Behavioral Health CareConnection®

Data Collection Form: Outpatient (Tier II)

Member Name: _____ **Member ID:** _____

DEMOGRAPHICS

Ethnicity
- ☐ Not of Hispanic Origin
- ☐ Puerto Rican
- ☐ Mexican
- ☐ Cuban
- ☐ Other Specific Hispanic
- ☐ Hispanic--Specific Origin Not Collected
- ☐ Not Available/Unknown/Not Collected

Race Select One or More:
- ☐ American Indian
- ☐ Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Other Race Not Listed Above

Developmentally Disabled without DSM or ICD diagnosis? ☐ NO ☐ YES

Current Level of Education:

Grade Level:
- ☐ 0 Zero Years
- ☐ 1 One Year
- ☐ 2 Two Years
- ☐ 3 Three Years
- ☐ 4 Four Years
- ☐ 5 Five Years
- ☐ 6 Six Years
- ☐ 7 Seven Years
- ☐ 8 Eight Years
- ☐ 9 Nine Years
- ☐ 10 Ten Years
- ☐ 11 Eleven Years
- ☐ 12 Twelve Years
- ☐ 13 Thirteen Years
- ☐ 14 Fourteen Years
- ☐ 15 Fifteen Years
- ☐ 16 Sixteen Years
- ☐ 17 Seventeen Years
- ☐ 18 Eighteen Years
- ☐ 19 Nineteen Years
- ☐ 20 Twenty Years
- ☐ 21 > Twenty Years

Type of School:
- ☐ Alternative School
- ☐ College (2 or 4 year program)
- ☐ GED Program
- ☐ Graduate School
- ☐ Headstart
- ☐ Homebound
- ☐ Not in School
- ☐ Post Graduate School
- ☐ Preschool Program
- ☐ Regular Education
- ☐ Special Education
- ☐ Trade, Vocational or Technical
- ☐ Kindergarten

Financial and Household Information

Gross Monthly Income $___ ___ ___ ___ .00 # of Household Dependents: _____

Employment Information

Employment Status
- ☐ Supportive Work
- ☐ Sheltered Work
- ☐ In Employment Training
- ☐ Not In Labor Force--Homemaker
- ☐ Not In Labor Force--Student
- ☐ Not In Labor Force--Retired
- ☐ Not In Labor Force--Physically Impaired
- ☐ Not Employed, Not Looking
- ☐ Not Employed, But Looking
- ☐ Volunteer
- ☐ Competitive Employment--full time
- ☐ Competitive Employment--part time
- ☐ Not In Labor Force--Inmate of Institution
- ☐ Not In Labor Force--Disabled
- ☐ Not In Labor Force--Other

Current Living Arrangement: Indicate the Co Member's Current Living Arrangement.

- ☐ Acute Care Psychiatric Facility
- ☐ Adoptive Home
- ☐ Adult Correctional Facility
- ☐ Adult Drug/Alcohol Rehabilitation Center
- ☐ Adult Family Care Home
- ☐ Dependent Living (includes Halfway Houses)
- ☐ Family Emergency Shelter
- ☐ Home of Biological Parents
- ☐ Home of Friend
- ☐ Home of Relative
- ☐ Homeless/Homeless Shelter
- ☐ ICF-ID/DD Group Home
- ☐ Independent Living Group Home
- ☐ Inpatient Psychiatric Facility
- ☐ Individual Support Setting (ISS)
- ☐ Large Group Board & Care Home (>8)
- ☐ Long-Term Psychiatric Facility
- ☐ Medical Hospital
- ☐ Nursing Home
- ☐ Other
- ☐ Own or Rent Non-Subsidized House/Apt
- ☐ Personal Care Home
- ☐ Private Boarding House
- ☐ Psychiatric Residential TX Facility (<22yrs)
- ☐ Regular Foster Home
- ☐ Residential Group Treatment
- ☐ Rest Home
- ☐ Rooming House - Hotel - YMCA
- ☐ Small Group Board & Care Home (<: (≤ 8)
- ☐ Specialized Family Care Home
- ☐ Subsidized Rental House/Apartment
- ☐ Supported Housing - Staff Supported
- ☐ Treatment Foster Home
- ☐ Wilderness Camp
- ☐ Youth Correctional Facility
- ☐ Youth Drug/Alcohol Rehabilitation Center
- ☐ Youth Emergency Shelter

