

Question Number	Question Name	Length	Begin Column	End Column	Possible Outcomes
1	Unit Code	3	1	3	OMH assigned code (from CONCERTS)
2	Site Code	4	4	7	OMH assigned code (from CONCERTS)(Note: Left justify, pad with trailing blanks.)
3a	First Name	30	8	37	Text (Note: Left justify, pad with trailing blanks.)
3b	Last Name	30	38	67	Text (Note: Left justify, pad with trailing blanks.)
4a	Month of Birth	2	68	69	Two digit number (Note: pad single digits with leading zeroes) 99. Unknown
4b	Day of Birth	2	70	71	Two digit number (Note: pad single digits with leading zeroes) 99. Unknown
4c	Year of Birth	4	72	75	Four digit number (Note: cannot be unknown)
5	Assigned Sex at Birth or Sex on Birth Certificate	1	76	76	1. Male 2. Female 9. Unknown
6	Client Self-Identifies as Transgender	1	77	77	0. No 1. Yes, Transgender female to male 2. Yes, Transgender male to female 3. Yes, transgender, non-conforming 4. Client didn't answer 9. Unknown
7	Sexual Orientation	1	78	78	1. Straight or heterosexual 2. Lesbian or gay 3. Bisexual 4. Other 5. Client didn't answer 9. Unknown
8a	Hispanic Ethnicity	1	79	79	0. No 1. Yes 9. Unknown
8b	--If Hispanic Yes	1	80	80	1. Cuban 2. Mexican 3. Puerto Rican 4. Dominican 5. Ecuadorian 6. Other 8. Not Applicable 9. Unknown
9a	Race=White?	1	81	81	0. No 1. Yes
9b	Race=Black?/African American	1	82	82	0. No 1. Yes
9h	--If Black/African American Yes	1	83	83	1. African-American 2. Afro-Caribbean 3. African Continent 4. Other Black 8. Not Applicable 9. Unknown
9c	Race=Asian?	1	84	84	0. No 1. Yes
9d	Race=American Indian/Alaska Native?	1	85	85	0. No 1. Yes
9e	Race=Native Hawaiian/Other Pacific Islander?	1	86	86	0. No 1. Yes
9f	Race=Other?	1	87	87	0. No 1. Yes
9g	Race=Unknown?	1	88	88	0. No 1. Yes
10	Living Situation (Inpatient, RTF and prison-based programs report residence before admission)	2	89	90	01. Private residence (home, apartment, rooming house, hotel, motel, supported housing, supported SRO, permanent housing programs, transient housing programs, and shelter plus care housing) 02. Inpatient setting or children's Residential Treatment Facility (RTF) 03. OMH Residential Care, LICENSED programs, community residence (child or adult), crisis residence, family based treatment, family care, teaching family home, apartment treatment, congregate treatment, apartment support, congregate support, community residence – SRO 04. Adult home (DOH licensed residential program for adults) 05. Agency-operated Boarding Home through DSS/ACS (Foster Home) 06. Institutional setting for youth: OCFS Juvenile Justice Facility 07. Institutional setting for youth: OCFS Residential Treatment Center 08. Youth community-based residence (OCFS, DSS) 09. Nursing or health-related facility (nursing home, skilled nursing facility) 10. Homeless (e.g., shelter, street, transitional living center) 11. Incarcerated 12. Other (e.g., non-OMH residential care such as group home or halfway house) 99. Unknown
11a	Household Composition= Client lives alone	1	91	91	0. No 1. Yes
11b	Household Composition=Client's child, stepchild, foster child or grandchild	1	92	92	0. No 1. Yes
11c	Household Composition=Client's parent (biological, adoptive, stepparent)	1	93	93	0. No 1. Yes
11d	Household Composition=Client's sibling(s)	1	94	94	0. No 1. Yes
11e	Household Composition=Client's spouse or domestic partner	1	95	95	0. No 1. Yes
11f	Household Composition=Other relatives of client not specified above	1	96	96	0. No 1. Yes
11g	Household Composition=Foster Parent	1	97	97	0. No 1. Yes
11h	Household Composition=Other people unrelated to client	1	98	98	0. No 1. Yes
11i	Household Composition=Unknown	1	99	99	0. No 1. Yes

11j	Household Composition=Not applicable, client is not in a private residence	1	100	100	0. No 1. Yes
