

FOREWORD

The Client Registry Instructions Manual was designed to assist users in transmitting accurate information in order that the Client Registry data can be processed expeditiously and client database updated on a timely basis.

This loose-leaf book explains in detail each field and choices incorporated in the form, i.e.:

"CLIENT REGISTRY ACCEPTANCE and TERMINATION";

"EMERGENCY/SCREENING REGISTRATION", an abridged form for providers of emergency services and for designated screeners; and

"INCOMING CLIENT TRANSFERS and OUTGOING CLIENT TRANSFERS", which are intra-agency movement logs.

Definitions of terminologies and acronyms used in this manual, were compiled under GLOSSARY.

The **Bureau of Planning and Information Technology** (BPIT) will supply agencies with modifications and addenda that may periodically become necessary.

This manual incorporates valuable suggestions and input from statewide sources - including participating agencies/hospitals, County Administrators and Division staff.

Copies of this manual and other USTF documentation are available on the Division of Mental Health Services' website <http://www.state.nj.us/humanservices/dmhs/news/publications/ustf/>.

I. GENERAL INFORMATION & ADMINISTRATIVE PROCEDURES

A. GENERAL INFORMATION

1. METAMORPHOSIS OF THE CLIENT REGISTRY SYSTEM

The CLIENT REGISTRY (commonly known as USTF) is a reporting system developed in 1978 through the concerted efforts of different task forces, groups, administrators, and service providers. The system is a computerized, de-identified client registry for all State and county hospitals and community mental health agencies funded by the State or the federal government.

The USTF was first pre-tested in 1979. Mainly due to its virtues, it was adopted one year later to replace the MC-1 and MC-2 forms then in use by grant-in-aid agencies. And in July 1981, the USTF was to replace yet another long entrenched form - the Hospital Record Summary at the State and county hospitals and all contract programs started using the forms.

To meet the ever changing demands for enhanced client service and dictated by growing reporting requirements, the USTF was subjected to extensive scrutiny -- that culminated in its final form and new name. The Client Registry was formally introduced to end-users in a conference held on November 21, 1988, attended by county mental health administrators, agency/hospital representatives and Division staff.

The new form was implemented on **July 1, 1989**.

2. THE CLIENT REGISTRY

The CLIENT REGISTRY consists of four main forms: **Acceptance** and **Termination**, and **Incoming** and **Outgoing Client Transfers**. These forms are to be used for all program elements, except emergency and screening.

ACCEPTANCE (USTF-1):

TERMINATION (USTF-2):

INCOMING CLIENT TRANSFERS (USTF-6)

OUTGOING CLIENT TRANSFERS (USTF-7)

USTF-5, an abridged one-page USTF-1/USTF-2 was developed for use of emergency/screening services providers, to enable these providers to open and close the case with minimum of paperwork:

EMERGENCY/SCREENING REGISTRATION (USTF-5)

The CLIENT REGISTRY system accepts client transactions in electronic data submission modes. In addition to mailing diskettes, an option exists to e-mail via the internet. In order to change modality of transactions, the service providers must obtain prior approval from the Bureau of Planning.

3. MANAGEMENT REPORTS

Regular reports will be produced annually, and distributed to agencies' and hospitals' administrators and executive officers, county administrators and regional coordinators. Current production reports include:

- FREQUENCY DISTRIBUTION REPORT - Provides details of responses collected from the Acceptance and Termination Forms.
- CASELOAD SUMMARY REPORT - Provides general summary of the number of clients admitted, terminated, and cases served for the report period.
- ADMISSIONS AND TERMINATIONS BY MUNICIPALITY - Provides a breakdown of admissions and terminations for the report period by municipality.
- ADMISSIONS AND TERMINATIONS BY SERVICE AREA - Provides a breakdown of admissions and terminations for the report period by service area.

4. QUESTIONS & ANSWERS ABOUT THE CLIENT REGISTRY

WHO IS REQUIRED TO COMPLETE THE CLIENT REGISTRY?

As a general rule, all State and county hospitals and all community agencies receiving State or federal mental health funds, in whole or in part, are required to complete the CLIENT REGISTRY for every client qualifying as a "CASE".

This is mandated by the Division's Rules and Regulations under Section 6.14.

Prior regulations and special waivers will be superseded by this Manual. Requests for exemptions should be directed, in writing, to the Chief, Bureau of Planning and Information Technology.

WHAT IS A "CASE"?

A "CASE" is defined as any client meeting ALL of the following conditions:

1. There is a face-to-face contact between a staff person and a client;
2. A clinical record for the client is opened, showing an assessment of the client's needs, treatment/service plans, and documentation of services rendered and/or progress notes; and
3. A case number is assigned.

WHAT IS A CASE NUMBER?

It is any combination of numbers and letters that the agency assigns to each client.

HOW CAN A CLIENT ALREADY ENROLLED IN THE REGISTRY AND BE RE-ENROLLED FOR SUBSEQUENT ADMISSIONS SINCE THIS CLIENT WILL HAVE THE SAME IDENTIFYING DATA (UNIQUE CLIENT ID, DATE OF BIRTH, AND CASE NO.)

Any client who is being re-enrolled should be given a new client/patient number, for each episode of care. If the agency elects to use the same client/patient number, a suffix or prefix code may be used to distinguish each episode of care (.e.g., 00102137 for First Admission, A0102137 for the second, B0102137 for the third).

ARE EMERGENCY AND SCREENING SERVICES REQUIRED TO USE THE CLIENT REGISTRY?

Yes, the agency must complete the EMERGENCY/SCREENING REGISTRATION (USTF-5).

IF CLIENT IS SEEN FOR EMERGENCY OR SCREENING SERVICES AND IS REFERRED TO ANOTHER PROGRAM WITHIN THE SAME AGENCY, HOW IS THIS HANDLED?

The Emergency/Screening (USTF-5) should be completed for the emergency service, and a regular USTF-1 should be completed for the other program.

IF A CLIENT ALREADY ENROLLED IN YOUR AGENCY AND IS ADMITTED INTO YOUR EMERGENCY SERVICE, IS IT NECESSARY TO COMPLETE THE EMERGENCY/SCREENING REGISTRATION (USTF-5)?

Yes, every time the client has an episode requiring emergency or screening services, a USTF-5 should be completed.

IS THE CLIENT REGISTRY USED FOR PREDISCHARGED CLIENTS?

Yes, the agency providing pre-discharge services to a person residing in state or county hospitals must complete the CLIENT REGISTRY.

IS A TERMINATION FORM COMPLETED ON A CLIENT WHO IS REGISTERED WITH AN AGENCY AND SUBSEQUENTLY ADMITTED TO A STATE OR COUNTY HOSPITAL?

Yes, when a client is admitted to a State or County hospital, the agency completes the USTF Termination on the client and the hospital completes a USTF Acceptance. A new USTF Acceptance is completed on the client if he is enrolled again in the agency.

EXCEPTION:

If a client is enrolled in an ICMS program at the time of hospitalization and the client is to continue receiving ICMS services, then the ICMS agency need not complete the Termination form at this time.

ARE FAMILY MEMBERS COUNTED AS A UNIT OR AS INDIVIDUALS?

In general, there should be a client registry form completed for each client receiving mental health services. There should be as many CLIENT REGISTRY forms as there are treatment plans. However, at the discretion of the agency, a family may be counted as a unit provided there is only a single treatment plan for that family.

If only one USTF is completed on a family, then this family should be counted as only one client for other statistical reports to the Division (e.g., QCMR).

HOW CAN THE FAMILY BE REGISTERED?

Generally, there should be a unique client/patient number for each client. However, if several family members are registered at the same time, the agency may either assign one identical client/patient number for all the registered clients or assign separate or distinct client/patient numbers for each one.

CAN MORE THAN ONE USTF-1 BE OPENED ON AN INDIVIDUAL WITHIN AN AGENCY AT ANY ONE TIME?

No, only one USTF-1 may be opened on a client at any one time within an agency. However, to summarize transfers of clients from one program to another within the agency, INCOMING/OUTGOING CLIENT TRANSFERS (USTF-6 & USTF-7) must be completed.

HOW IS THE USTF-2 (TERMINATION) COMPLETED FOR A CLIENT WHO HAS DIED OR IS LOST TO CONTACT?

If the CIRCUMSTANCE AT TIME OF TERMINATION (Item 15) is either:

- F CLIENT LOST TO CONTACT, FOLLOW-UP ATTEMPTED, NO CONTACT MADE
- G CLIENT LOST TO CONTACT, NO FOLLOW-UP ATTEMPTED
- H CLIENT MOVED/KNOWN TO BE UNAVAILABLE
- J CLIENT DIED ON PREMISES
- K CLIENT DIED OFF PREMISES

only the following fields must be completed:

- 1 PROJECT NAME
- 2 PROJECT CODE
- 3 CLIENT/PATIENT NO.
- 4 DATE OF BIRTH
- 5 UNIQUE CLIENT ID
- 8 PROGRAM ELEMENT
- 9 TERMINATION DATE
- 15 CIRCUMSTANCE AT TIME OF TERMINATION
- 23-34 PROGRAM CONTACTS (whichever is applicable)

All other questions may be left blank.

HOW SOON AFTER ADMISSION OR TERMINATION SHOULD THE CLIENT REGISTRY FORM BE COMPLETED?

The CLIENT REGISTRY should be completed within two working days after the admission or termination occurs (Sec. 6.14, B1.a(3), Rules and Regulations).

HOW OFTEN IS THE DATA TO BE SUBMITTED?

Each provider should send the data for a quarter to the Bureau of Planning and Information Technology, no later than 30 days past the end of a quarter. The following is a schedule of submissions:

1st Quarter	July - September	Due to DMHS October 30
2nd Quarter	October - December	Due to DMHS January 30
3rd Quarter	January - March	Due to DMHS April 30
4th Quarter	April - June	Due to DMHS July 30

Also to be submitted are the INCOMING and the OUTGOING CLIENT TRANSFERS.

WHERE SHOULD THE DATA BE MAILED?

The data should be e-mailed to dmhs.ustf@dhs.state.nj.us. If an agency does not have access to e-mail, then the information should be mailed to:

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH SERVICES
P.O. BOX 700
TRENTON, NJ 08625**

**ATTN: USTF COORDINATOR
OFFICE OF INFORMATION TECHNOLOGY**

B. ADMINISTRATIVE PROCEDURES

OVERALL PROJECT RESPONSIBILITY (at the Division level)

Overall project responsibility for managing the CLIENT REGISTRY system lies with the Database Management Unit in the BPIT. It is also responsible for periodic releases of addendum to this Manual when necessary.

USTF Coordinator (609) 777-0804

You may direct your requests/inquiries for special reports, changes in submission modes and policy issues about the USTF to:

Database Manager
 Office of Information Technology
 Division of Mental Health Services
 P.O. Box 700, Trenton, NJ 08625
 (609) 777-0697

Please contact the Database Manager or the USTF Coordinator, at the above address or phone numbers to request, among others:

- training
- additional forms
- clarification on the proper completion of forms, etc.

OVERALL RESPONSIBILITY FOR THE DATA (at the agency level)

Each agency must assign a Primary Contact Person and where possible, an alternate Contact Person, to act as Liaison to the Division on the CLIENT REGISTRY SYSTEM.

WHAT ARE THE RESPONSIBILITIES OF THE CONTACT PERSON?

The primary responsibilities of the Contact Person include:

- 1) Reviewing, editing, and submitting the CLIENT REGISTRY data within the deadline. The Contact Person is required to review the data for errors or omissions prior to submitting them to the Division.
- 2) Attending training related to the CLIENT REGISTRY; and
- 3) Assuring that training and orientation are provided for other staff completing the Client Registry forms.

II. INSTRUCTIONS FOR COMPLETING THE CLIENT REGISTRY

A. ACCEPTANCE - USTF-1

GENERAL INSTRUCTIONS

- ACCEPTANCE must be filled out within TWO WORKING DAYS after admission.
- ONLY ONE ACCEPTANCE may be opened on a client at any one time within an agency.

1. NAME OF PROJECT

Enter the name of the agency, contract or hospital (Appendix A).

2. PROJECT CODE

Enter the three digit number for each agency and hospital listed in Appendix A.

3. CLIENT/PATIENT NUMBER (FILL IN ALL BLANK BOXES WITH LEAD ZEROS, NO DASHES OR ASTERISKS)

Enter the case number assigned by the service provider to each client. Any combination of numbers and letters up to eight may be used. The number must be right justified.

Example:

The client number A 357-4 must be right-justified so that it appears as 00A35704 on the form. Note two leading zeros precede the client number, and the dash is recoded as a zero.

Any client who is being re-enrolled should be given a new client/patient number. This requirement for a new client/patient number applies to each episode of care. Where a unit numbering system is used in clinical/medical records, a prefix or a suffix code can be used to distinguish each episode of care.

Example:

First Admission	Client/Patient No. is 00035704
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Second Admission	Client/Patient No. is 00A35704
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4. DATE OF BIRTH (USE LEAD ZEROS)

Enter the month, day, and year of birth. If date of birth is unknown, enter 01 for the month, 01 for the day, and an approximation of the year.

Examples:

KNOWN BIRTHDATE

February 14, 1950 is entered as:

02 14 1950

UNKNOWN BIRTHDATE

Of a 39 year old, admitted in June 1989,
birthdate is entered as:

01 01 1950

5. UNIQUE CLIENT ID (USE CURRENT LEGAL NAME)

The unique client identifier is used to code initials in the last and first names of each client. Its purpose is to ensure the confidentiality of the clients registered on the Client Registry System.

If client's name is unknown, use **UKN07M*9** for male and **UKN07F*9** for female. If later, the identity becomes known, recalculate the unique ID on the termination form. This will automatically update the data on the admission.

Agencies are requested to code a client's name in the same manner each time the client is admitted for service. Retaining previous CLIENT REGISTRY forms in client's individual record will ensure that the client is given the same Unique Client ID for each subsequent admission.

