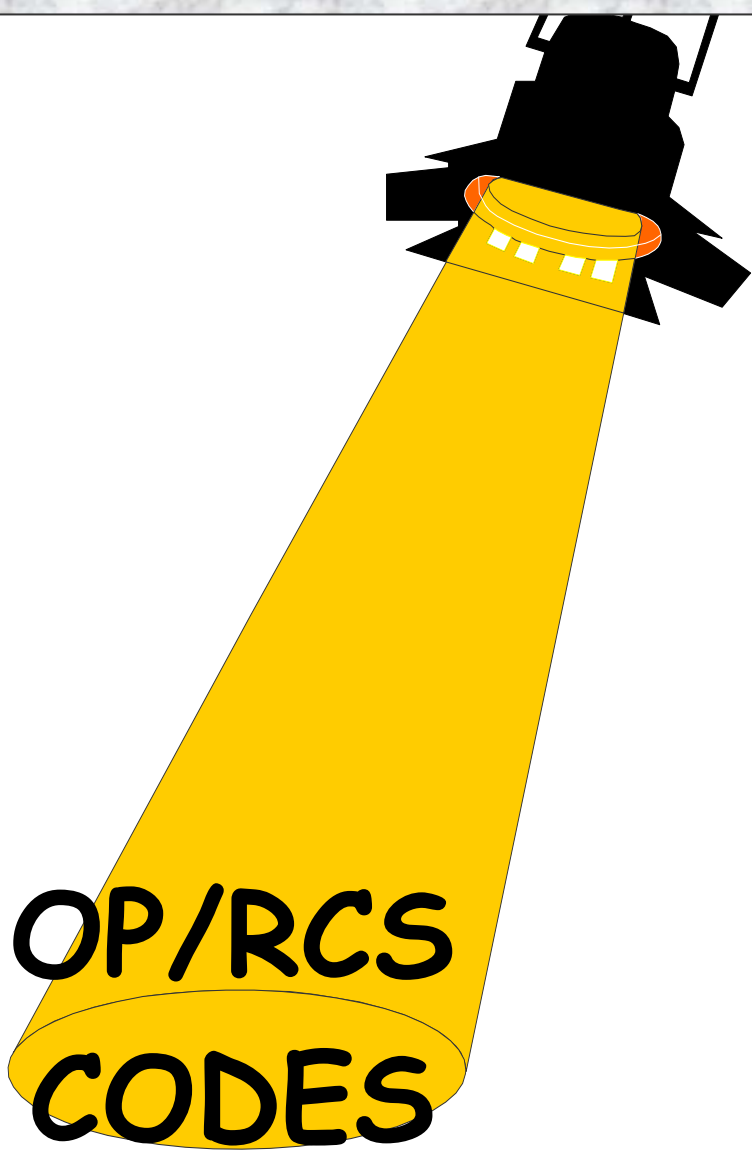


PART TWO



**OP/RCS
CODES**

FACILITY NAME

FACILITY NAME

Instructions:

Enter the name of your facility. This usually is automatically entered when you log in to the OP/RCS via the online system.

PATIENT'S NAME

PATIENT'S NAME (USE UPPER CASE)

LAST

Instructions:

Enter the entire last name and first name of the patient. Also enter the patient's middle initial (M.I.).

Definition:

Birth Name is the last name of the person as it would appear on his/her birth certificate.

Notes:

1. Check spelling of names for correctness. This is critical for database integrity.
2. Enter patient's full given (or legally changed) name, NOT nickname.
3. This is a required data field.

Example:

Example of Patient Name: Alice P. Johnson is a residential patient who has never been married. JOHNSON would be the "LAST" and "BIRTHNAME." ALICE, of course, would be the "FIRST" name, and "P", the Middle Initial (M.I.).

ALIAS NAME

ALIAS NAME (USE UPPER CASE LAST

Instructions:

If the patient has an alias name, please enter it here.

Definition:

Alias is defined as another name that the client has used in the past.

Notes:

Check spelling of names for correctness.

SEX

SEX*	
<input type="checkbox"/>	F-Female
<input type="checkbox"/>	M-Male

Instructions:

Enter the code "F" (female) or "M" (male) to identify the gender of the patient.

Code Definitions:

F = Female

M = Male

Note:

This is a required field.

DATE OF BIRTH

DATE OF BIRTH*		
month	day	year

Instructions:

Enter the date of birth.

The date must be logical. For example, it should be prior to the date of admission or the date of arrival.

Examples:

Date of Birth: Ida Mann knows her date of birth. It is December 4, 1939. Enter 12-04-39 in the appropriate boxes.

Note:

This is a required data field.

AGE

AGE (In years)

Instructions:

Enter the age (in years) of the patient. Please cross check the age with the date of birth to make sure it's correct.

DATE OF ADMISSION

(DATE OF ARRIVAL)

DATE OF ADMISSION*		
month	day	year

DATE OF ARRIVAL*		
month	day	year

Instructions:

Enter the date on which the patient was admitted to your psychiatric facility. The date should be logical. For example, it should be *after* the patient's date of birth. Complete the blocks for month, day, and year with two-digit numbers. Use leading zeros where necessary (Example: The date of admission/arrival is February 22, 2005. Enter Month = 02, Day = 22, Year = 05).

Definition:

Generally the Date of Admission or Date of Arrival refers to the date on which the first face-to-face service was delivered to the patient in accordance with AMH administrative rules. Most often this is the date of the initial assessment.

Note:

This is a required data field.

TIME OF ADMISSION (TIME OF ARRIVAL)

TIME OF ADMISS.*
:

TIME OF ARRIV.*
:

Instructions:

Enter the time when the patient was admitted to your psychiatric facility.
Please use military time, i.e., 2:00 pm is recorded as 14:00.

Note:

This is a required data field.

COMMITMENT TYPE

COMMIT. TYPE*			
			Codes on back

Instructions:

Enter the code that indicates the type of commitment that caused the patient to enter the psychiatric facility.

COMMIT. TYPE*			
C	C	C	Codes on back

Definition:

CC	Civil Commitment
CCC	Criminal Court Commitment
COS	Court Ordered Screening (Evaluation Ordered By Court)
CT	Court Order
CTD	Court Order Diversion
DIV	14 Day Diversion
EMG	Emergency Commitment (Used with the Native American Population)
HH	Hospital Hold
JCF	Juvenile Correction Facility
JCO	Juvenile Court Order
NHH	Non Hospital Hold
OYA	Oregon Youth Authority – Voluntary
RVC	Revocation Of Conditional Release
SCF	Services To Children And Families - Voluntary
SCR	Screened, Not Admitted
TC	Transport Custody
VCF	Voluntary – Correctional Facility
VCP	Voluntary - Conditional Probation/Parole
VG	Voluntary By Guardian
VOL	Voluntary
VP	Voluntary – Parental
VRP	Voluntary Return Of PSRB Client
WOD	Warrant Of Detention

Note:

This is a required data field.

