

| | | |
|---|--|--|
| History of MENTAL HEALTH SERVICES [161-164] | | |
| Code ALL boxes using: 1=Yes 2=No | | |
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Partial Care | |
| <input type="checkbox"/> Other 24-Hour | <input type="checkbox"/> Outpatient | |
| PREVIOUS/CONCURRENT SERVICES [165-170] | | |
| Code ALL boxes using: 1=Yes 2=No | | |
| <input type="checkbox"/> Youth Law Enforcement/Corrections | <input type="checkbox"/> Child Welfare | |
| <input type="checkbox"/> Adult Law Enforcement/Corrections | <input type="checkbox"/> Substance Abuse | |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Education (SIED) | |
| CONSIDERATIONS FOR PROVIDERS Fill ALL that apply (C-1) [171-172] | | |
| <input type="checkbox"/> Language | <input type="checkbox"/> Cultural | |
| SPECIAL PROBLEMS/ISSUES Fill ALL that Apply | | |
| HISTORY CONSUMER/CLIENT ISSUES (C-2) [173-179] | | |
| <input type="checkbox"/> Suicide Attempt | <input type="checkbox"/> Sexual Misconduct | <input type="checkbox"/> Animal Cruelty |
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Destroyed Prop or Set Fires | |
| <input type="checkbox"/> Legal/Incarcerations | <input type="checkbox"/> Legal/Convictions | |
| HISTORY FAMILY ISSUES (C-2) [180-182] | | |
| <input type="checkbox"/> Family Mental Illness | <input type="checkbox"/> Family Sub-Abuse | <input type="checkbox"/> Violent Environment |
| HISTORY/CURRENT - VICTIMIZATION (NOW OR EVER) (C-2) [183-186] | | |
| <input type="checkbox"/> Victim Sexual Abuse | <input type="checkbox"/> Victim Physical Abuse | |
| <input type="checkbox"/> Victim Neglect | <input type="checkbox"/> Victim Verbal Abuse | |