12a	Parental Status=No children	1	101	101	0. No 1. Yes
12b	Parental Status=Client has children over 18 yrs old	1	102	102	0. No 1. Yes
12c	Parental Status=Has minor children, in client's custody	1	103	103	0. No 1. Yes
12d	Parental Status=Has minor children, NOT in client's custody	1	104	104	0. No 1. Yes
12e	Parental Status=Expectant Parent	1	105	105	0. No 1. Yes
12f	Parental Status=Unknown	1	106	106	0. No 1. Yes
13	Was Client Homeless in Shelter or on Street at any time within the past 6 months?	1	107	107	0. No 1. Yes 9. Unknown
14	County of Residence (Inpatient, RTF and prison-based programs report county before admission)	2	108	109	'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' = 'SAINT 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' '70' = 'NYS, County Unknown' '80' = 'Other State' '90' = 'Other Country' '99' = 'UNKNOWN'
15	Residence Zip Code (Inpatient and RTF programs report Zip Code before admission)	5	110	114	99999=Unknown 88888=Homeless 77777=Out of State
16	Preferred Language	2	115	116	01. English 02. Spanish/Spanish Creole 03. Russian 04. Mandarin 05. Cantonese 06. Fujianese 07. Other Chinese 08. French 09. French/Haitian Creole 10. Portuguese/Creole 11. Italian 12. Polish 13. Yiddish, Pennsylvania Dutch/Other West Germanic 14. Hebrew 15. Arabic 16. Hindi 17. Urdu 18. Other Indic (e.g., Sindhi) 19. Other Indo-European 20. African Language 21. Tagalog 22. Korean 23. Vietnamese 24. Other Asian 25. Sign Language 26. Other 99. Unknown
17a.	What best describes the client's religious preferences?	1	117	117	1. I belong to a formal religious group 2. I do not have a formal religion, nor am I a spiritual person 3. I consider myself spiritual, but not religious 9. Data not available
					01. Protestant (Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Reformed, Church of Christ, etc.) 02. Roman Catholic (Catholic) 03. Orthodox (Greek, Russian, or some other orthodox church) 04. Mormon (Church of Jesus Christ of Latter-day Saints/LDS) 05. Other Christian

17b.	Religious Affiliation	2	118	119	06. Judaism (Jewish) 07. Islam (Muslim) 08. Buddhism 09. Hinduism 10. Agnosticism 11. Atheism 12. Other 88. Not Applicable 99. Unknown
18	Does client have prior or current active U.S. military service?	1	120	120	0. No 1. Yes 9. Unknown
19	Employment Status	1	121	121	1. Competitive and integrated employment 2. Other employment 3. Non-paid work position (volunteer) 4. Unemployed and looking for work 5. Not In Labor Force: unemployed but not looking for work, retired, homemaker, student, incarcerated, or psychiatric inpatient 9. Unknown
20	If employed, what are the client's usual hours worked per week?	1	122	122	1. 1-14 hours 2. 15-34 hours 3. 35 hours or more 8. Not Applicable 9. Unknown
21	Has client attended school, home tutoring or received education instruction at any time in the past three months?	1	123	123	0. No 1. Yes 9. Unknown
22	Education Level	2	124	125	00. No formal education 01. Pre-Kindergarten 02. Kindergarten 03. First grade 04. Second grade 05. Third grade 06. Fourth grade 07. Fifth grade 08. Sixth grade 09. Seventh grade 10. Eighth grade 11. Ninth grade 12. 10th grade 13. 11th grade 14. 12th grade, no diploma 15. High school diploma or GED 16. Vocational and/or trade school 17. Some college, no degree 18. Associate's degree 19. Bachelor's degree 20. Graduate degree 21. Other 99. Unknown
23	Does the child have an IEP for special education services through the school district's Committee on Special Education?	1	126	126	0. No 1. Yes 8. Not Applicable 9. Unknown
24a	Disability or Disorder=Mental Illness or Emotional Disturbance	1	127	127	0. No 1. Yes 9. Unknown