COUNTY OF RESIDENCE

CO. OF RESIDENCE
(see back of form)

Instructions:

Enter the code from the list below that identifies the patient's legal residence prior to enrollment (NOT where they will be residing as a consequence of the enrollment). If the patient is from a state other than Oregon select OTHE (Other).

County Codes:

BAKE – Baker	HOOD – Hood River	OTHE – Other (out of state)
BENT – Benton	JACK – Jackson	POLK – Polk
CLAC – Clackamas	JEFF – Jefferson	SHER – Sherman
CLAT – Clatsop	JOSE – Josephine	TILL – Tillamook
COLU – Columbia	KLAM – Klamath	UMAT – Umatilla
COOS – Coos	LAKE – Lake	UNIO – Union
CROO - Crook	LANE – Lane	WALL – Wallowa
CURR – Curry	LINC – Lincoln	WASC – Wasco
DESC – Deschutes	LINN – Linn	WASH – Washington
DOUG – Douglas	MALH – Malheur	WHEE – Wheeler
GILL – Gilliam	MARI – Marion	YAMH - Yamhill
GRAN – Grant	MORR – Morrow	
HARN - Harney	MULT - Multnomah	

STATE OF RESIDENCE

STATE OF RESIDENCE	
	See back of form for codes

Instructions:

Enter the code from the following codes that identifies the patient's legal residence prior to enrollment (NOT where they will be residing as a consequence of the enrollment). Most of the time, this will be coded as OR. If the patient is not from the United States, use FC, Foreign Country.

State Codes :

AK	Alaska	KS	Kansas	OK	Oklahoma
AL	Alabama	KY	Kentucky	OR	Oregon
AR	Arkansas	LA	Louisiana	PA	Pennsylvania
AZ	Arizona	MA	Massachusetts	PR	Puerto Rico
CA	California	MD	Maryland	RI	Rhode Island
CO	Colorado	ME	Maine	SC	South Carolina
CT	Connecticut	MI	Michigan	SD	South Dakota
DC	District of Columbia	MN	Minnesota	TN	Tennessee
DE	Delaware	MO	Missouri	TX	Texas
FC	Foreign Country	MS	Mississippi	UK	Unknown
FL	Florida	MT	Montana	UT	Utah
GA	Georgia	NC	North Carolina	VA	Virginia
GU	Guam	ND	North Dakota	VI	Virgin Islands
HI	Hawaii	NE	Nebraska	VT	Vermont
IA	Iowa	NH	New Hampshire	WA	Washington
ID	Idaho	NJ	New Jersey	WI	Wisconsin
IL	Illinois	NM	New Mexico	WV	West Virginia
IN	Indiana	NV	Nevada	WY	Wyoming
		NY	New York		
		OH	Ohio		

SCREENED BY COUNTY

SCREENED BY CO.
(see back of form)

Instructions:

Enter the code from the following codes that identify where the patient was screened. If the patient was screened in another state, select OTHE (Other).

County Codes:

BAKE – Baker	HOOD – Hood River	OTHE – Other (out of state)
BENT – Benton	JACK – Jackson	POLK – Polk
CLAC – Clackamas	JEFF – Jefferson	SHER – Sherman
CLAT – Clatsop	JOSE – Josephine	TILL – Tillamook
COLU – Columbia	KLAM – Klamath	UMAT – Umatilla
COOS – Coos	LAKE – Lake	UNIO – Union
CROO - Crook	LANE – Lane	WALL – Wallowa
CURR – Curry	LINC – Lincoln	WASC – Wasco
DESC – Deschutes	LINN – Linn	WASH – Washington
DOUG – Douglas	MALH – Malheur	WHEE – Wheeler
GILL – Gilliam	MARI – Marion	YAMH - Yamhill
GRAN – Grant	MORR – Morrow	
HARN - Harney	MULT - Multnomah	

BIRTH PLACE (STATE)

BIRTH PLACE	

Instructions:

Enter the code from the following codes that identifies the state where the patient was born. If the patient is not from the United States, use FC, Foreign Country.

Birth Place State Codes :

AK	Alaska	KS	Kansas	OK	Oklahoma
AL	Alabama	KY	Kentucky	OR	Oregon
AR	Arkansas	LA	Louisiana	PA	Pennsylvania
AZ	Arizona	MA	Massachusetts	PR	Puerto Rico
CA	California	MD	Maryland	RI	Rhode Island
CO	Colorado	ME	Maine	SC	South Carolina
CT	Connecticut	MI	Michigan	SD	South Dakota
DC	District of Columbia	MN	Minnesota	TN	Tennessee
DE	Delaware	MO	Missouri	TX	Texas
FC	Foreign Country	MS	Mississippi	UK	Unknown
FL	Florida	MT	Montana	UT	Utah
GA	Georgia	NC	North Carolina	VA	Virginia
GU	Guam	ND	North Dakota	VI	Virgin Islands
HI	Hawaii	NE	Nebraska	VT	Vermont
IA	Iowa	NH	New Hampshire	WA	Washington
ID	Idaho	NJ	New Jersey	WI	Wisconsin
IL	Illinois	NM	New Mexico	WV	West Virginia
IN	Indiana	NV	Nevada	WY	Wyoming
		NY	New York		
		OH	Ohio		

COUNTY OF RESPONSIBILITY

CO. OF RESPONSIBILITY

(see back of form)

Instructions:

Enter the code from the following codes that identify the county of responsibility. County of responsibility is the county that made the referral into treatment.

