Chapter 5 – Mental Health Performance Outcome Data Set (PERF)

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I. Document Revision History

Table 1. Document Revision History

Version Number	Effective Date	Revision Date	Description	Author
			Document Revision History	
11.0	07/01/2015	04/13/2015	♦ Completed version 11.0	SAMH Data Unit
11.1	07/01/2015	04/30/2015	♦ Completed version 11.1 revisions	SAMH Data Unit
11.1.1	07/01/2015	05/29/2015	♦ Completed version 11.1.1 revisions	SAMH Data Unit
11.1.2	07/01/2015	06/20/2015	♦ Completed version 11.1.2 revisions	SAMH Data Unit
11.1.3	07/01/2016	08/20/2016	♦ Completed version 11.1.3 revisions	SAMH Data Unit
11.1.3	07/01/2016	08/24/2016	♦ Removed Target Group Determination Tables and notes for ICD9 and ICD10	SAMH Data Unit
11.1.3	07/01/2016	08/24/2016	♦ MHDiag10 is now Mandatory ♦ MHDIAG and SADIAG must be space filled	SAMH Data Unit
11.1.3	07/01/2016	10/07/2016	♦ Added a link to the DCF Pamphlet chapters and forms on page 5-3	Sherry Catledge
11.1.3	07/01/2016	10/19/2016	♦ Added Target Group Tables for ICD10 and ICD9 on pages 12 and 13	Sherry Catledge

II. General Policies and Considerations

II.A. Adding Mental Health Outcome Records

1. Contractors report mental health outcome data for all clients receiving reportable client-specific service events associated with the mental health program.

2. A demographic record must exist for the same SSN, CONTRACTORID, and PROVIDERID. The Mental Health admission record must exist prior to the submission of any SERV, FARS/CFARS, or discharge.

3. To determine how Mental Health Target Groups are determined, refer to **Tables 4 and 5** under **IV. Mental Health Target Group Determination for ICD10 and ICD9 Codes** on pages 11 and 12 of this chapter.

II.B. Updating Mental Health Outcome Records

1. A mental health outcome record can be updated by submitting a record with the same mandatory key fields. Refer to the mandatory key fields in Table 3 to identify the record to update. If the key fields match the record will be updated, otherwise it will be added.

II.C. Deleting Mental Health Outcome Records

1. To delete a mental health outcome record, a PERF deletion record must be submitted according to the file layout in Table 2.

Table 2. PERF Record Deletion File Layout

Field	Position	Length	Format
CONTRACTORID	1	10	XX-XXXXXXX
SSN	11	9	XXXXXXXXX
PURPOSE	20	1	X
EVALDATE	21	8	YYYYMMDD
PROVIDERID	29	10	XX-XXXXXXX

Warning: When a client's mental health admission record (PURPOSE = 1) is deleted, all associated services, assessments, quarterly evaluations, and discharges will be deleted.

II.D. DCF Pamphlet 155-2 Chapters and Forms

1. DCF Pamphlet 155-2 chapters and forms can be found on the following Website:
   http://www.myflfamilies.com/service-programs/substance-abuse/pamphlet-155-2-v11