Months in Current Living Arrangement _____

Risk of Losing Current Living Arrangement:
- ☐ At Risk
- ☐ Currently Out of Home Placement
- ☐ Not at Risk

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Member Name: _____ **Member ID:** _____

Legal Information

Member Protective Services
- ☐ Currently
- ☐ In the Past
- ☐ Never

Does the Member have a legal guardian?
- ☐ Yes
- ☐ No

Current Legal Status	Lifetime Legal Status
☐ Adjudicated Delinquent - Youth Only	☐ Adjudicated Delinquent - Youth Only
☐ Adjudicated Status Offender - Youth Only	☐ Adjudicated Status Offender - Youth Only
☐ Dependent (Abuse, Neglect, Abandonment) - Youth	☐ Dependent (Abuse, Neglect, Abandonment) - Youth
☐ Involuntary Commitment (Civil)	☐ Involuntary Commitment (Civil)
☐ Involuntary Commitment (Criminal Justice)	☐ Involuntary Commitment (Criminal Justice)
☐ Mental Health/Drug Court	☐ Mental Health/Drug Court
☐ No Legal Problems - Youth or Adult	☐ No Legal Problems - Youth or Adult
☐ Non-Adjudicated(Delinquent or Status Offender)--Youth	☐ Non-Adjudicated(Delinquent or Status Offender)--Youth
☐ One or More Arrests - Adult Only	☐ One or More Arrests - Adult Only

Treatment and Service History

Indicate services the consumer has previously received:

	Yes	No
Psychiatric Inpatient Hospitalization		
Psychiatric Partial Hospitalization		
Crisis Stabilization or Crisis Support Services		
Substance Abuse Outpatient Services		
Substance Abuse Inpatient/Residential Services		
Psychiatric Residential Treatment Facility (PRTF)		
Intensive Outpatient Services		
Behavioral Health Residential Services		

Guardianship Information

Guardianship Description: Choose which best describes the Guardian:
- ☐ Both Parents
- ☐ Court Appointed Guardian
- ☐ Father Only
- ☐ Mother Only
- ☐ Other
- ☐ Relative
- ☐ State Ward - Youth Only
- ☐ Temporary State Custody-Youth Only

Guardian's First Name _____ Last Name _____

Address _____

City _____ State __ __ Zip Code __ __ __ __ __

Phone (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Presenting Problems

Please place a number beside each Problem that represents the presenting problem(s) from the list below

Primary Problem _____ Secondary (2) Problem _____ Tertiary (3) Problem _____

1 - Abandonment
2 - Abuse: Physical, Psychological &/or Sexual
3 - Acting Out: Aggression
4 - Acting Out: Sexual
5 - Behavioral Problems
6 - Catastrophic Loss (I.e., theft, flood, fire)
7 - Change in Family Circumstance
8 - Concern About Sexual Orientation
9 - Co-Occurring MH & SA Problem
10 - Criminal Charges: Drug Related
11 - Criminal Charges: Other, Not Drug Related
12 - Death / Bereavement
13 - Developmental Disability (DD)
14 - Divorce / Marital Problems
15 - Fire Setting
16 - Housing
17 - Job / Job Loss / Work Related Problems
18 - Legal Reason / Legal Problem
19 - Mental Illness
20 - Moved to New Residence
21 - ID/DD
22 - Neglect
23 - No Additional Presenting Problem
24 - Other Mental Health Problems
25 - Other Substance Abuse Problem
26 - Parent/Child Conflict
27 - Physical Disability / Handicap
28 - Physical Health Problems
29 - Physical Health Problems related to SA
30 - Pregnancy
31 - Relationship Problems
32 - School / Education Problems
33 - Serious Illness Diagnosed
34 - Sibling Conflict
35 - Social Problems
36 - Substance Abuse: Alcohol
37 - Substance Abuse: Drugs
38 - Substance Abuse: Pregnancy
39 - Suicidal/Suicide Attempt

