input type="radio"/>
F24 – Shared psychotic disorder	<input type="radio"/>
F25 – Schizoaffective disorders	<input type="radio"/>
F28 – Other psychotic disorder not due to a substance or known physiological condition	<input type="radio"/>
F29 – Unspecified psychosis not due to a substance or known physiological condition	<input type="radio"/>
Mood [affective] disorders	
F30 – Manic episode	<input type="radio"/>
F31 – Bipolar disorder	<input type="radio"/>
F32 – Major depressive disorder, single episode	<input type="radio"/>
F33 – Major depressive disorder, recurrent	<input type="radio"/>
F34 – Persistent mood [affective] disorders	<input type="radio"/>
F39 – Unspecified mood [affective] disorder	<input type="radio"/>
Phobic Anxiety and Other Anxiety Disorders	
F40 – Phobic anxiety disorders	<input type="radio"/>
F40.00 – Agoraphobia, unspecified	<input type="radio"/>
F40.01 – Agoraphobia with panic disorder	<input type="radio"/>
F40.02 – Agoraphobia without panic disorder	<input type="radio"/>
F40.1 – Social phobias (Social anxiety disorder)	<input type="radio"/>
F40.10 – Social phobia, unspecified	<input type="radio"/>
F40.11 – Social phobia, generalized	<input type="radio"/>
F40.2 – Specific (isolated) phobias	<input type="radio"/>
F41 – Other anxiety disorders	<input type="radio"/>
F41.0 – Panic disorder	<input type="radio"/>
F41.1 – Generalized anxiety disorder	<input type="radio"/>
Obsessive-compulsive disorders	
F42 – Obsessive-compulsive disorder	<input type="radio"/>
F42.2 – Obsessive-compulsive disorder with mixed obsessional thoughts and acts	<input type="radio"/>
F42.3 – Hoarding disorder	<input type="radio"/>
F42.4 – Excoriation (skin-picking) disorder	<input type="radio"/>
F42.8 – Other obsessive-compulsive disorder	<input type="radio"/>
F42.9 – Obsessive-compulsive disorder, unspecified	<input type="radio"/>

<u>MENTAL HEALTH DIAGNOSES</u>	Diagnosed?
Reaction to severe stress and adjustment disorders	
F43 – Acute stress disorder; reaction to severe stress, and adjustment disorders	<input type="radio"/>
F43.10 – Post traumatic stress disorder, unspecified	<input type="radio"/>
F43.2 – Adjustment disorders	<input type="radio"/>
F44 – Dissociative and conversion disorders	<input type="radio"/>
F44.81 – Dissociative identity disorder	<input type="radio"/>
F45 – Somatoform disorders	<input type="radio"/>
F45.22 – Body dysmorphic disorder	<input type="radio"/>
F48 – Other non-psychotic mental disorders	<input type="radio"/>
Behavioral syndromes associated with physiological disturbances and physical factors	
F50 – Eating disorders	<input type="radio"/>
F51 – Sleep disorders not due to a substance or known physiological condition	<input type="radio"/>
Disorders of adult personality and behavior	
F60.0 – Paranoid personality disorder	<input type="radio"/>
F60.1 – Schizoid personality disorder	<input type="radio"/>
F60.2 – Antisocial personality disorder	<input type="radio"/>
F60.3 – Borderline personality disorder	<input type="radio"/>
F60.4 – Histrionic personality disorder	<input type="radio"/>
F60.5 – Obsessive-compulsive personality disorder	<input type="radio"/>
F60.6 – Avoidant personality disorder	<input type="radio"/>
F60.7 – Dependent personality disorder	<input type="radio"/>
F60.8 – Other specific personality disorders	<input type="radio"/>
F60.9 – Personality disorder, unspecified	<input type="radio"/>
F63.3 – Trichotillomania	<input type="radio"/>
F70–F79 – Intellectual disabilities	<input type="radio"/>
F80–F89 – Pervasive and specific developmental disorders	<input type="radio"/>
Behavioral and emotional disorders with onset usually occurring in childhood and adolescence	
F90 – Attention-deficit hyperactivity disorders	<input type="radio"/>
F91 – Conduct disorders	<input type="radio"/>
F93 – Emotional disorders with onset specific to childhood	<input type="radio"/>
F93.0 – Separation anxiety disorder of childhood	<input type="radio"/>
F94 – Disorders of social functioning with onset specific to childhood or adolescence	<input type="radio"/>
F94.0 – Selective mutism	<input type="radio"/>
F94.1 – Reactive attachment disorder of childhood	<input type="radio"/>
F94.2 – Disinhibited attachment disorder of childhood	<input type="radio"/>
F95 – Tic disorder	<input type="radio"/>
F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence	<input type="radio"/>
F99 – Unspecified mental disorder	<input type="radio"/>

