Delaware Department of Health and Social Services

Division of Substance Abuse and Mental Health

Consumer Reporting Form
Training Manual

Last Updated 9/29/2011

CONSUMER REPORTING FORM
TRAINING MANUAL

GENERAL INFORMATION

There are six forms in the set - the ADMISSION REPORT, the DISCHARGE REPORT, the DETOX DISCHARGE REPORT, the HOSPITAL DISCHARGE REPORT, the INTRA-AGENCY TRANSFER REPORT and the PSYCHIATRIC DIAGNOSIS. Each of these forms is a two part carbonless document. The Admission and Discharge forms are each two pages long (both pages are carbonless two part documents). All programs, both mental health and substance abuse, will use the Admission and Discharge reports but only mental health programs are required to use the Psychiatric Diagnosis report.

The reason for repeating so many items at discharge illustrates the major change in purpose of these forms. In the past, the Central Office of DSAMH was primarily concerned with statistics on how many people were in their programs. That concern has been broadened. Not only are we concerned about how many people receive treatment, but also how effective the treatment is. If a consumer is indicated as being potentially eligible for SSI on the Admission form and then eligible and receiving payment on the Discharge form, we know that your program is fulfilling one of the primary goals of the Division which is to facilitate the full use of entitlements by our consumers. If living arrangement and residential arrangement changes from alone and homeless to lives with non-relatives in adult foster care, or if employment goes from unemployed-not looking to part time or volunteer, we know that you are meeting the Division's goals for housing and employment of our consumers.

The consumer MCI number is repeated on all sheets so that pages which become separated may be matched to each other.

What follows is a brief description of each item. Most items have codes for “unknown” and infrequently a code for “not collected”. It may not be clear when to use “not collected”. “Unknown” is meant for those situations when you simply do not collect this information. **Its use is discouraged.** For example, if your organization does not determine someone's Medicaid number, this field would be filled in with 999998 (making 999999998M). This allows us to know that you did not leave the field blank accidentally but in fact do not collect that information. Use the code “unknown” for those items that you ordinarily collect but which are missing for this one consumer.

DSAMH maintains a 95% quality standard for CRF data. Each treatment unit will receive a monthly report card indicating their score for data accuracy which can range from 0 to 100.

For instance, if your organization ordinarily collects date of birth but you don't have that information for this consumer, fill it in with 07/07/77. Text fields can be filled with the words "NONE", "UNKNOWN" or "NOT COLLECTED". Numbers are filled with 6 or 96 for none, 7 or 97 for unknown, and 8 or 98 for not collected. Dates are coded 06/06/66

for none, 07/07/77 for unknown, and 08/08/88 for not collected. In alpha coded fields, Z is always not collected, U is always unknown, N is usually none, not applicable, or no but may occasionally mean something more specific to the question such as “Not of Hispanic Origin” under Ethnicity, “Lives with Non-relatives” under Living Arrangements, “Homeless” under Residential Arrangements etc.

NOTE: With the exception of Alert Information, check only one item for each box.

IMPORTANT TIPS FOR COMPLETING THE CRF FORM:

The acceptable default date fields are **06/06/2666, 07/07/2777 and 08/08/2888.** For sections of the form where only a two character century date is allowed, you should enter **06/06/66, 07/07/77 and 08/08/88.**

Generally the codes "NOT COLLECTED" and “UNKNOWN” should not be used for required fields.

If you don't use an "optional" field, fill in a default value, such as "NONE" or "UNKNOWN."

DATA ITEMS

Page 1 of Admission and Discharge Forms - Header

Treatment Unit Name
Your organization's name. A treatment unit is defined as an identifiable organization or unit of an organization that usually resides at a single location (which it may share with other organizations) and is an identifiable cost center. A distinguishing characteristic of treatment units is that consumers do not move readily between them and the organization usually requires that some transfer paperwork be generated for such a move. Each treatment unit may offer a variety of services such as group therapy, job skills training, etc. such that every consumer in the unit may not receive exactly the same mix of services. Consumers may, in fact, receive services from more than one treatment unit simultaneously. The key to this definition is the organization's perception of that organizational unit has responsibility for the treatment of this consumer.

