Data Collection & Reporting System (DCR)

Data Dictionary

forOlder Adult

includes the

Partnership Assessment Form
Key Event Tracking Form
Quarterly Assessment Form
Last Updated 1/1/06

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APPENDICES

For more information visit the DMH Performance Outcomes and Quality Improvement (POQI) Web Page at:

http://www.dmh.ca.gov/poqi/

Older Adult Partnership Assessment Form

OADULTPAF.txt

Field Name	Type	Width	Description	Format/Coding
PARTNERSHIP INFORMATION				
COUNTYID	text	2	*Required* County number (i.e., county code) *county/city submitting record*	01 - 66 See Appendix A for codes.
CCN	text	9	*Required* County client number *(CSI equivalent)*	0-9, A-Z Right justify, use left leading zeros See Appendix B for examples
PTNRDATE	num	8	*Required* Date when the partnership is established	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
FSTNAME	text	15	*Required* Client's First Name	A-Z
LSTNAME	text	20	*Required* Client's Last Name	A-Z
PROVIDER	text	4	Identifies the provider site of the services	0-9, A-Z
PROGRAMID	text	4	*Required* Full Service Partnership Program ID	0-9, A-Z
PSCID	text	12	*Required* Partnership Service Coordinator ID	0-9, A-Z
DOB	text	8	*Required* Client's Date of Birth	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
AB2034	text	1	In which programs is the client currently involved: AB2034	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
GOVINIT	text	1	In which programs is the client currently involved: Governor's Homeless Initiative	0 = No (bubble not filled in) 1 = Yes (bubble filled in)

Field Name	Type	Width	Description	Format/Coding
REFERRED	text	2	Who referred the client?	01 = Self 02 = Family Member (e.g., parent, guardian, sibling, aunt, uncle, child) 03 = Significant Other (e.g., boyfriend/girlfriend, spouse) 04 = Friend/Neighbor (i.e., unrelated other) 05= School 06 = Primary Care / Medical Office 07 = Emergency Room 08 = Mental Health Facility / Community Agency 09 = Social Services Agency 10 = Substance Abuse Treatment Facility / Agency 11 = Other County/Community Agency 12 = Homeless Shelter 13 = Street Outreach 15 = Jail / Prison 16 = Acute Psychiatric / State Hospital 17 = Other 99 = No Answer
RESIDENTIAL INFORMATION **(includes hospitalization and incarceration)**				

Field Name	Type	Width	Description	Format/Coding
NOWLIVE	text	2	Indicate where the client was as of 11:59 p.m. on the day BEFORE the partnership.	**General Living Arrangements** 03 = In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage 01 = With one or both biological / adoptive parents 02 = With adult family member(s) other than parents 04 = Single Room Occupancy (must hold lease) **Shelter / Homeless** 07 = Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent) 08 = Homeless (includes people living in their cars) **Supervised Placement** 09 = Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.) 28 = Assisted Living Facility 10 = Unlicensed but supervised congregate placement (includes group living homes, sober living homes) 11 = Licensed Community Care Facility (Board and Care) **Hospital** 12 = Acute Medical Hospital 13 = Acute Psychiatric Hospital / Psychiatric Health Facility (PHF) 14 = State Psychiatric Hospital **Residential Program** 18 = Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs) 19 = Skilled Nursing Facility (physical) 20 = Skilled Nursing Facility (psychiatric) 21 = Long-Term Institutional Care (IMD, MHRC) **Justice Placement** 24 = Jail 25 = Prison **26 = Other** **27 = Unknown** **99 = No Answer**

Field Name	Type	Width	Description	Format/Coding
NUMOWN	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences the client lived in an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage.	0-998 999 = No Answer
DAYOWN	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS the client lived in an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage.	0-366 999 = No Answer
PSTOWN	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever lived in an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMPARNT	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences the client lived with one or both biological parents.	0-998 999 = No Answer
DAYPARNT	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS the client lived with one or both biological parents.	0-366 999 = No Answer
PSTPARNT	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever lived with one or both biological parents.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMFAMLY	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences the client lived with adult family member(s) other than parents.	0-998 999 = No Answer

Field Name	Type	Width	Description	Format/Coding
DAYFAMLY	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS the client lived with adult family member(s) other than parents.	0-366 999 = No Answer
PSTFAMLY	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever lived with adult family member(s) other than parents.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMSRO	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences the client lived in a Single Room Occupancy (must hold lease).	0-998 999 = No Answer
DAYSRO	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS the client lived in a Single Room Occupancy (must hold lease).	0-366 999 = No Answer
PSTSRO	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever lived in a Single Room Occupancy (must hold lease).	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMSHLTR	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences the client lived in an emergency shelter / temporary housing (includes people living with friends but paying no rent).	0-998 999 = No Answer
DAYSHLTR	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS the client lived in an emergency shelter / temporary housing (includes people living with friends but paying no rent).	0-366 999 = No Answer
PSTSHLTR	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever lived in an emergency shelter / temporary housing (includes people living with friends but paying no rent).	0 = No (bubble not filled in) 1 = Yes (bubble filled in)

Field Name	Type	Width	Description	Format/Coding
NUMHMLES	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences that the client was homeless (includes people living in their cars).	0-998 999 = No Answer
DAYHMLES	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS that the client was homeless (includes people living in their cars).	0-366 999 = No Answer
PSTHMLES	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if client has ever been homeless (includes people living in their cars).	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMINDIV	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences that the client lived in an unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.).	0-998 999 = No Answer
DAYINDIV	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS the client lived in an unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.).	0-366 999 = No Answer
PSTINDIV	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever lived in an unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.).	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMASTLIV	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences that the client lived in an assisted living facility.	0-998 999 = No Answer
DAYASTLIV	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS the client lived in an assisted living facility.	0-366 999 = No Answer