<u>Z codes – Persons with potential health hazards related to socioeconomic and psychosocial circumstances</u>	Diagnosed?
Z55 – Problems related to education and literacy	<input type="radio"/>
Z56 – Problems related to employment and unemployed	<input type="radio"/>
Z57 – Occupational exposure to risk factors	<input type="radio"/>
Z59 – Problems related to housing and economic circumstances	<input type="radio"/>
Z60 – Problems related to social environment	<input type="radio"/>
Z62 – Problems related to upbringing	<input type="radio"/>

<u>Z codes – Persons with potential health hazards related to socioeconomic and psychosocial circumstances</u>	Diagnosed?
Z63 – Other problems related to primary support group, including family circumstances	<input type="radio"/>
Z64 – Problems related to certain psychological circumstances	<input type="radio"/>
Z65 – Problems related to other psychosocial circumstances	<input type="radio"/>

<u>SUBSTANCE USE DIAGNOSES</u>	Diagnosed?
Alcohol related disorders	
F10.10 – Alcohol abuse, uncomplicated	<input type="radio"/>
F10.11 – Alcohol abuse, in remission	<input type="radio"/>
F10.20 – Alcohol dependence, uncomplicated	<input type="radio"/>
F10.21 – Alcohol dependence, in remission	<input type="radio"/>
F10.9 – Alcohol use, unspecified	<input type="radio"/>
Opioid related disorders	
F11.10 – Opioid abuse, uncomplicated,	<input type="radio"/>
F11.11 – Opioid abuse, in remission	<input type="radio"/>
F11.20 – Opioid dependence, uncomplicated	<input type="radio"/>
F11.21 – Opioid dependence, in remission	<input type="radio"/>
F11.9 – Opioid use, unspecified	<input type="radio"/>
Cannabis related disorders	
F12.10 – Cannabis abuse, uncomplicated	<input type="radio"/>
F12.11 – Cannabis abuse, in remission	<input type="radio"/>
F12.20 – Cannabis dependence, uncomplicated	<input type="radio"/>
F12.21 – Cannabis dependence, in remission	<input type="radio"/>
F12.9 – Cannabis use, unspecified	<input type="radio"/>
Sedative, hypnotic, or anxiolytic related disorders	
F13.10 – Sedative, hypnotic, or anxiolytic abuse, uncomplicated	<input type="radio"/>
F13.11 – Sedative, hypnotic, or anxiolytic abuse, in remission	<input type="radio"/>
F13.20 – Sedative, hypnotic, or anxiolytic dependence, uncomplicated	<input type="radio"/>
F13.21 – Sedative, hypnotic, or anxiolytic dependence, in remission	<input type="radio"/>
F13.9 – Sedative, hypnotic, or anxiolytic-related use, unspecified	<input type="radio"/>
Cocaine related disorders	
F14.10 – Cocaine abuse, uncomplicated	<input type="radio"/>
F14.11 – Cocaine abuse, in remission	<input type="radio"/>
F14.20 – Cocaine dependence, uncomplicated	<input type="radio"/>
F14.21 – Cocaine dependence, in remission	<input type="radio"/>
F14.9 – Cocaine use, unspecified	<input type="radio"/>
Other stimulant related disorders	
F15.10 – Other stimulant abuse, uncomplicated	<input type="radio"/>
F15.11 – Other stimulant abuse, in remission	<input type="radio"/>
F15.20 – Other stimulant dependence, uncomplicated	<input type="radio"/>
F15.21 – Other stimulant dependence, in remission	<input type="radio"/>
F15.9 – Other stimulant use, unspecified	<input type="radio"/>
Hallucinogen related disorders	
F16.10 – Hallucinogen abuse, uncomplicated	<input type="radio"/>
F16.11 – Hallucinogen abuse, in remission	<input type="radio"/>
F16.20 – Hallucinogen dependence, uncomplicated	<input type="radio"/>
F16.21 – Hallucinogen dependence, in remission	<input type="radio"/>
F16.9 – Hallucinogen use, unspecified	<input type="radio"/>