County Codes:

BAKE – Baker

BENT – Benton

CLAC – Clackamas

CLAT – Clatsop

COLU – Columbia

COOS – Coos

CROO - Crook

CURR – Curry

DESC – Deschutes

DOUG – Douglas

GILL – Gilliam

GRAN – Grant

HARN - Harney

HOOD – Hood River

JACK – Jackson

JEFF – Jefferson

JOSE – Josephine

KLAM – Klamath

LAKE – Lake

LANE – Lane

LINC – Lincoln

LINN – Linn

MALH – Malheur

MARI – Marion

MORR – Morrow

MULT - Multnomah

OTHE – Other (out of state)

POLK – Polk

SHER – Sherman

TILL – Tillamook

UMAT – Umatilla

UNIO – Union

WALL – Wallowa

WASC – Wasco

WASH – Washington

WHEE – Wheeler

YAMH - Yamhill

CMHP OF RESPONSIBILITY

CMHP OF RESPONSIBILITY
(see back of form)

Instructions:

This field is **automatically generated** on the OP/RCS. However, we have included the codes for your information only.

CMHP Codes:

BAKE – Baker	HOOD – Hood River	OTHE – Other (out of state)
BENT – Benton	JACK – Jackson	POLK – Polk
CLAC – Clackamas	JEFF – Jefferson	SHER – Sherman
CLAT – Clatsop	JOSE – Josephine	TILL – Tillamook
COLU – Columbia	KLAM – Klamath	UMAT – Umatilla
COOS – Coos	LAKE – Lake	UNIO – Union
CROO - Crook	LANE – Lane	WALL – Wallowa
CURR – Curry	LINC – Lincoln	WASC – Wasco
DESC – Deschutes	LINN – Linn	WASH – Washington
DOUG – Douglas	MALH – Malheur	WHEE – Wheeler
GILL – Gilliam	MARI – Marion	YAMH - Yamhill
GRAN – Grant	MORR – Morrow	
HARN - Harney	MULT - Multnomah	

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

Instructions:

Enter the patients' Social Security Number. Please make sure that it is nine (9) digits in length and separated by a "-". Example: 555-55-5555.

Please verify the patient's Social Security Number by reviewing documentation. Once this has been done, please indicate that the Social Security Number has been "verified" by coding a "Y" in the VERIFIED box.

VERIFIED?	
Y	Y or N

If the patient's Social Security Number is unknown, enter all 0's for the length of the field. Sample: 000-00-0000.

Note:

Verified means that you have reliable documentation that confirms the Social Security Number.

RACE / ETHNICITY

RACE/ETHNICITY			
codes on back			

Instructions:

Enter the appropriate code number to indicate the primary racial/ethnic group with which the patient chooses to identify. This is a patient-reported box. If the patient looks to be of one race, but reports another, use the race the patient reports. If the patient is multi-racial, use the code that reflects the race the patient associates with most. If none of the race/ethnicity categories apply, choose OTH - Other Race/Ethnicity. If the patient refuses to answer, use REF – Refused.

Code Definitions:

AI	American Indian
AN	Alaskan Native
ASI	Asian
BNH	Black, Non Hispanic
HC	Hispanic, Cuban
HM	Hispanic, Mexican
HO	Hispanic, Other
HPR	Hispanic, Puerto Rican
NHP	Native Hawaiian / Other Pacific Islander
OTH	Other Race / Ethnicity
REF	Refused
SEA	Southeast Asian
UNK	Unknown
WNH	White, Non Hispanic

REFERRAL SOURCE

REFERRAL SOURCE	
Codes on back	

Instructions:

Enter the number from the following codes that identify the institution, agency, or person taking **deliberate action** to get the patient into your provider for service. If both an institution and a person have referred the patient, enter the appropriate code number for the institution only.

Definition:

Deliberate Action - the referring source brings in the patient, writes letters, makes phone calls to set up appointments, or takes any other similar action to assure that the patient is actually seen by your provider. A simple suggestion to a patient to go somewhere for help is not a “deliberate action” and therefore is not considered a referral for the purposes of OP/RCS.

Referral Code Definitions:

- | | |
|--|---|
| 00 Unknown / None | 26 Probation (Co./State/Federal)
Includes Juveniles |
| 04 Developmental Disabilities Serv. | 31 Private Professional |
| 05 School | 32 Self |
| 06 Other Community Agency | 33 Family/Friend |
| 07 Support Programs for Adults (TANF /
Food Stamps | 35 Senior Services Division |
| 08 Support Programs for Children
(Child Welfare) | 87 Community Based Mental Health
and/or Addiction Service Provider |
| 11 Vocational Rehabilitation Div. | 88 State Psychiatric Facility |
| 16 Eastern Oregon Training Center | 89 Acute or Sub-Acute Psychiatric Facility |
| 19 Primary Care Provider, Specialist,
or Other Physical Health Provider | 90 Mental Health Organization (MHO) |
| 20 State Correctional Institution | 91 Youth/Child Social Service Agency,
Center or Team |
| 21 Court | 92 Fully Capitated Health Plan (FCHP) |
| 22 Jail (city/county) | 93 Federal Correctional Institution |
| 23 Parole (County/State/Federal) | 94 Employer / Employee Assistance
Program (EAP) |
| 24 Police/Sheriff – Local, State | 99 Other |
| 25 Psychiatric Security Review Board
(PSRB) | |

READMISSION

READMIN?	
<input type="text"/>	Y or N

Instructions:

Has the patient been in your psychiatric facility before? Indicate by entering a Y or N in the box.

US CITIZEN

US CITIZEN?	
<input type="checkbox"/>	Y or N

Instructions:

Please indicate if the patient is a United States citizen. Documentation may be necessary.

METHOD OF ARRIVAL

METHOD OF ARRIVAL

Instructions:

How did the client arrive at your psychiatric facility? Your response must be 25 characters or less.

SCREENING DATE

SCREENING DATE		
month	day	year

Instructions:

Enter the date on which the patient was screened by a mental health professional. The date should be logical. For example, it should be *after* the patient's date of birth. Complete the blocks for month, day, and year with two-digit numbers. Use leading zeros where necessary (Example: The date of admission/arrival is February 14, 2005. Enter Month = 02, Day = 14, Year = 05).

SCREENING TIME

SCREENING TIME

Instructions:

Enter the time on which the patient was screened by a mental health professional. Please use military time, i.e., 4:00 p.m. would be entered as 16:00.

SCREENING PHYSICIAN

SCREENING PHYSICIAN

Instructions:

Enter the four (4) digit physician code for the physician who performed the mental health screening. These codes are maintained by the Medical Records staff at your facility.

Note:

This box is only used by State Psychiatric Facilities.

SCREENING SOCIAL WORKER

SCREENING SOCIAL WORKER

Instructions:

Enter the four (4) digit physician code for the social worker who performed the mental health screening. These codes are maintained by the Medical Records staff at your facility.

Note:

This box is only used by State Psychiatric Facilities.

