

\*\*\*DRAFT\*\*\*

September 3, 1998

# Client Elements

## Elements Considered But Not Included

### IV. CLIENT FILE [Elements Considered But Not Included]:

Item	FN-11	Source	Other	← ----- Committee Recommendation ----- →	
#	Data Element	Document	Name	Definition	Workgroup Comments
1	Coded area of residence prior to admission to organization	FN-10 p.41		Zip code and county code  No fixed address	
2	Chronicity of mental illness	FN-10 p.43		The client can be classified as chronically (severely and persistently) mentally ill or not based on a documented operational or functional definition maintained by the organization. If no such definition is maintained by the organization, the classification is not applicable.	
3	History of use of mental health services prior to most recent admission to the organization	FN-10 p.45, 48  CC p.22	History of use of MH services	Previous treatment by a mental health organization of any kind (yes/no)  If yes, previous treatment within the past year (yes/no)  If yes, previous treatment by this organization (yes/no)  If yes, program element(s) in which previous services were received:	

				<ul style="list-style-type: none"> <li>-Inpatient</li> <li>-Residential</li> <li>-Partial day</li> <li>-Outpatient</li> <li>-Case Management</li> <li>-Emergency</li> <li>-Screening/evaluation</li> <li>-Supportive services</li> <li>-Prevention</li> <li style="padding-left: 20px;">-C &amp; E</li> </ul> <p>If inpatient, number of admissions:</p> <ul style="list-style-type: none"> <li>-within the year</li> <li>-ever</li> </ul>	
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Item	FN-11	Source	Other	← ----- Committee Recommendation ----- → — →	
#	Data Element	Document	Name	Definition	Workgroup Comments
4	Referral upon discontinuation	FN-10 p.46 CC p.22		No referral (self, family, friend took responsibility)  Inpatient/residential care (indicate type)	Should be linked with encounter data elements to make sure the referral is seen.

- State of county psychiatric hospital
  - General hospital inpatient psychiatric program
  - Other inpatient psychiatric organization
  - Alcohol treatment residential organization
  - Drug abuse treatment residential organization
  - Nursing home/extended care organization
  - Community residential organization
  - Return to penal/correctional institution
  - Other (detail should be maintained)
- Other referrals (indicate specific type)
- Multi-service mental health agency (including community MH centers)
  - Outpatient psychiatric service or clinic
  - Private psychiatrist
  - Other physician
  - Other private mental health practitioner
  - Partial day organization
  - Returned to court for adjudication

				<ul style="list-style-type: none"> <li>-Alcohol treatment organization other than inpatient or residential</li> <li>-Drug abuse treatment organization other than inpatient of residential</li> <li>-School system or education agency</li> <li>-Social service agency</li> <li>-Other (detail should be maintained)</li> </ul>	
5	Duration of disability	FN-10 p.47		<p>For clients who are disabled by their psychiatric condition, an indication of the length of time for which the disability has existed:</p> <p>A year or longer</p> <p>Less than a year</p> <p>Not applicable</p>	

Item	FN-11	Source	Other	← ----- Committee Recommendation ----- → ----- →	
#	Data Element	Document	Name	Definition	Workgroup Comments
6	Annual gross income and number of dependents	FN-10 p.48		Total annual gross household income, as well as the number of household members dependent on that income	Unreliable; used

7	Income—principal source	FN-10 p.48		Employment/wages Public assistance Other	
8	Enrollment Status	EE #76 FN-10 p. 149	Client Status	Status of subscriber, active or terminated; Registered Non-registered	Can be derived from enrollment dates
9	Family/ caregiver participation in MH assessment and treatment	CC p.24	Family/ caregiver participation in assessment/ service planning; Family/ caregiver participation in mental health treatment of child	Indicates if there is family involvement in the assessment, planning, and delivery of service.	
10	Inclusion in treatment plan	CC p.27		Indicates whether or not the client was involved in planning his/her treatment	