III. Mental Health Performance Outcome Data File Layout (PERF)

Table 3. PERF Data File Layout

Field Name	Pos	Type / Size	Edits and Validations
CONTRACTORID (Mandatory Key)	1	CHAR(10)	• Format: XX-XXXXXXX • Contractor must be registered in SAMHIS. • Must match CONTRACTORID in DEMO record.
			Descriptions and Instructions: Contractor Id - The contractor id is the Federal Employer Identification Number of the entity which holds a contract with DCF.
SITEID (Mandatory)	11	CHAR(2)	• Format XX; right justified/zero filled. • Must be registered in SAMHIS for the PROVIDERID.
			Descriptions and Instructions: Site Id - The physical location of the provider where services will be provided.
SSN (Mandatory Key)	13	CHAR(9)	• Format: XXXXXXXXX • Must match SSN in DEMO record.
			Descriptions and Instructions: Social Security Number - See General Policies and Considerations on Adding Mental Health Outcome Records.
CLIENTID	22	CHAR(10)	• Left justified/space filled.
			Descriptions and Instructions: Client Id - Contractor use only.
PURPOSE (Mandatory Key)	32	CHAR(1)	• Must be 1, 2, 3, 4 or 5.
			Descriptions and Instructions: Purpose Code - Indicate the purpose for completing the mental health outcome. **Refer to the Mental Health Purpose of Evaluation Codes Table in Appendix 5 – Data Code Tables.** **[1]** Admission to provider **[3]** Regular discharge from **[5]** Immediate Discharge **[2]** Quarterly evaluation provider **[4]** Administrative discharge
EVALDATE (Mandatory Key)	33	CHAR(8)	• Format: YYYYMMDD • Must be >= client's date of birth and <= system date. • Must be within the begin and end date of the contract in CONTNUM1.
			Descriptions and Instructions: Evaluation Date - The date on which this evaluation is conducted.
STAFFID (Mandatory)	41	CHAR(12)	• Format: 99-XXXXXXXXX
			Descriptions and Instructions: Staff Id - The ID of the staff rendering the services. • Positions 1 and 2 must be an educational level code of 01 through 07. **Refer to the Staff ID Education Codes Table in Appendix 5 – Data Code Tables.** • Position 3 must be a dash (-). • Positions 4 through 12 can be any alphanumeric character (left justified/space filled). • For non-Family Intervention Specialist, positions 4 and 5 must contain an employee id. • For Family Intervention Specialist (FIS), positions 4 through 6 must be FIS (e.g.: 01-FIS000000 or 02-FIS123456).
INITEVADA (Mandatory)	53	CHAR(8)	• Format: YYYYMMDD • Date must be the same as EVALDATE on the PURPOSE = 1 or 5 record.
			Descriptions and Instructions: **Initial Evaluation Date** - Indicates the initial evaluation date of client.

Field Name	Pos	Type / Size	Edits and Validations
PINCOSRC	61	CHAR(1)	• Must be 1 through7 if PURPOSE = 1, 2, 3, or 5. **(Mandatory)** • Must be 1 through 7 or space if PURPOSE = 4
			Descriptions and Instructions: Primary Income Source - Indicates the client's primary source of income at the time of evaluation. **Refer to the Primary Source of Income Codes Table in Appendix 5 – Data Code Tables.**
DISINCOM	62	CHAR(1)	• Must be 0 or 1 if PURPOSE = 1, 2, 3, or 5. **(Mandatory)** • Must be 0, 1, or space if PURPOSE = 4
			Descriptions and Instructions: **Disability Income** - Indicate whether the client is receiving disability income for a psychiatric condition. **[0]** No **[1]** Yes
PROGNOSIS	63	CHAR(1)	• Must be 0 or 1 if PURPOSE = 1, 2, 3, or 5. **(Mandatory)** • Must be 0, 1, or space if PURPOSE = 4.
			Descriptions and Instructions: Prognosis - Indicate if the client received services for the current mental health problem within the past 12 months or if the mental health problem is expected to persist for at least another 12 months. **[0]** No (if both conditions are not met) **[1]** Yes (if either or both conditions are met)
DEPCRIMS	64	CHAR(2)	• Must be 00 through 09, 27, or 28 if age at time of admission < 18. **(Mandatory)** • Must be 00, 10 through 13, 16 through 19, 21 through 26, 28 or 29 if age at time of admission is >= 18. **(Mandatory)** • May be spaces if PURPOSE = 4.
			Descriptions and Instructions: **Dependency or Criminal Status** - Indicate the client's dependency/delinquency (for children) or criminal/competency status (for adults) .**Refer to Dependency / Criminal Status Codes Table in Appendix 5 – Data Code Tables.** If information is insufficient for either adults or children, use 00.
ADMITYPE	66	CHAR(1)	• Must be 1 through 4 if PURPOSE = 1, 2, 3 or 5. **(Mandatory)** • Must be 1 through 4 or space if PURPOSE = 4.
			Descriptions and Instructions: **Admission Type** - Indicate the code that matches the client's type of admission. **[1]** Voluntary Competent – Not court ordered into treatment; not deemed legally incompetent **[2]** Voluntary Incompetent – Not court ordered into treatment; legally incompetent **[3]** Involuntary Competent – Court ordered into treatment; not deemed legally incompetent **[4]** Involuntary Incompetent – Court ordered into treatment; legally incompetent
DAYSCOM	67	CHAR(2)	• Must be 00 through 30 if PURPOSE = 1, 2, or 3. **(Mandatory)** • Must be 00 through 30 or spaces if PURPOSE = 4 or 5.
			Descriptions and Instructions: **Days in Community** - Indicate the number of days the client spent in the community within the last 30 days**.**
DAYSWORK	69	CHAR(2)	• Must be 00 through 30 or spaces if PURPOSE = 1, 2, 3, 4 or 5 and age at date of admission < 18. • Must be 00 through 30 if PURPOSE = 1, 2, or 3 and age at admission >= 18. **(Mandatory)** • Must be 00 through 30 or spaces if PURPOSE = 4 or 5 and age at admission >= 18.
			Descriptions and Instructions: **Days Worked** - Indicate the number of days the client worked for pay, including paid leave, within the last 30 days.