RETURN FROM TRIAL VISIT?

RETURN FROM TRIAL VISIT?	
<input type="checkbox"/>	Y
<input type="checkbox"/>	N

Instructions:

Did the patient return from a trial visit? Enter a Y or N.

RETURN FROM ESCAPE?

RETURN FROM ESCAPE	
<input type="checkbox"/>	Y
<input type="checkbox"/>	N

Instructions:

Did the patient return from an escape? Enter a Y or N.

ADMISSION/PROVISIONAL DIAGNOSIS

ADMISSION DIAGNOSIS	
DSM IV AXIS I	_____
DSM IV AXIS II	_____
ICD-9-CM AXIS III	_____

Instructions:

Enter the Admission or Provisional Diagnosis using the DSM IV (Axis I and II) and ICD-9-CM (Axis III) codes.

Definition:

For more information, please see the Diagnostic Statistical Manual of Instructions and the International Classification of Diseases, 9th Revision.

REASON NOT ADMITTED

REASON NOT ADMITTED		
DMC - Does not meet admission criteria		
OPS - Outpatient Service		

Instructions:

Enter the reason the patient was not admitted to the psychiatric facility.

Codes:

DMC – Does not meet admission criteria

OPS – Client will go into Outpatient Service

Leave Blank – Patient was admitted

COMMUNITY REFERRAL AGENCY

COMMUNITY REFERRAL AGENCY	

Instructions:

Enter the number from the following codes that identify the community agency taking **deliberate action** to get the patient into your psychiatric facility for service.

Definition:

Deliberate Action - the referring source brings in the patient, writes letters, makes phone calls to set up appointments, or takes any other similar action to assure that the patient is actually seen by your provider. A simple suggestion to a patient to go somewhere for help is not a "deliberate action" and therefore is not considered a referral for the purposes of OP/RCS.

Referral Code Definitions:

00	Unknown / None	26	Probation (Co./State/Federal) Includes Juveniles
04	Developmental Disabilities Serv.	31	Private Professional
05	School	32	Self
06	Other Community Agency	33	Family/Friend
07	Support Programs for Adults (TANF / Food Stamps	35	Senior Services Division
08	Support Programs for Children (Child Welfare)	87	Community Based Mental Health and/or Addiction Service Provider
11	Vocational Rehabilitation Div.	88	State Psychiatric Facility
16	Eastern Oregon Training Center	89	Acute or Sub-Acute Psychiatric Facility
19	Primary Care Provider, Specialist, or Other Physical Health Provider	90	Mental Health Organization (MHO)
20	State Correctional Institution	91	Youth/Child Social Service Agency, Center or Team
21	Court	92	Fully Capitated Health Plan (FCHP)
22	Jail (city/county)	93	Federal Correctional Institution
23	Parole (County/State/Federal)	94	Employer / Employee Assistance Program (EAP)
24	Police/Sheriff – Local, State	99	Other
25	PSRB (Psychiatric Security Review Board)		

MARITAL STATUS

MARITAL STATUS		
DIV - Divorced		
LAM - Living as Married		
MAR - Married		
NM - Never Married		
REF - Refused		
SEP - Separated		
UNK - Unknown		
WID - Widowed		

Instructions:

Enter the 3-digit code from the following list that identifies the patient's current marital situation.

Code Definitions:

DIV - Divorced - Divorced and living presently as a single person.

LAM - Living as Married - Two persons living essentially as a married couple.

MAR - Married - married, two persons living together as a couple.

NM - Never Married - Never married and living presently as a single person.

REF - Refused - Patient refuses to give their current marital status.

SEP - Separated - Married but not living with spouse.

UNK - Unknown - The current marital status is unknown at this time.

WID - Widowed - Widowed and living presently as a single person.

OREGON DRIVERS LICENSE

OREGON DRIVERS LICENSE

Instructions:

Enter the patient's Oregon Drivers License number. If the patient does not have a drivers' license, leave this item blank.

EDUCATION

EDUCATION	
Highest grade completed.	

Instructions:

Enter the *highest grade in school* the patient has completed. For those who have a GED, and no further education, enter 12. If patient has some post-secondary education (including community college) enter total number of completed years of school. The maximum is 25 years. Remember that these are grades completed, and are not necessarily the number of years of attendance.

Codes range from 00 to 25. If more than 25 years have been completed enter 25. Complete both boxes, using a leading zero if necessary (i.e., 02).

LIVING ARRANGEMENT

LIVING ARRANGEMENT			
Codes on back of form.			

Instructions:

Enter the code from the following codes that identify the patient's living arrangement.

If patient lives with more than one category of other people, select the first appropriate code going down the list of codes below.

Definition:

Current Living Arrangement is the living situation the patient is in just prior to the time of enrollment.

Codes:

- ACF – Acute Care Facility (Intensive, psychiatric services provided on a short-term basis to a person experiencing significant symptoms of a mental disorder that interfere with the person's ability to perform activities of daily living.)
- CORR – Corrections Facility (County, State or Federal prison or jail.)
- EOPC – Eastern Oregon Psychiatric Center / Blue Mountain Recovery Center
- EOTC – Eastern Oregon Training Center
- FCNR – Non-Relative Foster Care (Person lives in a home licensed to serve five (5) or fewer patients who are not related to the provider. The provider receives service payments to provide personal care, 24-hour supervision, and room and board.)
- FCR – Relative Foster Care (Person lives in a home licensed to serve five (5) or fewer patients who are related to the provider.)
- GH – General Hospital
- HH – Halfway House (Services that provide discharged patients facilities for their gradual transition from hospital or residential services to community life.)

- HMLS – Transient/Homeless (Person is transient or lives in an emergency shelter or place not meant for human habitation such as on the street, in a public park or in an abandoned building.)
- INST – Institution (Person lives in a state hospital or training center, private hospital, city or county jail, state correctional facility, Juvenile training school, or special school such as the State School for the Blind or Deaf.)
- ITH – Intensive Training Home
- MOSH – Oregon State Hospital
- NF – Nursing/Intermediate Care Facility (Person lives in a certified facility, meeting federal standards, which provides medical care for long-term illnesses and convalescents. Persons living in such a facility require nursing services.)
- OBS – Oregon School for the Blind
- ODS – Oregon School for the Deaf
- ORFG – Other Residential Facility/Group Home (Person lives in a facility or other congregate setting licensed or certified by a government entity other than AMH. Setting provides 24-hour non-medical care and supervision to elderly, disabled or otherwise dependent persons needing a long term, supervised living arrangement.)
- OTHE – Other (Any living situation or place not listed above.)
- PASS – Overnight Pass
- PPH – Private Psychiatric Hospital (For profit psychiatric facility owned by a non-charitable organization.)
- PRA – Private Residence – Alone (Person lives alone in his/her own home, apartment or other private residential setting. A single parent with a minor child(ren) would be included here, as well.)
- PRF – Private Residence – w/Friend(s) or Other Unrelated Person(s) (Person lives with friends or others. The person does not receive support or training services from a Supported Housing or Independent Living program and friend/other does not receive service payments to care for the person.)
- PRP – Private Residence – w/Parent, Relative, Adult Child(ren) (Person lives in a home, apartment or other private residential setting provided by parents or relatives who also reside there. The family does not receive service payments to care for the person, except in the case of Relative Foster Care.)