Treatment Unit ID #
Treatment unit identification - CMHS number or CSAT number plus 2 digits assigned by DSAMH.

Last Name	Consumer's last name (use formal name - Thomas)
First Name	Consumer's first name (use formal name - William)
M.I.	Consumer's middle initial (use formal name) **Must be the same for admission and discharge forms.**

Modality (Select Only One)
Check the appropriate box to indicate whether the consumer is admitted to the treatment unit as a Mental Health consumer, an Alcohol / Drug consumer, or as a Co-Occurring (MH & AD) consumer. Some treatment units will have all MH consumers, some all AD consumers, some all Co-Occurring consumers, or some a combination. **Must be the same for admission and discharge forms.**

[ ] MH Mental Health
[ ] AD Alcohol / Drug
[ ] DU Co-Occurring (MH & AD)
[ ] GA Gambling

Street (Optional) Consumer's address
City Consumer's City of residence
State Consumer's State of residence
Zip The first 5 digits are required; the last 4 are optional but appreciated if available.
99999-9996 none
99999-9997 unknown
99999-9998 not collected

County (Required)
Indicate the county of residence at admission or discharge

N	New Castle
K	Kent
S	Sussex
O	Out of state
U	Unknown
Z	not collected

Home phone (Optional)

(999)999-9996	none
(999)999-9997	unknown
(999)999-9998	not collected

DSAMH Admission Date
The date of admission to a DSAMH funded Treatment Unit. If a client is being transferred from a Non-DSAMH funded unit to a DSAMH funded unit, use the date of the transfer, not the original program admission date. No future dates and no unreasonably old dates are allowed.

Must be the same on both admission and discharge forms.

06/06/66	in the unlikely event that there is none
07/07/77	in the less likely event that it is unknown
08/08/88	in the improbable event that you do not collect it

Birth Date
Consumer's date of birth. No future dates and no unreasonably old dates are allowed.
Must be the same on both admission and discharge forms.

07/07/2777	unknown
08/08/2888	not collected

MCI #
MCI ID number (also called PACT number)

9999999996	none
9999999997	unknown

Must be the same on both admission and discharge forms.

S.S.#
Social Security number

999-99-9996	none
999-99-9997	unknown
999-99-9998	not collected

Must be the same on both admission and discharge forms.

Medicare # Medicare number.

999999996N (1 blank on the end) None
999999997U (1 blank on the end) Unknown, not collected for **this** consumer
999999998Z (1 blank on the end) not collected for any consumer

Expected to be the same on both admission and discharge records.

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Gender Consumer's gender

M	Male
F	Female

Must be the same on admission and discharge forms.

Racial Identification

AA	American Indian/Alaskan Native
AP	AA plus other races
BL	BLack/African American
BP	BL plus other races
CA	white/Caucasian
CP	CA plus other races
HA	Native Hawaiian/Other Pacific Islander
HP	HA plus other races
MU	Multiracial, Unspecified
PA	Asian
PP	PA plus other races
U	Unknown
Z	Not Collected

Ethnicity (Hispanic or Latino)

P	Puerto Rican
M	Mexican
C	Cuban
O	Other Hispanic
N	Not of Hispanic origin
U	Unknown

NOTE: The Race and Ethnicity fields are completed based on self-report. This is further clarified by the following quotes from the Federal Register (Vol. 62, No. 210, October 30, 1997, p. 58785).

"underscore that self-identification is the preferred means of obtaining information about an individual's race and ethnicity, except in instances where observer identification is more practical (e.g., completing a death certificate)."

"do *not* tell an individual who he or she is, or specify how an individual should classify himself or herself."