Field Name	Type	Width	Description	Format/Coding
PSTASTLIV	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever lived in an assisted living facility	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMCONG	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences the client lived in an unlicensed but supervised congregate placement (includes group living homes, sober living homes).	0-998 999 = No Answer
DAYCONG	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS the client lived in an unlicensed but supervised congregate placement (includes group living homes, sober living homes).	0-366 999 = No Answer
PSTCONG	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever lived in an unlicensed but supervised congregate placement (includes group living homes, sober living homes).	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMCOMCAR	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences the client lived in a licensed community care facility (Board and Care).	0-998 999 = No Answer
DAYCOMCAR	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS the client lived in a licensed community care facility (Board and Care).	0-366 999 = No Answer
PSTCOMCAR	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever lived in a licensed community care facility (Board and Care).	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMACUMED	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences the client lived in an acute medical hospital.	0-998 999 = No Answer

Field Name	Type	Width	Description	Format/Coding
DAYACUMED	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS the client lived in an acute medical hospital.	0-366 999 = No Answer
PSTACUMED	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever lived in an acute medical hospital.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMACUPSY	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences the client lived in an acute psychiatric hospital / psychiatric health facility (PHF).	0-998 999 = No Answer
DAYACUPSY	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS the client lived in an acute psychiatric hospital / psychiatric health facility (PHF).	0-366 999 = No Answer
PSTACUPSY	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever lived in an acute psychiatric hospital / psychiatric health facility (PHF).	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMSTPSY	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences the client lived in a state psychiatric hospital.	0-998 999 = No Answer
DAYSTPSY	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS the client lived in a state psychiatric hospital.	0-366 999 = No Answer
PSTSTPSY	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever lived in a state psychiatric hospital.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)

Field Name	Type	Width	Description	Format/Coding
NUMRESTX	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences the client lived in a licensed residential treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs).	0-998 999 = No Answer
DAYRESTX	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS the client lived in a licensed residential treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs).	0-366 999 = No Answer
PSTRESTX	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever lived in a licensed residential treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs).	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMSNFPHY	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences the client lived in a skilled nursing facility (physical reasons).	0-998 999 = No Answer
DAYSNFPHY	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS the client lived in a skilled nursing facility (physical reasons).	0-366 999 = No Answer
PSTSNFPHY	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever lived in a skilled nursing facility (physical reasons).	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMSNFPSY	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences the client lived in a skilled nursing facility (psychiatric reasons).	0-998 999 = No Answer

Field Name	Type	Width	Description	Format/Coding
DAYSNFPSY	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS the client lived in a skilled nursing facility (psychiatric reasons).	0-366 999 = No Answer
PSTSNFPSY	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever lived in a skilled nursing facility (psychiatric reasons).	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMLONG	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences the client lived in long-term institutional care (IMD, MHRC).	0-998 999 = No Answer
DAYLONG	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS the client lived in long-term institutional care (IMD, MHRC).	0-366 999 = No Answer
PSTLONG	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever lived in long-term institutional care (IMD, MHRC).	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMJAIL	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences that the client has been in jail.	0-998 999 = No Answer
DAYJAIL	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS that the client has been in jail.	0-366 999 = No Answer
PSTJAIL	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever been in jail.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMPRISN	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences that the client has been in prison.	0-998 999 = No Answer
DAYPRISN	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS that the client has been in prison.	0-366 999 = No Answer

Field Name	Type	Width	Description	Format/Coding
PSTPRISN	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever been in prison.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMOTHER	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences that the client has been in any 'other' setting.	0-998 999 = No Answer
DAYOTHER	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS that the client has been in any 'other' setting.	0-366 999 = No Answer
PSTOTHER	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client has ever been in any 'other' setting.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NUMUNK	num	3	DURING THE PAST 12 MONTHS, indicate the total number of occurrences that the client's living situation was 'unknown.'	0-998 999 = No Answer
DAYUNK	num	3	DURING THE PAST 12 MONTHS, indicate the total number of DAYS that the client's living situation was 'unknown.'	0-366 999 = No Answer
PSTUNK	text	1	PRIOR TO THE LAST 12 MONTHS, indicate if the client's living situation has ever been 'unknown'.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
EDUCATION				

Field Name	Type	Width	Description	Format/Coding
HIGRADE	text	2	What was the client's highest level of education completed?	27 = No High School Diploma / No GED 15 = GED coursework 16 = High School diploma / GED 17 = Less than 2 years college / Some Technical/Vocational Training 18 = AA Degree 19 = Technical/Vocational Degree 20 = 3-4 Years College 21 = Bachelor's Degree (B.A., B.S.) 22 = Less than 2 years graduate school 23 = Master's degree (e.g., M.A., M.S.W.) 24 = 3-4 years graduate training 25 = Doctoral degree (e.g., M.D., Ph.D.) 99 = No Answer
LSTNOSCHOL	num	2	DURING THE PAST 12 MONTHS, how many weeks was s/he not in a school of any kind?	0-52 99 = No Answer
NOWNOSCHOL	text	1	CURRENTLY, is s/he not in a school of any kind?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTHISCHOL	num	2	DURING THE PAST 12 MONTHS, how many weeks was s/he in high school / adult education?	0-52 99 = No Answer
NOWHISCHOL	text	1	CURRENTLY, is s/he in high school / adult education?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTVOC	num	2	DURING THE PAST 12 MONTHS, how many weeks was s/he in a technical / vocational school?	0-52 99 = No Answer
NOWVOC	text	1	CURRENTLY, is s/he in a technical / vocational school?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTUNGRAD	num	2	DURING THE PAST 12 MONTHS, how many weeks was s/he in a community college / four-year college?	0-52 99 = No Answer
NOWUNGRAD	text	1	CURRENTLY, is s/he in a community college / four-year college?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTGRAD	num	2	DURING THE PAST 12 MONTHS, how many weeks was s/he in graduate school?	0-52 99 = No Answer