- PRS – Private Residence – w/Spouse or Significant Other (Person lives with spouse or significant other in their own home, apartment or other private residential setting.)
- PTC – Private Training Center
- RAB – Room and Board (Person lives in a facility which provides room and board only in exchange for a fee paid directly by the resident.)
- REF – Refused
- RESP – Respite Care (Support for families that may need to keep their child with a disability or chronic illness at home.)
- RFH – Relative Foster Home (Out of home placement for children with a relative that provides a safe and nurturing environment until they are able to reunify with their parents or until permanent plans are implemented.)
- RTC – Residential Treatment Center (Person lives in a facility licensed by AMH to provide non-medical care and individualized treatment to persons with mental and emotional disorders in a setting with 24-hour supervision. Residential Treatment Facilities serve six (6) or more residents. Residential Treatment Homes serve five (5) or few residents.)
- SHEL – Shelter
- TFCY – Treatment Foster Care (Youth) (Person is a youth who lives in Foster Care.)
- UNK – Unknown

PRESENTING DANGER

MAKE AN ENTRY FOR EACH ITEM

<input type="checkbox"/>	SUICIDE	MAKE AN ENTRY FOR EACH
<input type="checkbox"/>	OTHER HARM TO SELF	
<input type="checkbox"/>	HARM TO OTHERS	1 = YES
<input type="checkbox"/>	HARM TO PROPERTY	2 = NO

Instructions:

FOR EACH of the categories of dangerous behaviors listed below, enter the code in each box that corresponds to the whether or not the patient exhibits symptoms indicating a high level of presenting danger.

Definitions for the Categories of Dangerous Behavior:

Suicide - Intentionally trying to take one's own life.

Other Harm to Self - Intentionally trying to inflict bodily injury on oneself, except for suicide.

Harm to Others - Intentionally trying to inflict bodily injury on another person.

Harm to Property - Intentionally trying to do some harm to some inanimate thing or animal.

COMMITMENT DATE

COMMIT. DATE*		
month	day	year

Instructions:

Enter the date that indicates when the patient was committed to the psychiatric facility. Complete the blocks for month, day, and year with two-digit numbers. Use leading zeros where necessary (Example: The date of commitment is August 4, 2005. Enter Month = 08, Day = 04, Year = 05).

Note:

This is a required data field.

COMMITMENT TIME

COMMIT. TIME*

Instructions:

Enter the time that indicates the when the patient was committed to the psychiatric facility. Please use military time, i.e., 5:00 pm would be recorded as: 17:00.

Note:

This is a required data field.

COMMITMENT COUNTY

COMMIT. CO.*
Codes on back.

Instructions:

Enter the code from the following codes that identify the county in which the commitment occurred. If the commitment occurred in another state, use OTHE – Other (out of state).

County Codes:

BAKE – Baker	HOOD – Hood River	OTHE – Other (out of state)
BENT – Benton	JACK – Jackson	POLK – Polk
CLAC – Clackamas	JEFF – Jefferson	SHER – Sherman
CLAT – Clatsop	JOSE – Josephine	TILL – Tillamook
COLU – Columbia	KLAM – Klamath	UMAT – Umatilla
COOS – Coos	LAKE – Lake	UNIO – Union
CROO - Crook	LANE – Lane	WALL – Wallowa
CURR – Curry	LINC – Lincoln	WASC – Wasco
DESC – Deschutes	LINN – Linn	WASH – Washington
DOUG – Douglas	MALH – Malheur	WHEE – Wheeler
GILL – Gilliam	MARI – Marion	YAMH - Yamhill
GRAN – Grant	MORR – Morrow	
HARN - Harney	MULT - Multnomah	

OREGON REVISED STATUTES NUMBER

ORS NUMBER

Instructions:

Enter the Oregon Revised Statutes Number that best describes why the patient is being admitted to the psychiatric facility. Make sure the ORS Number corresponds with the Commitment Type listed.

Codes:

CODE	DESCRIPTION	COMMITMENT TYPE
137.540	Condition of probation for non-sexual crime; Voluntary admission as a condition of probation (non sexual crimes)	COS, CT, VOL
161.125	Drug or controlled substance defense as a negative element	COS, CT
161.295	Evaluation for criminality of conduct	COS
161.300	Evidence of disease or defect admissible as to intent	COS, CT
161.315	Pretrial exam for insanity or extreme emotional disturbance	COS, CT
161.327	Judge commits PSRB client directly to MHD; Judge orders evaluation for 'fitness for conditional release' – PSRB	CCC, COS
161.336	Court order to determine fitness for conditional release; PSRB revokes conditional release	COS, RVC
161.346	PSRB commitment after review hearing	CCC
161.365	Pretrial exam to determine 'fitness to proceed'	COS, CT
161.370	Commitment for 'unfit to proceed'	CT, CTD
161.735	Pre-sentence investigation to determine 'dangerous offender'	COS, CT
163.135	Affirmative defense of extreme emotional disturbance	COS, CT
179.473	Inmate or youth offender (transferred up to 30 days) for stabilization/evaluation, may be administratively committed up to 180 days.	ACF, JCF
179.475	Inmate transferred (up to 15 days) for evaluation/treatment, may become voluntary; Maclaren/hillcrest transfer (15 days for evaluation/treatment) may be extended with students' informed consent – Repealed 7/2005	VCF, JCF
179.477	Involuntary admission of juvenile training school student; Involuntary commitment of inmate – Repealed 7/2005	JCF