Field Name	Pos	Type / Size	Edits and Validations
INCOPAY	71	CHAR(4)	• Must be 0000 through 9999 or spaces if PURPOSE = 1, 2, 3, 4 or 5 and age at date of admission < 18. • Must be 0000 through 9999 if PURPOSE = 1, 2, or 3 and age at admission > =18. **(Mandatory)** • Must be 0000 through 9999 or spaces if PURPOSE = 4 or 5 and age at admission >=18.
			Descriptions and Instructions: Income Paid - Indicate the total monthly income collected by the client from paid employment within the last 30 days as referenced in DAYSWORK.
			Income 0000-9998 Use 9998 if amount > 9998 9999 = Unknown
INCOGOV	75	CHAR(4)	• Must be 0000 through 9999 or spaces if PURPOSE = 1, 2, 3, 4 or 5 and age at date of admission < 18. • Must be 0000 through 9999 if PURPOSE = 1, 2, 3 and age at date of admission >=18. **(Mandatory)** • Must be 0000 through 9999 or spaces if PURPOSE = 4 or 5 and age at admission >= 18.
			Descriptions and Instructions: Income Government - Indicate the total monthly income received by the client from government subsidies within the last 30 days.
			Income 0000-9998 Use 9998 if amount > 9998 9999 = Unknown
INCOTHER	79	CHAR(4)	• Must be 0000 through 9999 or spaces if PURPOSE = 1, 2, 3, 4, or 5 and age at date of admission < 18. • Must be 0000 through 9999 if PURPOSE = 1, 2, or 3 and age at admission >= 18. **(Mandatory)** • Must be 0000 through 9999 or spaces if PURPOSE = 4 or 5 and age at admission >= 18.
			Descriptions and Instructions: Income Other - Indicate the total monthly income received by the client from sources other than paid employment or government subsidies within the last 30 days.
			Income 0000-9998 Use 9998 if amount > 9998 9999 = Unknown
GAF	83	CHAR(2)	• Space filled.
			Descriptions and Instructions: Global Assessment Functioning - No longer used.
DAYSAVAI	85	CHAR(2)	• Must be 00 through 90 if PURPOSE = 1, 2, or 3 and age at date of admission < 18. **(Mandatory)** • Must be 00 through 90 or spaces if PURPOSE = 1, 2, 3, 4, 5 and age at admission >= 18. • Must be 00 through 90 or spaces if PURPOSE = 4 or 5 and age at admission < 18.
			Descriptions and Instructions: School Days Available - Indicate the number of school days available within the last 90 days. Note: Expanded to 90 days as of July 1, 2015.
DAYSATTE	87	CHAR(2)	• Must be 00 through 90 if PURPOSE = 1, 2, 3 and age at date of admission < 18. **(Mandatory)** • Must be 00 through 90 or spaces if PURPOSE = 1, 2, 3, 4 or 5 and age at admission >= 18. • Must be 00 through 90 or spaces If PURPOSE = 4 or 5 and age at admission < 18.
			Descriptions and Instructions: School Days Attended - Indicate the number of school days the client attended within the last 90 days.
			Note: Expanded to 90 days as of July 1, 2015.