Field Name	Type	Width	Description	Format/Coding
NOWGRAD	text	1	CURRENTLY, is s/he in graduate school?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTOTHED	num	2	DURING THE PAST 12 MONTHS, how many weeks was s/he in an 'other' educational setting?	0-52 99 = No Answer
NOWOTHED	text	1	CURRENTLY, is s/he in an 'other' educational setting?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
EDGOAL	text	1	Does one of the client's current recovery goals include any kind of education at this time?	0 = No 1 = Yes 9 = No Answer
EMPLOYMENT				
LSTPDCOMP	num	2	DURING THE PAST 12 MONTHS, how many weeks was the client employed in paid competitive work?	0-52 99 = No Answer
NOWPDCOMP	text	1	CURRENTLY, is the client employed in paid competitive work?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTPDTRAN	num	2	DURING THE PAST 12 MONTHS, how many weeks was the client employed in paid supported / transitional work (job open to competition with other clients)?	0-52 99 = No Answer
NOWPDTRAN	text	1	CURRENTLY, is the client employed in paid supported / transitional work (job open to competition with other clients)?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTPDINHOS	num	2	DURING THE PAST 12 MONTHS, how many weeks was the client employed in paid in-house work (work experience, job not open to competition)?	0-52 99 = No Answer
NOWPDINHOS	text	1	CURRENTLY, is the client employed in paid in-house work (work experience, job not open to competition)?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTNONPD	num	2	DURING THE PAST 12 MONTHS, how many weeks was the client employed in non-paid (volunteer) work?	0-52 99 = No Answer

Field Name	Type	Width	Description	Format/Coding
NOWNONPD	text	1	CURRENTLY, is the client employed in non-paid (volunteer) work?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTOTHEMP	num	2	DURING THE PAST 12 MONTHS, how many weeks was the client employed in other employment-type activities (e.g., can collecting, mowing lawns, babysitting)?	0-52 99 = No Answer
NOWOTHEMP	text	1	CURRENTLY, is the client employed in other employment-type activities (e.g., can collecting, mowing lawns, babysitting)?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTNOEMP	num	2	DURING THE PAST 12 MONTHS, for how many weeks was the client unemployed?	0-52 99 = No Answer
NOWNOEMP	text	1	CURRENTLY, is the client unemployed?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWHOURS	num	2	On average, how many hours per week did the client work LAST MONTH?	0-99 Leave blank if no answer
NOWINCOME	num	5	How much did the client earn from employment LAST MONTH?	0-99999 Leave blank if no answer
LSTHOURS	num	2	During the time(s) the client worked IN THE PAST 12 MONTHS, on average how many hours/week did s/he work?	0-99 Leave blank if no answer
LSTINCOME	num	6	How much did the client earn from employment DURING THE PAST 12 MONTHS?	0-999999 Leave blank if no answer
EMPGOAL	text	1	Does one of the client's current recovery goals include any kind of employment at this time?	0 = No 1 = Yes 9 = No Answer
SOURCES OF FINANCIAL SUPPORT				
LSTWAGE	text	1	DURING THE PAST 12 MONTHS, was the client's wages used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWWAGE	text	1	CURRENTLY, is the client's wages used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)

Field Name	Type	Width	Description	Format/Coding
LSTSPOUS	text	1	DURING THE PAST 12 MONTHS, was the client's spouse / significant other's wages used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWSPOUS	text	1	CURRENTLY, is the client's spouse / significant other's wages used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTSAVE	text	1	DURING THE PAST 12 MONTHS, was savings used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWSAVE	text	1	CURRENTLY, are savings used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTFAM	text	1	DURING THE PAST 12 MONTHS, was financial support from an other family member / friend used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWFAM	text	1	CURRENTLY, is financial support from an other family member / friend used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTRETIRE	text	1	DURING THE PAST 12 MONTHS, was retirement / social security income used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWRETIRE	text	1	CURRENTLY, is retirement / social security income used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTVET	text	1	DURING THE PAST 12 MONTHS, were veteran's assistance benefits used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWVET	text	1	CURRENTLY, are veteran's assistance benefits used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTLOAN	text	1	DURING THE PAST 12 MONTHS, was a loan / credit used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWLOAN	text	1	CURRENTLY, is a loan / credit used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTSUBSDY	text	1	DURING THE PAST 12 MONTHS, was a housing subsidy used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)

Field Name	Type	Width	Description	Format/Coding
NOWSUBSDY	text	1	CURRENTLY, is a housing subsidy used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTGENAST	text	1	DURING THE PAST 12 MONTHS, was general relief / general assistance used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWGENAST	text	1	CURRENTLY, is general relief / general assistance used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTSTAMP	text	1	DURING THE PAST 12 MONTHS, were food stamps used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWSTAMP	text	1	CURRENTLY, are food stamps used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTTANF	text	1	DURING THE PAST 12 MONTHS, was Temporary Assistance for Needy Families (TANF) used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWTANF	text	1	CURRENTLY, is Temporary Assistance for Needy Families (TANF) used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTSSI	text	1	DURING THE PAST 12 MONTHS, was Supplemental Security Income / State Supplementary Payment used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWSSI	text	1	CURRENTLY, is Supplemental Security Income / State Supplementary Payment used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTSSDI	text	1	DURING THE PAST 12 MONTHS, was Social Security Disability Insurance used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWSSDI	text	1	CURRENTLY, is Social Security Disability Insurance used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTSDI	text	1	DURING THE PAST 12 MONTHS, was State Disability Insurance used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)