Background information on Race and Ethnicity from the Federal Register (Vol. 62, No. 210, October 30, 1997, p. 58789)

The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as ''Haitian'' or ''Negro'' can be used in addition to ''Black or African American.''
Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, ''Spanish origin,'' can be used in addition to ''Hispanic or Latino.''
Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Marital Status. (NOTE: Use the legal definition of marriage)

M	Married
S	Single - never married
D	Divorced
X	Separated
W	Widowed
U	Unknown

Primary Language Consumer's primary language
Must be the same on admission and discharge forms.

E	English
S	Spanish
M	sign (Manual) language
O	Other
U	Unknown

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Residential Arrangement (The type of housing where the client lives)

- PU Private house or residence - Unsupervised
- PS Private house or residence – Supervised (e.g. a 24 hour supervised apartment)
- FC adult Foster Care
- BH Boarding House/Single Room Occupancy (SRO), YMCA
- GU Group setting/community residence - Unsupervised
- GS Group setting/community residence – Supervised (e.g. a licensed Mental Health Group Home or Substance Abuse ½ way house)
- NH Nursing Home/ICF or SNF Facilities
- CJ Corrections facility/Jail
- I other Institution (Includes acute care hospital, institution for mental diseases, etc.) greater than thirty (30) days
- O Other
- N None - on the street/in a shelter/homeless
- U Unknown

(NOTE: Supervised housing means that supervision is provided **as a part of the housing arrangement**, not supervision of the consumer in their residence by an unrelated Community Support Program (CSP). Support is 7 days by 24 hours.)

Homeless at any time during the past 30 days

Was the consumer homeless at any time during the 30 days prior to admission?

- Y Yes
- N No
- U Unknown

Veteran Status

The consumer's or immediate family member's current Military Service or Service history

- VP Veteran/Previous Military Service (includes active National Guard and Reserve Duty)
- AD Active Duty
- FM Immediate Family Member of Military or Veteran (Immediate family member is a partner, spouse, child, parent, or sibling.)
- NA None of the Above
- U Unknown

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Education Write in the Highest Grade Completed

- 01-12 Elementary/High School
- 13-16 College/post secondary
- 17 Graduate school at the masters level
- 18 Graduate school at the Ph.D./MD. level

19	Post doctoral work
96	never completed any grade higher than preschool or kindergarten
97	unknown

NOTE: Post secondary programs that last less than a year should not be counted. If the person completed his senior year of high school and then 6 months of technical training, they would still be coded as 12. If he spent 9 months to a year in training, he would be coded as a 13. If the person completed 9th grade but no more and later got into a specialized training program, the highest grade they completed is still considered to be 9th and should be coded as 09.

Obviously this scheme cannot cover the many ways a person may acquire an education. Your judgment as to their level of accomplishment will have to be the final determinant.

Primary Employment During The Past 30 Days

The consumer's current primary employment or source of earned income during the past 30 days. If there is no earned income, use their primary daily activity. If they are employed and a student, select the appropriate employment category, not student.

F	Full time (35 hours a week or more)
P	Part time (less than 35 hours per week)
M	Military Armed Forces, active duty (active reserves, reserves)
L	unemployed - Looking for work
N	unemployed - Not looking
D	Disabled/unable to work means that the consumer is so impaired by their disability that they are unable to engage in any form of part time or volunteer activity.
H	Homemaker
S	Student
R	Retired
I	Inmate or resident of an institution (This includes an acute care hospital, institution for mental diseases, nursing home, jail, prison, etc.) for over thirty (30) days.
V	Volunteer
O	Other
U	Unknown

Primary Health Insurance

The consumer's primary health insurance carrier; choose only one. If the consumer has more than one, chose the one most likely to pay for the majority of the services you give that will be paid for by any insurance. (Check the appropriate insurance carrier even if they will only pay for limited benefits and DSAMH will cover the rest.)

M	Medicare

A medicAid
E mEdicaid MCO
C TRICARE (Tricare is the regionally manage Health care program for Active and Retired members of the Military and their families.)
B Blue Cross/Blue Shield
V VA
H HMO (service contract)
G other Government funds for care
P other Private commercial health insurance
O Other
N None
U Unknown

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Number of Arrests 30 Days Prior to Admission - Write in the Number of Arrests

Current Legal Involvement
Consumer's involvement in the legal system. If more than one applies, chose the most relevant.

