

**STATE OF FLORIDA
SUBSTANCE ABUSE & MENTAL HEALTH PROGRAM
MENTAL HEALTH OUTCOME FORM**

(* **Mandatory Fields**)

(Reference: Chapter 5, DCF Pam 155-2)

Client's Name:

<p>1. *CONTRACTOR IDENTIFIER: _____ - _____</p> <p>Federal Tax Identification number ex. 59-1234567.</p>	Page 5 - 4
<p>2. *SITEID: _____</p>	Page 5 - 4
<p>3. *CLIENT SSN: _____ - _____ - _____</p> <p>The SSN must be 9 digits without dashes. It cannot start with 000 or 999. If unavailable use Pseudo-social. Instructions in SAMH Pamphlet</p>	Page 5 - 4
<p>4. CLIENTID: _____</p>	Page 5 - 4
<p>5. *PURPOSE OF EVALUATION: _____</p> <p><input type="checkbox"/> 1- Admission to Provider <input type="checkbox"/> 3- Regular discharge from provider <input type="checkbox"/> 5 -Immediate discharge <input type="checkbox"/> 2- Quarterly evaluation <input type="checkbox"/> 4- Admission to Provider</p>	Page 5 - 4
<p>6. *EVALUATION DATE: ____ / ____ / ____</p>	Page 5 - 4
<p>7. *PROVIDER ID: _____ - _____ (Subcontractor ID)</p>	Page 5 - 4
<p>8. INITIAL EVALUATION DATE: ____ / ____ / ____</p>	Page 5 - 4
<p>9. *STAFF ID: _____ - _____</p>	Page 5 - 4
<p>10. *PRIMARY SOURCE OF INCOME: _____</p> <p><input type="checkbox"/> 1-Salary <input type="checkbox"/> 3-Retirement/Pension/SSI <input type="checkbox"/> 5-Other <input type="checkbox"/> 7-Unknown <input type="checkbox"/> 2 -Wages/TANF <input type="checkbox"/> 4-Disability <input type="checkbox"/> 6 -None</p>	Page 5 - 5
<p>11. PSYCHIATRIC DISABILITY INCOME: <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes</p>	Page 5 - 5
<p>12. PROGNOSIS: <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes</p> <p>Client received services for current MH problem for at least the past 12 months or clients MH problem is expected to endure for at least another 12 months</p>	Page 5 - 5
<p>13. *ADMISSION TYPE: _____</p> <p><input type="checkbox"/> 1 - Voluntary Competent <input type="checkbox"/> 3 - Involuntary Competent <input type="checkbox"/> 2 - Voluntary Incompetent <input type="checkbox"/> 4 - Involuntary Incompetent</p>	Page 5 - 5
<p>14. TOTAL DAYS WORKED: _____ Any time spent earning income equals one day; Max 30 days (Last 30 days)</p>	Page 5 - 5
<p>15. NUMBER OF DAYS SPENT IN THE COMMUNITY (Last 30 days – Max 30 days): _____</p>	Page 5 - 5