NOTE: USE ALL UPPER CASE LETTERS.

The unique client identifier is coded as follows:

Character	What to Enter
1	First letter of LAST name
2	Third letter of LAST name
3	Fourth letter of LAST name (if none, use asterisk)
4-5	TOTAL number of letters in LAST NAME, disregarding spaces
6	First letter of FIRST name
7	* (asterisk)
	OPTIONAL First letter of SECOND or MIDDLE NAME
8	The characters 1-7 will usually identify most clients; therefore, in most cases, the eighth character will be a 9. If the first 7 characters produce an identical unique ID, follow instructions below.

To differentiate twins, triplets or other clients with similar names, the eighth character should be assigned as follows:

First matched client: 9
 Second matched client: 8
 Third matched client: 7

Examples:

NAME	UNIQUE CLIENT ID (8 character)
1) Barrymore, John Drew	B R R 0 9 J * 9
2) Doe, William	D E * 0 3 W * 9
Doe, Wendy	D E * 0 3 W * 8

3) MacDonald, Robert E M C D 0 9 R * 9
optional -- M C D 0 9 R E 9

4) Van Boren, John A V N B 0 8 J * 9 (Spaces are ignored)

6. ZIP CODE (00000 IF UNKNOWN)

Enter the client's zip code. Do not leave blank.

7. **COUNTY-MUNICIPALITY CODE OF RESIDENCE (OUT-OF-STATE, USE Z98; UNKNOWN, USE Z99)**

Enter the client's county and municipality of residence at admission (refer to APPENDIX B).

Some locales, areas and unincorporated municipalities may not be listed in Appendix B. In these cases, refer to the publication entitled, "NEW JERSEY LOCAL NAMES", published by the New Jersey Department of Transportation, or use the municipal code closest to the client's residence.

If the municipality cannot be determined, enter the code for the client's county of residence and the numbers 99. For example, A99 indicates that the client lives in Atlantic County, but the municipality is UNKNOWN.

If the residence of the client cannot be determined, indicate the county from which the client was referred.

8. SERVICE AREA OF RESIDENCE (SEE APPENDIX B)

Enter the number for the client's service area where he/she resides at admission. If the service area is unknown, enter 99; if client is from out of state, use 98. If the residence of the client cannot be determined, indicate the service area from which the client was referred.

NOTE: IF MUNICIPALITY OF RESIDENCE (ITEM 7) CONTAINS 98, OR 99 THE SERVICE AREA MUST ALSO BE 98 FOR OUT-OF STATE OR 99 FOR UNKNOWN.

9. PROGRAM ELEMENT

Enter the letter of the mental health program element in which the client is being accepted for service. This represents the client's point of entry into the agency or hospital, and not necessarily the unit which will ultimately be responsible for services. The definition of each program element is as follows:

- A INTEGRATED CASE MANAGEMENT - is the program provided to mentally ill individuals who do not accept or engage in facility-based mental health programs and/or have multiple service needs and require extensive service coordination.
 - B YOUTH CASE MANAGEMENT - This is an assessment, planning, and/or linkage monitoring services that will allow for the case management of severely emotionally disturbed children with the focus of responsibility being at the community level.
 - C DESIGNATED SCREENING - means a public or private ambulatory care service **designated by the Commissioner**, which provides mental health services including assessment, emergency and referral services to mentally ill persons in a specified geographic area.
 - D EMERGENCY - The provision of 24-hour service, 7 days a week, to people in crisis. Emergency includes mental health and social service provision or procurement and advocacy. Emergency service also offers immediate crisis-intervention and service procurement to relieve client distress and maintain or recover his/her level of functioning. Emphasis is on stabilization, so that the client can actively participate in a needs assessment and in service planning.

- E CHILDREN'S MOBILE OUTREACH/TREATMENT TEAM - a team of mental health professionals who work in coordination with the CCIS Unit and who provide clinical intervention to detention centers, DYFS Residential Facilities, Post 28 Day programs and to children or adolescents in crisis, residing in their own homes.
- F INPATIENT - A setting that provides 24-hour crisis-stabilization therapy and supervision. Services are provided outside of a client's home in the least restrictive setting possible.
- G No Longer Valid Choice
- H OUTPATIENT - A setting that provides treatment and related services to people who are not in an immediate crisis. Such persons need services that are longer-term than those provided by Emergency. Yet, such services are also less structured than daily or semi-daily involvement in a Partial Care program. Outpatient programs include, but are not limited to, services responsibilities formerly funded as "Transitional Services" for people currently and previously hospitalized. These "OPD" services assist persons to move from an institutional setting to the community.
- J PARTIAL CARE - A setting that provides several hours of daily or semi-daily program involvement to maximize a client's independence and community living skills. Efforts are also made to reduce unnecessary hospitalization. Partial Care programs provide or arrange for a full range of services necessary to meet the comprehensive needs of individual clients.
- K RESIDENTIAL TREATMENT - A live-in setting that helps clients achieve independent living. Residents live in the least restrictive environment necessary to assure safety and promote growth. Residential programs include Housing, Placement, Daily Living, Education, and Service Procurement services.
- L SYSTEMS ADVOCACY - The provision of individual support and representation, companionship, and service procurement to clients in institutional, community, agency, and natural settings.
- M OTHER - Use if none of the above is appropriate, or for P.A.C.T.

10. APPLICATION DATE/CONTACT ON BEHALF OF CLIENT (USE LEAD ZEROS)

Enter the date the client first contacts the agency for service for **current episode**. If another agency or person applies for service on behalf a client, enter the date the application is made by that agency.

NOTE: APPLICATION DATE (10) MUST PRECEDE OR CAN BE THE SAME AS DATE OF FIRST FACE-TO-FACE CONTACT (11).

11. DATE OF FIRST FACE-TO-FACE CONTACT (USE LEAD ZEROS)

Enter the date of the first face-to-face contact with the client for current episode. If this date is the same as the application date, enter as such.

12. REFERRAL SOURCE

Enter the letter of the primary person or facility responsible for directing the client to your agency or hospital. The definition of each referral source is as follows:

EMERGENCY/SCREENING/INPATIENT

- A DESIGNATED SCREENING CENTER - a public or private ambulatory care service **designated by the Commissioner**, which provides mental health services including assessment, emergency and referral services to mentally ill persons in a specified geographic area.
- B EMERGENCY - Any referral from an emergency unit of a general hospital, not a mental health facility.

- C CHILDREN'S CRISIS INTERVENTION SERVICES (CCIS) INPATIENT - These are separate units or facilities or sub-units of an existing licensed psychiatric unit or facility designed for the provision of screening, stabilization, assessment and short-term intensive treatment services for persons under the age of 18 who are experiencing an acute episode of a psychiatric disorder.
- D COUNTY PSYCHIATRIC HOSPITAL - Any county psychiatric hospital located in New Jersey or elsewhere.
- E STATE PSYCHIATRIC HOSPITAL - Any State psychiatric hospital located in New Jersey or elsewhere.
- F OTHER PSYCHIATRIC INPATIENT - Any psychiatric inpatient unit that is not part of a state or county psychiatric hospital.
- G GENERAL HOSPITAL - Any referral from a general hospital that **does not come from a psychiatric inpatient unit.**

COMMUNITY PROGRAMS/RESIDENTIAL SOURCES

- H COMMUNITY MENTAL HEALTH AGENCY - An agency organized for the provision of mental health services, i.e., outpatient, partial, residential services.
- J ALCOHOL TREATMENT PROGRAM - Program dealing with those who abuse alcohol.
- K DRUG TREATMENT PROGRAM - program dealing with those who abuse drugs.
- L SCHOOL SYSTEM - Any public or private educational system, usually primary or secondary, but may include colleges, universities and similar facilities.
- M OTHER SOCIAL AGENCY - Any agency organized for the provision of generic social services, rather than mental health services.
- N NURSING HOME - A facility licensed to provide skilled nursing, intermediate nursing care, or rehabilitative or other health-related care & services on a regular basis, and is not primarily for the care and treatment of mental diseases.
- O BOARDING HOME - A residence that provides shelter and sustenance to four or more individuals who require minimal supervision, with emphasis on enrollment in generic social services. This includes residential health care facilities licensed by the Department of Health.
- P HOMELESS SHELTER - a supervised or publicly operated shelter designed to provide temporary living accommodations (including welfare hotels, and congregate shelters); an institution that provides a temporary residence; or a public or private place not designed for, or ordinarily used as, a permanent sleeping accommodation.
- R OTHER RESIDENTIAL PROGRAM - any other residential programs not classified above.

LEGAL/JUSTICE SYSTEM

- S POLICE/COURT/JAIL
- T STATE CORRECTIONAL PROGRAM - State Correctional Facility
- V COMMUNITY CORRECTIONS PROGRAM - A non-residential day program, typically operating 5 days a week, which is administered by the Department of Corrections or County Probation Departments. These programs are located in the community, providing comprehensive services to clients who have been assigned to county probation, and is used as an alternative to incarceration.

W FAMILY CRISIS INTERVENTION UNIT (FCIU) - are county-based agencies which provide short-term individual and family crisis counseling, as well as, referral and monitoring services to youth who are having problems related to family disputes, incorrigibility, truancy, and running away (status offenses).

INDIVIDUALS

X SELF

1 FAMILY OR FRIEND - Immediate or extended family; close friends; acquaintances.

2 PRIVATE MENTAL HEALTH PRACTITIONER - A psychologist, a social worker, or other non-physician who is mental health professional.

3 PRIVATE PSYCHIATRIST

4 MEDICAL DOCTOR - A physician who is not a psychiatrist.

5 CLERGY -- A referral made by any person ordained for religious service.

DEPARTMENT OF HUMAN SERVICES

6 DYFS - Division of Youth and Family Services

7 DDD - Division of Developmental Disabilities

8 OTHER - Use if the referral source is not included above.

13. SEX (Circle one)

M for male and F for female.

14. RACE/ETHNICITY

Enter the letter of the client's race/ethnicity. If possible, ask the client to identify the race/ethnicity grouping of his or her preference. If none of the groupings are acceptable to the client, indicate letter F "Other". The definition of each race/ethnicity is as follows:

- A AMERICAN INDIAN OR ALASKAN NATIVE: Individuals having origins in any of the original peoples of North America.
- B ASIAN OR PACIFIC ISLANDER: Individuals having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, China, Japan, Korea, Philippines, and Samoa.
- C BLACK, NOT OF HISPANIC ORIGIN: Individuals having origins in any of the black racial groups, excluding those of Hispanic origin.
- D HISPANIC: Individuals of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- E WHITE, NOT OF HISPANIC ORIGIN: Individuals having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian Subcontinent, except those of Hispanic origin.
- F OTHER - Use if none of the above is appropriate.

15. ENGLISH SPEAKING

Enter appropriate letter:

- A YES, if the client's primary language is English.
- B NO, Spanish Speaking - if the client's primary language is Spanish.
- C NO, Other Foreign Language - if the client's primary language is neither English nor Spanish.
- D NO, American Sign Language (including other forms of sign languages).

16. MARITAL STATUS

Enter the letter which indicates the client's marital status.

- A MARRIED/LIVING AS MARRIED
- B WIDOWED
- C DIVORCED
- D SEPARATED - INCLUDES LEGAL AS WELL AS OTHER SEPARATION
- E NEVER MARRIED - CHILDREN SHOULD BE INCLUDED IN THIS CATEGORY
- F UNKNOWN - IF STATUS IS UNASCERTAINED.

17. LIVING CIRCUMSTANCES

Enter the letter which best indicates the client's living circumstance immediately preceding enrollment in your agency.

- A ALONE/INDEPENDENT
- B WITH RELATIVES/FAMILY
- C OTHER

18. RESIDENTIAL ARRANGEMENT

Enter the letter that best describes the client's residential arrangement.

- A PRIVATE RESIDENCE
- B COOPERATIVE LIVING SITUATION (No MH Services) - Individuals living with roommate(s) or in family-like situations.
- C FOSTER FAMILY CARE - A program of supervised, substitute family living, offered as an alternative to institutionalization, for children or adults with emotional difficulties who are unable to live in their own homes.
- D HOMELESS/ON STREET - An individual who lacks a fixed, regular and adequate nighttime residence.
- E COMMUNITY RESIDENTIAL PROGRAM (with MH Services)
- F BOARDING HOME/RHCF
- G NURSING HOME/SKILLED NURSING FACILITY (SNF) /INTERMEDIATE CARE FACILITY (ICF)
- H RESIDENTIAL SUBSTANCE ABUSE PROGRAM
- J DDD/MR - RESIDENCE - any residential program funded or operated by DDD.
- K DYFS RESIDENTIAL TREATMENT CENTER - Residential facilities which provide 24 hour a day care and treatment for youth whose needs are such that they are unable to function appropriately in their homes, schools and community, and are unable to be served appropriately in less restrictive settings.

- L CHILDREN'S GROUP HOME/TEACHING FAMILY PROGRAM - community-based, family-style treatment homes for youth with behavioral and emotional problems. Individualized service is provided for behavior treatment, social and self-care training. Children typically attend school during this placement.
- M HOMELESS SHELTER
- N OTHER RESIDENTIAL PROGRAM - other residential arrangements not classified above (e.g., DYFS shelter, Family or Children's Crisis Center).
- O STATE PSYCHIATRIC HOSPITAL
- P COUNTY PSYCHIATRIC HOSPITAL
- R CHILDREN'S CRISIS INTERVENTION SERVICES (CCIS) INPATIENT
- S OTHER PSYCHIATRIC INPATIENT
- T STATE CORRECTIONAL FACILITY
- V DETENTION CENTER - A county-administered, 24 hour a day, locked facility, which houses clients who have committed serious arrestable offenses.
- W OTHER INSTITUTIONAL SETTING - Any institution not classified above.
- X UNKNOWN - Use if the residential arrangement is not known.