CP Charges Pending
SP convicted - Sentence Pending
UP sentenced - Unsupervised Probation **(SENTAC I)**
FS sentenced - Field Supervision **(SENTAC II)**
IS sentenced - Intense Supervision **(SENTAC III)**
QI sentenced - Quasi-Incarceration **(SENTAC IV)**
CJ sentenced - prison/Corrections/Jail **(SENTAC V)**
HX History of legal involvement but not current
N No current involvement or history
U Unknown

Consumer's Primary Source of Income
Enter the source of income for the consumer during the last 12 months, if available, or if not, the last calendar year.

SS Social Security
G General assistance
SI SSI
SD SSDI
P Pension/retirement income (IRA, KEOGH, SEP, ESOP)
VD VA - Disability
W Workman's comp.
VR VA - Retirement
UI Unemployment Insurance
D private Disability insurance

IL ILlegal
I Investments/savings
E Employment
O Other
S Spouse
N None
F Family/friends
U Unknown
A TANF (Temporary Assistance to Needy Families – formerly AFDC)

Number Dependent on Consumer's Income
See Consumer's Primary Source of Income. Report an average number if the consumer's dependents vary regularly.

01 - 20
97 unknown

Consumer's Gross Income per Year
See Consumer's Primary Source of Income. Take the total from the last 12 months, if available, or if not, the last calendar (tax) year. "999999" is not allowed

999996 none
999997 unknown

Screening for History of Trauma **(Only applies to Community Mental Health Clinics)**:
P Positive screen for History of Trauma
N Negative screen for History of Trauma
U Unknown

Assessment for History of Trauma **(Only applies to Community Mental Health Clinics)**:
P Positive screen for History of Trauma
N Negative screen for History of Trauma
U Unknown

Page 2 of Admission Form - Header

Date of First Contact *This is the date the person first came in contact with your treatment unit. It might be before or after the screening date but should be before or the same as the admission date.* ***Contact may have been by phone or face-to-face but was with the consumer himself, not a third party.*** No future dates and no unreasonably old dates are allowed.

06/06/66 none
07/07/77 unknown

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Currently Pregnant

Y Yes
N No
U Unknown

Injection Drug Use Ever

History of needle use to consume illicit drugs ever in lifetime

Y Yes
N No
U Unknown

Substance Abuse – Designated Codes

DSM-IV-TR Diagnosis
Axis I: Clinical Disorders

This is completed by A&D treatment programs only. Enter up to three substance abuse DSM-IV-TR diagnosis codes and/or Gambling code as appropriate. The most important Axis I diagnosis should be written first. The code is 3 digits or the letter V followed by 2 digits, decimal point, 2 digits. Use the DSM-IV-TR manual for correct codes.

	Intoxication	Withdrawal	Abuse	Dependence
Alcohol	303.00	291.81	305.00	303.90
Amphetamine	292.89	292.0	305.70	304.40
Cannabis	292.89	--	305.20	304.30
Cocaine	292.89	292.0	305.60	304.20
Hallucinogen	292.89		305.30	304.50
Inhalant	292.89		305.90	304.60
Opioid	292.89	292.0	305.50	304.00
Phencyclidine	292.89		305.90	304.90
Sedative, Hypnotic, Anxiolytic	292.89	292.0	305.40	304.10
Polysubstance	--	292.0	--	304.80
Other (Unknown)	292.89	292.0	305.90	304.90

Pathological Gambling	312.31

Alcohol & Drug Use Matrix

This information is required from both mental health and substance abuse providers. The codes appear in the box surrounding the matrix. The Primary column is for the drug deemed the primary cause of problems for the user. If the consumer does not have a drug or alcohol problem, place an N (none) in the Substance Type under each column heading, Primary, Secondary, Tertiary, and draw a line down through the

remaining boxes in each column, Frequency of Use, Route of Administration, Age of First Use. This item does not apply to drugs given legally for therapeutic reasons.