CODE	DESCRIPTION	COMMITMENT TYPE
419.352	Juvenile court commitment for hospitalization and mental health treatment	JCO
419.507	Examination/treatment of youth by health care provider	JCO
420.505	Petition for voluntary admission of juvenile training school student	JCF
426.070	Detention pending civil commitment hearing (3 court days)	WOD
426.125	Establishes for conditional release	CC
426.127	Outpatient commit	CC
426.130	Original civil court commitment order	CC
426.175	Two-physician hold (5 calendar days)	HH
426.180	Emergency commitment upon 2 person affidavit (15 calendar days)	EMG
426.215	Mental health hold (same timelines and procedures as HH); Police office hold (5 judicial days)	HH
426.220	Voluntary	OYA, VOL, VG, VP, VCF, SCF, VRP
426.228	Police office custody	HH
426.231	Transport custody	TC
426.232	Hospital hold	HH
426.233	Non hospital hold	NHH
426.235	Authority to transport	CC
426.237	14 day diversion	DIV
426.273	Trial visit	CC
426.275	Civil recommit of trial visit	CC
426.300	Discharge from civil commitment to <u>voluntary</u> status	SCF, OYA, VCF, VG, VOL, VP
426.301	Non-protested extension of civil commitment	CC
426.307	Protested extension of civil commitment	CC
426.450	Voluntary admission for alcoholism or drug addiction	VCF, VOL
426.650	Voluntary admission of sexually dangerous person	VCF
426.675	Pre-sentence investigation to determine 'sexually dangerous offender'; Voluntary admission of sexually dangerous person as a condition of probation	COS, CT, VCP
427.020	Certification for continued care & training (365 days)	CC
427.290	Original developmental disability civil court commitment order (365 days)	CC

WARD

WARD

Instructions:

This box refers to the Acute Care facility's health plan wards. The Acute Care facilities also have a "generic" ward for their hospital. Enter the patient's health plan coverage in this box.

Codes:

ABH0	Accountable Behavioral Health Alliance
CBH0	Clackamas Behavioral Health
FC00	Family Care, Inc.
GOB0	Greater Oregon Behavioral Health, Inc.
JBH0	Jefferson Behavioral Health Care
LHS0	Lane Health Systems (Lane Care)
MBH0	Multnomah Behavioral Health (Verity)
MV00	Mid Valley Behavioral Care Network
ODS0	ODS Community Health
PHS0	Providence Health Systems
RHM0	Regency HMO
WCHO	Washington County Dept. of Health

Note:

These are acute care facility health plan codes. The acute care facilities also have "Non-OHP" codes. These vary depending on the facility. Please contact us if you have questions. Additional codes may be added in the future.

Status Change Section of the Form

The next section of the form pertains to a patient's "Status Change." Some information on the patient needs to be updated on a regular basis (usually every 180 days).



STATUS CHANGE: COMMITMENT TYPE

COMMIT. TYPE*		

Codes on back

Instructions:

Enter the code that indicates the type of commitment if the patient is re-committed to the psychiatric facility.

Definition:

ACF	Adult Correction Facility
CC	Civil Commitment
CCC	Criminal Court Commitment
COS	Court Ordered Screening (Evaluation Ordered By Court)
CT	Court Order
DIV	14 Day Diversion
EMG	Emergency Commitment
HH	Hospital Hold (includes Two Physician Holds)
JCF	Juvenile Correction Facility
JCO	Juvenile Court Order
NHH	Non Hospital Hold (includes Police Officer Custody Holds)
OYA	Oregon Youth Authority – Voluntary
RVC	Revocation Of Conditional Release
SCF	Services To Children And Families - Voluntary
SCR	Screened, Not Admitted
TC	Transport Custody
VCF	Voluntary – Correctional Facility
VCP	Voluntary - Conditional Probation/Parole
VG	Voluntary By Guardian
VOL	Voluntary
VP	Voluntary – Parental
VRP	Voluntary Return Of PSRB Client
WOD	Warrant Of Detention

Note:

This is a required data field.

COMMITMENT DATE

COMMIT. DATE*		
month	day	year

Instructions:

Enter the date that indicates the when the patient was re-committed to the psychiatric facility. Complete the blocks for month, day, and year with two-digit numbers. Use leading zeros where necessary (Example: The date of admission/arrival is August 4, 2005. Enter Month = 08, Day = 04, Year = 05).

Note:

This is a required data field.

COMMITMENT TIME

COMMIT. TIME*

Instructions:

Enter the time that indicates the when the patient was re-committed to the psychiatric facility. Please use military time, i.e., 5:00 pm would be recorded as: 17:00.

Note:

This is a required data field.

COMMITMENT COUNTY

COMMIT. CO.*
Codes on back.

Instructions:

Enter the code from the following codes that identify the county in which the re-commitment occurred. If the commitment occurred in another state, use OTHE – Other (out of state).

County Codes:

BAKE – Baker

BENT – Benton

CLAC – Clackamas

CLAT – Clatsop

COLU – Columbia

COOS – Coos

CROO - Crook

CURR – Curry

DESC – Deschutes

DOUG – Douglas

GILL – Gilliam

GRAN – Grant

HARN - Harney

HOOD – Hood River

JACK – Jackson

JEFF – Jefferson

JOSE – Josephine

KLAM – Klamath

LAKE – Lake

LANE – Lane

LINC – Lincoln

LINN – Linn

MALH – Malheur

MARI – Marion

MORR – Morrow

MULT - Multnomah

OTHE – Other (out of state)

POLK – Polk

SHER – Sherman

TILL – Tillamook

UMAT – Umatilla

UNIO – Union

WALL – Wallowa

WASC – Wasco

WASH – Washington

WHEE – Wheeler

YAMH - Yamhill

OREGON REVISED STATUTES NUMBER

ORS NUMBER

Instructions:

Enter the Oregon Revised Statutes Number that best describes why the patient is being treated in your reporting psychiatric facility. Make sure the Statute corresponds with the commitment type listed.