16. *DEPENDENCY/CRIMINAL STATUS: __ __ <input type="checkbox"/> 00 – Insufficient Information Adjudicated Children: <input type="checkbox"/> 01 - Delinquent, in physical custody <input type="checkbox"/> 02 - Delinquent, not in physical custody <input type="checkbox"/> 03 - Dependent, in physical custody <input type="checkbox"/> 04 - Dependent, not in physical custody <input type="checkbox"/> 05 - Dependent & Delinquent, in custody <input type="checkbox"/> 06 - Dependent & Delinquent, not in physical custody <input type="checkbox"/> 07 - "Children in Need of Services" (CINS), not in physical custody Non-Adjudicated Children <input type="checkbox"/> 08 - Other DCF program status <input type="checkbox"/> 09 - Under custody & supervision of family/guardian Adults with No Court Jurisdiction: <input type="checkbox"/> 10 - Competent, no charges <input type="checkbox"/> 11 - Civil incompetence of person or property Adults with Court Jurisdiction: Criminal Competent <input type="checkbox"/> 12 – Incarcerated <input type="checkbox"/> 13 - Release pending hearing <input type="checkbox"/> 14 - this code is no longer used <input type="checkbox"/> 15 - this code is no longer used Adults with Court Jurisdiction (Cont.): Criminal Incompetent: <input type="checkbox"/> 16 - Release pending hearing ITP <input type="checkbox"/> 17 - Involuntarily hospitalized (direct commit) <input type="checkbox"/> 18 – Incarcerated <input type="checkbox"/> 19 - Involuntarily hospitalized - revocation of physical conditional release. <input type="checkbox"/> 20 - No longer used <input type="checkbox"/> 21 - Conditionally released Not Guilty by Reason of Insanity (NGI): <input type="checkbox"/> 22 - Involuntary hospital - direct commit. <input type="checkbox"/> 23 - Involuntary hospital – revocation of conditional release. <input type="checkbox"/> 24 - Released pending hearing. <input type="checkbox"/> 25 - Conditionally released. <input type="checkbox"/> 26 - Incarcerated. <input type="checkbox"/> 29 - Incompetent to Proceed – Ages 21+ Juvenile Incompetent to Proceed <input type="checkbox"/> 27 - Incompetent to Proceed - Ages 0 - 17 <input type="checkbox"/> 28 - Incompetent to Proceed - Ages 18 - 20 <input type="checkbox"/> 28 - Incompetent to Proceed – Age 21		Pages 5 – 5
QUESTIONS 17 THROUGH 20 RELATE TO ADULTS ONLY		
17. TOTAL DAYS WORKED: __ __ Any time spent earning income equals one day (Max 30 days) (Last 30 days)	Page 5 - 5	
18. MONTHLY INCOME FROM PAID EMPLOYMENT: __ __ __ __	Page 5 - 6	
19. MONTHLY INCOME FROM GOVERNMENT SUBSIDIES: __ __ __ __ Examples: SS Retirement, SSI, SSDI, Public Assistance	Page 5 - 6	
20. MONTHLY INCOME FROM OTHER SOURCES: __ __ __ __	Page 5 - 6	
QUESTIONS 21 THROUGH 25 RELATE TO CHILDREN ONLY		
21. * TOTAL SCHOOL DAYS AVAILABLE (Last 30 days; typically does not exceed 22): __ __	Page 5 - 6	
22. *SCHOOL DAYS ATTENDED (Last 30 days; Max 22): __ __	Page 5 - 6	
23. *CURRENT CGAS RATING: __ __	Page 5 - 7	
24. CHILD COMMITTED OR RECOMMITTED TO DJJ (Last 90 days): <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes	Page 5 - 7	
25. CHILD AT RISK OF AN EMOTIONAL DISTURBANCE: <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes	Page 5 - 7	