Field Name	Type	Width	Description	Format/Coding
NOWSDI	text	1	CURRENTLY, is State Disability Insurance used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTTRIBE	text	1	DURING THE PAST 12 MONTHS, were American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWTRIBE	text	1	CURRENTLY, are American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LSTOTHBEN	text	1	DURING THE PAST 12 MONTHS, were 'Other' benefits used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWOTHBEN	text	1	CURRENTLY, are 'Other' benefits used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)

Field Name	Type	Width	Description	Format/Coding
LEGAL ISSUES / DESIGNATIONS				
LSTAREST	num	2	Indicate the number of times the client was arrested DURING THE PAST 12 MONTHS.	0-98 99 = No Answer
EVRAREST	text	1	Was the client arrested anytime PRIOR TO THE LAST 12 MONTHS?	0 = No 1 = Yes 9 = No Answer
NOWPRBTN	text	1	Is the client CURRENTLY on probation?	0 = No 1 = Yes 9 = No Answer
LSTPRBTN	text	1	Was the client on probation DURING THE PAST 12 MONTHS?	0 = No 1 = Yes 9 = No Answer
EVRPRBTN	text	1	Was the client on probation anytime PRIOR TO THE LAST 12 MONTHS?	0 = No 1 = Yes 9 = No Answer
NOWPAROL	text	1	Is the client CURRENTLY on parole?	0 = No 1 = Yes 9 = No Answer
LSTPAROL	text	1	Was the client on parole DURING THE PAST 12 MONTHS?	0 = No 1 = Yes 9 = No Answer
EVRPAROL	text	1	Was the client on parole anytime PRIOR TO THE LAST 12 MONTHS?	0 = No 1 = Yes 9 = No Answer
NOWCONSRV	text	1	Is the client CURRENTLY on conservatorship?	0 = No 1 = Yes 9 = No Answer
LSTCONSRV	text	1	Was the client on conservatorship DURING THE PAST 12 MONTHS?	0 = No 1 = Yes 9 = No Answer
EVRCONSRV	text	1	Was the client on conservatorship anytime PRIOR TO THE LAST 12 MONTHS?	0 = No 1 = Yes 9 = No Answer
NOWPAYEE	text	1	Does the client CURRENTLY have a payee?	0 = No 1 = Yes 9 = No Answer
LSTPAYEE	text	1	Did the client have a payee DURING THE PAST 12 MONTHS?	0 = No 1 = Yes 9 = No Answer

Field Name	Type	Width	Description	Format/Coding
EVRPAYEE	text	1	Did the client have a payee anytime PRIOR TO THE LAST 12 MONTHS?	0 = No 1 = Yes 9 = No Answer
NUM300	num	2	Indicate the total number of children the client CURRENTLY has who are placed on W&I Code 300 status.	0-98 99 = No Answer
NUMFOSTER	num	2	Indicate the total number of children the client CURRENTLY has who are placed in foster care.	0-98 99 = No Answer
NUMUNIFED	num	2	Indicate the total number of children the client CURRENTLY has who are reunified with the client.	0-98 99 = No Answer
NUMADOPT	num	2	Indicate the total number of children the client CURRENTLY has who are adopted out.	0-98 99 = No Answer
EMERGENCY INTERVENTION				
PHYSEMERG	num	2	Please indicate the number of emergency interventions the client had DURING THE PAST 12 MONTHS for the following reasons: PHYSICAL HEALTH RELATED	0-98 99 = No Answer
MHSAEMERG	num	2	Please indicate the number of emergency interventions the client had DURING THE PAST 12 MONTHS for the following reasons: MENTAL HEALTH / SUBSTANCE ABUSE RELATED	0-98 99 = No Answer
HEALTH STATUS				
NOWDOCTR	text	1	Does the client have a primary care physician CURRENTLY?	0 = No 1 = Yes 9 = No Answer
LSTDOCTR	text	1	Did the client have a primary care physician DURING THE PAST 12 MONTHS?	0 = No 1 = Yes 9 = No Answer
SUBSTANCE ABUSE				

Field Name	Type	Width	Description	Format/Coding
DUALDX	text	1	In the opinion of the partnership service coordinator, does the client have a co-occurring mental illness and substance use problem?	0 = No 1 = Yes 9 = No Answer
ACTIVPRB	text	1	Is this an active problem?	0 = No 1 = Yes 9 = No Answer
DUALDXSVC	text	1	Is the client CURRENTLY receiving substance abuse services?	0 = No 1 = Yes 9 = No Answer
INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL)				
BATHING	text	1	<u>BATHING</u> – either sponge bath, tub bath or shower	1 = Receives no assistance (gets in and out of tub by self, if tub is usual means of bathing) 2 = Receives assistance in bathing only one part of the body (such as back or leg) 3 = Receives assistance in bathing more than one part of the body (or not bathed) 9 = No Answer
DRESSING	text	1	<u>DRESSING</u> – gets clothes from closets and drawers, including underclothes, outer garments, and using fasteners (including braces, if worn)	1 = Gets clothes and gets completely dressed without assistance 2 = Gets clothes and gets dressed without assistance, except for assistance in tying shoes 3 = Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed 9 = No Answer

