

# PROGRAM PARTICIPATION SYSTEM (PPS)

# MENTAL HEALTH MODULE HANDBOOK



Wisconsin Department of Health Services  
Division of Mental Health and Substance Abuse Services  
Division of Enterprise Services  
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## **PROGRAM PARTICIPATION SYSTEM (PPS) OVERVIEW**

### **Mental Health Module (MH)**

#### **WHAT**

The PPS MH Module is an electronic client-level data collection system for reporting of County-authorized or paid for mental health services. The module data meets both state and federal reporting requirements. The expressed purpose is timely, accurate, complete, useful and efficient data. There are two data submission formats 1) keying data directly into PPS online screens and 2) XML-formatted batch file upload through a secure FTP site. Submission of “unknown” codes such as 9 and 99 will be monitored and your cooperation in reducing and eliminating the submission of unknown codes is appreciated. **Additional instructions are available at the beginning of each section of the handbook when necessary.**

#### **WHO**

All County Departments of Human Services (Wis. Stats. 46.23) and Community Programs (Wis. Stats. 51.42) are required to report client services authorized or paid for with Federal, State or County funds or revenue and have their own client record. If a client no-shows for a service, the service record should not be entered into PPS nor the episode as appropriate. Clients reported in PPS should correspond to the funds reported on the 942 expenditure report. In the case of a client who receives services from a County that is not their residence County, the County who pays for the services should report the client, not both Counties.

All clients new to PPS must first be registered in PPS and receive a Master Client Index number. Then a service episode may be opened and associated service records submitted. All client service records and episodes must eventually be closed by the reporting agency as appropriate and in a timely fashion. NOTE: Service records having a SPC end reason code of “19” are not considered closed for purposes of closing an episode.

#### **REPORTING FREQUENCY**

Daily, weekly or monthly record submissions are permissible. If daily, weekly or monthly reporting is not possible, quarterly reporting is required according to this schedule:

January thru March episode and service activity is due by May 15  
April thru June episode and service activity is due by August 15  
July thru September episode and service activity is due by November 15  
October thru December episode and service activity is due by February 15

#### **SOS DESK**

The SOS Desk is the first point of contact for questions or issues that arise.

Telephone: (608)-266-9198

Email: [dhsoshelp@wisconsin.gov](mailto:dhsoshelp@wisconsin.gov)

#### **HELPFUL LINKS**

Log on to the PPS online screen system or obtain a WAMS ID <https://pps.wisconsin.gov/>

General PPS website <http://www.dhs.wisconsin.gov/pps/index.htm>

Forms <http://www.dhs.wisconsin.gov/pps/general/forms.htm>

Desk cards <http://www.dhs.wisconsin.gov/pps/general/Desk-cards.htm>

Batch file upload information <http://www.dhs.wisconsin.gov/pps/mh-aoda/index.htm>

Screen data entry training <http://www.dhs.wisconsin.gov/pps/mh-aoda/index.htm>

# Individual Summary Data Fields for Client Registration

## **CLIENT ID - MCI (Master Client Index)**

### **REQUIRED**

**DEFINITION:** A unique client identifier for each individual that is generated by registering clients through PPS. Full legal name, birthdate, and sex are used to produce a 10-digit numeric ID.

**ENTER:** Enter the 10-digit MCI on every record submitted with a batch file. In the PPS on-line screens, search for an existing client with the MCI and then enter data for that client.

**PURPOSE:** The data in this field is used to maintain client/consumer confidentiality while allowing reports to be produced on individual client/consumers for audit purposes and to produce summary reports on multiple services to the same individual. This data element enables a record to be identified and data to be reliably associated with a particular individual.

## **NAME - LAST, FIRST, MIDDLE, SUFFIX**

### **REQUIRED**

**DEFINITION:** The full legal name of the client/consumer. Nicknames, abbreviations or other variations should not be used.

**ENTER:** Enter the full legal name of the client/consumer. If the client/consumer has no legal first name enter the word "None"; if no middle name and/or suffix, leave blank.

**NOTES:** Must be all letters. The last name, first name, and middle name are each limited to 20 letters. The suffix is limited to 3 letters or blank. No apostrophes, hyphens, slashes, dashes, or spaces are allowed between letters within the name nor are any other punctuation marks accepted.

**PURPOSE:** This information allows the system to generate a unique Client ID.

**GENDER  
REQUIRED**

DEFINITION: Client/consumer's gender/sex.