Field Name	Pos	Type / Size	Edits and Validations
CGAS	89	CHAR(2)	- Must be spaces if age at evaluation is less than 5 or greater than 17. - Must be 01 through 99 if PURPOSE code = 1, 2, 3 or 5 and age at evaluation is between 5 and 17. **(Mandatory)** - Must be 01 through 99 or spaces if PURPOSE = 4 and age at evaluation is between 5 and 17.
			Descriptions and Instructions: Children's Global Assessment Scale - Indicate the CGAS of the child/youth's current level of functioning.
DJJCOMIT	91	CHAR(1)	- Must be 0 or 1 if PURPOSE code = 1, 2 or 3 and age at admission < 18. **(Mandatory)** - Must be 0, 1 or space if PURPOSE code = 1, 2 or 3 and age at the time of admission >= 18. - Must be 0, 1 or space if PURPOSE = 4 or 5.
			Descriptions and Instructions: Department of Juvenile Justice Commitment - Indicate if the child was committed or recommitted to the Department of Juvenile Justice.
			[0] No **[1]** Yes
RISKFACT	92	CHAR (1)	- Must be 0 or 1 if PURPOSE code = 1, 2, 3 or 5 and age at admission < 18. **(Mandatory)** - Must be 0, 1 or space if PURPOSE code = 1, 2, 3 or 5 and age at the time of admission >= 18. - Must be 0, 1 or space if PURPOSE = 4.
			Descriptions and Instructions: Risk Factor - Indicate if the child has risk factors for Emotional Disturbance (referred to Emotion Health program in conjunction with IDEA, homelessness, family history of mental illness, abuse or neglect, exposure to domestic violence, substance abuse, chronic or serious physical illness, or multiple out-of-home placements).
			[0] No [**1**] Yes
RESIDSTAT	93	CHAR(2)	- Must be 01 through 18 or 99 if PURPOSE= 1, 2, 3 or 5. (**Mandatory**) - Must be 01 through 18, 99 or spaces if PURPOSE = 4. - Right justified/zero filled.
			Descriptions and Instructions: Residential Status - Indicate the residential status of the client at time of evaluation. Enter the two-digit code that reflects the correct residential setting. **Refer to the Residential Status Codes Table in Appendix 5 – Data Code Tables.**
MARITAL	95	CHAR(1)	- Must be 1 through 8 if PURPOSE= 1, 2, 3 or 5. **(Mandatory)** - Must be 1 through 8 or space if PURPOSE = 4.
			Descriptions and Instructions: Marital Status - Indicate the client's current marital status. **Refer to the Marital Status Codes Table in Appendix 5 – Data Code Tables.**
EMPL	96	CHAR(2)	- Must be 10, 20, 30, 31, 40, 50, 60, 70 or 81 through 86 if PURPOSE= 1, 2, 3 or 5. **(Mandatory)** - Must be 10, 20, 30, 31, 40, 50, 60, 70, 81 through 86 or spaces if PURPOSE = 4. - Right justified/zero filled.
			Descriptions and Instructions: Employment Status - Indicate the client's employment status at evaluation. **Refer to the Employment Status Codes Table in Appendix 5 – Data Code Tables.**