Substance Type (**"Club Drugs" are highlighted**)

- AL — ALcohol
- CO — *COcaine*
- CR — *CRack*
- ME — **MEthamphetamine**
- AM — other AMphetamines (**This includes MDMA (methylenedioxymethamphetamine) – ECSTASY**, Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs.)
- OS — Other Stimulants
- HE — Heroin
- OP — other OPiates and synthetics (This includes OxyContin, codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine-like effects.)
- MD — non-prescription MethaDone
- BA — BArbiturates (This includes Phenobarbital, Seconal, Nembutal, etc.)
- SE — other SEdatives or hypnotic (This includes chloral hydrate, Placidyl, Doriden, etc.) **{Until a better classification system is developed put (GHB/GBL gamma-hydroxybutyrate, gamma-butyrolactone) and Ketamine (Special K) here}**
- BE — BEnzodiazepine (This includes Diazepam, **Flunitrazepam (Rohypnol)**, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Triazolam, Clonazepam and Halazepam.)
- TR — major TRanquilizers
- CS — Cough Syrups and mixtures
- MA — MArijuana/hashish (This includes THC and any other cannabis sativa preparations.)
- PC — PCP (Phencyclidine)
- LS — **LSD**
- HA — other HAllucinogens (This includes DMT, STP, mescaline, psilocybin, peyote, etc.)
- IN — INhalants (This includes ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, etc.)
- ST — STeroids
- OC — Over-the-Counter (This includes aspirin, Sominex, and any other legally obtained, non-prescription medication.)
- O — Other
- N — None
- U — Unknown

Frequency of use

- N — No use in past month
- I — Infrequent (1-3 times in past month)
- O — Often (1-2 times per week/4-8 times per month)
- F — Frequently (3-6 times per week/12-24 times per month)
- D — Daily

M More frequently than daily (2 or more times per day)
U Unknown

Route of administration

M Mouth (swallow)
S Smoke
B Breathe/inhale/snort
V intraVenous
I other Injection (intramuscular or skin pop)
O Other
N None
U Unknown

Age of first use

-1 newborn/addicted at birth
1 - 95 age in years
96 none
97 unknown
98 not collected

Admission Type (Leave blank until admitted)

V Voluntary admission
C Civil order (Involuntary commitment without a criminal charge)
J Judicial (court) order with a criminal charge - sentencing
U Unknown
N None

Alert Information

MARK ALL THAT APPLY. Admission information is assumed to be by consumer report. At discharge, the information is assumed to be by clinician's report.

TB Active
TB History
History of mental illness (may or may not have been treated)
Previous tx for mental illness
History of alcohol and/or substance abuse (may or may not have been treated)
Previous tx for alcohol and/or substance abuse (does not include AA/NA, etc.)
Psychiatric disability(may or may not be designated as disabled by the CMHC)
History of Pathological Gambling
None of the above

Source/Agency Code

This is the number for the agency that referred the consumer to you. The five character code comes from the Referral Agency List. This code list will be updated quarterly. As you identify agencies that are not on this list, we would appreciate it if you contact the

MIS unit of DSAMH (577-4460). In the meantime, you should be able to use the more generic major category, such as AA000 for Individual, Employer, Church, or School.

T Transferred - responsibility for this consumer's treatment was relinquished by the transferring treatment unit and acquired by this treatment unit.
R Referred - the referring treatment unit called to set up the first appointment and informed the consumer of same
S Self-referred - the consumer was primarily responsible for establishing contact with this treatment unit
U Unknown

Social Support/Connectedness
Was consumer enrolled in a support program, such as AA, NA, etc., 30 days prior to admission or 30 days prior to discharge, as is appropriate?

NOTE: (The expanded federal definition is - Participation in social support of recovery activities is defined as attending self-help group meetings, attending religious/faith affiliated recovery or self help group meetings, attending meetings of organizations other than the organizations described above or interactions with family members and/or friends supportive of recovery – Source the 2007 SAPTBG application package (Measure T6)).