19. VETERAN -

Circle YES or NO, based on the following definition. A veteran is one who had been active for at least 90 days during a specified wartime and discharged honorably from a Service other than training, and excluding reserve components (Army Reserves, National Guards.) Branches of Service are: Army, Marine Corps, Navy, Air Force and Coast Guard.

20. EMPLOYMENT STATUS

Enter the letter that indicates the client's employment status. Letters A through E refer to people who have been or are part of the labor force, including those who are unemployed.

- A EMPLOYED - FULL TIME - An employee who works the required number of hours established by the employer for full time work. Generally, a full time week should be considered as 35 or more hours.
- B EMPLOYED - PART TIME - An employee who works less than the required number of hours established by an employer for full time work.
- C ARMED SERVICES - For persons whose primary employment status is the military.
- D SHELTERED EMPLOYMENT
- E UNEMPLOYED - a person who is currently out of work and is actively seeking employment, or who would return to work if it were available.
- F NOT IN LABOR FORCE - includes:
 - Homemaker - a person who organizes and performs household and/or family duties full time but does not receive compensation.
 - Job Trainee - for person involved with vocational rehabilitation, or attending a workshop for the physically handicapped, developmentally disabled, etc., or an intern or apprentice.

Student - An individual attending school on a full or part-time basis and not working for pay.

Retired - A person who has worked, but is now withdrawn from business or public life.

Any person unemployed and not actively seeking employment.

G UNKNOWN - Use if the employment status cannot be determined.

21. EDUCATION - HIGHEST GRADE LEVEL (00, NO SCHOOLING; 99 UNKNOWN)

Enter the grade number that represents the highest level of education achieved or its equivalent, regardless of the number of years it took to achieve the level. Disregard the nature of the education received (e.g., vocational vs. academic) or whether the educational program was completed. Use the following guide for selecting the proper level.

- | | |
|-------|---|
| 00 | = No Schooling |
| 01 | = Preschool, kindergarten, and/or first grade |
| 02-12 | = Second to twelfth grade |
| 13-16 | = Some college or other post high school training |
| 17 | = Post graduate |
| 99 | = Unknown |

22. CURRENT TYPE OF EDUCATION

Enter the letter that indicates the type of education that client is presently attending.

A REGULAR EDUCATION/VOCATIONAL EDUCATION -

Regular education - classes and curriculum for children who do not have any special education needs.

Vocational education - Educational training that provides a student with practical experience in a particular occupational field.

B SPECIAL EDUCATION - includes:

Classes for Emotionally Disturbed - Special classes for persons classified, under N.J.S.A. 18A:46-1 et seq. as emotionally disturbed.

Classes for Mentally Retarded - Special classes for persons classified under N.J.S.A. 18A:46-1 et seq. as mentally retarded.

Other Special Education - Special classes for persons classified under N.J.S.A. 18A:46-1 et seq. as visually handicapped, auditory handicapped, communication handicapped, neurologically or perceptually impaired, orthopaedically handicapped, chronically ill, socially maladjusted or with multiple handicaps.

C POST HIGH SCHOOL EDUCATION

D NOT IN SCHOOL

23. SOURCE OF REIMBURSEMENT

Circle up to 4 sources of reimbursement that client is using to pay for services.

- A NONE - Organization to absorb total cost.
- B SELF/LEGALLY RESPONSIBLE RELATIVE
- C MEDICAID
- D MEDICARE
- E OTHER PUBLIC SOURCES

- F SERVICE CONTRACT (e.g., HMO)
- G OTHER THIRD PARTY INSURANCE
- H UNKNOWN

24. INCOME SOURCE

Circle up to 8 household or family income sources that apply, for children as well as adults.

- A DISABILITY INSURANCE/WORKMEN'S COMPENSATION
- B FAMILY OR RELATIVE
- C PENSION
- D PUBLIC ASSISTANCE
- E SOCIAL SECURITY
- F UNEMPLOYMENT INSURANCE
- G WAGE/SALARY INCOME
- H OTHER
- J UNKNOWN

25. GROSS ANNUAL FAMILY INCOME

Enter the gross annual family income to the nearest thousand. A reasonable estimate is acceptable. If income is \$98,000 or more, enter 98. If unknown, enter 99. If no income, enter 00.

26. TOTAL PERSONS DEPENDENT ON INCOME

Enter the total number of persons dependent upon the income listed above.

27. SOCIAL SECURITY ELIGIBILITY

Enter the appropriate letter:

- A DETERMINED ELIGIBLE - Social Security has determined that client is entitled to SSI benefits.
- B POTENTIALLY ELIGIBLE - agency consider client potentially eligible for SSI benefits but Social Security has yet to make final determination.
- C PROBABLY NOT ELIGIBLE - preliminary findings of the agency tend to show that client may not be eligible for SSI benefits, but Social Security has yet to make final determination.
- D DETERMINED TO BE INELIGIBLE - Social Security has determined that client is not eligible for SSI benefits.

28. PAST SERVICE HISTORY (CIRCLE UP TO 12)

Include all types of past services received by the client, regardless of whether the service was received at your agency or another.

- A ALCOHOL TREATMENT PROGRAM
- B DRUG TREATMENT PROGRAM
- C COMMUNITY CORRECTIONS PROGRAM
- D CORRECTIONAL FACILITY - individual who had been in a Department of Corrections operated group homes or institutions.
- E DETENTION CENTER
- F PROBATION

- G DDD
 - H DYFS
 - J FAMILY CRISIS INTERVENTION UNIT (FCIU)
 - K CHILD STUDY TEAM EVALUATION
 - L GROUP HOME WITH MH SERVICES - are community homes designed to provide a therapeutic environment through the provision of an array of therapeutic care. It provides supportive living environment for those unable to live alone with family or in other less restrictive setting for a period of time. **RESTRICTED TO YOUTH**. For adults, use 1 - Residential Care.
 - M SPECIALIZED FOSTER CARE - a program of supervised, substitute family living for youngsters whose parents or caretakers are unable or unwilling to provide proper care. The youngsters' activities (food, clothing, and supervision) are provided by paraprofessional foster parents. Counseling is provided with additional emergency back-up (e.g., Teaching Family Program)
 - N PUBLIC WELFARE
 - O OTHER SOCIAL SERVICE AGENCY
 - P STATE PSYCHIATRIC HOSPITAL
 - R COUNTY PSYCHIATRIC HOSPITAL
 - S CHILDREN'S CRISIS INTERVENTION SERVICES (CCIS) INPATIENT
 - T OTHER PSYCHIATRIC INPATIENT
 - V INTEGRATED CASE MANAGEMENT/YOUTH CASE MANAGEMENT
 - W OUTPATIENT/COUNSELING
 - X PARTIAL CARE
 - 1 RESIDENTIAL CARE
 - 2 EMERGENCY/MOBILE OUTREACH/TREATMENT TEAM - a team of mental health professionals, attached to lead regional service agencies, who provide clinical intervention to CCIS Units, Post 28 Day Inpatient Units, Detention Centers, DYFS Residential facilities, and in the homes of children and adolescents who are in crisis.
 - 3 LIAISON SERVICES - Choice not available for Current Service Involvement.
 - 4 SYSTEMS ADVOCACY
 - 5 SELF HELP SERVICES - are voluntary groups usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disturbing problem, and bringing about desired social and/or personal change.
 - 6 NONE - Use if there has been no past service history, or if the past service history is not known.
- 29. CURRENT SERVICE INVOLVEMENT** (Circle up to 12)

Circle the client's current service involvement. (See choices in Past Service History). Choice 3 Liaison Services is not available for this question.

30. HOSPITAL DISCHARGED FROM IN LAST 30 DAYS

Enter the appropriate agency/hospital codes listed in APPENDIX-A. For client discharged from an agency/hospital not in the list, use the COUNTY CODE of the service provider and 97. **IF NOT APPLICABLE, LEAVE BLANK.**

31. NON-MENTAL HEALTH NEEDS (Circle up to 5)

- A ALCOHOL ABUSE SERVICES
- B CORRECTIONAL
- C DRUG ABUSE SERVICES
- D EDUCATION
- E EMPLOYMENT
- F FINANCIAL
- G HOUSING
- H LEGAL/JUSTICE
- J MEDICAL/HEALTH RELATED
- K PASTORAL
- L RECREATION
- M TRANSPORTATION
- N OTHER - if none of the above apply.
- P NONE - if there is no non-mental health needs.

32. PROGRAM/SERVICE NEEDS (Circle up to 10)

Indicate the client's present unmet needs, whether they will be provided directly by your agency or hospital, arranged to be provided elsewhere or remain unmet.

- A CRISIS STABILIZATION/EMERGENCY SERVICES
- B CCIS INPATIENT
- C OTHER PSYCHIATRIC INPATIENT
- D CLIENT ADVOCACY - means assisting the client in receiving all benefits to which he/she is entitled by working toward the removal of barriers to a client's receiving needed services.
- E DAILY LIVING SKILLS - Instruction and guidance in the functions of daily living that focus on improving inter-personal relationships and gaining competencies at home and in the community in the normal roles of consumer, family member, student, voter, etc.
- F MEDICATION MONITORING/EDUCATION - Regular medical evaluation and supervision of prescribed medications to assure continuation of medication and good health.
- G PARTIAL CARE
- H PSYCHOLOGICAL/PSYCHIATRIC EVALUATION ONLY - Use if client was referred for an assessment only and no other services is rendered.

- J PSYCHOTHERAPY/COUNSELING - - Psychological treatment undertaken by trained staff to ameliorate suffering on the part of another person. The purpose is to help the person attain better mental health and adaptive skills including maturity, autonomy and skills in daily living.
- K SELF-HELP SERVICES - are voluntary groups usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disturbing problem, and bringing about desired social and/or personal change.
- L SERVICE COORDINATION/LINKAGE
- M COMMUNITY RESIDENTIAL PROGRAM (WITH MENTAL HEALTH SERVICES)
- N CRISIS HOUSING - community-based temporary housing provided to individuals who are assessed by an emergency/screening service as being in crisis. This crisis housing is provided when inpatient care is deemed unnecessary because the crisis may be mitigated or resolved through the use of the emergency care interventions provided in this less restrictive setting.
- O OUTREACH/IN-HOME SERVICES
- P RESIDENTIAL SUPPORT SERVICES
- R RESPITE CARE - temporary supervision provided to individuals living with family members, family care providers or significant others, when short term relief is needed. This can be provided either in home or out of home.
- S PRE-VOCATIONAL SERVICES
- T TRANSITIONAL/SUPPORTED EMPLOYMENT
- V CHILD STUDY TEAM EVALUATION
- W DDD
- X DYFS
- 1 INFORMATION AND REFERRAL
- 2 OTHER

33. LEVEL OF FUNCTIONING (RATE: 01-10)

Every client enrolled must be assessed on this scale. Enter the appropriate Global Level of Functioning rating from 01-10. A complete explanation of the GLOF assessment process is in Section III- Instructions and Scale for GLOF.

34. PRIMARY THERAPIST/CASE MANAGER

Enter the code for the primary therapist/case manager assigned to the client. The code may be any 3-digit combination of numbers or letters that the agency assigns to its therapists or case managers.

35. PRESENTING PROBLEMS (CIRCLE UP TO 17)

Circle those problems which indicate why this person needs services or referrals from you:

- A ALCOHOL ABUSE - Problems with basis in excessive alcohol use. Psychological and/or Physiological Disorder resulting from detoxification or discontinuation of alcohol use.
- B ANXIETY - Reports of subjective feelings and concerns, and psycho physiological dysfunctions that may be associated with the anxious, phobic, or obsessive compulsive syndromes.

- C ASSAULTIVE BEHAVIOR/THREAT
- D BIZARRE BEHAVIOR - Acts that would be considered odd or inappropriate by a trained observer. Examples: speech disorders such as rambling or incoherence, hallucinations, paranoia, being out of touch with reality.
- E COMPULSIVE GAMBLING
- F DAILY LIVING PROBLEMS - Problems with daily routines, and carrying out of self-appointed or expected tasks. Includes, but is not limited to, housekeeping, wage earner, vocational, educational and leisure time roles, activities or expectations.
- G DEPRESSION/MOOD DISORDER
- H DESTRUCTIVE TO PROPERTY
- J DEVELOPMENTAL DISABILITY - Mental retardation and disabilities such as infantile autism and cerebral palsy.
- K DRUG ABUSE - Problems with excessive drug use and/or abuse.
- L EATING DISORDER
- M ECONOMIC STRESS
- N FIRE SETTING/IDEATION
- O HOMICIDAL BEHAVIOR/THREAT
- P LEGAL/JUSTICE INVOLVEMENT - Problems involving police, court or other law enforcement agency/personnel or non-criminal legal problems.
- R MARITAL/FAMILY PROBLEMS - Problems with spouse and/or parent roles and expectations.
- S MEDICAL/SOMATIC - Problems with bodily functioning that apparently are either real or imagined physical complaints or disabilities.
- T NO SOCIAL SUPPORT RESOURCES - Prolonged exposure to poor or inadequate environmental conditions; situational crisis due to a lack of economic/social support resources such as a need for housing.
- V ORGANIC MENTAL DISORDER - A particular organic brain syndrome in which the etiology is known or presumed. The essential feature is a psychological or behavioral abnormality associated with transient or permanent dysfunction of the brain.
- W PHYSICAL ABUSE/ASSAULT VICTIM - Problems with basis in, or result of being a victim of bodily harm, or bodily or emotional neglect.
- X PHYSICAL NEGLECT
- 1 RUNAWAY BEHAVIOR
- 2 SCHOOL PROBLEMS - Problems related to interacting with the school system.
- 3 SEXUAL ABUSE/RAPE VICTIM
- 4 SEXUAL ABUSER
- 5 SOCIAL/INTERPERSONAL (OTHER THAN FAMILY)

- 6 SUICIDE ATTEMPT - actual harm inflicted by client toward self.
- 7 SUICIDE THREAT - Suicidal thoughts, preoccupations, gestures or threats of self-destruction.
- 8 THOUGHT DISORDER
- 9 OTHER - use this category only if it is impossible classify a problem in the above categories.