Codes:

CODE	DESCRIPTION	COMMITMENT TYPE
137.540	Condition of probation for non-sexual crime; Voluntary admission as a condition of probation (non sexual crimes)	COS, CT, VOL
161.125	Drug or controlled substance defense as a negative element	COS, CT
161.295	Evaluation for criminality of conduct	COS
161.300	Evidence of disease or defect admissible as to intent	COS, CT
161.315	Pretrial exam for insanity or extreme emotional disturbance	COS, CT
161.327	Judge commits PSRB client directly to MHD; Judge orders evaluation for 'fitness for conditional release' – PSRB	CCC, COS
161.328	Commitment for 'guilty except for insanity'	CT
161.336	Court order to determine fitness for conditional release; PSRB revokes conditional release	COS, RVC
161.346	PSRB commitment after review hearing	CCC
161.365	Pretrial exam to determine 'fitness to proceed'	COS, CT
161.370	Commitment for 'unfit to proceed'	CT
161.735	Pre-sentence investigation to determine 'dangerous offender'	COS, CT
163.135	Affirmative defense of extreme emotional disturbance	COS, CT
179.473	Inmate or youth offender (transferred up to 30 days) for stabilization/evaluation, may be administratively committed up to 180 days	ACF, JCF
179.475	Inmate transferred (up to 15 days) for evaluation/treatment, may become voluntary; Maclaren/Hillcrest transfer (15 days for evaluation/treatment) may be extended with students' informed consent - Repealed 7/2005	VCF, JCF
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426.215	Mental health hold (same timelines and procedures as HH); Police office hold (5 judicial days)	HH
426.220	Voluntary	OYA, VOL, VG, VP, VCF, SCF, VRP
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426.235	Authority to transport	CC
426.237	14 day diversion	DIV
426.273	Trial visit	CC
426.275	Civil recommit of trial visit	CC
426.300	Discharge from civil commitment to <u>voluntary</u> status	SCF, OYA, VCF, VG, VOL, VP
426.301	Non-protested extension of civil commitment	CC
426.307	Protested extension of civil commitment	CC
426.450	Voluntary admission for alcoholism or drug addiction	VCF, VOL
426.650	Voluntary admission of sexually dangerous person	VCF
426.675	Pre-sentence investigation to determine 'sexually dangerous offender'; Voluntary admission of sexually dangerous person as a condition of probation	COS, CT, VCP
427.020	Certification for continued care & training (365 days)	CC
427.290	Original developmental disability civil court commitment order (365 days)	CC

WARD

WARD

Instructions:

Enter the patient's current health plan coverage in this box.

Codes:

- ABH0 Accountable Behavioral Health Alliance
- CBH0 Clackamas Behavioral Health
- FC00 Family Care, Inc.
- GOB0 Greater Oregon Behavioral Health, Inc
(GOBHI)
- JBH0 Jefferson Behavioral Health Care
- LHS0 Lane Health Systems
- MBH0 Multnomah Behavioral Health
- MV00 Mid Valley Behavioral Care Network
- ODS0 ODS Community Health
- PHS0 Providence Health Systems
- RHM0 Regency HMO
- WCH0 Washington County Dept Of Health

Note:

Additional codes may be added in the future.

DISCHARGE SECTION OF THE FORM

The next section of the form is a reassessment of the client before discharge. Do not copy the information from the enrollment or status change portions of the form.



DISCHARGE DIAGNOSIS DATE

DISCHARGE DX DATE		
MONTH	DAY	YEAR

Instructions:

Record the date that the patient's discharge diagnosis was recorded. Enter two digits each for Month, Day, and Year, using leading zeroes as necessary.

DISCHARGE DIAGNOSIS

DISCHARGE DIAGNOSIS
DSM IV AXIS I _____
DSM IV AXIS II _____

Instructions:

Enter the discharge diagnosis using the DSM IV, AXIS I and II codes.

Definition:

Please refer to the Diagnostic Statistical Manual of Instructions.

DISCHARGE DATE

DISCHARGE DATE*		
MONTH	DAY	YEAR

Instructions:

Record the date the patient was discharged from the psychiatric facility. Enter two digits each for Month, Day, and Year, using leading zeroes as necessary.

Note:

This is a required data field.

DISCHARGE TIME

DISCH. TIME*

Instructions:

Record the time the patient was discharged from the psychiatric facility. Use military time format, i.e., 6:00 pm would be recorded as 18:00.

Note:

This is a required data field.

DISCHARGE REASON

DISCH. REAS.*
Codes on Back.

Instructions:

Enter one of the following codes to indicate the reason for discharge from the reporting facility. All data pertains to the patient at the time of his/her last face-to-face treatment contact.

Codes:

AMA	Against medical advice
DSCH	Discharged
ESC	Escape
ELP	Elope
EXP	Expired
JUEX	Legal jurisdiction expired
MB	Maximum benefit
NH	No hearing
PSRB	Conditional release to PSRB
REP	Repatriated
REV	Revocation of trial visit
RTV	Trial visit
TACF	Transfer to acute care facility
TACP	Transfer to adult corrections program
TCH	Transfer to court for hearing
TESH	Transfer to Eastern Oregon hospital
TI	Treatment intervention
TJCP	Transfer to juvenile corrections program
TOH	Transfer to other hospital
TOSH	Transfer to Oregon state hospital
TPNA	Treatment program no longer available
TSRF	Transfer to secure residential facility
UL	Unauthorized Leave

Note:

This is a required data field.

DISCHARGE COUNTY

DISCHARGE CO.*
(see back of form)

Instructions:

Enter the code from the following codes that identify the county to which the patient was discharged. If the patient was discharged to another state, use OTHE – Other (out of state).

County Codes:

BAKE – Baker	HOOD – Hood River	OTHE – Other (out of state)
BENT – Benton	JACK – Jackson	POLK – Polk
CLAC – Clackamas	JEFF – Jefferson	SHER – Sherman
CLAT – Clatsop	JOSE – Josephine	TILL – Tillamook
COLU – Columbia	KLAM – Klamath	UMAT – Umatilla
COOS – Coos	LAKE – Lake	UNIO – Union
CROO - Crook	LANE – Lane	WALL – Wallowa
CURR – Curry	LINC – Lincoln	WASC – Wasco
DESC – Deschutes	LINN – Linn	WASH – Washington
DOUG – Douglas	MALH – Malheur	WHEE – Wheeler
GILL – Gilliam	MARI – Marion	YAMH - Yamhill
GRAN – Grant	MORR – Morrow	
HARN - Harney	MULT - Multnomah	

Note:

This is a required field.

COMPETENT TO DRIVE

COMPETENT TO DRIVE	
<input type="checkbox"/>	1 - Yes
<input type="checkbox"/>	2 - No

Instructions:

Is the patient competent to drive a motor vehicle. Indicate with a 1 – Yes, or 2 – No.

REFERRED TO

REFERRED TO*	
	See back of form.

Instructions:

Enter the appropriate code number(s) from the Referral Code list below to indicate the institution, agency, and/or person the patient is referred to at the time of discharge. Referral requires "deliberate action".

