

## 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"/> <b>Baseline Assessment</b>  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"/> <b>Reassessment</b> (3-month or 6-month)	<input type="radio"/> <b>Clinical Discharge Assessment</b>
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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

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## 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 \_\_\_\_\_)

<b><u>MENTAL HEALTH DIAGNOSES</u></b>	<b>Diagnosed?</b>
<b>Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders</b>	
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"/>
<b>Mood [affective] disorders</b>	
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"/>
<b>Phobic Anxiety and Other Anxiety Disorders</b>	
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"/>
<b>Obsessive-compulsive disorders</b>	
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"/>

<b><u>MENTAL HEALTH DIAGNOSES</u></b>	<b>Diagnosed?</b>
<b>Reaction to severe stress and adjustment disorders</b>	
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"/>
<b>Behavioral syndromes associated with physiological disturbances and physical factors</b>	
F50 – Eating disorders	<input type="radio"/>
F51 – Sleep disorders not due to a substance or known physiological condition	<input type="radio"/>
<b>Disorders of adult personality and behavior</b>	
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"/>
<b>Behavioral and emotional disorders with onset usually occurring in childhood and adolescence</b>	
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"/>

<b><u>Z codes – Persons with potential health hazards related to socioeconomic and psychosocial circumstances</u></b>	<b>Diagnosed?</b>
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"/>

<b>Z codes – Persons with potential health hazards related to socioeconomic and psychosocial circumstances</b>	<b>Diagnosed?</b>
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"/>

<b>SUBSTANCE USE DIAGNOSES</b>	<b>Diagnosed?</b>
<b>Alcohol related disorders</b>	
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"/>
<b>Opioid related disorders</b>	
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"/>
<b>Cannabis related disorders</b>	
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"/>
<b>Sedative, hypnotic, or anxiolytic related disorders</b>	
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"/>
<b>Cocaine related disorders</b>	
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"/>
<b>Other stimulant related disorders</b>	
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"/>
<b>Hallucinogen related disorders</b>	
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"/>

<b><u>SUBSTANCE USE DIAGNOSES</u></b>	<b>Diagnosed?</b>
<b>Inhalant related disorders</b>	
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"/>
<b>Other psychoactive substance related disorders</b>	
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"/>
<b>Nicotine dependence</b>	
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.**

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**G5. HEALTHY TRANSITIONS  
PROGRAM-SPECIFIC QUESTIONS**

**Questions should be answered by grantee staff at BASELINE, REASSESSMENT and CLINICAL DISCHARGE.**

**1. Was the client referred to mental health services?**

YES     NO

**1a. *[IF QUESTION 1 IS YES]* Did they receive mental health services?**

YES     NO

**2. Was the client referred to substance use disorder services?**

YES     NO

**2a. *[IF QUESTION 2 IS YES]* Did they receive substance use disorder services?**

YES     NO

**If this is a BASELINE assessment, stop here.**

**If this is a REASSESSMENT, go to Section H.**

**If this is a CLINICAL DISCHARGE assessment, 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"/>