36. PRIMARY PRESENTING PROBLEM

Enter the letter from Item 35 that the interviewer would give the highest priority in referral or treatment of the client.

ADMITTING DIAGNOSIS

Admitting diagnosis is required for all program elements.

The USTF-1 uses the diagnostic nomenclature of the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition), published by the American Psychiatric Association. For your convenience, the DSM-IV Codes were listed in alphabetical and in numerical orders, and decimal points omitted. (See Appendix C)

37. PRINCIPAL DIAGNOSIS (OMIT DECIMAL POINT)

Enter the five character principal diagnosis using DSM-IV (Appendix C). The entry must be five characters.

When an individual receives more than one diagnosis, the principal diagnosis is the condition that was chiefly responsible for the evaluation or admission to clinical care. In most cases this condition will be the main focus of attention or treatment. The principal diagnosis may be an Axis I or an Axis II diagnosis; in either case, the principal diagnosis is to be entered in Item 37 on the USTF-1.

Example:

Axis I 295.30 Schizophrenia, Paranoid, Chronic
 Axis II 301.70 Antisocial Personality Disorder
 (Principal diagnosis).

Enter in Item 37:

3 0 1 7 0

These multiple diagnoses should be listed in the medical record in the order of focus of attention or treatment.

38. SECONDARY DIAGNOSIS (OMIT DECIMAL POINT)

Enter the five digit Axis I or Axis II diagnosis using DSM-IV that is considered to be the secondary diagnosis. Only one secondary diagnosis may be entered on the USTF-1. **IF NO SECONDARY DIAGNOSIS IS MADE, ENTER V7109. IF DIAGNOSIS IS DEFERRED, ENTER 79990.**

39. PHYSICAL DIAGNOSIS (OMIT DECIMAL POINT, FILL IN ZERO'S TO THE RIGHT)

Axis III of DSM-IV permits the clinician to indicate any current physical disorder or condition found in the "International Classification of Diseases" (9th Revision, Clinical Modification) that is potentially relevant to the understanding or management of the individual. These are the conditions outside of the mental disorders section of ICD-9-CM.

In some instances the condition may be etiologically significant (e.g., a neurological disorder associated with Dementia); in other instances the physical disorder may not be etiologic, but important in the overall management of the individual (e.g., diabetes in a child with a Conduct Disorder). In yet other instances, the clinician may wish to note significant associated physical findings, such as "soft neurological signs."

Agencies are encouraged to use the "International Classification of Diseases, 9th Revision, Clinical Modification". Appendix D is an abbreviated version of the ICD-9-CM).

If there is no contributing physical disorder, FILL IN ALL ZEROS.

40. HANDICAPPING CONDITIONS (Circle up to 7)

A AMBULATORY/ORTHOPEDIC -

Ambulatory - physical difficulties that require substantial assistance with walking.

Orthopedic - one with malformation, malfunction or loss of bones, muscle, or body tissue.

B AUDITORY - an inability to hear within normal limits due to physical impairment or dysfunction of auditory mechanisms.

C COMMUNICATION - a severe speech or language disorder which interferes with the ability to use oral language to communicate.

D DEVELOPMENTAL DISABILITY/MR

E NEUROLOGICALLY IMPAIRED (Ed. Classification only) - means a specific impairment or dysfunction of the nervous system which adversely affects one's education.

F MEDICAL

G VISUAL - an inability to see within normal limits.

H EMOTIONALLY DISTURBED (Ed. Classification Only) - one exhibiting seriously disordered behavior over an extended period of time which adversely affects educational performance.

J PERCEPTUALLY IMPAIRED (Ed. Classification only) - means a specific learning disability manifested in a disorder in understanding and learning, which affects the ability to listen, think, speak, read, write, spell and/or compute to the extent that special education is necessary for achievement in an educational program.

K NONE - Use if the person has no special service conditions.

ITEMS 41 THROUGH 49 FOR INPATIENT SERVICES ONLY

41. COUNTY OF COMMITMENT (SEE APPENDIX B)

Enter the code letter for the county of commitment.

42. PERSON ADMITTED ON DETAINER

Circle YES or NO based on the following definition of a detainer patient: Person who has been charged with an offense and is awaiting trial or sentencing in a correctional facility when committed.

43. TRANSFER FROM OTHER INPATIENT

If the client is not being received on an order of transfer, enter letter A. If the client is being received on an order of transfer, enter the correct letter B through F that reflects the correct type of order.

A NO

IF YES

B ONE-WAY (State/County Hospital)
C TWO-WAY (State/County Hospital)

- D CCIS
- E SHORT-TERM CARE FACILITY
- F OTHER INPATIENT FACILITY

44. FIRST ADMISSION TO THIS INPATIENT FACILITY?

Circle appropriate answer.

45. COMMITMENT TYPE

- A SCREENING CERTIFICATE - refers to involuntary commitment through designated screening centers. It is a clinical certificate executed by a psychiatrist or other physicians affiliated with a screening service.
- B CLINICAL CERTIFICATE - refers to an involuntary commitment through court orders and outside of the normal procedures of designated screening centers. This is completed by the psychiatrist or other physician who has examined the person who is subject to commitment within three days of presenting the person for admission to a facility for treatment, and which states: that the person is in need of involuntary commitment; and the specific facts upon which the examining physician has based his conclusion. It shall be certified.
- C NGRI - Not Guilty by Reason of Insanity
- D IST - Incompetent to Stand Trial
- E VOLUNTARY ADMISSION

46. ARRIVAL TIME

Enter the appropriate letter which indicates the time the client arrived at the hospital:

- A 8 AM - 4 PM
- B 4 PM - MIDNIGHT
- C MIDNIGHT - 8 AM

47. TRANSPORTING AGENT

Enter appropriate letter of transporting agent:

- A AMBULANCE
- B FAMILY/SELF
- C POLICE/CORRECTION OFFICER
- D SOCIAL SERVICE AGENT
- E DYFS
- F OTHER

48. SCREENING TYPE

Enter the letter that indicates the screening type.

- A BY DESIGNATED SCREENER
- B BY CCIS
- C BY COMMUNITY AGENCY
- D OTHER/NONE
- E UNKNOWN

49. ADMISSION REASON

Enter the letter that best represents the reason the client was admitted to the hospital.

- A MEETS POLICY
- B MANDATE BY COURT
- C INTERSTATE COMPACT

- D COMMUNITY INPATIENT UNAVAILABLE
- E CCIS INPATIENT UNAVAILABLE
- F REFUSED BY COMMUNITY INPATIENT
- G OTHER

NOTE: IF THE CLIENT MEETS THE CRITERIA FOR ADMISSION ALWAYS INDICATE LETTER "A"

50. OPTIONAL/SPECIAL USE

This field may be used for special projects or studies by arrangement.

51. FUTURE USE

This field is reserved for future expansion.

52. TRANSACTION TYPE

- 1 Indicates that this form is for acceptance.

B. TERMINATION - USTF-2

GENERAL INSTRUCTIONS

USTF-2 must be completed:

- Within TWO WORKING DAYS after client is terminated from the agency; or
- When no face-to-face contact has been provided to the client for 90 days.

EXCEPTION:

For agencies rendering only legal services and authorized by the Division to register clients under the SYSTEMS ADVOCACY program element, the 90-day requirement for service delivery may be interpreted to include telephone contacts with the client and other types of non face-to-face services provided on behalf of client.

If a client enrolled in a community agency must be admitted or readmitted to a PUBLIC PSYCHIATRIC HOSPITAL, the following procedures will apply:

(See exception on Page 5)

1. The client is first terminated on the USTF-2 (Termination) by the community agency;
2. USTF-1 (Acceptance) is completed by the psychiatric hospital upon admission of client, and a corresponding USTF-2 (Termination) upon termination.

If Unique ID at admission was UKN07M*9 or UKN07F*9 (for unknown), and the client's name has been determined at termination, then you may change Item 5 to reflect the correct code.

**6. CO-MUN. CODE WHERE CLIENT WILL RESIDE (OUT-OF-STATE, USE Z98;
UNKNOWN, USE Z99)**

Enter the county and municipal code of the client's residence after termination. Follow the instructions for Item 7 (Co-Mun. Code of Residence) on the Acceptance.

NOTE: IF THE MUNICIPALITY CANNOT BE DETERMINED, ENTER THE CODE FOR THE CLIENT'S COUNTY OF RESIDENCE AFTER DISCHARGE AND THE NUMBER 99. FOR EXAMPLE, A99 INDICATES THAT THE CLIENT WILL LIVE IN ATLANTIC COUNTY, BUT THE MUNICIPALITY IS UNKNOWN.

FOR OUT-OF-STATE RESIDENT, USE Z98.
IF RESIDENCE IS TOTALLY UNKNOWN - USE Z99

7. SERVICE AREA WHERE CLIENT WILL RESIDE (SEE APPENDIX B)

Enter the number for the service area where client will reside after termination.

NOTE: IF CO-MUN CONTAINS 98 or 99, THE SERVICE AREA MUST ALSO BE 98 or 99, RESPECTIVELY.

8. PROGRAM ELEMENT

Enter the letter of the program element from which the client was terminated, listed in Item 9 of Acceptance. If a client is receiving services in two or more program elements at termination, select the primary service.

9. TERMINATION DATE (USE LEAD ZEROS)

Enter the date of the last face-to-face contact with the client.

Administrative close, where client is lost to contact for greater than 90 days, termination equals last face-to-face date, not the date of removal from the agency caseload.

NOTE: TERMINATION DATE MAY BE THE SAME AS OR AFTER DATE OF FIRST FACE-TO-FACE CONTACT (Item 11 of Acceptance).

10. LIVING CIRCUMSTANCES AT TERMINATION

Circle the anticipated living circumstance of the client upon termination.

- A ALONE/INDEPENDENT
- B WITH RELATIVES/FAMILY
- C OTHER

11. RESIDENTIAL ARRANGEMENT AT TERMINATION

Enter the letter which best indicates the client's residential arrangement at termination, listed in Item 18 of Acceptance.

12. EMPLOYMENT STATUS

Circle the letter that indicates the client's employment status at termination, as defined in Item 20 of Acceptance.

13. PRIMARY AGENCY RESPONSIBLE FOR FOLLOW-UP

Enter the letter of the primary agency where the client was referred at termination:

SCREENING/INPATIENT

- A DESIGNATED SCREENING CENTER
- B SHORT TERM CARE FACILITY
- C CCIS INPATIENT
- D COUNTY PSYCHIATRIC HOSPITAL
- E STATE PSYCHIATRIC HOSPITAL
- F OTHER PSYCHIATRIC INPATIENT
- G GENERAL HOSPITAL

COMMUNITY PROGRAMS/RESIDENTIAL SOURCES

- H COMMUNITY MENTAL HEALTH AGENCY
- J ALCOHOL TREATMENT PROGRAM
- K DRUG TREATMENT PROGRAM
- L SCHOOL SYSTEM
- M OTHER SOCIAL SERVICE AGENCY
- N NURSING HOME
- O BOARDING HOME
- P HOMELESS SHELTER
- R OTHER RESIDENTIAL PROGRAM

LEGAL/JUSTICE SYSTEM

- S POLICE/COURT/JAIL
 T STATE CORRECTIONAL PROGRAM
 V COMMUNITY CORRECTIONS PROGRAM
 W FAMILY CRISIS INTERVENTION UNIT

INDIVIDUALS

- X PRIVATE MENTAL HEALTH PRACTITIONER
 1 PRIVATE PSYCHIATRIST
 2 MEDICAL DOCTOR
 3 CLERGY

DEPARTMENT OF HUMAN SERVICES

- 4 DYFS
 5 DDD
 6 OTHER
 7 NO REFERRAL

14. MENTAL HEALTH AGENCY/HOSPITAL CODES

Enter the appropriate agency/hospital codes responsible for follow-up service using the PROJECT CODES listed in APPENDIX A. For client referred to agencies not listed in APPENDIX A, use the COUNTY CODE (of the follow-up service provider and 97. If out-of-state, use Z97. **LEAVE BLANK, IF NOT APPLICABLE.**

- A PRIMARY
 B SECONDARY

Example: If client is terminated for follow up to:

Greystone Park, enter P77
 UMDNJ, CMHC at Piscataway, enter M04
 Unlisted agency in Bergen County, enter B97

15. CIRCUMSTANCE AT TIME OF TERMINATION

Circle the letter that best describes the circumstance under which the client was terminated.

- A Terminated WITH Referral
 Terminated WITHOUT Referral:
 B No Further Services Indicated/Treatment Goal Met
 C Further Services Indicated but not Available
 D Further Services Needed but Rejected by Client
 E Further Services Needed but Rejected by Parent/Guardian
 F Client Lost to Contact, Follow-Up Attempted, No Contact Made
 G Client Lost to Contact, No Follow-Up Attempted
 H Client Moved/Known to be Unavailable
 J Client Died On Premises
 K Client Died Off Premises

NOTE: IF ANSWER IS EITHER F, G, H, J or K, SEE PAGE 6 FOR INSTRUCTIONS.

16. NON- MENTAL HEALTH NEEDS AT TIME OF TERMINATION

Circle up to 5 the non-mental health needs recommended for the client at termination, as defined in Item 31 on the Acceptance.

17. PROGRAM/SERVICE NEEDS AT TIME OF TERMINATION

Circle up to 10 client's unmet needs.