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Member Name: _____ **Member ID:** _____

Additional Clinical Information: Evaluation and Assessment

Diagnosis/Medical Conditions __ __ __ . __ __

Other Factors/Diagnosis

___ NONE No other factors
___ V15.41 Personal history of abuse in childhood or Spousal/partner violence
___ V15.49 other personal history of psychological trauma
___ V15.59 personal history of self harm
___ V15.89 other personal risk factors
___ V15.81 Noncompliance with medical treatment
___ V40.31 Wandering associated with a mental disorder
___ V60.0 homelessness
___ V60.1 inadequate housing
___ V60.2 Lack of adequate food or safe drinking water, extreme poverty, low income insufficient social insurance or welfare support
___ V60.3 problem related to living alone
___ V60.89 Discord with Neighbor, Lodger, or Landlord
___ V60.6 Problem related to living in a residential institution
___ V60.9 Unspecified Housing or economic problems
___ V61.03 Disruption of Family by separation or divorce
___ V61.10 Relationship Distress with Spouse or Intimate Partner
___ V61.11 Counseling for victim of spousal and partner abuse (physical, sexual, neglect, psychological)
___ V61.12 Counseling for perpetrator of spousal and partner abuse (physical, sexual, neglect, psychological)
___ V61.20 Parent-child Relational problem
___ Encounter for MH services for victim of child physical, sexual, psychological abuse or neglect by parent or non-parent
___ V61.22 Counseling for perpetrator of parent child abuse (physical, sexual, neglect, psychological)
___ V61.29 Child Affected by Parental Relationship Distress
___ V61.5 Multiparity
___ V61.7 problems related to unwanted pregnancy
___ V61.8 Sibling Relational problem / Upbringing Away from Parents / High Expressed Emotion Level within family
___ V62.21 problem related to Current Military Deployment Status
___ V62.22 Exposure to disaster, war, or other hostilities OR personal history of military deployment
___ V62.29 Other problem related to employment
___ V62.3 Academic or Educational problem
___ V62.4 Acculturation difficulty, social exclusion or rejection, target of (perceived) adverse discrimination or persecution
___ V62.5 Problems related to conviction with or without imprisonment, legal circumstances or release from prison.
___ V62.82 Bereavement, uncomplicated
___ V62.83 Counseling for perpetrator of nonparental (child) or nonspousal (adult) physical/sexual abuse/neglect/psychological abuse
___ V62.89 Borderline Intellectual Functioning or Other Problems Related Psychosocial circumstances
___ V62.9 Unspecified problem related to social environment or psychosocial circumstances
___ V63.8 unavailability or inaccessibility of other helping agencies
___ V63.9 unavailability or inaccessibility of other health care facilities
___ V65.2 Malingering
___ V65.40 other counseling or consultation
___ V65.49 Other circumstances to Adult Abuse by Nonspouse or Nonpartner; Sex counseling;
___ V69.9 problems related to lifestyle
___ V71.01 Adult antisocial behavior
V71.02 Childhood and adolescent antisocial behavior

Additional Diagnosis __ __ __ . __ __

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Member Name: _____ **Member ID:** _____

Mental Status Examination: Check the most appropriate response to each item:

Level of Orientation:

	Yes	No
Person:		
Place:		
Time:		
Situation:		

Speech: check all that apply
- ___ Blocked
- ___ Incoherent
- ___ Mutism
- ___ Pressured
- ___ Rapid
- ___ Slurred
- ___ Stuttering
- ___ Within Normal Limits

