Instructions for Patient Characteristics Survey 1999

ITEM 5a&b
5a. First initial, client's **first** name 5b. First initial, client's **last** name

ITEM 6 Date of Birth Format

M	M	D	D	Y	Y	Y	Y

ITEM 7 Gender
1 = Male, 2 = Female, 9 = Unknown

ITEM 8 Ethnicity *(circle one)*
1. White (Not Hispanic)
2. Black (Not Hispanic)
3. Hispanic
4. Asian or Pacific Islander
5. Native American
6. Other
9. Unknown

ITEM 9a Client's Residence (Type)
*Residential programs, code client's living situation **prior** to admission.*
*For persons currently in jails/lockups, code living situation **prior** to incarceration.*
*Non-residential programs, code client's **current** living situation.*
01. Own residence/rooming house, hotel, SRO.
02. Psychiatric inpatient care.
03. RTF for C&Y.
04. Mental health noninpatient residential program.
05. NYS Children and Family Services residential program for adults.
06. NYS Children and Family Services foster care for C&Y.
07. Other NYS Children and Family Services or Educ. Dept. residential program for C&Y.
08. 24-hour medical.
09. Homeless (whether in shelter or not).
10. Other.
99. Unknown.

ITEM 9b Client's Residence (Zip Code)
5 Digit Zip Code for Client's Residence Type
88888 = Homeless 99999 = Unknown

ITEM 9c Client's County of Residence
County Code for Client's Residence Type

01 Albany
02 Allegany
03 Bronx
04 Broome
05 Cattaraugus
06 Cayuga
07 Chautauqua
08 Chemung
09 Chenango
10 Clinton
11 Columbia
12 Cortland
13 Delaware
14 Dutchess
15 Erie
16 Essex
17 Franklin
18 Fulton
19 Genesee
20 Greene
21 Hamilton
22 Herkimer
23 Jefferson
24 Kings
25 Lewis
26 Livingston
27 Madison
28 Monroe
29 Montgomery
30 Nassau
31 New York
32 Niagara
33 Oneida
34 Onondaga
35 Ontario
36 Orange
37 Orleans
38 Oswego
39 Otsego
40 Putnam
41 Queens
42 Rensselaer
43 Richmond
44 Rockland
45 St. Lawrence
46 Saratoga
47 Schenectady
48 Schoharie
49 Schuyler
50 Seneca
51 Steuben
52 Suffolk
53 Sullivan
54 Tioga
55 Tompkins
56 Ulster
57 Warren
58 Washington
59 Wayne
60 Westchester
61 Wyoming
62 Yates

Miscellaneous
70 New York State, County Unknown
80 Other State
90 Other Country
99 Unascertained

ITEM 10 Primary Language
01. English
02. Spanish
03. Chinese
04. Creole
05. French
06. Greek
07. Italian
08. Japanese
09. Russian
10. Vietnamese
11. Korean
12. Urdu
13. Albanian
14. Sign Language
15. Other
99. Unknown

ITEM 11 Veteran Status *(circle all that apply)*
0. Not a Veteran
1. Yes– Active Duty Pre-Vietnam Era
2. Yes– Active Duty Vietnam Era
3. Yes– Active Duty Post-Vietnam Era
4. Yes– Era unknown
9. Unknown

ITEM 12 Current Disabilities *(circle all that apply)*
0. None
1. Mental Illness
2. Mental Retardation/ Developmental Disability
3. Alcoholism/Alcohol Abuse
4. Drug/Substance Abuse
5. Physical Disability
9. Unknown

ITEM 13 Severe and Persistent Mental Illness/ Serious Emotional Disturbance *(circle one)*
0. No 1. Yes 9. Unknown

ITEM 14 Prior Mental Health Services Received *(circle all that apply)*
*Prior to admission/entry to this unit, mental health services received from **any** mental health provider.*
00. No prior service.
01. State psychiatric center inpatient unit.
02. General or certified hospital psych. inpatient.
03. RTF for C&Y.
04. Mental health noninpatient residential program.
05. Mental health outpatient program.
06. Emergency mental health nonresidential program
07. CSP mental health nonresidential program.
08. Local mental health practitioner.
09. Prison/jail/court mental health services.
99. Unknown.