Field Name	Type	Width	Description	Format/Coding
TOILETING	text	1	<u>TOILETING</u>	1 = Goes to "toilet room", cleans self, and arranges clothes without assistance (may use object for support such as cane, walker, or wheelchair and may manage night bedpan or commode, emptying same in AM) 2 = Receives assistance in going to the "toilet room" or in cleansing self or in arranging clothes after elimination or in use of night bedpan or commode 3 = Doesn't go to room termed "toilet" for the elimination process 9 = No Answer
TRANSFER	text	1	<u>TRANSFER</u>	1 = Moves in and out of bed as well as in and out of chair without assistance (may be using object for support, such as cane or walker) 2 = Moves in and out of bed or chair with assistance 3 = Doesn't get out of bed 9 = No Answer
CONTINENCE	text	1	<u>CONTINENCE</u>	1 = Controls urination and bowel movement completely by self 2 = Has occasional "accident" 3 = Supervision helps keep urine or bowel control; catheter is used, or person is incontinent 9 = No Answer
FEEDING	text	1	<u>FEEDING</u>	1 = Feeds self without assistance 2 = Feeds self except for getting assistance in cutting meat or buttering bread 3 = Receives assistance in feeding or is fed partly or completely by using tubes or I.V. fluids 9 = No Answer

Field Name	Type	Width	Description	Format/Coding
WALKING	text	1	<u>WALKING</u>	1 = Walks on level without assistance 2 = Walks without assistance but uses single, straight cane 3 = Walks without assistance but uses two points for mechanical support such as crutches, a walker or two canes (or wears a brace) 4 = Walks with assistance 5 = Uses wheelchair only 6 = Not walking or using wheelchair 9 = No Answer
CONFINE	text	1	<u>HOUSE-CONFINEMENT</u>	1 = Has been outside of residence on 3 or more days during past 2 weeks 2 = Has been outside of residence on only 1 or 2 days during past 2 weeks 3 = Has not been outside of residence in past 2 weeks 9 = No Answer
Instrumental Activities of Daily Living (IADL)				
PHONE			Can the client use the <u>telephone</u>?	1 = Without help 2 = With some help, or 3 = Are completely unable to use the telephone 9 = No Answer
WALKDIST			Can the client get to places out of <u>walking</u> distance?	1 = Without help 2 = With some help, or 3 = Are completely unable to travel unless special arrangements are made 9 = No Answer
SHOPPING			Can the client go <u>shopping</u> for groceries?	1 = Without help 2 = With some help, or 3 = Are completely unable to do any shopping 9 = No Answer

Field Name	Type	Width	Description	Format/Coding
PREPMEAL			Can the client prepare his/her own <u>meals</u>?	1 = Without help 2 = With some help, or 3 = Are completely unable to prepare any meals 9 = No Answer
HOUSEWRK			Can the client do his/her own <u>housework</u>?	1 = Without help 2 = With some help, or 3 = Are completely unable to do any housework 9 = No Answer
HANDYMAN			Can the client do his/her own <u>handyman</u> work?	1 = Without help 2 = With some help, or 3 = Are completely unable to do handyman work 9 = No Answer
LAUNDRY			Can the client do his/her own <u>laundry</u>?	1 = Without help 2 = With some help, or 3 = Are completely unable to do any laundry 9 = No Answer
TAKEMEDS			If the client takes medication, or if the client had to take medication, could s/he take it on his/her own?	1 = Without help 2 = With some help, or 3 = Are completely unable to take medication on his/her own 9 = No Answer
MNGMONEY			Can the client manage his/her own <u>money</u>?	1 = Without help 2 = With some help, or 3 = Are completely unable to handle money 9 = No Answer
COUNTY USE FIELDS				
CNTY1KET	text	15	Key Event Tracking: County Use Field #1	15 character field 0-9, A-Z This item is not required by DMH. If used, data will be collected and returned to counties for their use.

Field Name	Type	Width	Description	Format/Coding
CNTY2KET	text	15	Key Event Tracking: County Use Field #2	15 character field 0-9, A-Z This item is not required by DMH. If used, data will be collected and returned to counties for their use.
CNTY3KET	text	15	Key Event Tracking: County Use Field #3	15 character field 0-9, A-Z This item is not required by DMH. If used, data will be collected and returned to counties for their use.
CNTY13M	text	15	Quarterly: County Use Field #1	15 character field 0-9, A-Z This item is not required by DMH. If used, data will be collected and returned to counties for their use.
CNTY23M	text	15	Quarterly: County Use Field #2	15 character field 0-9, A-Z This item is not required by DMH. If used, data will be collected and returned to counties for their use.
CNTY33M	text	15	Quarterly: County Use Field #3	15 character field 0-9, A-Z This item is not required by DMH. If used, data will be collected and returned to counties for their use.

Older Adult
Key Event Tracking Form

OADULTKET.txt

Field Name	Type	Width	Description	Format/Coding
PARTNERSHIP INFORMATION				
COUNTYID	text	2	*Required* County number (i.e., county code) *county/city submitting record*	01 - 66 See Appendix A for codes.
CCN	text	9	*Required* County client number *(CSI equivalent)*	0-9, A-Z Right justify, use left leading zeros See Appendix B for examples
DOB	text	8	*Required* Client's Date of Birth	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
FSTNAME	text	15	*Required* Client's First Name	A-Z
LSTNAME	text	20	*Required* Client's Last Name	A-Z
AB2034DATE	num	8	Date client became involved in AB2034	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
AB2034	text	1	In which programs is the client currently involved: AB2034	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
GOVINITDATE	num	8	Date client became involved in Governor's Homeless Initiative	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
GOVINIT	text	1	In which programs is the client currently involved: Governor's Homeless Initiative	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
CHANGE IN ADMINISTRATIVE INFORMATION				
PROVIDATE	num	8	Date of Provider Site ID change	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
PROVIDER	text	4	New Provider Site ID	0-9, A-Z