24b	Disability or Disorder=Intellectual Disability	1	128	128	0. No 1. Yes 9. Unknown
24c	Disability or Disorder=Autism Spectrum	1	129	129	0. No 1. Yes 9. Unknown
24d	Disability or Disorder=Other Developmental Disability	1	130	130	0. No 1. Yes 9. Unknown
24e	Disability or Disorder=Alcohol Disorder	1	131	131	0. No 1. Yes 9. Unknown

24f	Disability or Disorder=Drug/Substance Related Disorder	1	132	132	0. No 1. Yes 9. Unknown
24g	Disability or Disorder=Opiod Related Disorder	1	133	133	0. No 1. Yes 9. Unknown
24h	Disability or Disorder=Mobility Impairment	1	134	134	0. No 1. Yes 9. Unknown
24i	Disability or Disorder=Hearing Impairment	1	135	135	0. No 1. Yes 9. Unknown
24j	Disability or Disorder=Visual Impairment	1	136	136	0. No 1. Yes 9. Unknown
24k	Disability or Disorder=Speech Impairment	1	137	137	0. No 1. Yes 9. Unknown
25a	Chronic Medical Condition ("CMC")=Hyperlipidemia (high blood fat/High Cholesterol)	1	138	138	0. No 1. Yes 9. Unknown
25b	CMC=High Blood Pressure	1	139	139	0. No 1. Yes 9. Unknown
25c	CMC=Diabetes	1	140	140	0. No 1. Yes 9. Unknown
25d	CMC=Obesity [based on BMI*, if not then subjective judgment]	1	141	141	0. No 1. Yes 9. Unknown
25e	CMC=Heart Attack	1	142	142	0. No 1. Yes 9. Unknown
25f	CMC=Stroke	1	143	143	0. No 1. Yes 9. Unknown
25g	CMC=Other Cardiac Condition	1	144	144	0. No 1. Yes 9. Unknown
25h	CMC=Pulmonary (Emphysema (COPD), Asthma)	1	145	145	0. No 1. Yes 9. Unknown
25i	CMC=Alzheimer's Disease or Dementia	1	146	146	0. No 1. Yes 9. Unknown
25j	CMC=Kidney Disease	1	147	147	0. No 1. Yes 9. Unknown
25k	CMC=Liver Disease (Cirrhosis, Hepatitis A/B/C)	1	148	148	0. No 1. Yes 9. Unknown
25l	CMC=Endocrine Condition (High or Low thyroid, Pituitary disease, Adrenal Disease)	1	149	149	0. No 1. Yes 9. Unknown
25m	CMC=Progressive neurological condition (M.S., Cerebral Palsy, ALS)	1	150	150	0. No 1. Yes 9. Unknown
25n	CMC=Traumatic Brain Injury	1	151	151	0. No 1. Yes 9. Unknown
25o	CMC=Joint and connective tissue disease (Lupus, Rheumatoid arthritis, Osteoporosis, Osteoarthritis)	1	152	152	0. No 1. Yes 9. Unknown
25p	CMC=Cancer	1	153	153	0. No 1. Yes 9. Unknown
25q	CMC=Other chronic medical condition(s) not listed above	1	154	154	0. No 1. Yes 9. Unknown
26	In the last 12 months, did client use cannabis (marijuana, weed, pot or hashish) for recreational purposes (not prescribed)?	1	155	155	0. No 1. Yes 9. Unknown
27	In the last 12 months, did client use cannabis (marijuana, weed, pot or hashish) for medical purposes?	1	156	156	0. No 1. Yes 9. Unknown
28a.	In the last 12 months, did client smoke cigarettes, vape or use tobacco products?	1	157	157	0. No 1. Yes 9. Unknown
28b.	Did client receive a medication or a prescription for medication for smoking cessation from this program in the past year?	1	158	158	0. No 1. Yes 9. Unknown
28c.	Did client receive counseling for smoking cessation from this program in the past year?	1	159	159	0. No 1. Yes 9. Unknown
29	In the last 12 months, did client receive any treatment, counseling or medication for Alcohol Use from this program?	1	160	160	0. No 1. Yes 9. Unknown
30	In the last 12 months, did client receive any treatment, counseling or medication for any Opiate Related use from this program?	1	161	161	0. No 1. Yes 9. Unknown
31	In the last 12 months, did client receive any treatment, counseling or medication for <u>any other</u> Drug/Substance Use from this program?	1	162	162	0. No 1. Yes 9. Unknown
32	Does client have a Serious Mental Illness/Serious Emotional Disturbance?	1	163	163	0. No 1. Yes 9. Unknown
33	Primary Psychiatric Diagnosis ID	6	164	169	Use 6-digit diagnosis reference code provided in separate crosswalk document to indicate appropriate Diagnosis Code/Label.