Appearance: check one
- ___ Bizarre
- ___ Disheveled
- ___ Unkempt
- ___ Within Normal Limits
- ___ Meticulous

Recall/Memory: Deficient In: check one
- ☐ Normal
- ☐ Short term/working
- ☐ Remote

Thought Content: check one
- ___ Conceptual Disorganization
- ___ Flight of Ideas
- ___ Loose Association
- ___ Perseveration
- ___ Tangential
- ___ Thought Blocking
- ___ Within Normal Limits

Sociability: check one
- ___ Gregarious
- ___ Inappropriate
- ___ Inhibited
- ___ Isolation
- ___ Loose Association
- ___ Uninhibited
- ___ Withdrawn
- ___ Within Normal Limits

Affect: check one
- ☐ Appropriate
- ☐ Blunted
- ☐ Labile
- ☐ Flat
- ☐ Broad
- ☐ Restricted

Coping Ability: check one
- ☐ Normal
- ☐ Resilient
- ☐ Deficient supports
- ☐ Deficient skills
- ☐ Exhausted
- ☐ Overwhelmed
- ☐ Improving

Medication

Is the consumer currently prescribed any psychotropic medication? ☐ NO ☐ YES

Please list prescribed medications below and answer the following two questions

Anti-Depressant Medication: _____
Anti-Cholinergics Medication: _____
Mood Stabilizer Medication: _____
Anti Psychotic Medication: _____
Anti Anxiety Medication: _____
Anti Convulsant Medication: _____
Hypnotic Medication: _____
Stimulant Medication: _____
Other Medication: _____

Medication Efficacy: Indicate the level at which the current medication protocol has produced the desired results

- ☐ 1 - Current medication protocol effectively reduces symptoms and aids improvement in functioning
- ☐ 2 - Current medication protocol has demonstrated a degree of efficacy but continued monitoring and/or adjustments required.
- ☐ 3 - Current medication protocol is not effective and is being modified/discontinued by the physician
- ☐ 4 - Current medication protocol has not been implemented due to consumer non-compliance

Medication Compliance: Indicate the level at which the consumer complies with their medication protocol:

- ☐ 1- Consumer takes medication without prompts or direct assistance (Independent)
- ☐ 2- Consumer takes medication with prompts and/or direct assistance from natural support systems (family, friends)
- ☐ 3- Consumer takes medication with prompts from behavioral health provider (minimal assistance)
- ☐ 4- Consumer takes medication with direct assistance from behavior health provider (direct assistance)
- ☐ 5- Consumer is non-compliant with the medication protocol

Symptom Acuity & History

Enter the present acuity exhibited and symptom history within the last 6 months.

	CURRENT ACUITY					**HISTORY (in the past 6 mo.)**	
Safety	**Current Acuity** Not Present	Mild (2)	Moderate (3)	Severe (4)	Acute/Crisis (5)	**History** 1-180 Days	Symptom Never Present
Suicidal *							
Homicidal *							
*If Suicidal or Homicidal Acuity is Moderate or Greater, Please fill out the attached Risk Assessment Form							
Hostility							
Violence							
Self Neglect							
Self Injurious							