CODES: F = Female  
M = Male  
U = Unknown

PURPOSE: This information allows the system to generate a unique Client ID. A client/consumer's sex is an important variable in the epidemiology of mental illness and especially with respect to diagnostic clusters.

**BIRTH DATE  
REQUIRED**

CODES: Enter the 8 digit birthdate of the client/consumer using month/day/full year.

PURPOSE: This information allows the system to generate a unique Client ID. Birthdate is used to calculate the client/consumer's age for preparation of summary reports which compare the characteristics of the population area served, to assess issues of accessibility or unintended exclusion of age groups. Client/consumer age is an important variable in the epidemiology of mental illness and is associated with particular diagnostic clusters.

**SOCIAL SECURITY NUMBER  
OPTIONAL**

DEFINITION: Social security number of the client.

PURPOSE: If recorded, it is used as another criterion for matching clients during the PPS search process used to uniquely identify clients before assigning them an MCI.

**COUNTY OF RESPONSIBILITY**  
OPTIONAL

DEFINITION: The county or tribe that is responsible for the care of the client.

01 Adams	37 Marathon	84 Menominee Tribe
02 Ashland	38 Marinette	85 Red Cliff Tribe
03 Barron	39 Marquette	86 Stockbridge Munsee
04 Bayfield	40 Milwaukee	87 Potawatomi Tribe
05 Brown	41 Monroe	88 Lac du Flambeau Tribe
06 Buffalo	42 Oconto	89 Bad River Tribe
07 Burnett	43 Oneida	91 Sokoagon Chippewa
08 Calumet	44 Outagamie	92 Oneida Tribe
09 Chippewa	45 Ozaukee	93 Ho Chunk Nation
10 Clark	46 Pepin	94 Lac Courte Oreilles Tribe
11 Columbia	47 Pierce	95 St Croix Tribe
12 Crawford	48 Polk	
13 Dane	49 Portage	
14 Dodge	50 Price	
15 Door	51 Racine	
16 Douglas	52 Richland	
17 Dunn	53 Rock	
18 Eau Claire	54 Rusk	
19 Florence	55 St. Croix	
20 Fond du Lac	56 Sauk	
21 Forest	57 Sawyer	
22 Grant	58 Shawano	
23 Green	59 Sheboygan	
24 Green Lake	60 Taylor	
25 Iowa	61 Trempealeau	
26 Iron	62 Vernon	
27 Jackson	63 Vilas	
28 Jefferson	64 Walworth	
29 Juneau	65 Washburn	
30 Kenosha	66 Washington	
31 Kewaunee	67 Waukesha	
32 La Crosse	68 Waupaca	
33 Lafayette	69 Waushara	
34 Langlade	70 Winnebago	
35 Lincoln	71 Wood	
36 Manitowoc	72 Menominee	

PURPOSE: This is a standard element of all PPS modules that is sometimes used as the primary identifier of the county responsible for the care of the client.

# Consumer Profile Data Fields

## LOCAL WORKER ID

OPTIONAL

**DEFINITION:** Agency designated number indicating the primary worker assigned to the client/consumer; or the person designated by the agency as having overall responsibility for the client/consumer or case. This is the person who will get information back about the client/consumer if worker sort is selected on any reports requested. You may use a provider ID if you have delegated overall responsibility to a provider and you want them to get back all information about this client/consumer.

**CODES:** Enter the 10 digit code identifying the primary worker or service provider.

**NOTES:** This is an agency assigned number. Provider ID's are also accepted.

**PURPOSE:** This data element is used to sort output reports for local agency use (such as case listings).

## LOCAL CLIENT ID

OPTIONAL

**DEFINITION:** The unique client ID assigned by the local county agency.

**CODES:** Up to a 14 alphanumeric character code is allowed.

**PURPOSE:** The field is available for counties if they wish to track the client in the PPS data system with their local client identifier.

## LOCAL FAMILY ID

OPTIONAL

**DEFINITION:** The unique family ID assigned by the local county agency.

**CODES:** This is a 7-digit code of which the first 6 are numeric and the last one is a character.

**PURPOSE:** The field is available for counties if they wish to track the client in the PPS data system with their local client identifier. The code is used to identify clients from the same family.

**AGENCY OF RESPONSIBILITY**  
**OPTIONAL**

**DEFINITION:** The county or tribal agency that is responsible for the overall care of the consumer. This is the agency that is clinically and financially responsible for the consumer's care. The agency of responsibility is always the county or the tribe. A contracted or private provider should never be listed as the agency of responsibility except as directed by the State DHS agency for special projects.