| | | | | | | | | |
|--|-------------------------------------|---|--------------------------|--------------------------|---|---|---|---|
| THOUGHT PROCESSES (C-9) [233] [234-240] | | | | | | | | |
| <input type="checkbox"/> Bizarre | <input type="checkbox"/> Suspicious | <input type="checkbox"/> Repeated Thought | | | | | | |
| <input type="checkbox"/> Delusions | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Obsessive | | | | | | |
| <input type="checkbox"/> Hallucinations | | | | | | | | |
| None | Slight | Moderate | Severe | Extreme | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | |
|--|---|--|--------------------------|--------------------------|---|---|---|---|
| COGNITIVE PROBLEMS (C-10) [241] [242-248] | | | | | | | | |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Loose Associations | <input type="checkbox"/> Lacks Insight | | | | | | |
| <input type="checkbox"/> Disoriented | <input type="checkbox"/> Disorganized | <input type="checkbox"/> Impaired Judgment | | | | | | |
| <input type="checkbox"/> Impaired Memory | | | | | | | | |
| None | Slight | Moderate | Severe | Extreme | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | |
|---|--|---|--------------------------|--------------------------|---|---|---|---|
| SELF-CARE / BASIC NEEDS (C-11) [249] [250-257] | | | | | | | | |
| <input type="checkbox"/> Hygiene | <input type="checkbox"/> Resource Usage | <input type="checkbox"/> Transportation Access | | | | | | |
| <input type="checkbox"/> Self Care | <input type="checkbox"/> Food Attainment | <input type="checkbox"/> Gravely Disabled (CRS 27-10) | | | | | | |
| <input type="checkbox"/> Money Manag. | <input type="checkbox"/> Housing Access | | | | | | | |
| None | Slight | Moderate | Severe | Extreme | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|---|---|---|---|
| PROBLEM SEVERITY SCALES & CHECKLIST ITEMS INSTRUCTIONS & SAMPLE | | | | | | | | |
| 1. Fill ALL Problems that Apply (Sample) | | | | | | | | |
| <input type="checkbox"/> Problem <input checked="" type="checkbox"/> Problem <input type="checkbox"/> Problem <input type="checkbox"/> Problem <input checked="" type="checkbox"/> Problem <input checked="" type="checkbox"/> Problem | | | | | | | | |
| 2. RATE the CURRENT PROBLEM SEVERITY, using this scale: | | | | | | | | |
| None | Slight | Moderate | Severe | Extreme | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | |
|--|----------------------------------|--|--------------------------|--------------------------|---|---|---|---|
| RESISTIVENESS (C-12) [Optional] [258] [259-264] | | | | | | | | |
| <input type="checkbox"/> Resistive | <input type="checkbox"/> Evasive | <input type="checkbox"/> Wary | | | | | | |
| <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Guarded | <input type="checkbox"/> Denies Problems | | | | | | |
| None | Slight | Moderate | Severe | Extreme | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | |
|--|----------------------------------|---|--------------------------|--------------------------|---|---|---|---|
| EMOTIONAL WITHDRAWAL (C-3) [Optional] [187] [188-193] | | | | | | | | |
| <input type="checkbox"/> Underactive | <input type="checkbox"/> Passive | <input type="checkbox"/> Doesn't Verbalize Feelings | | | | | | |
| <input type="checkbox"/> Distant | <input type="checkbox"/> Subdued | <input type="checkbox"/> Flat Affect | | | | | | |
| None | Slight | Moderate | Severe | Extreme | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | |
|--|--|-------------------------------------|--------------------------|--------------------------|---|---|---|---|
| SOCIALIZATION ISSUES (C-13) [265] [266-273] | | | | | | | | |
| <input type="checkbox"/> Disrespect | <input type="checkbox"/> Disregards Rules | <input type="checkbox"/> Acting Out | | | | | | |
| <input type="checkbox"/> Disregards Authority | <input type="checkbox"/> Dishonest | <input type="checkbox"/> Defiant | | | | | | |
| <input type="checkbox"/> Uses/Cons Others | <input type="checkbox"/> Denies Responsibility | | | | | | | |
| None | Slight | Moderate | Severe | Extreme | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | |
|--|---------------------------------|-----------------------------------|------------------------------------|--------------------------|---|---|---|---|
| DEPRESSIVE ISSUES (C-4) [194] [195-201] | | | | | | | | |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Sad | <input type="checkbox"/> Dejected | <input type="checkbox"/> Worthless | | | | | |
| <input type="checkbox"/> Unresolved Grief | <input type="checkbox"/> Lonely | <input type="checkbox"/> Hopeless | | | | | | |
| None | Slight | Moderate | Severe | Extreme | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | |
|---|---|---|--------------------------|--------------------------|---|---|---|---|
| LEGAL (C-14) [274] [275-282] | | | | | | | | |
| <input type="checkbox"/> Civil Action(s) | <input type="checkbox"/> Offenses: Persons | <input type="checkbox"/> Probation/Parole | | | | | | |
| <input type="checkbox"/> Criminal Action(s) | <input type="checkbox"/> Offenses: Substances | <input type="checkbox"/> Charges Pending | | | | | | |
| <input type="checkbox"/> Offenses: Property | <input type="checkbox"/> Incarcerated | | | | | | | |
| None | Slight | Moderate | Severe | Extreme | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | |
|--------------------------------------|----------------------------------|----------------------------------|---|--------------------------|---|---|---|---|
| ANXIETY (C-5) [202] [203-210] | | | | | | | | |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Nervous | <input type="checkbox"/> Panic | <input type="checkbox"/> Tense | | | | | |
| <input type="checkbox"/> Flashbacks | <input type="checkbox"/> Phobic | <input type="checkbox"/> Fearful | <input type="checkbox"/> Nightmares/Terrors | | | | | |
| None | Slight | Moderate | Severe | Extreme | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | |
|---|--|---|--------------------------|--------------------------|---|---|---|---|
| AGGRESSIVE / DANGER TO OTHERS (C- 15-16) [283] [284-295] | | | | | | | | |
| <input type="checkbox"/> Verbally Aggressive | <input type="checkbox"/> Violent | <input type="checkbox"/> Homicidal Ideation | | | | | | |
| <input type="checkbox"/> Physically Aggressive | <input type="checkbox"/> Animal Cruelty | <input type="checkbox"/> Hom.threat/Attempt | | | | | | |
| <input type="checkbox"/> Hostile | <input type="checkbox"/> Destroys Prop or Sets Fires | <input type="checkbox"/> Danger to Others (CRS 27-10) | | | | | | |
| <input type="checkbox"/> Threatening | <input type="checkbox"/> Sexual Misconduct | | | | | | | |
| <input type="checkbox"/> Injures Others | | | | | | | | |
| None | Slight | Moderate | Severe | Extreme | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | |
|---|---|--|--------------------------------------|--------------------------|---|---|---|---|
| MANIC ISSUES (C-6) [211] [212-218] | | | | | | | | |
| <input type="checkbox"/> Overactive | <input type="checkbox"/> Pressured Speech | <input type="checkbox"/> Elevated Mood | <input type="checkbox"/> Mood Swings | | | | | |
| <input type="checkbox"/> Accelerated Speech | <input type="checkbox"/> Mania | <input type="checkbox"/> Grandiosity | | | | | | |
| None | Slight | Moderate | Severe | Extreme | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | |
|---|---|--|--------------------------|--------------------------|---|---|---|---|
| FAMILY ISSUES & PROBLEMS (C-17-18) [296] [297-313] | | | | | | | | |
| <input type="checkbox"/> No Family/No Contact | <input type="checkbox"/> Adoption Concerns | <input type="checkbox"/> Parent/Responsibility | | | | | | |
| <input type="checkbox"/> w/Parent | <input type="checkbox"/> Family Mental Illness | <input type="checkbox"/> Separation/Divorce | | | | | | |
| <input type="checkbox"/> w/Sibling | <input type="checkbox"/> Family Substance Abuse | <input type="checkbox"/> Out of Home/Place | | | | | | |
| <input type="checkbox"/> w/Partner | <input type="checkbox"/> Family Legal | <input type="checkbox"/> Parenting | | | | | | |
| <input type="checkbox"/> w/Child | <input type="checkbox"/> Unstable Home/Family | <input type="checkbox"/> Bonding | | | | | | |
| <input type="checkbox"/> w/Relative | <input type="checkbox"/> Violent Environment | | | | | | | |
| None | Slight | Moderate | Severe | Extreme | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | |
|---|---------------------------------------|---|--------------------------|--------------------------|---|---|---|---|
| ATTENTION ISSUES (C-7) [219] [220-225] | | | | | | | | |
| <input type="checkbox"/> Agitated | <input type="checkbox"/> Distractible | <input type="checkbox"/> Attention Span | | | | | | |
| <input type="checkbox"/> Restless | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Concentration | | | | | | |
| None | Slight | Moderate | Severe | Extreme | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | |
|--|--|--|--------------------------|--------------------------|---|---|---|---|
| INTERPERSONAL (C-19) [314] [315-319] | | | | | | | | |
| <input type="checkbox"/> Problem w Friend(s) | <input type="checkbox"/> Maintain Relationships | <input type="checkbox"/> Problems w/others | | | | | | |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Establish Relationships | | | | | | | |
| None | Slight | Moderate | Severe | Extreme | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

| | | | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|---|---|---|---|
| SUICIDE / DANGER TO SELF (C-8) [226] [227-232] | | | | | | | | |
| <input type="checkbox"/> Suicide Ideation | <input type="checkbox"/> Self-Injury/Mutilation | | | | | | | |
| <input type="checkbox"/> Suicide Plan | <input type="checkbox"/> Reckless/Self-Endangerment | | | | | | | |
| <input type="checkbox"/> Suicide Attempt | <input type="checkbox"/> Danger to Self (CRS 27-10) | | | | | | | |
| None | Slight | Moderate | Severe | Extreme | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

ROLE (C-20) [320] [321-328]

Absenteeism Performance Behavior
 Suspension/Probation Termination Limited Employability
 Unstable Employment Role Related Stress

None Slight Moderate Severe Extreme

1 2 3 4 5 6 7 8 9

ALCOHOL USE (C-21) [329] [330-337]

Frequent Intoxication Delirium Tremens Blackouts
 Interferes w/Responsib. Dependence/Addiction In Recovery
 Multiple DUI Parole/Probation Violation due to Alcohol

None Slight Moderate Severe Extreme

1 2 3 4 5 6 7 8 9

DRUG USE (C-22) [338] [339-346]

Frequent High Withdrawal Overdose
 Interferes w/Responsib. Dependence/Addiction In Recovery
 Uses Injectables Parole/Probation Violation due to Drugs

None Slight Moderate Severe Extreme

1 2 3 4 5 6 7 8 9

MEDICAL/PHYSICAL (C-23) [347] [348-357]

Acute Illness/Injury Medical Care Needed Physical Handicap
 Chronic Illness/Pain InjuryByAbuse/Assault Permanent Disability
 Non-organic FTT Eating problems Sleep Disturbance
 Wetting/Soiling

None Slight Moderate Severe Extreme

1 2 3 4 5 6 7 8 9

SECURITY / MANAGEMENT ISSUES (C-24) [358] [359-366]

Secl./Restr./Time Out Security Suicide Watch
 Close Supervision Walk away/Escape Adult Supervision
 Medication Adherence Behavior Management

None Slight Moderate Severe Extreme

1 2 3 4 5 6 7 8 9

CURRENT OVERALL DEGREE OF PROBLEM SEVERITY (C-25) [367]

FILL IN ONE Response

None Slight Moderate Severe Extreme

1 2 3 4 5 6 7 8 9

UPDATE, ACTIVATE, INACTIVATE & DISCHARGE ONLY (C-26) [368]

CHANGE IN OVERALL PROBLEM SEVERITY

Much Better Better No Change Worse Much Worse

1 2 3 4 5 6 7 8 9

STRENGTHS / RESOURCES – INSTRUCTIONS (SAMPLE)

Rate the CURRENT SUPPORT (STRENGTHS/RESOURCES/SUPPORTS)

Use the following scale for each area

Very High High Moderate Some Very Low

1 2 3 4 5 6 7 8 9

CURRENT SUPPORT

(Fill in ALL STRENGTHS/RESOURCES/SUPPORTS that apply)

PUBLIC BENEFITS (C-26) [369] [370-374]

Medicaid SSI Other Public Assistance
 Medicare SSDI

Very High High Moderate Some Very Low

1 2 3 4 5 6 7 8 9

BASIC RESOURCES (C-27) [375] [376-378]

Housing Financial Transportation
 Very High High Moderate Some Very Low

 1 2 3 4 5 6 7 8 9

EDUCATIONAL / SKILL RESOURCES (C-28) [379] [380-385]

Language Skills Interpersonal Skills Intelligence
 Education Job Skills Employment
 Very High High Moderate Some Very Low

 1 2 3 4 5 6 7 8 9

SUPPORTS / PERSON RESOURCES (C-29) [386] [387-396]

Parent(s) Partner Friend(s)
 Sibling(s) Child(ren) Professional Caregiver
 Relative(s) Pet(s) Faith Community
 Other Supportive Relationship(s)

Very High High Moderate Some Very Low

1 2 3 4 5 6 7 8 9

PERSONAL JUDGMENT (C-30) [397] [398-402]

Judgment Insight Empathy
 Responsibility Thought Clarity

Very High High Moderate Some Very Low

1 2 3 4 5 6 7 8 9

PERSONAL STRENGTHS (C-31) [403] [404-413]

Likable Emotionally Stable Adaptable
 Spirituality/Faith Appearance Healthy
 Resourceful Confident Hopeful
 Tolerant

Very High High Moderate Some Very Low

1 2 3 4 5 6 7 8 9

EMPOWERMENT (C-32) [414] [415-420]

Mutual Support/Self-Help Clubhouse Drop-in Center
 Wellness Recovery Action Plan Advance Directive-MH Advocacy Activities

Very High High Moderate Some Very Low

1 2 3 4 5 6 7 8 9

CURRENT OVERALL STRENGTHS/RESOURCES (C-33) [421]