Field Name	Pos	Type / Size	Edits and Validations
CNTYRESID	98	CHAR(2)	• Must be between 01 and 67 or 99 if PURPOSE= 1, 2, 3 or 5. **(Mandatory)** • Must be between 01 and 67, 99 or spaces if PURPOSE = 4. • Right justified/zero filled.
			Descriptions and Instructions: County of Residence - Indicate the Florida county in which the client resides at the time of admission. If unknown, enter the county of the provider site where the evaluation occurred. Do not use '88'. **Refer to the Florida County Codes Table in Appendix 5 - Data Code Tables.**
GRADE	100	CHAR(2)	• Must be 00-08, 24-28, 30-42 if PURPOSE = 1, 2 or 3. **(Mandatory)** • Must be 00-08, 24-28, 30-42 or spaces if PURPOSE = 4 or 5. • Right justified/zero filled.
			Descriptions and Instructions: **Grade -** Indicate the highest educational level completed by the client prior to this evaluation. **Refer to the Educational Levels (GRADE) Codes Table Appendix 5 – Data Code Tables.** **NOTE:** New code values effective July 1, 2015.
RX	102	CHAR(1)	• Must be 0 or 1 if PURPOSE= 1, 2, 3 or 5. **(Mandatory)** • Must be 0, 1 or space if PURPOSE = 4.
			Descriptions and Instructions: Medication - Indicate if the client has been taking any atypical antipsychotic medication 　　　　　　　　　　**[0]** No　　　　　　　　　　　　　　　**[1]** Yes
DEVELOP	103	CHAR(1)	• Must be 0 or 1 if PURPOSE = 1 or 5. **(Mandatory)** • Must be 0, 1 or space if PURPOSE = 2, 3 or 4.
			Descriptions and Instructions: Development Status - Indicate if the client is developmentally disabled. 　　　　　　　　　　**[0]** No　　　　　　　　　　　　　　　**[1]** Yes
PHYSICAL	104	CHAR(1)	• Must be 0 or 1 if PURPOSE = 1 or 5. **(Mandatory)** • Must be 0, 1 or space if PURPOSE = 2, 3 or 4.
			Descriptions and Instructions: Physical Disability Status - Indicate if the client is physically disabled. 　　　　　　　　　　**[0]** No　　　　　　　　　　　　　　　**[1]** Yes
AMBULAT	105	CHAR(1)	• Must be 0 or 1 if PURPOSE = 1 or 5. **(Mandatory)** • Must be 0, 1 or space if PURPOSE = 2, 3 or 4.
			Descriptions and Instructions: Ambulatory Status - Indicate if the client is non-ambulatory. 　　　　　　　　　　**[0]** No　　　　　　　　　　　　　　　**[1]** Yes
VISUAL	106	CHAR(1)	• Must be 0 or 1 if PURPOSE = 1 or 5. **(Mandatory)** • Must be 0, 1 or space if PURPOSE = 2, 3 or 4.
			Descriptions and Instructions: Vision Status - Indicate if the client is visually impaired. 　　　　　　　　　　**[0]** No　　　　　　　　　　　　　　　**[1]** Yes
HEARING	107	CHAR(1)	• Must be 0 or 1 if PURPOSE = 1 or 5. **(Mandatory)** • Must be 0, 1 or space if PURPOSE = 2, 3 or 4.
			Descriptions and Instructions: Hearing Status - Indicate if the client's hearing is impaired. 　　　　　　　　　　**[0]** No　　　　　　　　　　　　　　　**[1]** Yes