- A CRISIS STABILIZATION/EMERGENCY SERVICES
- B CCIS INPATIENT
- C OTHER PSYCHIATRIC INPATIENT
- D CLIENT ADVOCACY
- E DAILY LIVING SKILLS
- F MEDICATION MONITORING/EDUCATION
- G PARTIAL CARE
- H PSYCHOLOGICAL/PSYCHIATRIC EVALUATION ONLY
- J PSYCHOTHERAPY/COUNSELING
- K SELF-HELP SERVICES
- L SERVICE COORDINATION/LINKAGE
- M COMMUNITY RESIDENTIAL PROGRAM (WITH MH SERVICES)
- N CRISIS HOUSING
- O OUTREACH/IN-HOME SERVICES
- P RESIDENTIAL SUPPORT SERVICES
- R RESPITE CARE
- S PRE-VOCATIONAL SERVICES
- T TRANSITIONAL/SUPPORTED EMPLOYMENT
- V CHILD STUDY TEAM EVALUATION
- W DDD
- X DYFS
- 1 INFORMATION AND REFERRAL
- 2 OTHER
- 3 NONE

FINAL DIAGNOSIS

Unless specifically waived by DMHS, a final diagnosis is required for all clients terminated on the USTF-2. The final diagnosis is defined as the multi-axial diagnostic system found in DSM-IV CODES (Appendix C).

18. FINAL DIAGNOSIS PRINCIPAL (OMIT DECIMAL POINT)

Enter the five digit principal diagnosis using DSM-IV (Appendix C).

19. FINAL DIAGNOSIS SECONDARY (OMIT DECIMAL POINT)

Enter the five digit secondary diagnosis using DSM-IV (Appendix C).

IF NO SECONDARY DIAGNOSIS - ENTER V7109
 IF DEFERRED DIAGNOSIS - ENTER 79990

20. FINAL DIAGNOSIS PHYSICAL

Enter the appropriate physical diagnosis using ICD-9-CM. If there is no contributing physical disorder, FILL IN ALL ZEROS.

21. LEVEL OF FUNCTIONING (RATE: 01-10)

All clients must be assessed on the GLOF scale (Section III) by entering the appropriate rating for the client at time of termination.

22. DATE OF FIRST FACE-TO-FACE THERAPEUTIC CONTACT (USE LEAD ZEROS)

Enter the date of the **first** face-to-face **therapeutic** contact with the client, made by a clinician/therapist. This date may be the same but cannot precede "Date of First Face-to-Face Contact (Item 11, USTF-1)

NUMBER OF PROGRAM CONTACTS

THIS REPRESENTS A SUMMARY OF ALL CONTACTS RECEIVED BY CLIENT SINCE (AND INCLUDING) ENROLLMENT FOR THIS EPISODE UNTIL TERMINATION. THIS SHOULD INCLUDE ANY AND ALL PROGRAM CONTACTS IN THE OTHER PROGRAM ELEMENTS THAT WERE RECORDED IN THE INTRA-AGENCY TRANSFERS (USTF-6 & USTF-7).

Enter the cumulative number of days services received from admission to termination.

23. INPATIENT DAYS

Record the actual number of calendar days, including those days that the client is on temporary leave.

STCF's Note: Please record only the number of days in the STCF bed.

24. RESIDENTIAL DAYS

Record the actual number of calendar days, including those days that the client is on temporary leave.

25. PARTIAL CARE CONTACTS -A partial care contact day equals 3-5 hours on any given day. Count as two contacts if client is seen for more than 5 hours in a given day.

26. OUTPATIENT VISITS

27. EMERGENCY CONTACTS, FACE-TO-FACE

28. SCREENING CONTACTS - by designated screeners.

29. INTEGRATED CASE MANAGEMENT CONTACTS

30. YOUTH CASE MANAGEMENT CONTACTS

31. TREATMENT TEAM CONTACTS - refers to Children's Mobile Outreach; does not refer to inpatient treatment team contacts.

NUMBER OF SYSTEMS ADVOCACY CONTACTS

33. FACE-TO-FACE WITH CLIENT

34. CONTACTS ON BEHALF OF CLIENT

Enter the cumulative number of system advocacy contacts for the client that was not face-to-face from admission to termination.

35. OPTIONAL/SPECIAL USE

This field maybe used for special projects or studies by arrangement.

36. FUTURE USE

This field is reserved for future expansion.

37. TRANSACTION TYPE

- 1 Indicates that this form is for termination.

C. INTRA-AGENCY TRANSFERS

INCOMING CLIENT TRANSFERS -USTF-6 OUTGOING CLIENT TRANSFERS -USTF-7

GENERAL INSTRUCTIONS

The intra-agency transfer forms should be used for all program elements except emergency services or screening services.

For recording client transfers within the agency, use USTF-6 "INCOMING CLIENT TRANSFERS" for each time the client is enrolled to another program element (other than the program element the client was first admitted). Complete the USTF-7 "OUTGOING CLIENT TRANSFERS" whenever that client leaves that program element (but is not being terminated from all the other services.)

Its main purpose is to be able to track client movement within the agency between program elements from admission until the final termination (when the USTF-2 is completed).

INCOMING CLIENT TRANSFERS - USTF6

TRANSACTION DATE

Enter the month and year of transactions.

Copy the exact information on Items 1-5, appearing on USTF-1 completed for the client.

1. **PROJECT NAME**
2. **PROJECT CODE**
3. **CLIENT/PATIENT NO.**
4. **DATE OF BIRTH**
5. **UNIQUE CLIENT ID**
6. **TRANSFER IN DATE** - Enter the date of the client's first therapeutic contact or the date the client started receiving services in the current program element.
7. **GLOF** - Enter the GLOF rating at Transfer-in-Date.
8. **PROGRAM ELEMENT** - Enter the current program element.

OUTGOING CLIENT TRANSFERS - USTF-7

TRANSACTION DATE

Enter the month and year of transactions.

Copy the exact information on Items 1-5, appearing on USTF-1 completed for the client.

1. **PROJECT NAME**
2. **PROJECT CODE**
3. **CLIENT/PATIENT NO.**
4. **DATE OF BIRTH**
5. **UNIQUE CLIENT ID**
6. **TRANSFER OUT DATE** - Enter the date the client is terminated in the current program element
7. **GLOF** - Enter the GLOF rating at Transfer-Out-Date.
8. **PROGRAM ELEMENT** -Enter the program element client is terminated.

D. EMERGENCY/SCREENING REGISTRATION USTF-5

GENERAL INSTRUCTIONS

Agencies that are funded to provide EMERGENCY SERVICES or have been approved as DESIGNATED SCREENERS are required to complete USTF-5 for clients seen for these services. This form is a combination of selected fields from USTF-1 and USTF-2 and has to be completed within two days from Termination Date (Item 39).

ALL UNDERLINED ITEMS IN THIS FORM MUST BE COMPLETED. ALSO, NOTE THAT #13., RACE/ETHNICITY MUST ALSO BE FILLED OUT.

1. NAME OF PROJECT

Enter the name of the agency, contract or hospital (Appendix A).

2. PROJECT CODE

Enter the three digit number for each agency and hospital listed in Appendix A.

3. CLIENT/PATIENT NUMBER (FILL IN ALL BLANK BOXES WITH LEAD ZEROS, NO DASHES OR ASTERISKS)

Enter the case number assigned by the service provider to each client. Any combination of numbers and letters up to eight may be used. The number must be right justified.

Example:

The client number A 357-4 must be right-justified so that it appears as 00A35704 on the form. Note two leading zeros precede the client number, and the dash is recoded as a zero.

Any client who is being re-enrolled should be given a new client/patient number. This requirement for a new client/patient number applies to each episode of care. Where a unit numbering system is used in clinical/medical records, a prefix or a suffix code can be used to distinguish each episode of care.

Example:

First Admission Client/Patient No. is 00035704

Second Admission Client/Patient No. is 00A35704

4. DATE OF BIRTH (USE LEAD ZEROS)

Enter the month, day, and year of birth. If date of birth is unknown, enter 01 for the month, 01 for the day, and an approximation of the year.

Examples:

KNOWN BIRTHDATE
February 14, 1950 is entered as:

02 14 1950

UNKNOWN BIRTHDATE
Of a 39 year old, admitted in June 1989,
birthdate is entered as:

01 01 1950

5. UNIQUE CLIENT ID (USE CURRENT LEGAL NAME)

The unique client identifier is used to code initials in the last and first names of each client. Its purpose is to ensure the confidentiality of the clients registered on the Client Registry System.

If client's name is unknown, use **UKN07M*9** for male and **UKN07F*9** for female.

Agencies are requested to code a client's name in the same manner each time the client is admitted for service. Retaining previous CLIENT REGISTRY forms in client's individual record will ensure that the client is given the same Unique Client ID for each subsequent admission.

NOTE: USE ALL UPPER CASE LETTERS.

The unique client identifier is coded as follows:

<u>Character</u>	<u>What to Enter</u>
1	First letter of LAST name
2	Third letter of LAST name
3	Fourth letter of LAST name (if none, use asterisk)
4-5	TOTAL number of letters in LAST NAME, disregarding spaces
6	First letter of FIRST name
7	* (asterisk)
	OPTIONAL First letter of SECOND or MIDDLE NAME
8	The characters 1-7 will usually identify most clients; therefore, in most cases, the eighth character will be a 9. If the first 7 characters produce an identical unique ID, follow instructions below.

To differentiate twins, triplets or other clients with similar names, the eighth character should be assigned as follows:

First matched client: 9
 Second matched client: 8
 Third matched client: 7

Examples:

NAME	UNIQUE CLIENT ID (8 character)
1) Barrymore, John Drew	B R R 0 9 J * 9
2) Doe, William	D E * 0 3 W * 9
Doe, Wendy	D E * 0 3 W * 8

3) MacDonald, Robert E M C D 0 9 R * 9
 optional M C D 0 9 R E 9

4) Van Boren, John A V N B 0 8 J * 9 (Spaces are ignored)

6. ZIP CODE (00000 IF UNKNOWN)

Enter the client's zip code. Do not leave blank.

7. COUNTY-MUNICIPALITY CODE OF RESIDENCE (OUT-OF-STATE, USE Z98; UNKNOWN, USE Z99)

Enter the client's county and municipality of residence at admission (refer to APPENDIX B).

Some locales, areas and unincorporated municipalities may not be listed in Appendix B. In these cases, refer to the publication entitled, "NEW JERSEY LOCAL NAMES", published by the New Jersey Department of Transportation, or use the municipal code closest to the client's residence.

If the municipality cannot be determined, enter the code for the client's county of residence and the numbers 99. For example, A99 indicates that the client lives in Atlantic County, but the municipality is UNKNOWN.

If the residence of the client cannot be determined, indicate the county from which the client was referred.

NOTE: FOR OUT-OF-STATE RESIDENTS, USE Z98. FOR UNKNOWN, USE Z99.

8. SERVICE AREA OF RESIDENCE (SEE APPENDIX B)

Enter the number for the client's service area where he/she resides at admission. If the service area is unknown, enter 99; if client is from out of state, use 98. If the residence of the client cannot be determined, indicate the service area from which the client was referred.

NOTE: IF MUNICIPALITY OF RESIDENCE (ITEM 7) CONTAINS 98, OR 99 THE SERVICE AREA MUST ALSO BE 98 FOR OUT-OF STATE OR 99 FOR UNKNOWN.

9. PROGRAM ELEMENT

Enter the letter of the mental health program element in which the client is being accepted for service, i.e., C for Designated Screening or D for Emergency. The definitions for these program elements are as follows:

- C DESIGNATED SCREENING - means a public or private ambulatory care service **designated by the Commissioner**, which provides mental health services including assessment, emergency and referral services to mentally ill persons in a specified geographic area.
- D EMERGENCY - The provision of 24-hour service, 7 days a week, to people in crisis. Emergency includes mental health and social service provision or procurement and advocacy. Emergency service also offers immediate crisis-intervention and service procurement to relieve client distress and maintain or recover his/her level of functioning. Emphasis is on stabilization, so that the client can actively participate in a needs assessment and in service planning.

10. DATE OF FIRST FACE-TO-FACE CONTACT (USE LEAD ZEROS)

Enter the date of the first face-to-face contact with the client for current episode.

11. REFERRAL SOURCE

Enter the letter of the primary person or facility responsible for directing the client to your agency or hospital. The definition of each referral source is as follows:

EMERGENCY/SCREENING/INPATIENT

- A DESIGNATED SCREENING CENTER - a public or private ambulatory care service **designated by the Commissioner**, which provides mental health services including assessment, emergency and referral services to mentally ill persons in a specified geographic area.
- B EMERGENCY - Any referral from an emergency unit of a general hospital, not a mental health facility.
- C CHILDREN'S CRISIS INTERVENTION SERVICES (CCIS) INPATIENT - These are separate units or facilities or sub-units of an existing licensed psychiatric unit or facility designed for the provision of screening, stabilization, assessment and short-term intensive treatment services for persons under the age of 18 who are experiencing an acute episode of a psychiatric disorder.
- D COUNTY PSYCHIATRIC HOSPITAL - Any county psychiatric hospital located in New Jersey or elsewhere.
- E STATE PSYCHIATRIC HOSPITAL - Any State psychiatric hospital located in New Jersey or elsewhere.
- F OTHER PSYCHIATRIC INPATIENT - Any psychiatric inpatient unit that is not part of a state or county psychiatric hospital.
- G GENERAL HOSPITAL -- Any referral from a general hospital that **does not come from a psychiatric inpatient unit**.

COMMUNITY PROGRAMS/RESIDENTIAL SOURCES

- H COMMUNITY MENTAL HEALTH AGENCY - An agency organized for the provision of mental health services, i.e., outpatient, partial, residential services.
- J ALCOHOL TREATMENT PROGRAM - Program dealing with those who abuse alcohol.
- K DRUG TREATMENT PROGRAM - program dealing with those who abuse drugs.
- L SCHOOL SYSTEM - Any public or private educational system, usually primary or secondary, but may include colleges, universities and similar facilities.
- M OTHER SOCIAL AGENCY - Any agency organized for the provision of generic social services, rather than mental health services.
- N NURSING HOME - A facility licensed to provide skilled nursing, intermediate nursing care, for rehabilitative or other health-related care & services on a regular basis and is not primarily for the care and treatment of mental diseases.
- O BOARDING HOME - A residence that provides shelter and sustenance to four or more individuals who require minimal supervision, with emphasis on enrollment in generic social services. This includes residential health care facilities licensed by the Department of Health.
- P HOMELESS SHELTER - a supervised or publicly operated shelter designed to provide temporary living accommodations (including welfare hotels, and congregate shelters); an institution that provides a temporary residence; or a public or private place not designed for, or ordinarily used as, a permanent sleeping accommodation.
- R OTHER RESIDENTIAL PROGRAM - any other residential programs not classified above.