Field Name	Type	Width	Description	Format/Coding
PROGDATE	num	8	Date of Full Service Partnership Program ID change	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
PROGRAMID	text	4	New Full Service Partnership Program ID	0-9, A-Z
PSCDATE	num	8	Date of Partnership Service Coordinator change	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
PSCID	text	12	New Partnership Service Coordinator ID	0-9, A-Z
DISENROLL	num	8	Date disenrolled from partnership	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
RESIDENTIAL INFORMATION **(includes hospitalization and incarceration)**				
LIVEDATE	num	8	Date of Residential Status change (includes hospitalization and incarceration)	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples

Field Name	Type	Width	Description	Format/Coding
NOWLIVE	text	2	Indicate the new residential status	**General Living Arrangements** 03 = In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage 01 = With one or both biological / adoptive parents 02 = With adult family member(s) other than parents 04 = Single Room Occupancy (must hold lease) **Shelter / Homeless** 07 = Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent) 08 = Homeless (includes people living in their cars) **Supervised Placement** 09 = Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.) 28 = Assisted Living Facility 10 = Unlicensed but supervised congregate placement (includes group living homes, sober living homes) 11 = Licensed Community Care Facility (Board and Care) **Hospital** 12 = Acute Medical Hospital 13 = Acute Psychiatric Hospital / Psychiatric Health Facility (PHF) 14 = State Psychiatric Hospital **Residential Program** 18 = Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs) 19 = Skilled Nursing Facility (physical) 20 = Skilled Nursing Facility (psychiatric) 21 = Long-Term Institutional Care (IMD, MHRC) **Justice Placement** 24 = Jail 25 = Prison **26 = Other** **27 = Unknown** **99 = No Answer**
EDUCATION				
GRADEDATE	num	8	Date of Grade Level completion	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples

Field Name	Type	Width	Description	Format/Coding
HIGRADE	text	2	Level of education completed:	27 = No High School Diploma / No GED 15 = GED coursework 16 = High School Diploma / GED 17 = Less than 2 years college / Some Technical/Vocational Training 18 = AA Degree 19 = Technical/Vocational Degree 20 = 3-4 Years College 21 = Bachelor's Degree (B.A., B.S.) 22 = Less than 2 years graduate school 23 = Master's degree (e.g., M.A., M.S.W.) 24 = 3-4 years graduate training 25 = Doctoral degree (e.g., M.D., Ph.D.) 99 = No Answer
EDSETDATE	num	8	Date of Educational Setting Change	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
NOWNOSCHOL	text	1	Indicate if s/he is not enrolled in a school of any kind.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWHISCHOL	text	1	Indicate if s/he is enrolled in high school / adult education?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWVOC	text	1	Indicate if s/he is enrolled in a technical / vocational school?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWUNGRAD	text	1	Indicate if s/he is enrolled in a community college / four-year college?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWGRAD	text	1	Indicate if s/he is enrolled in graduate school?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWOTHED	text	1	Indicate if s/he is enrolled in an 'other' educational setting?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
EDFINISH	text	1	If stopping school, did the client complete a class and/or program?	0 = No 1 = Yes 9 = No Answer
EDGOAL	text	1	Does one of the client's current recovery goals include any kind of education at this time?	0 = No 1 = Yes 9 = No Answer
EMPLOYMENT				
EMPDATE	num	8	Date of Employment change	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
NOWPDCOMP	text	1	CURRENTLY, is the client employed in paid competitive work?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)

Field Name	Type	Width	Description	Format/Coding
NOWPDTRAN	text	1	CURRENTLY, is the client employed in paid supported / transitional work (job open to competition with other clients)?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWPDINHOS	text	1	CURRENTLY, is the client employed in paid in-house work (work experience, job not open to competition)?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWNONPD	text	1	CURRENTLY, is the client employed in non-paid (volunteer) work?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWOTHEMP	text	1	CURRENTLY, is the client employed in other employment-type activities (e.g., can collecting, mowing lawns, babysitting)?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWNOEMP	text	1	CURRENTLY, is the client unemployed?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LEGAL ISSUES / DESIGNATIONS				
ARESTDATE	num	8	Date Client Arrested	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
PRBTNDATE	num	8	Date of Probation Status change	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
PRBTNTYP	text	1	Indicate new Probation Status	1 = Removed From Probation 2 = Placed on Probation
PAROLDATE	num	8	Date of Parole Status change	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
PAROLTYP	text	1	Indicate new Parole Status	1 = Removed From Parole 2 = Placed on Parole
CONSRVDATE	num	8	Date of Conservatorship Status change	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
CONSRVTYP	text	1	Indicate new Conservatorship Status	1 = Removed From Conservatorship 2 = Placed on Conservatorship
PAYEEDATE	num	8	Date of Payee Status change	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
PAYEETYP	text	1	Indicate new Payee Status	1 = Removed From Payee Status 2 = Placed on Payee Status
EMERGENCY INTERVENTION				
EMERGDATE	num	8	Date of Emergency Intervention	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples

Field Name	Type	Width	Description	Format/Coding
EMERGTYP	text	1	Indicate the type of Emergency Intervention.	1 = Physical Health Related 2 = Mental Health / Substance Abuse Related 9 = No Answer
COUNTY USE FIELDS				
CNTY1KETDAT	num	8	Date of Key Event Tracking County Use Field #1 change	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
CNTY1KET	text	15	New Key Event Tracking: County Use Field #1	15 character field 0-9, A-Z This item is not required by DMH. If used, data will be collected and returned to counties for their use.
CNTY2KETDAT	num	8	Date of Key Event Tracking County Use Field #2 change	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
CNTY2KET	text	15	New Key Event Tracking: County Use Field #2	15 character field 0-9, A-Z This item is not required by DMH. If used, data will be collected and returned to counties for their use.
CNTY3KETDAT	num	8	Date of Key Event Tracking County Use Field #3 change	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
CNTY3KET	text	15	New Key Event Tracking: County Use Field #3	15 character field 0-9, A-Z This item is not required by DMH. If used, data will be collected and returned to counties for their use.