34	Additional Diagnosis ID	6	170	175	Use 6-digit diagnosis reference code provided in separate crosswalk document to indicate appropriate Diagnosis Code/Label.

35a	Cash Assistance Benefits: SSI (Supplemental Security Income)	1	176	176	0. No 1. Yes 9. Unknown
35b	Cash Assistance Benefits: SSDI (Social Security Disability Insurance)	1	177	177	0. No 1. Yes 9. Unknown
35c	Cash Assistance Benefits: Veteran's disability benefits	1	178	178	0. No 1. Yes 9. Unknown
35d	Cash Assistance Benefits: Veteran's Cash Assistance	1	179	179	0. No 1. Yes 9. Unknown
35e	Cash Assistance Benefits: Public Assistance Cash Program (TANF, Safety Net, etc.)	1	180	180	0. No 1. Yes 9. Unknown
35f	Cash Assistance Benefits: Other Cash Benefits (pension, SSA retirement, other)	1	181	181	0. No 1. Yes 9. Unknown
36a	Health Insurance Coverage=Medicaid	1	182	182	0. No 1. Yes 9. Unknown
36b	-- If YES to 32a, is it Medicaid Managed Care	1	183	183	0. No 1. Yes 8. Not Applicable 9. Unknown
36c	Health Insurance Coverage=Medicare	1	184	184	0. No 1. Yes 9. Unknown
36d	Health Insurance Coverage=Private Insurance	1	185	185	0. No 1. Yes 9. Unknown
36e	Health Insurance Coverage=Child Health Plus	1	186	186	0. No 1. Yes 9. Unknown
36f	Health Insurance Coverage=Other Health Insurance	1	187	187	0. No 1. Yes 9. Unknown
37	Admission Date, Current Episode	8	188	195	8 digit number in MMDDYYYY format (Note: pad single digits with leading zeroes) 77777777= Don't do formal admission paperwork 99999999= Unknown admission date
38	Criminal Justice or Juvenile Justice Status	2	196	197	00. None 01. Criminal Procedure Law (CPL) 330.20 02. Article 10-Sex Offender Management & Treatment (SOMTA) 03. NYS Dept. of Correctional Services Prisoner 04. County/City Jail, Court Detention or Police lockup Prisoner (including CPL 730 and CL 508 referrals) 05. Parolee (adults) 06. Probationer (adults) 07. PINS (Person in Need of Supervision) 08. Adjudicated Juvenile Delinquent or Offender 09. Alternative to Incarceration (ATI) status, Mental Health Court, Court Diversion, Drug Court Treatment 10. Other criminal justice status 99. Unknown whether or not client has a criminal justice or juvenile justice status
39	Date Last Served Before 10/21/2019 by this Program	8	198	205	8 digit number in MMDDYYYY format (Note: pad single digits with leading zeroes) 00000000= Never served before by program 99999999= Unknown date last served
40a	Date of Client Service=Oct 21	1	206	206	0. No 1. Yes
40b	Date of Client Service=Oct 22	1	207	207	0. No 1. Yes
40c	Date of Client Service=Oct 23	1	208	208	0. No 1. Yes
40d	Date of Client Service=Oct 24	1	209	209	0. No 1. Yes
40e	Date of Client Service=Oct 25	1	210	210	0. No 1. Yes
40f	Date of Client Service=Oct 26	1	211	211	0. No 1. Yes
40g	Date of Client Service=Oct 27	1	212	212	0. No 1. Yes