<u>SUBSTANCE USE DIAGNOSES</u>	Diagnosed?
Inhalant related disorders	
F18.10 – Inhalant abuse, uncomplicated	<input type="radio"/>
F18.11 – Inhalant abuse, in remission	<input type="radio"/>
F18.20 – Inhalant dependence, uncomplicated	<input type="radio"/>
F18.21 – Inhalant dependence, in remission	<input type="radio"/>
F18.9 – Inhalant use, unspecified	<input type="radio"/>
Other psychoactive substance related disorders	
F19.10 – Other psychoactive substance abuse, uncomplicated	<input type="radio"/>
F19.11 – Other psychoactive substance abuse, in remission	<input type="radio"/>
F19.20 – Other psychoactive substance dependence, uncomplicated	<input type="radio"/>
F19.21 – Other psychoactive substance dependence, in remission	<input type="radio"/>
F19.9 – Other psychoactive substance use, unspecified	<input type="radio"/>
Nicotine dependence	
F17.20 – Nicotine dependence, unspecified	<input type="radio"/>
F17.21 – Nicotine dependence, cigarettes	<input type="radio"/>

For BASELINE:

- **If an interview WAS conducted, go to Demographic Data.**
- **If an interview WAS NOT conducted, STOP HERE.**

For REASSESSMENT or CLINICAL DISCHARGE:

- **If an interview WAS conducted, go to Section A.**
- **If an interview WAS NOT conducted, go to Section H.**

H. SERVICES RECEIVED AND CLINICAL DISCHARGE STATUS

Question 1 is answered by grantee staff at REASSESSMENT and CLINICAL DISCHARGE only.

1. On what date did the client last receive services?

/

 MONTH YEAR

Identify all the services your grant project provided to the client during their participation in the program. This includes grant-funded and non-grant funded services.

Core Services	<u>Provided</u>		Unknown	Service Not Available
	Yes	No		
1a. Screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1b. Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1c. Treatment Planning or Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1d. Psychopharmacological Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1e. Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1f. Co-occurring Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1g. Case Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1h. Trauma-specific Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1i. Was the client referred to another provider for any of the above core services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Support Services	<u>Provided</u>		Unknown	Service Not Available
	Yes	No		
1j. Medical Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1k. Employment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1l. Family Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1m. Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1n. Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1o. Education Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1p. Housing Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1q. Social Recreational Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1r. Consumer-Operated Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1s. HIV Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1t. Was the client referred to another provider for any of the above support services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions 2 and 3 are answered by grantee staff at CLINICAL DISCHARGE only.

2. On what date was the client discharged?

____/____/____
MONTH YEAR

3. What is the client's discharge status?

- Mutually agreed cessation of treatment
- Withdrew from/refused treatment
- No contact within 90 days of last encounter
- Clinically referred out
- Death
- Other (Specify) _____

MARYLAND HEALTHY TRANSITIONS – Discharge Appendix

TO BE ANSWERED BY CLINICIAN/SPECIALIST AT DISCHARGE ONLY – Do not read aloud to client

Would you say the client is doing better, worse, or about the same as when they entered into Healthy Transitions?

- Better than when they entered Healthy Transitions
- Worse than when they entered Healthy Transitions
- About the same as when they entered Healthy Transitions
- Other (please explain):