Older Adult
Quarterly Assessment Form

OADULT3M.txt

Field Name	Type	Width	Description	Format/Coding
PARTNERSHIP INFORMATION				
COUNTYID	text	2	*Required* County number (i.e., county code) *county/city submitting record*	01 - 66 See Appendix A for codes.
CCN	text	9	*Required* County client number *(CSI equivalent)*	0-9, A-Z Right justify, use left leading zeros See Appendix B for examples
ASSESSDATE	num	8	*Required* Assessment Date	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
FSTNAME	text	15	*Required* Client's First Name	A-Z
LSTNAME	text	20	*Required* Client's Last Name	A-Z
DOB	text	8	*Required* Client's Date of Birth	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples
EMPLOYMENT				
NOWHOURS	num	2	On average, how many hours per week did the client work LAST MONTH?	0-99 Leave blank if no answer
NOWINCOME	num	5	How much did the client earn from employment LAST MONTH?	0-99999 Leave blank if no answer
EMPGOAL	text	1	Does one of the client's current recovery goals include any kind of employment at this time?	0 = No 1 = Yes 9 = No Answer

Field Name	Type	Width	Description	Format/Coding
SOURCES OF FINANCIAL SUPPORT				
NOWWAGE	text	1	CURRENTLY, is the client's wages used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWSPOUS	text	1	CURRENTLY, is the client's spouse / significant other's wages used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWSAVE	text	1	CURRENTLY, are savings used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWFAM	text	1	CURRENTLY, is financial support from an other family member / friend used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWRETIRE	text	1	CURRENTLY, is retirement / social security income used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWVET	text	1	CURRENTLY, are veteran's assistance benefits used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWLOAN	text	1	CURRENTLY, is a loan / credit used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWSUBSDY	text	1	CURRENTLY, is a housing subsidy used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWGENAST	text	1	CURRENTLY, is general relief / general assistance used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWSTAMP	text	1	CURRENTLY, are food stamps used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWTANF	text	1	CURRENTLY, is Temporary Assistance for Needy Families (TANF) used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWSSI	text	1	CURRENTLY, is Supplemental Security Income / State Supplementary Payment used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWSSDI	text	1	CURRENTLY, is Social Security Disability Insurance used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)

Field Name	Type	Width	Description	Format/Coding
NOWSDI	text	1	CURRENTLY, is State Disability Insurance used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWTRIBE	text	1	CURRENTLY, are American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
NOWOTHBEN	text	1	CURRENTLY, are 'Other' benefits used to meet the needs of the client?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LEGAL ISSUES / DESIGNATIONS				
NUM300	num	2	Indicate the total number of children the client CURRENTLY has who are placed on W&I Code 300 status.	0-98 99 = No Answer
NUMFOSTER	num	2	Indicate the total number of children the client CURRENTLY has who are placed in foster care.	0-98 99 = No Answer
NUMUNIFED	num	2	Indicate the total number of children the client CURRENTLY has who are reunified with the client.	0-98 99 = No Answer
NUMADOPT	num	2	Indicate the total number of children the client CURRENTLY has who are adopted out.	0-98 99 = No Answer
HEALTH STATUS				
NOWDOCTR	text	1	Does the client have a primary care physician CURRENTLY?	0 = No 1 = Yes 9 = No Answer
SUBSTANCE ABUSE				
DUALDX	text	1	In the opinion of the partnership service coordinator, does the client have a co-occurring mental illness and substance use problem?	0 = No 1 = Yes 9 = No Answer
ACTIVPRB	text	1	Is this an active problem?	0 = No 1 = Yes 9 = No Answer
DUALDXSVC	text	1	Is the client CURRENTLY receiving substance abuse services?	0 = No 1 = Yes 9 = No Answer

Field Name	Type	Width	Description	Format/Coding
INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL)				
BATHING	text	1	<u>BATHING</u> – either sponge bath, tub bath or shower	1 = Receives no assistance (gets in and out of tub by self, if tub is usual means of bathing) 2 = Receives assistance in bathing only one part of the body (such as back or leg) 3 = Receives assistance in bathing more than one part of the body (or not bathed) 9 = No Answer
DRESSING	text	1	<u>DRESSING</u> – gets clothes from closets and drawers, including underclothes, outer garments, and using fasteners (including braces, if worn)	1 = Gets clothes and gets completely dressed without assistance 2 = Gets clothes and gets dressed without assistance, except for assistance in tying shoes 3 = Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed 9 = No Answer
TOILETING	text	1	<u>TOILETING</u>	1 = Goes to "toilet room", cleans self, and arranges clothes without assistance (may use object for support such as cane, walker, or wheelchair and may manage night bedpan or commode, emptying same in AM) 2 = Receives assistance in going to the "toilet room" or in cleansing self or in arranging clothes after elimination or in use of night bedpan or commode 3 = Doesn't go to room termed "toilet" for the elimination process 9 = No Answer