<p>26. *MARITAL STATUS: ____</p> <p><input type="checkbox"/> 1 – Single <input type="checkbox"/> 5 - Separated</p> <p><input type="checkbox"/> 2 – Married <input type="checkbox"/> 6 - Unreported</p> <p><input type="checkbox"/> 3 – Widowed <input type="checkbox"/> 7 - Registered Domestic Partner</p> <p><input type="checkbox"/> 4 – Divorced <input type="checkbox"/> 8 - Legally Separated</p>	Page 5 - 7
<p>27. *RESIDENTIAL STATUS: ____</p> <p><input type="checkbox"/> 01 - Independent Living-alone <input type="checkbox"/> 10 – State MH Treatment Facility (State Hospital)</p> <p><input type="checkbox"/> 02 - Independent Living-with Relatives <input type="checkbox"/> 11 - Nursing Home</p> <p><input type="checkbox"/> 03 - Independent Living –with Non-Relatives <input type="checkbox"/> 12 - Supported Housing</p> <p><input type="checkbox"/> 04 - Dependent Living-with Relatives <input type="checkbox"/> 13 - Correctional Facility</p> <p><input type="checkbox"/> 05 - Dependent Living-with Non-Relatives <input type="checkbox"/> 14 - DJJ Facility</p> <p><input type="checkbox"/> 06 - Assisted Living Facility (ALF) <input type="checkbox"/> 15 – Crisis Residence</p> <p><input type="checkbox"/> 07 - Foster Care/Home <input type="checkbox"/> 16 – Children Residential Treatment Facility</p> <p><input type="checkbox"/> 08 – Adult Residential Treatment Facility (Group Home) <input type="checkbox"/> 17 – Limited Mental Health Licensed ALF</p> <p><input type="checkbox"/> 09 – Homeless <input type="checkbox"/> 18 – Other Residential Status</p> <p><input type="checkbox"/> 99 - Not Available or Unknown</p>	Page 5 - 8
<p>28. *EMPLOYMENT STATUS: ____</p> <p><input type="checkbox"/> 10 - Active Military, Overseas <input type="checkbox"/> 70 - Terminated/Unemployed</p> <p><input type="checkbox"/> 11 - Active Military, USA <input type="checkbox"/> 81 - Homemaker (must keep house for 1 or more others)</p> <p><input type="checkbox"/> 12 - Full Time <input type="checkbox"/> 82 - Student</p> <p><input type="checkbox"/> 31 - * Unpaid Family Worker <input type="checkbox"/> 83 - Disabled</p> <p><input type="checkbox"/> 40 - Part Time <input type="checkbox"/> 84 - Criminal Inmate</p> <p><input type="checkbox"/> 50 - Leave of Absence <input type="checkbox"/> 85 - Inmate Other</p> <p><input type="checkbox"/> 60 - Retired <input type="checkbox"/> 86 - Not Authorized to Work</p> <p>* Note: Unpaid Family Worker – A family member who works at least 15 hours or more a week without pay in a family-operated enterprise. If an individual refuses to work because they are making money through illegal activities (i.e., drug sales or prostitution) the client should be coded as unemployed ‘70’.</p>	Page 5 – 8
<p>29. *RESIDENT COUNTY: ____</p>	Page 5 - 8
<p>30. *HIGHEST EDUCATION: ____</p> <p><input type="checkbox"/> 00 - No Schooling <input type="checkbox"/> 30 - Associate’s Degree (AA, AS, etc.)</p> <p><input type="checkbox"/> 01 – Grade 1 <input type="checkbox"/> 31 - Bachelor’s Degree (BA, BS, AB, etc.)</p> <p><input type="checkbox"/> 02 – Grade 2 <input type="checkbox"/> 32 - Master’s Degree (MS, MA, MSW, etc.)</p> <p><input type="checkbox"/> 03 – Grade 3 <input type="checkbox"/> 33 - Professional Degree (MD, DDS, JD, etc.)</p> <p><input type="checkbox"/> 04 – Grade 4 <input type="checkbox"/> 34 - Doctorate Degree (PhD, EDD, etc.)</p> <p><input type="checkbox"/> 05 – Grade 5 <input type="checkbox"/> 35 – Special School</p> <p><input type="checkbox"/> 06 – Grade 6 <input type="checkbox"/> 36 – Vocational School</p> <p><input type="checkbox"/> 07 – Grade 7 <input type="checkbox"/> 37 – College Undergraduate Freshman (1st Year)</p> <p><input type="checkbox"/> 08 – Grade 8 <input type="checkbox"/> 38 - College Undergraduate Freshman (2nd Year)</p> <p><input type="checkbox"/> 24 – Grade 9 <input type="checkbox"/> 39 - College Undergraduate Freshman (3rd Year)</p> <p><input type="checkbox"/> 25 – Grade 10 <input type="checkbox"/> 40 - College Undergraduate Freshman (4th Year)</p> <p><input type="checkbox"/> 26 – Grade 11 <input type="checkbox"/> 41 - Kindergarten</p> <p><input type="checkbox"/> 27 – Grade 12 <input type="checkbox"/> 42 – Nursery School/Preschool/Head Start</p> <p><input type="checkbox"/> 28 - High School Graduate, Diploma/GED</p>	Page 5 - 8
<p>31. RX- Client Receiving any atypical Antipsychotic Medication During Past 90 Days?</p>	Page 5 - 8