Field Name	Pos	Type / Size	Edits and Validations
ENGLISH	108	CHAR(1)	• Must be 0 or 1 if PURPOSE = 1 or 5. **(Mandatory)** • Must be 0, 1 or space if PURPOSE = 2, 3 or 4.
			Descriptions and Instructions: English Status - Indicate if the client's English language is impaired. **[0]** No **[1]** Yes
ADLFC	109	CHAR(1)	• Must be 0 or 1 if PURPOSE = 1 or 5. **(Mandatory)** • Must be 0, 1 or space if PURPOSE = 2, 3 or 4.
			Descriptions and Instructions: Activities of Daily Living Functioning - Indicate if the client is unable to perform independently. **[0]** No **[1]** Yes
PROVINFO	110	CHAR(20)	• Left justified/space filled.
			Descriptions and Instructions: Provider Information - Contractor use only.
ZIP **(Mandatory)**	130	CHAR(5)	• Format: 99999
			Descriptions and Instructions: Zip Code - Client's home/residence US Postal Zip code. If the client is homeless and the zip code is not known, use the zip code of the service provider where the services are provided. If the client is from outside the state, use the out-of-state zip code. If the client is in prison, local jail, a detention or a residential treatment facility and the residence county cannot be obtained, enter the prison, local jail, or detention facility's zip code.
TSTAT **(Mandatory)**	135	CHAR(1)	• Must be 1 through 3.
			Descriptions and Instructions: TANF - Indicate the client's TANF status. **[1]** Temporary Cash Assistance **[3]** Not a TANF Client **[2]** Diversion Family Program
FAMSIZE	136	CHAR(1)	• Must be 1 through 9 if PURPOSE = 1 or 5. **(Mandatory)** • Must be 1 through 9 or space if PURPOSE = 2, 3 or 4.
			Descriptions and Instructions: Family Size - Indicate the number of persons living in the household. If more than 9, enter 9.
MHPROB	137	CHAR(1)	• Must be 1 through 4 if PURPOSE = 1, 2, 3 or 5. **(Mandatory)** • Must be 1 through 4 or space if PURPOSE = 4.
			Descriptions and Instructions: Mental Health Problem - Indicate if the client shows evidence of stress and/or mental health problems. **[1]** Shows evidence of recent severe stressful event and problems with coping; **[2]** Displays symptomatology placing person at risk of more restrictive intervention if untreated; **[3]** Both 1 and 2 **[4]** None

Field Name	Pos	Type / Size	Edits and Validations
FAMINC	138	CHAR(2)	• Must be 00 through 99 if PURPOSE = 1 or 5. **(Mandatory)** • Must be 00 through 99 or spaces if PURPOSE = 2, 3 or 4. • Right justified/zero filled.
			Descriptions and Instructions: Family Income - Indicate the annual family (gross) income (in thousands; 01 - 98) of the client's household *or* select one of the following. 00 and 99 can only be used if that is what was reported in INCOPAY and there was no other family income. **FAMINC should be >= INCOPAY.** **[00]** No income **[98]** Income over 98,000 **[99]** Unknown income
REFERRAL	140	CHAR(2)	• Must be 01 through 14, 16 through 25, or 99 if PURPOSE = 1 or 5. **(Mandatory)** • Must be 01 through 14, 16 through 25, 99 or spaces if PURPOSE = 2, 3, or 4. • Right justified/zero filled.
			Descriptions and Instructions: Referral - Indicate the referring agency. **Refer to the Referral Codes and Descriptions Table in Appendix 5 – Data Code Tables.**
PROVIDERID **(Mandatory Key)**	142	CHAR (10)	• Format: XX-XXXXXXX • Provider must be registered in SAMHIS. • Must match PROVIDERID in DEMO record.
			Descriptions and Instructions: Provider Id - The PROVIDERID is the Federal Employer Identification Number of the entity which provides the service to the client.
MHDIAG	152	CHAR(6)	• Must be space filled.
			Descriptions and Instructions: Mental Health Diagnosis - Indicate the client's mental health diagnosis. **Refer to Appendix 3 – ICD-9 Code Table.**
SADIAG	158	CHAR(6)	• Must be space filled.
			Descriptions and Instructions: Substance Abuse Diagnosis - Indicate the client's substance abuse diagnosis, if any. **Refer to Appendix 3 – ICD-9 Code Table.**
BAKERACT	164	CHAR(1)	• Must be 0 or 1 if PURPOSE = 1, 2, 3 or 5. **(Mandatory)** • Must be 0, 1 or space if PURPOSE = 4.
			Descriptions and Instructions: Backer Act - Indicate if the client meets the criteria for admission to a Baker Act receiving facility. **[0]** No **[1]** Yes
RXIDP	165	CHAR(1)	• Must be 0 or 1 if PURPOSE = 1, 2, or 3. **(Mandatory)** • Must be 0, 1 or space if PURPOSE = 4 or 5.
			Descriptions and Instructions: **Indigent Drug Program Medication** - Indicate if the client received medication through the Indigent Drug Program (IDP) within the last 90 days. **[0]** No **[1]** Yes
RXPAP	166	CHAR(1)	• Must be 0 or 1 if PURPOSE = 1, 2, or 3. **(Mandatory)** • Must be 0, 1 or space if PURPOSE = 4 or 5.
			Description and Instructions: **Patient Assistance Program Medication** Indicate if the client received atypical antipsychotic medication. **[0]** No **[1]** Yes
CONTNUM1 **(Mandatory)**	167	CHAR(5)	• Must be a valid SAMH contract number that is in the Florida Accountability Contract Tracking System (FACTS).
			Description and Instructions: **Contract Number 1** - Contract under which services may be provided.