**CODES:** See below. The values match the IDs used in the Submitter Organization ID field that agencies use to submit their PPS data via the batch file system.

**PURPOSE:** The Agency of Responsibility field will be used by the State DHS to identify which consumers should be listed under which county or region for federal and state reports.

1070	Adams HSD	1403	Kenosha HSD	1120	Vernon HSD
1073	Ashland HSD	1404	Kewaunee HSD	1121	Walworth HSD
582	Barron HSD	1104	La Crosse HSD	1122	Washburn HSD
1085	Bayfield HSD	1105	Lafayette HSD	645	Washington HSD
1086	Brown HSD	577	Manitowoc HSD	593	Waukesha HSD
574	Buffalo HSD	1106	Marinette HSD	1123	Waupaca HSD
579	Burnett HSD	643	Marquette HSD	1124	Waushara HSD
1088	Calumet HSD	1126	Menominee HSD	1125	Winnebago HSD
655	Chippewa HSD	1083	Milwaukee HSD	1092	Wood HSD
1136	Clark DCP	597	Monroe HSD	1522	Bad River Tribe
573	Clark DSS	1114	North Central Community Svcs.	1526	Forest County Potawatomi Tribe
1089	Columbia HSD	1107	Oconto HSD	1527	Ho Chunk Tribe
1090	Crawford HSD	1084	Oneida DSS	1528	Lac Courte Oreilles Tribe
1071	Dane HSD	656	Outagamie HSD	1515	Lac Du Flambeau Tribe
595	Dodge HSD	1108	Ozaukee HSD	1523	Menominee Tribe
1093	Door DCP	572	Pepin HSD	1524	Oneida Tribe
1096	Douglas HSD	607	Pierce HSD	1525	Red Cliff Tribe
1097	Dunn HSD	1109	Polk HSD	1529	Sokaogon Chippewa Tribe
648	Eau Claire HSD	654	Portage HSD	1530	St. Croix Chippewa Tribe
581	Fond du Lac DCP	1110	Price HSD	1531	Stockbridge Munsee Tribe
1075	Forest DSS	1111	Racine HSD		
1076	Grant DSS	650	Richland HSD		
1095	Grant/Iowa DCP	1112	Rock HSD		
24	Green HSD	561	Rusk HSD		
1099	Green Lake HSD	596	Sauk HSD		
1094	Human Service Center	1118	Sawyer HSD		
1077	Iowa DSS	1115	Shawano DCP		
601	Iron HSD	651	Sheboygan HSD		
1100	Jackson HSD	1113	St. Croix HSD		
1103	Jefferson HSD	1119	Taylor HSD		
590	Juneau HSD	1138	Trempealeau HSD		

**FIRST CONTACT DATE  
REQUIRED**

**DEFINITION:** The date when the client first contacted, or was referred to, the county behavioral health agency for help. It is usually not a service or assessment date. However, for consumers who enter the behavioral health system in crisis, the date of first contact may be the date of their first crisis service or inpatient admission. If a client is put on a wait list, the first contact date would precede his/her placement on the wait list.

**CODES:** Enter an 8 digit number in the format of month/day/full year. Must be earlier than or equal to the current date.

**PURPOSE:** The time between the first contact date and the first service date can be computed to determine wait time. The wait time can be used as an indicator of the capacity needs of a county's behavioral health system.

**EPISODE START AND END DATES  
REQUIRED**

**DEFINITION:** An episode of services is a continuous set of services used to address the client's current needs. "Continuous" is defined as services that have no more than a 90-day break between them. Episodes can include any variety or combination of inpatient services, outpatient services, and programs of service packages. If the county has not provided any services to the client for 90 days, the episode should be closed with an Episode End Date even if the county expects to provide services to the client at a future date.

The Episode Start Date is the date of the first service including intake and/or assessment.

The Episode End Date is the last service discharge date before a client's case is closed and the county is no longer expecting to provide services and/or monitoring.

**CODES:** Enter an 8 digit number in the format of month/day/full year. Must be earlier than or equal to the current date.

**PURPOSE:** This data is used to determine active and closed cases, for case management purposes, and in determining episode duration.

**EPISODE END REASON  
REQUIRED**

DEFINITION: The primary reason the episode was closed.