Y Yes
N No
U Unknown

Frequency of attendance at Self-help programs 30 days prior to admission or 30 days prior to discharge, as is appropriate.

Write in number of times the client attended Self-help programs 30 days prior to admission or 30 days prior to discharge, as is appropriate. The allowed values range from 00 to 99.

Presenting problem
Presenting problem is the problem deemed most significant or the major reason for the person seeking help. List the primary problem at the time of admission.

SU SUicide threat/attempt
DS Danger to Self (non suicide)
DO Danger to Others
PC Parent-Child problem
MA MArital problem
FA FAmily problem
FI FInancial problem
GA GAmbling
SR Social Relations (other than family)
AC ACting out/uncontrollable
AL ALcohol

DR	DRug
AX	AnXiety/fears/phobias
DE	DEpression or mood disorder
OB	OBsessions/compulsions
PA	PAranoid feelings
IM	IMpaired memory/disoriented
HA	HAllucinations/delusions
SO	SOmatic concerns
MD	MeDical problems
SX	SeXual problems
FD	physical Function Disturbance
DL	problems coping with Daily Living roles and activities
CJ	Criminal Justice
EA	EAting disorder
TH	THought disorder
AB	ABuse/assault/rape victim
RU	RUnaway behavior
O	Other
N	None
U	Unknown

Expected source of payment
This is the party expected to pay the major portion for the consumer's care.

D	DSAMH
I	Individual resources (patient's or patient's family)
B	Blue Cross/Blue Shield
H	HMO (service contract)
P	other Private commercial health insurance
M	Medicare
A	MedicAid
E	Medicaid MCO
V	Veterans Administration
C	CHAMPUS
W	Worker's compensation
G	other Government sources
S	SENTAC
O	Other
N	None, provider absorbs total cost (charity, research, teaching)
U	Unknown

Page 2 of Admission and Discharge Forms - Common Items - Footer

Primary therapist or case manager - enter their name and ID. If an existing numbering system doesn't exist, the last six digits of the person's SSN is recommended.

Person completing form - enter their name and ID.

Date of completion - This is the date the form was completely filled in.

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Date of Last Service
Must be a face-to-face contact. No future dates and no unreasonably old dates are allowed.

06/06/66	none
07/07/77	unknown
08/08/88	not collected

DSAMH Discharge Date
The date of discharge or discontinuation from a DSAMH funded treatment unit. No future dates and no unreasonably old dates are allowed.

06/06/66	none
07/07/77	unknown
08/08/88	not collected

Page 2 of Discharge Form - Column 2

Discharge Reason
Indicate the discharge reason which **best** describes why this person was discharged from the treatment unit.

(NOTE: The "treatment unit" is key concept used in the completion of this form. A treatment unit is defined as a unit which provides treatment or prevention services to a consumer population. It typically has an identified location(s), dedicated staff and a separate budget or cost center. An **Agency** may have one or more **Programs** which operate one or more **Treatment Units**. Examples of a treatment unit include a detoxification center, residential program, continuous treatment team, halfway house, outpatient counseling clinic, etc.

G	Program at this facility completed - All Goals met.
S	Program at this facility completed - Some goals met.
E	Eligibility has lapsed, no longer eligible
D	consumer Died
F	Failure to meet treatment unit requirements, broke the rules
A	Administrative discontinuation, lost contact
C	Corrections, jail
R	Refused service (ex. refused counseling, left against medical advice)
T	Treatment continued in another treatment unit **(didn't complete treatment)**

O Other
U Unknown

Was the Consumer's drug use reduced?
Answer "YES" if the consumer's use of drugs and/or alcohol lessened during the course of treatment. Answer "NO" if the use remained the same or worsened.

Y Yes
N No
X not Applicable
U Unknown

Destination Agency Code
(Please write in the **five (5)** character code listed in the current version of the Referral Agency List. The Referral Agency List is now available on the DSAMH web site. http://www.state.de.us/dhss/dsamh/dmhhome.htm)

These are the agencies that you referred the consumer to. The five character code comes from the Referral Agency List. This code list will be updated quarterly. As you identify agencies that are not on this list, we would appreciate it if you contact us. In the meantime, you should be able to use the more generic major category. The Primary agency should be the one you transferred the consumer to or the one that will have the most to do with the consumers continued treatment. Enter N followed by four blanks for none and U followed by four blanks for unknown.