Field Name	Pos	Type / Size	Edits and Validations
CONTNUM2	172	CHAR(5)	• Format: XXXXX; space filled.
			Descriptions and Instructions: Contract Number 2 - No longer used as of 07/01/2015.
CONTNUM3	177	CHAR(5)	• Format: XXXXX; space filled.
			Descriptions and Instructions: Contract Number 3 - No longer used as of 07/01/2015.
VETSTATUS	182	CHAR(1)	• Must be 0, 1 or 3 if PURPOSE = 1 or 5. **(Mandatory)** • Must be 0, 1, 3 or space if PURPOSE = 2, 3 or 4.
			Descriptions and Instructions: Veteran Status - Indicate if the client is a veteran of the U.S. Armed Services. **[0]** No **[1]** Yes **[3]** Unknown (Effective 7/1/15)
SOCIAL	183	CHAR(2)	• Must be 01 through 07 if PURPOSE = 1, 2, 3, or 5. **(Mandatory)** • Must be 01 through 07 or spaces if PURPOSE = 4. • Right justified/zero filled.
			Descriptions and Instructions: Social Status - The number of times the client has attended a self-help program within the 30 days preceding the date of admission. **[01]** None **[04]** 8-15 **[07]** Unknown **[02]** 1-3 **[05]** 16-30 **[03]** 4-7 **[06]** Some Attendance (Frequency unknown)
SCHOOL	185	CHAR(1)	• Must be 1 through 4 if PURPOSE = 1, 2, 3, or 5. **(Mandatory)** • Must be 1 through 4 or space if PURPOSE = 4.
			Descriptions and Instructions: School Status - Indicate if the client was suspended or expelled from school within the last 30 days. **[1]** Suspended **[3]** Suspended and Expelled **[2]** Expelled **[4]** Not Applicable
ARREST	186	CHAR(2)	• Must be 00 through 96 if PURPOSE = 1, 2, 3 or 5. **(Mandatory)** • Must be 00 through 96 or space if PURPOSE = 4. • Right justified/zero filled.
			Descriptions and Instructions: Arrest Status - Indicate the number of times the client was arrested within the last 30 days. **Note:** Expanded arrest field to two characters to be effective July 1, 2015.
MHDIAG10 (Mandatory)	188	CHAR(8)	• Must be a valid Mental Health ICD-10-CM code.
			Descriptions and Instructions: Mental Diagnosis Code (ICD-10) - Enter the mental health diagnosis code for the client using the code from the International Classification of Diseases (ICD-10-CM). **Refer to Appendix 8.** MHDIAG10 may be blank if PURPOSE = 4 – Administrative Discharge
SADIAG10	196	CHAR(8)	• Must be a valid Substance Abuse ICD-10-CM code or spaces.
			Descriptions and Instructions: Substance Abuse Diagnosis Code (ICD-10) - Enter the substance abuse diagnosis code for the client using the code from the International Classification of Diseases (ICD-10-CM). **Refer to Appendix 8.**

IV. Substance Abuse Target Group Determination FOR ICD-10 AND ICD9 Codes

IV.A. General Comments

1. The mental health target populations are determined from the client's admission and service data.

2. In order for a target group to be determined for a client, the client must have a primary mental health diagnosis that allows a population group to be assigned.