FILL IN ONE Response

Very High High Moderate Some Very Low

1 2 3 4 5 6 7 8 9

UPDATE, ACTIVATE, INACTIVATE & DISCHARGE ONLY

Change in Overall Strengths/Resources (C-33) [422]

Much Better Better No Change Worse Much Worse

1 2 3 4 5 6 7 8 9

LEVEL-OF-FUNCTIONING (LOF)

FILL IN ONE Response for Each LOF Area

SOCIETAL / ROLE FUNCTIONING (C-34) [423]

Very High Function Mod. High Function Average Function Mod. Low Function Very Low Function

1 2 3 4 5 6 7 8 9

INTERPERSONAL FUNCTIONING (C-35) [424]

Very High Function Mod. High Function Average Function Mod. Low Function Very Low Function

1 2 3 4 5 6 7 8 9

DAILY LIVING / PERSONAL CARE FUNCTIONING (C-36) [425]

Very High Function Mod. High Function Average Function Mod. Low Function Very Low Function

1 2 3 4 5 6 7 8 9

PHYSICAL FUNCTIONING (C-37) [426]

| | | | | |
|--------------------|--------------------|------------------|-------------------|-------------------|
| Very High Function | Mod. High Function | Average Function | Mod. Low Function | Very Low Function |
| ○ | ○ | ○ | ○ | ○ |
| 1 | 2 | 3 | 4 | 5 |

COGNITIVE / INTELLECTUAL FUNCTIONING (C-38) [Optional] [427]

| | | | | |
|--------------------|--------------------|------------------|-------------------|-------------------|
| Very High Function | Mod. High Function | Average Function | Mod. Low Function | Very Low Function |
| ○ | ○ | ○ | ○ | ○ |
| 1 | 2 | 3 | 4 | 5 |

OVERALL LEVEL OF FUNCTIONING Fill ONE Response (C-39) [428]

| | | | | |
|--------------------|--------------------|------------------|-------------------|-------------------|
| Very High Function | Mod. High Function | Average Function | Mod. Low Function | Very Low Function |
| ○ | ○ | ○ | ○ | ○ |
| 1 | 2 | 3 | 4 | 5 |

UPDATE, ACTIVATE, INACTIVATE & DISCHARGE ONLY CHANGE IN LEVEL OF FUNCTIONING Fill ONE Response (C-39) [429]

| | | | | |
|-------------|--------|-----------|-------|------------|
| Much Better | Better | No Change | Worse | Much Worse |
| ○ | ○ | ○ | ○ | ○ |
| 1 | 2 | 3 | 4 | 5 |

| AGENCY NUMBER | MHASA CODES |
|------------------------------------|--------------------------|
| 015 Adams | BH Beh. Health Care, Inc |
| 011 Arapahoe | BH Beh. Health Care, Inc |
| 048 Aurora | BH Beh. Health Care, Inc |
| 065 BHI Other | BH Beh. Health Care, Inc |
| 023 Boulder | BR Boulder |
| 066 Boulder Other | BR Boulder |
| 018 Jefferson | JE Jefferson |
| 067 Jefferson Other | JE Jefferson |
| 004 Pikes Peak | PI Pikes Peak-Options |
| 070 Pikes Peak-Options Other | PI Pikes Peak-Options |
| 024 San Luis Valley | SY SyCare-Options |
| 017 Southeast Colorado | SY SyCare-Options |
| 051 Spanish Peak | SY SyCare-Options |
| 014 West Central | SY SyCare-Options |
| 071 SyCare Options Other | SY SyCare-Options |
| 002 Colorado West | WS West Slope-Options |
| 027 Midwestern Colorado | WS West Slope-Options |
| 020 Southwest Colorado | WS West Slope-Options |
| 072 Western Slope Options Other | WS West Slope-Options |
| 007 Centennial | NB Northeast Behavioral |
| 012 Larimer | NB Northeast Behavioral |
| 006 North Range Behavioral | NB Northeast Behavioral |
| 073 Northeast Behavioral Other | NB Northeast Behavioral |
| 025 Children's | AB Access Behavioral |
| 055 Denver Health & Medical Center | AB Access Behavioral |
| 056 Colorado Psych Hospital | AB Access Behavioral |
| 075 Access Behavioral Other | AB Access Behavioral |
| 005 Asian Pacific | |
| 038 MH Corporation of Denver | |
| 042 Arapahoe House | |
| 053 CHARG | |
| 054 Community Care | |
| 045 Servicios de la Raza | |
| 080 CMHI at Pueblo | |
| 090 CMHI at Fort Logan | |
| 101 Mountain Star | |
| 102 Blue Spruce | |
| 103 Aspen | |