N None
U Unknown

For each agency you will indicate what kind of transfer or referral was made.

T Transferred - responsibility for this consumer's treatment was relinquished by this treatment unit and acquired by another treatment unit.
R Referred - this treatment unit called to set up the first appointment and informed the consumer of same.
A Additional services were advised but a transfer or referral was not done.
N No additional services were advised.
U Unknown.

EXAMPLE 1: The consumer completes the program, completes treatment, and continues his/her treatment in another program by referral, complete the CRF as follows...

Discontinuation Reason = **G (Program here completed, all goals met)**

Primary Destination Agency Code = **[NA005]**
BCI Lancaster Outpatient Clinic
"R" Referred

Secondary Destination Agency Code = **[FA018]**
NCC CMHC 809 Washington Street
"R" Referred

Tertiary Destination Agency Code = **[AB010]**
Alcoholics Anonymous
"A" Advised Further Service

EXAMPLE 2: The consumer does not complete the program, does not complete treatment, and continues his/her treatment in another program by direct transfer, complete the CRF as follows...

Discontinuation Reason = **T (Treatment Continued in another program)**

Primary Destination Agency Code = **[EA020]**
Delaware Psychiatric Center – K3
"T" Transferred

Secondary Destination Agency Code = **[FA018]**
NCC CMHC 809 Washington Street
"R" Referred

Tertiary Destination Agency Code = **[AB011]**
Narcotics Anonymous
"A" Advised Further Service

PSYCHIATRIC DIAGNOSIS FORM:
REQUIRED for all MH programs and all A&D CCCP programs, and OPTIONAL for all other A&D programs

Last Name	Consumer's last name
First Name	Consumer's first name
M.I.	Consumer's middle initial

MCI # MCI ID number (also called PACT number)

9999999996 none
9999999997 unknown

Treatment Unit ID #
Treatment unit identification - CMHS number or CSAT number plus 2 digits assigned by DSAMH.

Axis I

The most important Axis I diagnosis should be written first. The code is 3 digits or the letter V followed by 2 digits, decimal point, 2 digits. Use the DSM-IV-TR manual for correct codes.

999.97	unknown
999.98	not collected
V71.09	none

Axis II
The most important Axis II diagnosis should be written first.

999.97	unknown
999.98	not collected
V71.09	none

NOTE: Please indicate which is the Primary Diagnosis by placing a check in the [ ]'s after it. "When a person receives more than one diagnosis, the **principal** diagnosis is the condition that was chiefly responsible for occasioning the evaluation or admission to clinical care. In most cases this condition will be the main focus of attention or treatment. The principal diagnosis may be an Axis I or an Axis II diagnosis..." (Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition – Text Revision), American Psychiatric Association)

Axis III Physical Disorders or Conditions

999.96	none
999.97	unknown
999.98	not collected

Axis IV Psychosocial and Environmental Problems

[ ] Problems with primary support group *(Specify)*_____
[ ] Problems related to the social environment *(Specify)*_____
[ ] Educational problems*(Specify)*_____
[ ] Occupational problems*(Specify)*_____
[ ] Housing problems*(Specify)*_____
[ ] Economic problems*(Specify)*_____
[ ] Problems with access to health care services*(Specify)*_____
[ ] Problems related to interaction with the legal system/crime*(Specify)*_____
[ ] Other psychosocial and environmental problems (*Specify)*_____

Axis V Global Assessment of Functioning Scale

Score	
997	unknown
998	not collected

Time Frame: Current, Last Month, Last Quarter, Last Year, Other

Physician Formulating/Confirming Diagnosis - Print his/her name and ID.

Date of completion This is the date the diagnosis was done.

Signature This is the signature of the physician formulating/confirming the diagnosis.