LEGAL/JUSTICE SYSTEM

- S POLICE/COURT/JAIL
- T STATE CORRECTIONAL PROGRAM - State Correctional Facility

- V COMMUNITY CORRECTIONS PROGRAM - A non-residential day program, typically operating 5 days a week, which is administered by the Department of Corrections or County Probation Departments. These programs are located in the community, providing comprehensive services to clients who have been assigned to county probation, and is used as an alternative to incarceration. They provide individual counseling, behavior modification, and guided group interaction.
- W FAMILY CRISIS INTERVENTION UNIT (FCIU) - are county-based agencies which provide short-term individual and family crisis counseling, as well as, referral and monitoring services to youth who are having problems related to family disputes, incorrigibility, truancy, and running away (status offenses).

INDIVIDUALS

- X SELF
- 1 FAMILY OR FRIEND - Immediate or extended family; close friends; acquaintances.
- 2 PRIVATE MENTAL HEALTH PRACTITIONER - A psychologist, a social worker, or other non-physician who is mental health professional.
- 3 PRIVATE PSYCHIATRIST
- 4 MEDICAL DOCTOR - A physician who is not a psychiatrist.
- 5 CLERGY - A referral made by any person ordained for religious service.

DEPARTMENT OF HUMAN SERVICES

- 6 DYFS - Division of Youth and Family Services
- 7 DDD - Division of Developmental Disabilities
- 8 OTHER - Use if the referral source is not included above.

12. SEX (Circle one)

M for male and F for female.

13. RACE/ETHNICITY

Enter the letter of the client's race/ethnicity. If possible, ask the client to identify the race/ethnicity grouping of his or her preference. If none of the groupings are acceptable to the client, indicate letter F "Other". The definition of each race/ethnicity is as follows:

- A AMERICAN INDIAN OR ALASKAN NATIVE: Individuals having origins in any of the original peoples of North America.
- B ASIAN OR PACIFIC ISLANDER: Individuals having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, China, Japan, Korea, Philippines, and Samoa.
- C BLACK, NOT OF HISPANIC ORIGIN: Individuals having origins in any of the black racial groups, excluding those of Hispanic origin.
- D HISPANIC: Individuals of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

E WHITE, NOT OF HISPANIC ORIGIN: Individuals having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian Subcontinent, except those of Hispanic origin.

F OTHER - Use if none of the above is appropriate.

14. ENGLISH SPEAKING

Enter appropriate letter:

A YES, if the client's primary language is English.

B NO, Spanish Speaking - if the client's primary language is Spanish.

C NO, Other Foreign Language - if the client's primary language is neither English nor Spanish.

D NO, American Sign Language (including other forms of sign languages).

15. MARITAL STATUS

Enter the letter which indicates the client's marital status.

A MARRIED/LIVING AS MARRIED

B WIDOWED

C DIVORCED

D SEPARATED - INCLUDES LEGAL AS WELL AS OTHER SEPARATION

E NEVER MARRIED - CHILDREN SHOULD BE INCLUDED IN THIS CATEGORY

F UNKNOWN - IF STATUS IS UNASCERTAINED.

16. LIVING CIRCUMSTANCES

Enter the letter which best indicates the client's living circumstance immediately preceding enrollment in your agency.

A ALONE/INDEPENDENT

B WITH RELATIVES/FAMILY

C OTHER

17. RESIDENTIAL ARRANGEMENT

Enter the letter that best describes the client's residential arrangement.

A PRIVATE RESIDENCE

B COOPERATIVE LIVING SITUATION (No MH Services) - Individuals living with roommate(s) or in family-like situations.

C FOSTER FAMILY CARE - A program of supervised, substitute family living, offered as an alternative to institutionalization, for children or adults with emotional difficulties who are unable to live in their own homes.

D HOMELESS/ON STREET - An individual who lacks a fixed, regular and adequate nighttime residence.

E COMMUNITY RESIDENTIAL PROGRAM (with MH Services)

F BOARDING HOME/RHCF

G NURSING HOME/SKILLED NURSING FACILITY (SNF)/INTERMEDIATE CARE FACILITY (ICF)

H RESIDENTIAL SUBSTANCE ABUSE PROGRAM

J DDD/MR - RESIDENCE - any residential program funded or operated by DDD.

- K DYFS RESIDENTIAL TREATMENT CENTER - Residential facilities which provide 24 hour a day care and treatment for youth whose needs are such that they are unable to function appropriately in their homes, schools and community, and are unable to be served appropriately in less restrictive settings.
- L CHILDREN'S GROUP HOME/TEACHING FAMILY PROGRAM - community-based, family-style treatment homes for youth with behavioral and emotional problems. Individualized service is provided for behavior treatment, social and self-care training. Children typically attend school during this placement.
- M HOMELESS SHELTER
- N OTHER RESIDENTIAL PROGRAM
- O STATE PSYCHIATRIC HOSPITAL
- P COUNTY PSYCHIATRIC HOSPITAL
- R CHILDREN'S CRISIS INTERVENTION SERVICES (CCIS) INPATIENT
- S OTHER PSYCHIATRIC INPATIENT - Other psychiatric inpatient unit that is not part of a state or county psychiatric hospital.
- T STATE CORRECTIONAL FACILITY
- V DETENTION CENTER - A county-administered, 24 hour a day, locked facility, which houses clients who have committed serious arrestable offenses.
- W OTHER INSTITUTIONAL SETTING - Any institution not classified above.
- X UNKNOWN - Use if the living arrangement is not known.

18. VETERAN

Circle Yes or No, based on the following definition. A veteran is one who had been active for at least 90 days during a specified wartime and discharged honorably from a Service other than training, and excluding reserve components (Army Reserves, National Guards.) Branches of Service are: Army, Marine Corps, Navy, Air Force and Coast Guard.

War Periods:

World War I	4/6/17 - 11/11/18
World War II	12/7/41 - 12/31/46
Korean War	6/27/50 - 1/31/55
Vietnam War	8/5/64 - 5/7/75

19. EMPLOYMENT STATUS

Enter the letter that indicates the client's employment status. Letters A through E refer to people who have been or are part of the labor force, including those who are unemployed.

- A EMPLOYED - FULL TIME - An employee who works the required number of hours established by the employer for full time work. Generally, a full time week should be considered as 35 or more hours.
- B EMPLOYED - PART TIME - An employee who works less than the required number of hours established by an employer for full time work.
- C ARMED SERVICES - For persons whose primary employment status is the military.

D SHELTERED EMPLOYMENT

E UNEMPLOYED - a person who is currently out of work and is actively seeking employment, or who would return to work if it were available.

F NOT IN LABOR FORCE - includes:

Homemaker - a person who organizes and performs household and/or family duties full time but does not receive compensation.

Job Trainee - for person involved with vocational rehabilitation, or attending a workshop for the physically handicapped, developmentally disabled, etc., or an intern or apprentice.

Student - An individual attending school on a full or part-time basis and not working for pay.

Retired - A person who has worked, but is now withdrawn from business or public life.

Any person unemployed and not actively seeking employment.

G UNKNOWN - Use if the employment status cannot be determined.

20. EDUCATION - (00, NO SCHOOLING; 99 UNKNOWN)

Enter the grade number that represents the highest level of education achieved or its equivalent, regardless of the number of years it took to achieve the level. Disregard the nature of the education received (e.g. vocational vs. academic) or whether the educational program was completed. Use the following guide for selecting the proper level.

- | | |
|-------|---|
| 00 | = No Schooling |
| 01 | = Preschool, kindergarten, and/or first grade |
| 02-12 | = Second to twelfth grade |
| 13-16 | = Some college or other post high school training |
| 17 | = Post graduate |
| 99 | = Unknown |

21. CURRENT TYPE OF EDUCATION

Enter the letter that indicates the type of education that client is presently attending.

A REGULAR EDUCATION/VOCATIONAL EDUCATION -

Regular education - classes and curriculum for children who do not have any special education needs.

Vocational education - Educational training that provides a student with practical experience in a particular occupational field.

B SPECIAL EDUCATION - includes:

Classes for Emotionally Disturbed - Special classes for persons classified, under N.J.S.A. 18A:46-1 et seq. as emotionally disturbed.

Classes for Mentally Retarded - Special classes for persons classified under N.J.S.A. 18A:46-1 et seq. as mentally retarded.

Other Special Education - Special classes for persons classified under N.J.S.A. 18A:46-1 et seq. as visually handicapped, auditory handicapped, communication handicapped, neurologically or perceptually impaired, orthopaedically handicapped, chronically ill, socially maladjusted or with multiple handicaps.

C POST HIGH SCHOOL EDUCATION

D NOT IN SCHOOL

22. SOURCE OF REIMBURSEMENT

Circle up to 4 sources of reimbursement that client is using to pay for services.

- A NONE - Organization to absorb total cost.
- B SELF/LEGALLY RESPONSIBLE RELATIVE
- C MEDICAID
- D MEDICARE
- E OTHER PUBLIC SOURCES
- F SERVICE CONTRACT (e.g., HMO)
- G OTHER THIRD PARTY INSURANCE
- H UNKNOWN

23. INCOME SOURCE

Circle up to 8 household or family income sources that apply, for children as well as adults.

- A DISABILITY INSURANCE/WORKMEN'S COMPENSATION
- B FAMILY OR RELATIVE
- C PENSION
- D PUBLIC ASSISTANCE
- E SOCIAL SECURITY
- F UNEMPLOYMENT INSURANCE
- G WAGE/SALARY INCOME
- H OTHER
- J UNKNOWN

24. GROSS ANNUAL FAMILY INCOME

Enter the gross annual family income to the nearest thousand. A reasonable estimate is acceptable. If income is \$98,000 or more, enter 98. If unknown, enter 99. If no income, enter 00.

25. TOTAL PERSONS DEPENDENT ON INCOME

Enter the total number of persons dependent upon the income listed above.

26. SOCIAL SECURITY ELIGIBILITY

Enter the appropriate letter:

- A DETERMINED ELIGIBLE - Social Security has determined that client is entitled to SSI benefits.
- B POTENTIALLY ELIGIBLE - agency consider client potentially eligible for SSI benefits but Social Security has yet to make final determination.
- C PROBABLY NOT ELIGIBLE - preliminary findings of the agency tend to show that client may not be eligible for SSI benefits, but Social Security has yet to make final determination.
- D DETERMINED TO BE INELIGIBLE - Social Security has determined that client is not eligible for SSI benefits.

27. PAST SERVICE HISTORY (CIRCLE UP TO 12)

Include all types of past services received by the client, regardless of whether the service was received at your agency or another.

- A ALCOHOL TREATMENT PROGRAM

- B DRUG TREATMENT PROGRAM
- C COMMUNITY CORRECTIONS PROGRAM
- D CORRECTIONAL FACILITY - individual who had been in a Department of Corrections operated group homes or institutions.
- E DETENTION CENTER
- F PROBATION
- G DDD
- H DYFS
- J FAMILY CRISIS INTERVENTION UNIT (FCIU)
- K CHILD STUDY TEAM EVALUATION
- L GROUP HOME WITH MH SERVICES - are community homes designed to provide a therapeutic environment through the provision of an array of therapeutic care. It provides supportive living environment for those unable to live alone with family or in other less restrictive setting for a period of time. **RESTRICTED TO YOUTH.** For adults, use 1 - Residential Care.
- M SPECIALIZED FOSTER CARE - a program of supervised, substitute family living for youngsters whose parents or caretakers are unable or unwilling to provide proper care. The youngsters' activities (food, clothing, and supervision) are provided by paraprofessional foster parents. Counseling is provided with additional emergency back-up (e.g., Teaching Family Program)
- N PUBLIC WELFARE
- O OTHER SOCIAL SERVICE AGENCY
- P STATE PSYCHIATRIC HOSPITAL
- R COUNTY PSYCHIATRIC HOSPITAL
- S CHILDREN'S CRISIS INTERVENTION SERVICES (CCIS) INPATIENT -
- T OTHER PSYCHIATRIC INPATIENT
- V CLINICAL CASE MANAGEMENT/YOUTH CASE MANAGEMENT
- W OUTPATIENT/COUNSELING
- X PARTIAL CARE
- 1 RESIDENTIAL CARE
- 2 EMERGENCY/MOBILE OUTREACH/TREATMENT TEAM - a team of mental health professionals, attached to lead regional service agencies, who provide clinical intervention to CCIS Units, Post 28 Day Inpatient Units, Detention Centers, DYFS Residential facilities, and in the homes of children and adolescents who are in crisis.
- 3 LIAISON SERVICES - the provision of services to clients hospitalized in an inpatient psychiatric facility; liaison is designed to assist the hospital in developing appropriate discharge plans, and to assist the clients in linking up with needed community resources upon discharge. Liaison services

also include post-discharge follow-up services. Liaison service is often a subcomponent of clinical case management.

- 4 SYSTEMS ADVOCACY - The provision of individual support and representation, companionship, and service procurement to clients in institutional, community, agency, and natural settings.
- 5 SELF HELP SERVICES - are voluntary groups usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disturbing problem, and bringing about desired social and/or personal change.
- 6 NONE - Use if there has been no past service history, or if the past service history is not known.