RESIDENCE BY COUNTY (FIPS Codes)

| | | | |
|---------------------------------|----------------|----------------|-------------------------------|
| 001 Adams (excluding Aurora) | 035 Douglas | 071 Las Animas | 107 Routt |
| 003 Alamosa | 037 Eagle | 073 Lincoln | 109 Saguache |
| 005 Arapahoe (excluding Aurora) | 039 Elbert | 075 Logan | 111 San Juan |
| 007 Archuleta | 041 El Paso | 077 Mesa | 113 San Miguel |
| 009 Baca | 043 Fremont | 079 Mineral | 115 Sedgwick |
| 011 Bent | 045 Garfield | 081 Moffat | 117 Summit |
| 013 Boulder | 047 Gilpin | 083 Montezuma | 119 Teller |
| 014 Broomfield | 049 Grand | 085 Montrose | 121 Washington |
| 015 Chaffee | 051 Gunnison | 087 Morgan | 123 Weld |
| 017 Cheyenne | 053 Hinsdale | 089 Otero | 125 Yuma |
| 019 Clear Creek | 055 Huerfano | 091 Ouray | 127 Outside Colorado |
| 021 Conejos | 057 Jackson | 093 Park | |
| 023 Costilla | 059 Jefferson | 095 Phillips | 129 Aurora (Adams County) |
| 025 Crowley | 061 Kiowa | 097 Pitkin | 131 Aurora (Arapahoe County) |
| 027 Custer | 063 Kit Carson | 099 Prowers | 133 No Perm. Cty of Residence |
| 029 Delta | 065 Lake | 101 Pueblo | 999 Unknown |
| 031 Denver | 067 La Plata | 103 Rio Blanco | |
| 033 Dolores | 069 Larimer | 105 Rio Grande | |

STAFF ID [430-438]

STAFF SIGNATURE _____ DATE ____/____/____

COMPLETE THIS BOX ONLY FOR UPDATE, ACTIVATE AND INACTIVATE STATUS

EFFECTIVE DATE [439-446]

MONTH DAY YEAR

COMPLETE THIS BOX ONLY AT DISCHARGE/INACTIVATION

LAST CONTACT DATE [447-454]

MONTH DAY YEAR

DISCHARGE/INACTIVATE DATE [455-462]

MONTH DAY YEAR

TYPE OF DISCHARGE/INACTIVATION/TERMINATION [463]

| | |
|----------------------------|-------------------------------|
| 1=Transferred | 5=Discharge From Inactive |
| 2=TX Completed/No Referral | 6=Client Died |
| 3=TX Completed/Follow-Up | 7=Client Terminated |
| 4=Evaluation Only | 8=Administratively Terminated |

DISCHARGE/INACTIVATION/TERMINATION REFERRAL [464-466]

Special Studies 1 [467-476]

Special Studies 2 [477-486]

For Agency Use Only [487-496]

Record Code [556]

REFERRAL SOURCE CODES

PERSONAL

- 661 Self
- 662 Family/Relative
- 663 Friend/Employer/Clergy

MEDICAL/PSYCHIATRIC

- 667 Kaiser (Agencies 080 and 090, only)
- 668 Outpatient psychiatric Service or Clinic
- 669 Private psychiatrist
- 670 Other private MH practitioner
- 671 Residential Facility, Mental Health
- 672 Residential Facility, Other
- 673 Colorado Mental Health Center/Clinics
- 674 Nursing Home Extended Care Organization
- 676 Alcohol/Drug treatment facility
- 677 Other Physician
- 678 General hospital inpatient psychiatric program
- 679 Other inpatient psychiatric organization

SOCIAL SERVICE/EDUCATION

- 681 Social service agency
- 682 Agency for the Developmentally Disabled
- 683 Vocational rehabilitation facility
- 684 Educational system/school
- 685 Shelter for homeless/abused

LEGAL

- 691 Law enforcement (includes police, sheriff, DA)
- 692 Court (including juvenile)
- 693 Correctional facility
- 694 Probation/parole

ALL OTHER REFERRAL SOURCES

- 698 Other
- 699 Referral source not known

Referrals to another CMHC
Use a valid agency number.