ITEM 15a Diagnostic System *(circle one)*
0. No Diagnosis Available
1. DSM III
2. DSM III-R
3. DSM IV
4. ICD-9-CM
5. Other
9. Unknown

ITEM 15b Principal Psychiatric Diagnosis
(enter 5 Digit Diagnostic Code)

ITEM 15c Additional Psychiatric Diagnosis
(enter 5 Digit Diagnostic Code)
The 2nd most important to the focus of treatment.

ITEM 16 SSI Enrollment *(circle one)*
0. No
1. Yes
2. Application pending
9. Unknown

ITEM 17 SSDI Enrollment *(circle one)*
0. No
1. Yes
2. Application pending
9. Unknown

ITEM 18 Other Income Program *(circle all that apply)*
0. None
1. VA Pension
2. Home Relief
3. Safety Net
4. Temp. Disability
5. Other
9. Unknown

ITEM 19 Medicaid Enrollment *(circle one)*
0. No 1. Yes 2. Pending 9. Unknown

ITEM 20 Managed Care Enrollment *(circle one)*
0. No 1. Yes 2. Pending 9. Unknown

ITEM 21 Admission Date, Current Episode
*If program **does** formal admission paperwork.* ***OR***

				1			
M	M	D	D	Y	Y	Y	Y

*If program does **not do** formal admission paperwork.*
77777777

ITEM 22 Source of Referral *(enter one code only)*
01. Self, family, or friend.
02. State psychiatric center inpatient unit.
03. General or certified hospital psych. inpt.
04. RTF for C&Y.
05. Mental health noninpatient residential program.
06. Mental health outpatient program.
07. Emergency nonresidential program.
08. CSP nonresidential program.
09. Local mental health practitioner.
10. General hospital emergency room.
11. Other medical care provider.
12. Facility for the mentally retarded/ developmentally disabled.
13. Alcoholism/alcohol abuse program.
14. Drug/substance abuse program.
15. Police.
16. Family court.
17. Criminal court.
18. Jail, lockup, penitentiary, NYS DOCS.
19. Probation agency
20. Parole agency
21. Shelter for homeless.
22. Other non-mental health community service provider.
23. Other.
99. Unknown.

ITEM 23 Inpatient Legal Status (Inpatient Only) *(circle one)*
0. Not Inpatient
1. Voluntary or Informal
2. Involuntary, Civil *(non-Part 57)*
3. Involuntary, Part 57 Transfer *(State PC only)*
4. Corrections Law/Criminal Procedure Law

ITEM 24 Criminal Justice Status
Clients referred for OMH Family Court evaluations are not criminal justice clients.
00. Client is not a criminal justice client

Incarcerated Clients
01. Police lockup prisoner
02. County/City Jail or Court Detention Prisoner
03. NYS Dept. of Correctional Services Prisoner

Community Based Clients
04. Probationer
05. Parolee
06. CPL 330.20 Order of Cond. & Order of Release
07. On bail, released on own recognizance (ROR) or conditional discharge, or other ATI status
08. Under arrest
99. Unknown whether or not client has a criminal justice status

ITEM 25 Date Last Served Before 10/25/99 (This Program)
00000000 = Never 99999999 = Unknown

ITEM 26 Date of Client Service *(circle all that apply)*
Circle the dates the client was seen during the survey week.

ITEM 27 Disposition *(circle all that apply)*
00. Not terminated

Terminated – Not Referred Elsewhere
01. No further treatment needed.
02. Client rejected treatment and/or referral.
03. Client unavailable or lost to contact.
04. Client died.
05. Other reasons.

Terminated – Referred To:
06. General or certified hospital psych. inpatient.
07. RTF for C&Y.
08. State psychiatric center psych. inpatient.
09. Mental health outpatient program.
10. Emergency residential mental health program
11. Mental health noninpatient residential program, other than Emergency.
12. Emergency nonresidential mental health program.
13. CSP nonresidential mental health program.
14. Local mental health practitioner.
15. Non-mental health community service provider.
16. Court.
17. Other.
99. Unknown.

ITEM 28 Source of Payment *(circle all that apply)*
00. No charge made or no payment expected.
01. Medicaid, managed care.
02. Medicaid, not managed care.
03. Medicaid, unknown whether or not managed care.
04. Medicare
05. Private insurance, managed care.
06. Private insurance, not managed care.
07. Private insurance, unknown whether or not managed care.
08. Self pay
09. Court
10. Other
99. Unknown