28. CURRENT SERVICE INVOLVEMENT (Circle up to 12)

Circle the client's current service involvement. (See choices in Past Service History)

29. HOSPITAL DISCHARGED FROM IN LAST 30 DAYS

Enter the appropriate agency/hospital codes listed in APPENDIX-A. For client discharged from an agency/hospital not in the list, use the COUNTY CODE of the service provider and 97. **LEAVE BLANK, IF NOT APPLICABLE.**

30. NON MENTAL HEALTH NEEDS (Circle up to 5)

- A ALCOHOL ABUSE SERVICES
- B CORRECTIONAL
- C DRUG ABUSE SERVICES
- D EDUCATION
- E EMPLOYMENT
- F FINANCIAL
- G HOUSING
- H LEGAL/JUSTICE
- J MEDICAL/HEALTH RELATED
- K PASTORAL
- L RECREATION
- M TRANSPORTATION
- N OTHER - if none of the above apply.
- P NONE - if there is no non-mental health needs.

31. PROGRAM/SERVICE NEEDS (Circle up to 10)

Reflect the client's present unmet needs, whether they will be provided directly by your agency or hospital, arranged to be provided elsewhere or remain unmet.

- A CRISIS STABILIZATION/EMERGENCY SERVICES

- B CCIS INPATIENT - CHILDREN'S CRISIS INTERVENTION SERVICES
- C OTHER PSYCHIATRIC INPATIENT
- D CLIENT ADVOCACY - means assisting the client in receiving all benefits to which he/she is entitled by working toward the removal of barriers to a client's receiving needed services.
- E DAILY LIVING SKILLS - Instruction and guidance in the functions of daily living that focus on improving inter-personal relationships and gaining competencies at home and in the community in the normal roles of consumer, family member, student, voter, etc.
- F MEDICATION MONITORING/EDUCATION - Regular medical evaluation and supervision of prescribed medications to assure continuation of medication and good health.
- G PARTIAL CARE
- H PSYCHOLOGICAL/PSYCHIATRIC EVALUATION ONLY - Use if client was referred for an assessment only and no other services is rendered.
- J PSYCHOTHERAPY/COUNSELING - - Psychological treatment undertaken by trained staff to ameliorate suffering on the part of another person. The purpose is to help the person attain better mental health and adaptive skills including maturity, autonomy and skills in daily living.
- K SELF-HELP SERVICES - are voluntary groups usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disturbing problem, and bringing about desired social and/or personal change.
- L SERVICE COORDINATION/LINKAGE
- M COMMUNITY RESIDENTIAL PROGRAM (WITH MENTAL HEALTH SERVICES)
- N CRISIS HOUSING - community-based temporary housing provided to individuals who are assessed by an emergency/screening service as being in crisis. This crisis housing is provided when inpatient care is deemed unnecessary because the crisis may be mitigated or resolved through the use of the emergency care interventions provided in this less restrictive setting.
- O OUTREACH/IN-HOME SERVICES
- P RESIDENTIAL SUPPORT SERVICES
- R RESPITE CARE - temporary supervision provided to individuals living with family members, family care providers or significant others, when short term relief is needed. This care can be provided either in home or out of home.
- S PRE-VOCATIONAL SERVICES
- T TRANSITIONAL/SUPPORTED EMPLOYMENT
- V CHILD STUDY TEAM EVALUATION
- W DDD
- X DYFS
- 1 INFORMATION AND REFERRAL
- 2 OTHER

32. LEVEL OF FUNCTIONING (RATE: 01-10)

Every client enrolled must be assessed on this scale. Enter the appropriate Global Level of Functioning rating from 01-10. A complete explanation of the GLOF assessment process is in Section III- Instructions and Scale for GLOF.

33. PRESENTING PROBLEMS (CIRCLE UP TO 17)

Circle those problems which indicate why this person needs services or referrals from you:

- A ALCOHOL ABUSE - Problems with basis in excessive alcohol use. Psychological and/or Physiological Disorder resulting from detoxification or discontinuation of alcohol use.
- B ANXIETY - Reports of subjective feelings and concerns, and psycho physiological dysfunctions that may be associated with the anxious, phobic, or obsessive compulsive syndromes.
- C ASSAULTIVE BEHAVIOR/THREAT
- D BIZARRE BEHAVIOR - Acts that would be considered odd or inappropriate by a trained observer. Examples: speech disorders such as rambling or incoherence, hallucinations, paranoia, being out of touch with reality.
- E COMPULSIVE GAMBLING
- F DAILY LIVING PROBLEMS - Problems with daily routines, and carrying out of self-appointed or expected tasks. Includes, but is not limited to, housekeeping, wage earner, vocational, educational and leisure time roles, activities or expectations.
- G DEPRESSION/MOOD DISORDER
- H DESTRUCTIVE TO PROPERTY
- J DEVELOPMENTAL DISABILITY - Mental retardation and disabilities such as infantile autism and cerebral palsy.
- K DRUG ABUSE - Problems with excessive drug use and/or abuse.
- L EATING DISORDER
- M ECONOMIC STRESS
- N FIRE SETTING/IDEATION
- O HOMICIDAL BEHAVIOR/THREAT
- P LEGAL/JUSTICE INVOLVEMENT - Problems involving police, court or other law enforcement agency/personnel or non-criminal legal problems.
- R MARITAL/FAMILY PROBLEMS - Problems with spouse and/or parent roles and expectations.
- S MEDICAL/SOMATIC - Problems with bodily functioning that apparently are either real or imagined physical complaints or disabilities.
- T NO SOCIAL SUPPORT RESOURCES - Prolonged exposure to poor or inadequate environmental conditions; situational crisis due to a lack of economic/social support resources such as a need for housing.
- V ORGANIC MENTAL DISORDER - A particular organic brain syndrome in which the etiology is known or presumed. The essential feature is a psychological or behavioral abnormality associated with transient or permanent dysfunction of the brain.

- W PHYSICAL ABUSE/ASSAULT VICTIM - Problems with basis in, or result of being a victim of bodily harm, or bodily or emotional neglect.
- X PHYSICAL NEGLECT
- 1 RUNAWAY BEHAVIOR
- 2 SCHOOL PROBLEMS - Problems related to interacting with the school system.
- 3 SEXUAL ABUSE/RAPE VICTIM
- 4 SEXUAL ABUSER
- 5 SOCIAL/INTERPERSONAL (OTHER THAN FAMILY)
- 6 SUICIDE ATTEMPT - actual harm inflicted by client toward self.
- 7 SUICIDE THREAT - Suicidal thoughts, preoccupations, gestures or threats of self-destruction.
- 8 THOUGHT DISORDER
- 9 OTHER - use this category only if it is impossible classify a problem in the above categories.

34. PRIMARY PRESENTING PROBLEM

Enter the letter from Item 33 that the interviewer would give the highest priority in referral or treatment of the client.

- 35. HANDICAPPING CONDITIONS** (Circle up to 7)
- A AMBULATORY/ORTHOPAEDIC -
 - B AUDITORY
 - C COMMUNICATION
 - D DEVELOPMENTAL DISABILITY/MR
 - E NEUROLOGICALLY IMPAIRED
 - F MEDICAL
 - G VISUAL
 - H EMOTIONALLY DISTURBED (Ed. Classification Only) - one exhibiting seriously disordered behavior over an extended period of time which adversely affects educational performance.
 - J PERCEPTUALLY IMPAIRED (Ed. Classification only) - means a specific learning disability manifested in a disorder in understanding and learning, which affects the ability to listen, think, speak, read, write, spell and/or compute to the extent that special education is necessary for achievement in an educational program.
 - K NONE - Use if the person has no special service conditions.

THE FOLLOWING SECTION PERTAINS TO INFORMATION THAT ARE NORMALLY COLLECTED AT TERMINATION.

36. CO-MUN. CODE WHERE CLIENT WILL RESIDE (OUT-OF-STATE, USE Z98; UNKNOWN, USE Z99)

Enter the county and municipal code of the client's residence after termination. Follow the instructions for Item 7 (Co-Mun. Code of Residence) on the Acceptance.

NOTE: IF THE MUNICIPALITY CANNOT BE DETERMINED, ENTER THE CODE FOR THE CLIENT'S COUNTY OF RESIDENCE AFTER DISCHARGE AND THE NUMBER 99. FOR EXAMPLE, A99 INDICATES THAT THE CLIENT WILL LIVE IN ATLANTIC COUNTY, BUT THE MUNICIPALITY IS UNKNOWN.

37. SERVICE AREA WHERE CLIENT WILL RESIDE (SEE APPENDIX B)

Enter the number for the service area where client will reside after termination.

NOTE: IF CO-MUN CONTAINS 98 or 99, THE SERVICE AREA MUST ALSO BE 98 or 99, RESPECTIVELY.

38. PROGRAM ELEMENT

Enter the letter of the program element from which the client was terminated, as defined in Item 9.

39. TERMINATION DATE (USE LEAD ZEROS)

Enter the date of the last face-to-face contact with the client.

NOTE: TERMINATION DATE MAY BE THE SAME AS OR AFTER DATE OF FIRST FACE-TO-FACE CONTACT (Item 10).

40. LIVING CIRCUMSTANCES AT TERMINATION

Circle the anticipated living circumstance of the client upon termination.

- A ALONE/INDEPENDENT
- B WITH RELATIVES/FAMILY
- C OTHER

41. RESIDENTIAL ARRANGEMENT AT TERMINATION

Enter the letter which best indicates the client's residential arrangement at termination.

42. PRIMARY AGENCY RESPONSIBLE FOR FOLLOW-UP

Enter the letter of the primary agency where the client was referred at termination:

SCREENING/INPATIENT

- A DESIGNATED SCREENING CENTER
- B SHORT TERM CARE FACILITY
- C CCIS INPATIENT
- D COUNTY PSYCHIATRIC HOSPITAL
- E STATE PSYCHIATRIC HOSPITAL
- F OTHER PSYCHIATRIC INPATIENT
- G GENERAL HOSPITAL

COMMUNITY PROGRAMS/RESIDENTIAL SOURCES

- H COMMUNITY MENTAL HEALTH AGENCY
- J ALCOHOL TREATMENT PROGRAM
- K DRUG TREATMENT PROGRAM
- L SCHOOL SYSTEM
- M OTHER SOCIAL SERVICE AGENCY
- N NURSING HOME
- O BOARDING HOME
- P HOMELESS SHELTER
- R OTHER RESIDENTIAL PROGRAM

LEGAL/JUSTICE SYSTEM

- S POLICE/COURT/JAIL
- T STATE CORRECTIONAL PROGRAM
- V COMMUNITY CORRECTIONS PROGRAM
- W FAMILY CRISIS INTERVENTION UNIT

INDIVIDUALS

- X PRIVATE MENTAL HEALTH PRACTITIONER
- 1 PRIVATE PSYCHIATRIST
- 2 MEDICAL DOCTOR
- 3 CLERGY

DEPARTMENT OF HUMAN SERVICES

- 4 DYFS
- 5 DDD
- =====
- 6 OTHER
- 7 NO REFERRAL

43. MENTAL HEALTH AGENCY/HOSPITAL CODES

Enter the appropriate agency/hospital codes responsible for follow-up service using the **PROJECT CODES** listed in **APPENDIX A**. For client referred to agencies not listed in APPENDIX A, use the **COUNTY CODE** (of the follow-up service provider and 97. If out-of-state, use Z97. **LEAVE BLANK, IF NOT APPLICABLE.**

- A PRIMARY
- B SECONDARY

Example: If client is terminated for follow up to -

Greystone Park, enter P77.
 UMDNJ, CMHC at Piscataway. enter M04
 Unlisted agency in Bergen County, enter B97

44. CIRCUMSTANCE AT TIME OF TERMINATION

Circle the letter that best describes the circumstance under which the client was terminated.

- A Terminated WITH Referral

 Terminated WITHOUT Referral:
- B No Further Services Indicated/Treatment Goal Met
- C Further Services Indicated but not Available
- D Further Services Needed but Rejected by Client
- E Further Services Needed but Rejected by Parent/Guardian
- F Client Lost to Contact, Follow-Up Attempted, No Contact Made

- G Client Lost to Contact, No Follow-Up Attempted
- H Client Moved/Known to be Unavailable
- J Client Died On Premises
- K Client Died Off Premises

NOTE: IF ANSWER IS EITHER F, G, H, J or K, SEE PAGE 6 FOR INSTRUCTIONS.

DIAGNOSIS

Unless specifically waived by DMHS, a final diagnosis is required for all terminated clients. The diagnosis is defined as the multi-axis diagnostic system found in DSM-IV CODES (Appendix C).

45. PRINCIPAL DIAGNOSIS (OMIT DECIMAL POINT)

Enter the five digit principal diagnosis using DSM-IV (Appendix C).

46. SECONDARY DIAGNOSIS (OMIT DECIMAL POINT)

Enter the five digit secondary diagnosis using DSM-IV (Appendix C).

IF NO SECONDARY DIAGNOSIS - ENTER V7109
 IF DEFERRED DIAGNOSIS - ENTER 79990

47. PHYSICAL DIAGNOSIS

Enter the appropriate physical diagnosis using ICD-9-CM. If there is no contributing physical disorder, FILL IN ALL ZEROS.

48. LEVEL OF FUNCTIONING AT LAST CONTACT

Enter the appropriate rating for the client at time of last contact.

NUMBER OF PROGRAM CONTACTS

THIS REPRESENTS A SUMMARY OF ALL EMERGENCY AND SCREENING CONTACTS RECEIVED BY CLIENT SINCE ENROLLMENT FOR THIS EPISODE UNTIL TERMINATION.

Enter the cumulative number of days services received from admission to termination.

49. EMERGENCY CONTACTS FACE-TO-FACE

50. SCREENING CONTACTS

51. OPTIONAL/SPECIAL USE

This field maybe used for special projects or studies by arrangement.

52. FUTURE USE

This field is reserved for future expansion.

53. TRANSACTION TYPE

- 1 Indicates that this form is for termination.