Referrals to a MHASA
Refer to a MHASA if an agency number is not known.

NOTE: If the referral is to a MHASA, the MHASA code must be in the first two positions of the field.

CCAR is a clinical assessment of Problems, Strengths and Functioning. It contains information on:

| | | |
|-----------------------------|-----------------------------|----------------------|
| Identification | Socio-Demographic / History | Diagnostic |
| Problems / Problem Severity | Strengths / Strength Rating | Level of Functioning |

Problems are in 20 domains, each consisting of a severity rating and 5 or more checklist items.

An Overall Problem Severity rating is included.

A rating of Change in Severity since last CCAR is also included.

Strengths are in 6 domains, each consisting of a strengths rating and 3 or more checklist items.

An Overall Strengths rating is included.

A rating of Change in Strengths since last CCAR is also included.

CCAR data was factor analyzed. 19 primary scales were created by combining checklist and severity rating information and normed on 20,000 CCARs from FY9798. Strengths scales were created in like manner. Scales have internal consistency reliabilities across scales ranging from .67 to .87. (Psychometrics available from MHS) Interrater agreement for adults across scales ranges from 47% to 85% and from 56% to 86% for youth. (Interrater Reliability Final Report available from MHS) Sixteen scales are used routinely: Depression, Anxiety, Mania, Attention, Thought, Disrespect, Interpersonal, Suicide, Self Care, Dangerous, Security, Family, Role, Medical, Substance and Legal. Initial studies with Strengths divided them into High and Low, however, further development is in process.

Scales form the basis of Clinical Profiles created using Cluster Analysis. Separate Profiles are created for Youth and Adults. There are 11 clusters per age group; 9 parallel and 2 unique to each age group.

CCAR was developed over the last 25 years. It has been required on all Admissions and Discharges to Colorado Public Mental Health System since 1978. It has undergone major revisions with the start of Colorado's Managed Care program and with the need to add strengths and better address Child-Adolescent issues. Services data has been collected since 1995 and has been matched with CCARs at the client level for studies and reports. CCAR has been used in Arizona, Delaware, Florida, Wyoming, and Ontario and is in ORYX, the list of recommended tools for State Hospitals.

CCAR has many uses. Initially it was used to count admissions for monitoring performance contracts between Colorado and the mental health centers. Single variable studies such as ethnicity, income, and diagnosis are commonly done. Trends can be examined for periods ranging from quarterly to several years. However, outcome is most often studied.

CCARs are required at Admission, Annual Review and Discharge and episodes of any length can be studied. It is possible to assess change on as many measures as are on the CCAR; for each this would be: Change Begin to End. Additional ratings, Retrospective Assessment of Change Made in problem Severity or Strengths or Level of Functioning is done at End provide independent measures of change. Variables most commonly used for outcome studies include: Problem Scales, Strength Scales, Level-Of-Functioning, Diagnosis, Living Situation, Employment, Legal Status, Action Type (Admission, Review, etc.) and Client Type. Also available at closing are Type of Termination and Referral. Outcome studies often need to control for certain variables such as problem severity at Begin. CCAR contains a wide range of such variables. In addition, variables, such client type, make it possible to identify and control for case mix differences and explore outcomes for these clinical types, which are more robust as descriptors of treatment populations.

In summary, the CCAR is well established, well researched, and lends itself well to applied research studies. Its utility in Colorado's public mental health system is known; it provides information on everything from simple counts published annually (Orchid Reports) to Allocation formulas for incentives awards. Linked with services, it can provide information on cost benefit and other more complex kinds of research questions.