Definitions:

"Referral" identifies to whom a referral was made for some treatment, service, or follow-up of some kind. A person is only considered referred if some deliberate action was taken to get the person into another service or agency. Deliberate Action refers to taking the patient there, or writing a letter, or making a phone call, or filing a notice.

Referral Code Definitions:

00	Unknown / None	26	Probation (Co./State/Federal) Includes Juveniles
04	Developmental Disabilities Serv.	31	Private Professional
05	School	32	Self
06	Other Community Agency	33	Family/Friend
07	Support Programs for Adults (TANF / Food Stamps	35	Senior Services Division
08	Support Programs for Children (Child Welfare)	87	Community Based Mental Health and/or Addiction Service Provider
11	Vocational Rehabilitation Div.	88	State Psychiatric Facility
16	Eastern Oregon Training Center	89	Acute or Sub-Acute Psychiatric Fac.
19	Primary Care Provider, Specialist, or Other Physical Health Provider	90	Mental Health Organization (MHO)
20	State Correctional Institution	91	Youth/Child Social Service Agency, Center or Team
21	Court	92	Fully Capitated Health Plan (FCHP)
22	Jail (city/county)	93	Federal Correctional Institution
23	Parole (County/State/Federal)	94	Employer / Employee Assistance Program (EAP)
24	Police/Sheriff – Local, State	99	Other
25	PSRB (Psychiatric Security Review Board)		

Note: This is a required field.

LIVING ARRANGEMENT AT DISCHARGE

LIVING ARR.*
(codes on back)

Instructions:

Enter the code from the following list that identifies the patient's living arrangement at discharge, i.e., where is the client going?

Definition:

Living Arrangement is the living situation the patient is headed to at the time of discharge.

Codes:

- ACF – Acute Care Facility (Intensive, psychiatric services provided on a short-term basis to a person experiencing significant symptoms of a mental disorder that interfere with the person's ability to perform activities of daily living.)
- CORR – Corrections Facility (County, State or Federal prison or jail.)
- EOPC – Eastern Oregon Psychiatric Center / Blue Mountain Recovery Center
- EOTC – Eastern Oregon Training Center
- FCNR – Non-Relative Foster Care (Person lives in a home licensed to serve five (5) or fewer patients who are not related to the provider. The provider receives service payments to provide personal care, 24-hour supervision, and room and board.)
- FCR – Relative Foster Care (Person lives in a home licensed to serve five (5) or fewer patients who are related to the provider.)
- GH – General Hospital
- HH – Halfway House (Services that provide discharged patients facilities for their gradual transition from hospital or residential services to community life.)
- HMLS – Transient/Homeless (Person is transient or lives in an emergency shelter or place not meant for human habitation such as on the street, in a public park or in an abandoned building.)

- INST – Institution (Person lives in a state hospital or training center, private hospital, city or county jail, state correctional facility, Juvenile training school, or special school such as the State School for the Blind or Deaf.)
- ITH – Intensive Training Home
- MOSH – Oregon State Hospital
- NF – Nursing/Intermediate Care Facility (Person lives in a certified facility, meeting federal standards, which provides medical care for long-term illnesses and convalescents. Persons living in such a facility require nursing services.)
- OBS – Oregon School for the Blind
- ODS – Oregon School for the Deaf
- ORFG – Other Residential Facility/Group Home (Person lives in a facility or other congregate setting licensed or certified by a government entity other than AMH. Setting provides 24-hour non-medical care and supervision to elderly, disabled or otherwise dependent persons needing a long term, supervised living arrangement.)
- OTHE – Other (Any living situation or place not listed above.)
- PASS – Overnight Pass
- PPH – Private Psychiatric Hospital (For profit psychiatric facility owned by a non-charitable organization.)
- PRA – Private Residence – Alone (Person lives alone in his/her own home, apartment or other private residential setting. A single parent with a minor child(ren) would be included here, as well.)
- PRF – Private Residence – w/Friend(s) or Other Unrelated Person(s) (Person lives with friends or others. The person does not receive support or training services from a Supported Housing or Independent Living program and friend/other does not receive service payments to care for the person.)
- PRP – Private Residence – w/Parent, Relative, Adult Child(ren) (Person lives in a home, apartment or other private residential setting provided by parents or relatives who also reside there. The family does not receive service payments to care for the person, except in the case of Relative Foster Care.)
- PRS – Private Residence – w/Spouse or Significant Other (Person lives with spouse or significant other in their own home, apartment or other private residential setting.)
- PTC – Private Training Center

- RAB – Room and Board (Person lives in a facility which provides room and board only in exchange for a fee paid directly by the resident.)
- REF – Refused
- RESP – Respite Care (Support for families that may need to keep their child with a disability or chronic illness at home.)
- RFH – Relative Foster Home (Out of home placement for children with a relative that provides a safe and nurturing environment until they are able to reunify with their parents or until permanent plans are implemented.)
- RTC – Residential Treatment Center (Person lives in a facility licensed by AMH to provide non-medical care and individualized treatment to persons with mental and emotional disorders in a setting with 24-hour supervision. Residential Treatment Facilities serve six (6) or more residents. Residential Treatment Homes serve five (5) or few residents.)
- SHEL – Shelter
- TFCY – Treatment Foster Care (Youth) (Person is a youth who lives in Foster Care.)
- UNK – Unknown

Note:

This is a required data field for the Acute/Sub Acute Psychiatric Facilities.

RELIGION CODES

Religion
(codes on back)

Instructions:

Enter the appropriate religion code from the list below:

Note:

This is an optional field.

Religion Codes:

ADV	Adventist	JEW	Jewish
ALL	Alliance Church	LUT	Lutheran
AOG	Assembly Of God	MEN	Mennonite
ATH	Atheist	MET	Methodist
BAP	Baptist	MOM	Mormon (Latter-Day Saint)
BUD	Buddhist	NAR	Native American Religion
CAT	Catholic	NON	Non Denominational
CHR	Christian	OTH	Other
CMA	Christian Mission Alliance	PEN	Pentecostal
COC	Church Of Christ	PRE	Presbyterian
COG	Church Of God	PRO	Protestant
CON	Congregational	QUA	Quaker
CSC	Christian Science	SAT	Satanist
DCD	Christian Disciples Of Christ	UCC	United Church Of Christ
EPI	Episcopalian	UNI	Unitarian
GRE	Greek Orthodox	UNK	Unknown
HIN	Hindu		
ISL	Islam		
JEH	Jehovah Witness		