IDENTIFY DISABILITY FACTORS QUESTIONS 32 THROUGH 37 ARE MANDATORY ONLY FOR PURPOSE CODES 1 (ADMISSION) AND 5 (IMMEDIATE DISCHARGE)		
32. DEVELOPMENTAL DISABILITIES: <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes 33. PHYSICALLY IMPAIRED: <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes 34. NON AMBULATORY: <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes 35. VISUALLY IMPAIRED: <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes 36. HEARING IMPAIRED: <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes 37. ENGLISH LANGUAGE SEVERELY LIMITED: <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes		Page 5 – 8
38. *ADL FUNCTIONS: <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes		Page 5 – 9
39. *ZIP CODE: ____ ____ ____ ____ ____ US Postal Zip code for this client’s residence If client is homeless and zip code is unknown, use the zip code of the service provider.		Page 5 – 9
40. *MENTAL HEALTH PROBLEM: ____ <input type="checkbox"/> 1 - Shows evidence os recent severe stressful event and problems with coping <input type="checkbox"/> 2 - Displays symptomatology placing person at risk of more restrictive intervention if untreated <input type="checkbox"/> 3 - Both 1 and 2 <input type="checkbox"/> 4 - None		Page 5 – 9
41. *TANF STATUS (Mandatory only for purpose codes 1-Admission and 5-Immediate Discharge): ____ <input type="checkbox"/> 1 - Temporary Cash Assistance <input type="checkbox"/> 2 – Diversion Family Program <input type="checkbox"/> 3 – Not a TANF client		Page 5 – 9
42. *FAMILY SIZE (Mandatory only for purpose codes 1-Admission and 5-Immediate Discharge): ____		Page 5 – 9
43. *FAMILY INCOME (Mandatory only for purpose codes 1-Admission and 5-Immediate Discharge): ____		Page 5 – 10
44. MH DIAGONSIS: ____ ____ ____ ____ ____ ____ ____ ____ (ICD10 Codes)		Page 5 - 10
45. *SA DIAGONSIS: ____ ____ ____ ____ ____ ____ ____ ____ (ICD10 Codes)		Page 5 - 10
46. *REFERRAL: ____ ____ <input type="checkbox"/> 1 - Individual (Self-Referral) <input type="checkbox"/> 14 - Other Court Order/Recognized Legal Entity <input type="checkbox"/> 2 - Substance Abuse Care Provider <input type="checkbox"/> 16 - SINS/FINS <input type="checkbox"/> 3 - Mental Health Care Provider <input type="checkbox"/> 17 - Addictions Receiving Facilities <input type="checkbox"/> 4 - Juvenile Justice (JARF’s) <input type="checkbox"/> 18 - Outreach Program <input type="checkbox"/> 5 - County Public Health Unit <input type="checkbox"/> 19 - DCF/ADM (no longer used) <input type="checkbox"/> 6 - School (Education) <input type="checkbox"/> 20 - Community Hospital <input type="checkbox"/> 7 - Employer/Employee Assistance Program <input type="checkbox"/> 21 - State Hospital <input type="checkbox"/> 8 - Other Social Service/Health/Community Ref <input type="checkbox"/> 22 - Physician/Doctor <input type="checkbox"/> 9 - TASC (Assessment Centers) <input type="checkbox"/> 23 - Law Enforcement <input type="checkbox"/> 10 - Probation/Parole/Controlled Release Authority <input type="checkbox"/> 24 - Family Safety Foster Care <input type="checkbox"/> 11 - DUI/DWI <input type="checkbox"/> 25 - Family Safety Protective Services <input type="checkbox"/> 12 – Pretrial <input type="checkbox"/> 99 - None of the Above <input type="checkbox"/> 13 - Prison/Jail		Page 5- 10

47. *BAKER ACT: <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes	Page 5 - 10
IDENTIFY RXIDP AND RXPAP IN QUESTIONS 48 AND 49 MANDATORY ONLY FOR PURPOSE CODES 1-ADMISSION, 2-QUARTERLY AND 3-REGULAR DISCHARGE	
48. *DID CLIENT RECEIVE MEDICATION THROUGH INDIGENT PSYCHIATRIC MEDICATION PROGRAM (IDP) DURING PAST 90 DAYS? <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes	Page 5- 10
49. *DID CLIENT RECEIVE ATYPICAL ANTIPSYCHOTIC MEDICATION THROUGH PATIENT ASSISTANCE PROGRAM (PAP) DURING THE PAST 90 DAYS? <input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes	Page 5- 10
50. PROVIDER INFO: _____	Page 5- 10
51. *CONTRACT NUMBER 1 - _____	Page 5 - 10
52. CONTRACT NUMBER 2 - _____ (NO LONGER USED – MUST BE SPACE FILLED)	Page 5 - 11
53. CONTRACT NUMBER 3 - _____ (NO LONGER USED – MUST BE SPACE FILLED)	Page 5 - 11
54. *Veteran status _____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 2 – Unknown	Page 5 - 11
55. SOCIAL CONNECTEDNESS: _____ 01 – No attendance in the past month 04 – 8 – 15 times in past month 02 – 1-3 times in past month 05 – 16-30 times in past month 03 – 4-7 times in past month 06 – Some attendance in past month, frequency unknown	Page 5 - 11
56. SCHOOL ATTENDANCE: _____ 1 – Suspended 2 – Expelled 3 – Suspended and Expelled 4 – Not Applicable	Page 5 – 11
57. *ARREST: _____	Page 5 – 11
Signature: _____ Date: ____/____/____	