Table 4. Mental Health Target Group Determination (ICD-10 Version)

Target Group	If Statement
ADULT FORENSIC	MHAGEADMIS >= 18 And LEGALSTATUSCODE is 16, 17, 18, 19, 21, 22, 23, 24, 25 or 26
ADULT SPMI	MHAGEADMIS >= 18 And ICD10PRIMARYCODE starts with F20, F21, F22, F23, F25, F28, F29, F31, F32, F33, F34, F60, F84 Or ICD10PRIMARYCODE does not start with F10, F11, F12, F,13, F14, F15, F16, F17, F18, F19, F20, F21, F22, F23, F25, F28, F29, F31, F32, F33, F34, F60, F70, F71, F72, F73, F79, F84, or any Z code and PROGNOSIS is 1 or PSYCHINCOME is 1 or ADLFUNCTIONCODE is 1
AMH with MH PROBLEM	MHAGEADMIS >= 18 And MHPROBLEMCODE is 1, 2, or 3 and ICD10PRIMARYCODE starts with Z Or ICD10PRIMARYCODE does not start with Z
ADULT MH CRISIS	MHAGEADMIS >= 18 And BAKERACT is 1
CHILD SED	MHAGEADMIS < 18 And ICD10PRIMARYCODE starts with F20, F21, F22, F23, F25, F28, F29, F31, F32, F33, F34, F60, F84 Or PSYCHINCOME = 1 Or CGAS < 51 and ICD10PRIMARYCODE does not start with F10, F11, F12, F,13, F14, F15, F16, F17, F18, F19, F20, F21, F22, F23, F25, F28, F29, F31, F32, F33, F34, F60, , F70, F71, F72, F73, F79, F84, or any Z code
CHILD ED	MHAGEADMIS < 18 And ICD10PRIMARYCODE does not start with F10, F11, F12, F13, F14, F15, F16, F17, F18, F19, F20, F22, F23, F25, F28, F29, F31, F32, F33, F84, or any Z code
CHILD AT RISK	MHAGEADMIS < 18 And RISKFACTOR is 1

Table 5. Mental Health Target Group Determination (ICD-9 Version)

Target Group	If Statement
ADULT FORENSIC	MHAGEADMIS >= 18 And LEGALSTATUSCODE is 16, 17, 18, 19, 21, 22, 23, 24, 25 or 26
ADULT SPMI	MHAGEADMIS >= 18 And ICD10PRIMARYCODE starts with 295, 296, 297, 298, 299, 301 OR ICD10PRIMARYCODE does not start with 291, 292, 295, 296 , 297, 298, 299, 301, 303, 304, 305, 317, 318, 319, 799, 888, 999 or V code and PROGNOSIS is 1 OR PSYCHINCOME is 1 OR ADLFUNCTIONCODE is 1

Target Group	If Statement
AMH with MH PROBLEM	MHAGEADMIS >= 18 And MHPROBLEMCODE is 1, 2, or 3 and ICD10PRIMARYCODE starts with V Or ICD10PRIMARYCODE does not start with V
ADULT MH CRISIS	MHAGEADMIS >= 18 And BAKERACT is 1
CHILD SED	MHAGEADMIS < 18 And ICD10PRIMARYCODE starts with 295, 296, 297, 298, 299, 301 OR PSYCHINCOME = 1 OR CGAS < 51 and ICD10PRIMARYCODE does not start with 291, 292, 295, 296, 297, 298, 299, 301, 303, 304, 305, 317, 318, 319, 799, 888, 999 or V code
CHILD ED	MHAGEADMIS < 18 And ICD10PRIMARYCODE does not start with 291, 292, 295, 296, 297, 298, 299, 301, 303, 304, 305, 317, 318, 319, 799, 888, 999 or V code
CHILD AT RISK	MHAGEADMIS < 18 And RISKFACTOR is 1