III. INSTRUCTIONS AND SCALE FOR GLOBAL LEVEL OF FUNCTIONING

USTF 1 - Item 33

USTF 2 - Item 21

USTF 5 - Items 32 & 48

USTF 6 - Item 7

USTF 7 - Item 7

A. Global versus Specific Level of Functioning

Level of Functioning (LOF) is a behavioral approach to client assessment. There are a number of LOF scales currently in use nationwide. Some of these scales, such as the Division's Specific Level of Functioning (SLOF), focus on specific aspects of client functioning useful for deriving and revising goal-oriented, individual client service plans. Other scales, such as the one being used here on the CLIENT REGISTRY - the Global Level of Functioning (GLOF) scale - ask for a single, global score to characterize an individual's functioning.

While the GLOF is not behaviorally specific enough to be used for deriving client service plans, it does provide a summary statement that can be used for:

- General systems planning;
- Area assessments of the needs of registered clients;
- Delineation of client target group population.

Thus, the GLOF and the SLOF, while related, serve two separate and distinct purposes and are not interchangeable.

B. Training on Global Level of Functioning

All providers completing the CLIENT REGISTRY must enter a GLOF score on the appropriate form at the time of admission, termination and intra-agency transfers. In order for this rating to accurately reflect overall client functioning, each rater must be trained in the use of the scale. Such training is to be provided in small groups and should follow the format below:

- 1) Review the explanatory material about the scale and the scale itself contained in this manual;
- 2) A minimum sample of five cases should be selected by or presented to the group for GLOF assessment;
- 3) Each rater/trainee should independently score each case presented as to the client's functioning at the time of admission to or termination from the agency or hospital, without discussing his/her rating with other members of the group;
- 4) After everyone has scored the first case, each person should share with the group his/her rating;
- 5) Any differences in ratings should be discussed by the trainees, with each person presenting the points that caused them to rate the person as they did. The group should strive to reach as close to total consensus as possible.
- 6) The above steps 2-4, should be repeated on at least four additional cases (for a total of five) to ensure that all staff have a sound understanding of the GLOF scale and its nuances.

It should be kept in mind that no human being will fit perfectly into any one of the categories on the scale. A useful way to distinguish an individual who is found to be difficult to rate along the continuum is to think of a second person who would clearly be rated higher and a third who would be rated lower on the scale. Determine where each of these persons would fall, and then the first individual in question would be rated in between.

C. Four Dimensions Demonstrating Overall Functioning

The GLOF scale is used to describe a client's overall ability to function autonomously in the community. A scale rating is assigned by synthesizing the relative contributions of four dimensions as they affect a person's overall ability to function autonomously:

1. Personal self-care;
2. Social functioning in ordinary social unit and in the general community;
3. Vocational and/or educational productivity;
4. Evidence of emotional stability and stress tolerance.

Dysfunction in any one or more of the four areas could affect a person's overall ability to function autonomously.

D. Factors to Consider When Doing a GLOF Assessment

1. Time Element

The time period covered by each rating is the interval immediately surrounding the clinical rating encounter. For a very dysfunctional person in an inpatient facility, the interval may be 24 hours. For a patient functioning fairly autonomously in the community, the interval of reference after a group therapy contact may be several days or even a week.

2. Crisis Situations

Remember that the scale is designed to describe a person's ability to function autonomously in the community. Factors such as brief situational stresses, isolated physical illness, or injury should not be weighted heavily unless the person's reactions are quite inappropriate and/or the final outcome appears to have permanent or lasting effect.

3. Age & Socio/Economic Status

The balanced weighting of the four criteria must always be considered in terms of the age and circumstances of the individual. The vocational/ educational productivity demands for the head of a household are different from those of a single person, and different still from the productive criteria of a child, housewife, or a retired person. The criteria are applicable to children and they are always to be considered in terms that are relative to the expectations of children in a given age bracket.

4. Therapeutic Intervention

The relationship between level of functioning and degree of therapeutic intervention is often direct. For example, a person who is characterized as totally dysfunctional is usually placed in a setting of intensive care, with chemotherapy and 24-hour supervision. Or, a person at the higher levels of functioning (e.g., level 9) may have only monthly contacts in a group social activities situation. The relationship, however, is not always that direct. A child or even an adult could be at a relatively low level of functioning because of the circumstances of another member of the household. In those cases, therapeutic intervention is less directly related to the client.

The most important determinant of treatment for a client is the amount of supportive resources available at home and in the neighboring community.

E. Some Details Describing the Four Criteria

As emphasized above, the four general criteria of overall functioning should always be translated to fit the age bracket and circumstances of the individual. Special notes are indicated below where such considerations may be necessary.

1. Personal Self-Care (for children, adjust to age level)

a. Personal maintenance of washing, dressing, eating, and elimination chores.

- b. Ability to recognize and avoid common dangers.
 - c. Taking responsibility for own maintenance, e.g., caring for own room, personal belongings, daily schedule, personal finances, selecting own clothing and accessories.
2. Social Functioning (adjust by age, living conditions, and possibly by community)
- a. Familiar - the degree to which those familiar with the person, particularly those in the ordinary social unit (family, roommate, other boarding house residents) can tolerate and interact with the person, i.e., jointly socialize and/or participate in the recreational activities with the person.
 - b. Impersonal - the degree to which relative strangers can interact with the person and vice versa, e.g., store clerks, policemen, or others encountered in ordinary pedestrian, vocational, or recreational activities.
3. Vocational and/or Educational Functioning
- a. Working Adults
 - (1) The ability to support one's self and one's dependents.
 - (2) The ability to meet the demands and pressures of one's chosen (or present) vocation, be it lawyer or janitor.
 - b. Homemakers and/or Parents and/or Elderly Persons
 - (1) The ability to organize and/or monitor the daily routines of the household e.g., meals, child care, washing, etc.
 - (2) The ability to organize, maintain and/or monitor family budgeting, shopping, social and/or recreational activities.
 - c. Children
 - (1) Should be considered by general age categories of:
 - 0-5;
 - 6-11;
 - 12-14;
 - 15-18.
 - (2) Play and social activities such that constructive and productive social learning can occur.
 - (3) Educational activities and performance such as would be expected of that age.

- b. The degree to which the person can tolerate the amount of expected daily variation in present social, vocational and/or educational realms.

There is often an interaction among the social, vocational/educational, and emotional factors such that the strength in one area often compensates for weakness in another. For example, vocational success may come as a result of a person's avoiding or minimizing familiar social encounters at home.

F. Rating the Client

The scale was adapted for use by the New Jersey Division of Mental Health, Office of Program Evaluation (now Office of Quality Assurance), Trenton, New Jersey. The scale was developed by the Central Montgomery MH/MR Center staff, Norristown, PA, who had adapted the criteria previously developed by the Psychotherapy Research Project of the Menninger Foundation (Health-Sickness Rating Scale, 1962) and the Functional Baseline Scale of the Reading Hospital MH Treatment Center, 1973.

NOTE: The material contained in C-F was adapted from Carter, D.E., & Newman, F.L., A Client-Oriented System of Mental Health Service Delivery and Program Management: A Workbook and Guide. National Institute of Mental Health

Available as a new Publication No. (ADM) 76-307, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, 1976.

GLOBAL LEVEL OF FUNCTIONING SCALE

Level

- 01: Dysfunctional in all four areas and is totally dependent upon others to provide a supportive protective environment. The person requires constant observation so as not to harm self or others.
- 02: Dysfunctional in all four areas and is almost totally dependent upon others to provide a supportive protective environment.
- 03: Not working; ordinary social unit cannot or will not tolerate the person; can perform minimal self-care functions but cannot assume most responsibilities or tolerate social encounters beyond restrictive settings (e.g., in group, play, or occupational therapy).
- 04: Not working; probably living in ordinary social unit but not without considerable strain on the person and/or others in the household. Symptoms are such that movement in the community should be restricted or supervised.
- 05: May be capable of working in a very protective setting; marginally able to live in ordinary social unit and contribute to the daily routine of the household; can assume responsibility only for basic personal self-care matters.

NOTE: LEVELS 6 THROUGH 10 DESCRIBE PERSONS WHO ARE USUALLY FUNCTIONING SATISFACTORILY IN THE COMMUNITY, BUT FOR WHOM PROBLEMS IN ONE OR MORE OF THE CRITERION AREAS FORCE SOME DEGREE OF DEPENDENCY ON SOME FORM OF THERAPEUTIC INTERVENTION.

- 06: Emotional stability and stress tolerance are sufficiently low that successful functioning in the social and/or vocational/educational realms is marginal. The person is barely able to hold on to either job or social unit or both, without direct therapeutic intervention and a reduction of conflicts in either or both realms.
- 07: The person's vocational and/or social areas of functioning are stabilized, but only because of direct therapeutic intervention. Symptom presence and severity are probably sufficient to be both noticeable and somewhat disconcerting to the client and/or those around the client in daily contact.
- 08: The person is functioning and coping well socially and vocationally (educationally); however, symptom recurrences are sufficiently frequent to maintain a reliance on some sort of regular therapeutic intervention.
- 09: Functioning well in all areas with little evidence of distress present. However, a history of symptom recurrence suggests periodic contact with a mental health center, e.g., a client may receive a medication check from a family physician who then contacts the center monthly, or the client returns for bi-monthly social activities.
- 10: The person is functioning well in all areas and no contact with the Mental Health services is recommended.

EDIT CRITERIA

ACCEPTANCE

The underlined fields are where FATAL ERRORS occur.

<u>Item</u>	<u>Field</u>	<u>Edit Criteria</u>
1	<u>Project Name</u>	Must be from Project List
2	<u>Project Code</u>	Must be from Project List
3	<u>Client/Patient No.</u>	Alpha or Numeric
4	<u>Date of Birth</u>	Numeric
5	Unique Client ID	1-4: All Zeros 5: A - Z 6: A - Z 7: A - Z 8-9: Numeric - Less Than 25 10: A - Z 11: A - Z 12: Numeric
6	Zip Code	Numeric (including Zeros)
7	Co-Mun of Residence	From Appendix
8	Service Area of Res.	From Appendix
9	Program Element	A - M: One item only
10	Application Date	Numeric
11	<u>Date of First Face-To-Face Contact</u>	Numeric
12	Referral Source	A-X; 1-8 One item only
13	Sex	M or F
14	Race/Ethnicity	A - F; one item only
15	English Speaking	A - D
16	Marital Status	A - F; one item only
17	Living Circumstance	A - C; one item only
18	Residential Arrangement	A - X; one item only
19	Veteran	Y or N
20	Employment Status	A - G; one item only
21	Education	00-17; 99; one item only

22	Current Type of Educ.	A - D; one item only
23	Source or Reimbursement	A - H; up to 4 items
24	Income Source	A - J; up to 8 items
25	Gross Annual Family Income	00000 - 99000
26	Total Persons Dependent on Income	Numeric (including Zeros)
27	S. S. Eligibility	A - D; one item only
28	Past Service History	A - X; 1 - 6
29	Current Service Involvement	A - X; 1 - 6
30	Hospital Discharged from in last 30 days	From Project List
31	Non Mental Health Needs	A - P; up to 5 items
32	Program/Service Needs	A - X; 1, 2; up to 10 items
33	Level of Functioning	01 To 10
34	Primary Therapist/	Alpha or Numeric
35	Presenting Problems	A - X; 1 - 9; up to 17 items
36	Primary Presenting Problem	Must be one of values in Field 35
37	Principal Diagnosis	Use DSM-IV Code.
38	Secondary Diagnosis	Use DSM-IV Code.
39	Physical Diagnosis	Use ICD-9-CM Code or all zeros.
40	Handicap Conditions	A - K; up to 7 items
41	County of Commitment	From Appendix
42	Person Admitted on Detainer	Y or N
43	Transfer from other Inpatient	A - F; one item only
44	First Admission to this Inpatient Facility	Y or N
45	Commitment Type	A - E; one item only
46	Arrival Time	A, B, or C; one item only
47	Transporting Agent	A - F; one item only

48	Screening Type	A - E; one item only
49	Admission Reason	A - G; one item only
50	Optional/Special Use	No Edit
51	Future Use	Leave Blank
52	Transaction Type	1 No Edit

**EDIT CRITERIA
TERMINATION**

<u>Item</u>	<u>Field</u>	<u>Edit Criteria</u>
1-5		Same As Acceptance Form (USTF-1)
6	Co-Mun. Code Where Client Will Reside	From Appendix
7	Service Area Where Client Will Reside	From Appendix
8	Program Element	A - M; one item only
9	<u>Termination Date</u>	Numeric (greater than or equal to admission date)
10	Living Circumstance at Termination	A, B, or C
11	Residential Arrangement at Termination	A - X; one item only
12	Employment Status at Termination	A - G; one item only
13	Primary Agency Responsible for Follow-Up Services	A-X;1-7; one item only
14	M.H. Agency/Hospital Codes A-Primary B-Secondary	From Appendix
15	Circumstance at Time of Termination	A - K; one item only
16	Non-Mental Health Needs at Time of Termination	A - P; up to 5 items
17	Program/Service Needs Needs at Termination	A-X; 1-3; up to 10 items
18	Final Diagnosis Principal	Use DSM-IV Codes.
19	Final Diagnosis, Secondary	Use DSM-IV Codes or leave blank.
20	Final Diagnosis Physical	Use ICD-9-CM Code or fill in all zeros.
21	Level of Function	01 - 10
22	Date of First Face to Face Therapeutic Contact	Date

No. of Program Contacts(Items 23 to-34 are -
NUMERIC, IF N/A LEAVE BLANK.

23	Inpatient Days	
24	Residential Days	
25	Partial Care	
26	Outpatient Visits	
27	Emergency Contacts	
28	Screening Contacts	
29	Integrated Case Management Contacts	
30	Youth Case Management Contacts	
31	Treatment Team Contacts	
33	Face-to-Face, Systems Advocacy	
34	Contacts on Behalf of Client	
35	Optional/Special Use No Edit	
36	Future Use	Leave Blank
37	Transaction Type	1 - No Edit

Elias memo dated March 15, 1988.

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