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	CURRENT ACUITY					HISTORY (in the past 6 mo.)	
	Current Acuity: Not Present	Mild (2)	Moderate (3)	Severe (4)	Acute/Crisis (5)	History: 1-180 Days	Symptom Never Present
Thought							
Hallucinations	☐	☐	☐	☐	☐	☐	☐
Delusions	☐	☐	☐	☐	☐	☐	☐
Paranoia	☐	☐	☐	☐	☐	☐	☐
Poor Concentration	☐	☐	☐	☐	☐		
Suspiciousness	☐	☐	☐	☐	☐		
Circumstantial thinking	☐	☐	☐	☐	☐		
Obsessions / intrusive thoughts	☐	☐	☐	☐	☐		
Socialization							
Oppositional/Defiant Behavior	☐	☐	☐	☐	☐	☐	☐
Withdrawal/Isolating	☐	☐	☐	☐	☐		
Impulsivity	☐	☐	☐	☐	☐		
Bizarre Behavior	☐	☐	☐	☐	☐		
Compulsions	☐	☐	☐	☐	☐		
Sexually Acting Out	☐	☐	☐	☐	☐		
Sexually reactive behaviors	☐	☐	☐	☐	☐		
Verbal Aggression	☐	☐	☐	☐	☐		
Physical Aggression	☐	☐	☐	☐	☐		
Affect, Energy and Somatic Concerns							
Depression	☐	☐	☐	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐	☐	☐	☐
Panic	☐	☐	☐	☐	☐	☐	☐
Phobias	☐	☐	☐	☐	☐	☐	☐
Mania/Hypomania	☐	☐	☐	☐	☐	☐	☐
Hyperactivity	☐	☐	☐	☐	☐	☐	☐
Guilt	☐	☐	☐	☐	☐		
Hope/Helplessness	☐	☐	☐	☐	☐		
Apathy	☐	☐	☐	☐	☐		
Agitation	☐	☐	☐	☐	☐		
Change in Energy	☐	☐	☐	☐	☐		
Distractibility	☐	☐	☐	☐	☐		
Loss of Interest	☐	☐	☐	☐	☐		
Weight change	☐	☐	☐	☐	☐		
Change in sleep patterns	☐	☐	☐	☐	☐		
Motivation/Engagement Level:	☐ Minimal		☐ Moderate			☐ High	

Substance Use

Current use of substances? ☐ Yes ☐ No

History of substance use? ☐ Yes ☐ No

Type of substance used: **(mark all that apply)** ☐ Cannabis ☐ CNS depressants ☐ Alcohol ☐ Stimulants ☐ Opioid and Morphine Derivatives ☐ Hallucinogens ☐ Other

Frequency of Use: ☐ Daily ☐ Periodic ☐ Binge Use

Date of last use of substance: _____ mm/dd/yyyy

Withdrawal potential: ☐ Yes ☐ No

SA Relapse Potential ☐ Low Risk ☐ High Risk

LEVEL OF FUNCTIONING

Rate to reflect the Member's level of functioning as compared to same age peers.

1 - Not Applicable
2 - No impairment/Independent
3 - Limited impairment
4 - Significant Impairment

School-Youth or Work Adult	☐	Activities of Daily Living**	☐
Maintains Relationships	☐	Interacts appropriately in social situations	☐
Maintains Personal Safety	☐	Ability to access community Services	☐

**If Activities of Daily Living rated 3 (Limited Impairment) or 4 (Significant Impairment) Check all that Apply:

☐ Nutritional Awareness ☐ Meal Preparation and Clean Up ☐ Personal Hygiene
☐ Childcare/Parenting ☐ Household Tasks/Care of Living Space ☐ Treat Minor Physical Problems

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TREATMENT PLAN SUMMARY

Indicate the areas that best describe the problems addressed in the Member's current treatment plan.

TX Plan Summary Two ☐

1 = ADL Skill Building
2 = Interpersonal relations
3 = Maintaining ADL
4 = Maladaptive, antisocial behaviors
5 = No Additional Problems/Focus
6 = Physical Health

TX Plan Summary Three ☐

7 = Psychiatric Symptoms
8 = Psychological Distress
9 = Self-injurious or suicidal behaviors
10 =Substance abuse behaviors
11 = Co-occuring MI/SA Symptoms
12 = Sexualized Behaviors

LEVEL OF SUPPORT

Evaluate available natural supports, Check all that apply:

☐ Family / Friends ☐ Self Help Network Involvement ☐ Peer-Oriented Services

☐ Recreation / Community Activities ☐ None Currently Available ☐ Other

Indicate significant clinical issues addressed in treatment that are not presented in CareConnection®. Include any justification of treatment needs to maintain functioning/symptom reduction if the Member is currently functioning well and/or is asymptomatic.