Full Service Partnership: Older Adult Data Dictionary

Field Name	Type	Width	Description	Format/Coding
TRANSFER	text	1	TRANSFER	1 = Moves in and out of bed as well as in and out of chair without assistance (may be using object for support, such as cane or walker) 2 = Moves in and out of bed or chair with assistance 3 = Doesn't get out of bed 9 = No Answer
CONTINENCE	text	1	CONTINENCE	1 = Controls urination and bowel movement completely by self 2 = Has occasional "accident" 3 = Supervision helps keep urine or bowel control; catheter is used, or person is incontinent 9 = No Answer
FEEDING	text	1	FEEDING	1 = Feeds self without assistance 2 = Feeds self except for getting assistance in cutting meat or buttering bread 3 = Receives assistance in feeding or is fed partly or completely by using tubes or I.V. fluids 9 = No Answer
WALKING	text	1	WALKING	1 = Walks on level without assistance 2 = Walks without assistance but uses single, straight cane 3 = Walks without assistance but uses two points for mechanical support such as crutches, a walker or two canes (or wears a brace) 4 = Walks with assistance 5 = Uses wheelchair only 6 = Not walking or using wheelchair 9 = No Answer

Field Name	Type	Width	Description	Format/Coding
CONFINE	text	1	<u>HOUSE-CONFINEMENT</u>	1 = Has been outside of residence on 3 or more days during past 2 weeks 2 = Has been outside of residence on only 1 or 2 days during past 2 weeks 3 = Has not been outside of residence in past 2 weeks 9 = No Answer
Instrumental Activities of Daily Living (IADL)				
PHONE			Can the client use the <u>telephone</u>?	1 = Without help 2 = With some help, or 3 = Are completely unable to use the telephone 9 = No Answer
WALKDIST			Can the client get to places out of <u>walking</u> distance?	1 = Without help 2 = With some help, or 3 = Are completely unable to travel unless special arrangements are made 9 = No Answer
SHOPPING			Can the client go <u>shopping</u> for groceries?	1 = Without help 2 = With some help, or 3 = Are completely unable to do any shopping 9 = No Answer
PREPMEAL			Can the client prepare his/her own <u>meals</u>?	1 = Without help 2 = With some help, or 3 = Are completely unable to prepare any meals 9 = No Answer
HOUSEWRK			Can the client do his/her own <u>housework</u>?	1 = Without help 2 = With some help, or 3 = Are completely unable to do any housework 9 = No Answer
HANDYMAN			Can the client do his/her own <u>handyman</u> work?	1 = Without help 2 = With some help, or 3 = Are completely unable to do handyman work 9 = No Answer

Field Name	Type	Width	Description	Format/Coding
LAUNDRY			Can the client do his/her own <u>laundry</u>?	1 = Without help 2 = With some help, or 3 = Are completely unable to do any laundry 9 = No Answer
TAKEMEDS			If the client takes medication, or if the client had to take medication, could s/he take it on his/her own?	1 = Without help 2 = With some help, or 3 = Are completely unable to take medication on his/her own 9 = No Answer
MNGMONEY			Can the client manage his/her own <u>money</u>?	1 = Without help 2 = With some help, or 3 = Are completely unable to handle money 9 = No Answer
COUNTY USE FIELDS				
CNTY13M	text	15	Quarterly: County Use Field #1	15 character field 0-9, A-Z This item is not required by DMH. If used, data will be collected and returned to counties for their use.
CNTY23M	text	15	Quarterly: County Use Field #2	15 character field 0-9, A-Z This item is not required by DMH. If used, data will be collected and returned to counties for their use.
CNTY33M	text	15	Quarterly: County Use Field #3	15 character field 0-9, A-Z This item is not required by DMH. If used, data will be collected and returned to counties for their use.

Appendix A: County Codes

Code	Name
01	Alameda
02	Alpine
03	Amador
04	Butte
05	Calaveras
06	Colusa
07	Contra Costa
08	Del Norte
09	El Dorado
10	Fresno
11	Glenn
12	Humboldt
13	Imperial
14	Inyo
15	Kern
16	Kings
17	Lake
18	Lassen
19	Los Angeles
20	Madera
21	Marin
22	Mariposa
23	Mendocino
24	Merced
25	Modoc
26	Mono
27	Monterey
28	Napa
29	Nevada
30	Orange

Code	Name
31	Placer
32	Plumas
33	Riverside
34	Sacramento
35	San Benito
36	San Bernardino
37	San Diego
38	San Francisco
39	San Joaquin
40	San Luis Obispo
41	San Mateo
42	Santa Barbara
43	Santa Clara
44	Santa Cruz
45	Shasta
46	Sierra
47	Siskiyou
48	Solano
49	Sonoma
50	Stanislaus
52	Tehama
53	Trinity
54	Tulare
55	Tuolumne
56	Ventura
57	Yolo
63	Sutter/Yuba
65	Berkeley City
66	Tri-City

Appendix B: Explanation of Data File Export Format

XML Formatting

Counties using their own technology to collect information must send the Full Service Partnership data to the State via the DMH-provided XML Schema which will be published at a later date

CCN

Consumer 1 and *Consumer 3* have county client numbers which are seven and eight characters wide instead of the nine characters allocated in the Data Dictionary (county client number widths vary across counties). Notice that the field values are right-justified with leading zero's added to fill vacant columns in CCN's with less than 9 characters.

DOB

Notice for *Consumer 1 and Consumer 3* the date values in the Date of Birth columns (positions 10-17) are in the MMDDYYYY format, have leading zeros, and do *not* include placeholders. For example, for *Consumer 1* notice that columns numbered 10 and 11 (which indicate month) and columns numbered 12 and 13 (which indicate day) each have a leading zero. *Consumer 3* has an estimated year of birth and zeros for month and day of birth. This conforms to the CSI requirements regarding missing date of birth information.

When the complete date of birth is unknown, as much of the date as is known shall be reported. If nothing is known, estimate and report an approximate year of birth and use zeros for the month and day. If only the age in years is known, calculate the year of birth and use zeros for the month and day. If the year and month of birth are known, but the exact day of birth is not, report the year and month only, and use zeros for the day.