CODES: **IF TREATMENT EPISODE WAS FULLY COMPLETED:**

- 01 Completed service - major improvement
- 02 Completed service - moderate improvement
- 03 Completed service - no change

**IF TREATMENT EPISODE WAS NOT FULLY COMPLETED:**

- 04 Formally transferred to another community based resource
- 05 Administratively discontinued service (i.e., or noncompliance)
- 06 Referred
- 07 Withdrew against staff advice or services not wanted
- 08 Funding/authorization expired
- 09 Incarcerated (local jail or prison)
- 10 Entered nursing home or institutional care (IMD, RCC, etc.)
- 11 No probable cause
- 12 Death
- 99 Unknown

**Level of Improvement Explanation (Major, Moderate, No Change)**

For client/consumers who have completed services (code 01, 02, 03) in inpatient, outpatient, day services, or residential treatment, an overall rating of the client/consumers condition at discharge.

Major improvement means that most or all areas have improved and there is a good prognosis;

Moderate improvement means that some areas have improved, but the prognosis is guarded or fair.

PURPOSE: To evaluate the outcome of the episode of care and to determine if the client is continuing with care elsewhere. Other outcome indicators can be evaluated in light of the results described with the end reason.

**LEGAL/COMMITMENT STATUS  
REQUIRED**

**DEFINITION:**       **Voluntary** - a person who voluntarily seeks services.

**Involuntary civil** - a person committed for a non-criminal proceeding whether for purposes of examination and observation or for treatment, either by a physician's certificate, a court proceeding, or police or related agencies.

**Involuntary criminal** - a person committed pursuant to one of the following:

- charges and/or convictions pending, determination of competency to stand trial,
- found "not guilty by reason of insanity" or "guilty but insane",
- transfers from correctional institutions.

**CODES:**

- 1 Voluntary
- 2 Voluntary with settlement agreement
- 3 Involuntary civil - Chapter 51
- 4 Involuntary civil - Chapter 55
- 5 Involuntary criminal
- 6 Guardianship only
- 9 Unknown

**NOTES:**               This field relates specifically to CH 51 and CH 55 and represents commitment status of the client/consumer at the beginning of treatment episode.

**PURPOSE:**           This item can be of importance in understanding variations in length of contact with an agency or in the types of services a client/consumer may receive. In addition, it helps to characterize important variations in client/consumer mix across mental health agencies, which can explain staffing variations and cost differences.

**COMMITMENT STATUS REVIEW DATE  
OPTIONAL**

**DEFINITION:**       Date when the commitment status review is due to take place.

**CODES:**               Enter the eight digit date in the format month/day/full year. This is a future date.

**PURPOSE:**           For local use in case monitoring/case management.

## **BRC TARGET POPULATION REQUIRED**

**DEFINITION:** ***This is an overall clinical assessment of service needs*** and should reflect the current rating of the consumer's needs (the six month update). The BRC Target Groups are intended to provide a frame of reference and an indication of expected need as well as an overall assessment of consumers' service needs at a point in time.

**Persons in Need of Ongoing, High Intensity, Comprehensive Services** - have a primary diagnosis of a major mental illness or severe emotional disturbance, and they have substantial needs for psychiatric and medical treatment, including substance abuse, daily living skills, budgeting, job training, family support and support at school. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. Persons in this category may need help to access community resources, such as safe, affordable housing, benefits and entitlements, and legal assistance. They need support and assistance in combating stigma and discrimination. Without ongoing, comprehensive services, these persons will be at the highest risk for increased psychiatric hospitalizations or extensive reliance on placement in nursing homes, child-caring institutions, and other supervised settings; confinement in jail; homelessness; and increased harm to self.

These persons will sometimes experience acute psychiatric crises as a result of increases in symptoms of mental illness or environmental stresses. Because some may be reluctant to access mental health or other services, extensive outreach may be needed to engage them into services. The person and family need ongoing, comprehensive treatment and intensive community support and wraparound services to help them achieve and maintain a more stable level of functioning and a lifestyle relying more on natural supports and less on formal mental health services.

**Persons in Need of Ongoing Low Intensity Services** - have a diagnosed mental disorder. They function in a fairly stable manner but may occasionally experience acute psychiatric crises. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. These persons need services such as ongoing medication management (prescription, evaluation, and monitoring), case management, and/or periodic support contacts. With the benefit of such services, they are usually able to live relatively independently and have good potential for recovery and increasing success in community living. Without ongoing supports and services, however, they can be at a serious risk for relapse and for

much more costly treatment, including intensive crisis intervention and psychiatric hospitalization.

**Persons in Need of Short-Term Situational Services** - experience situational crises, such as divorce, death of parent, spouse or significant other, or severe trauma, such as sexual abuse, physical abuse, or neglect, that may contribute to a mental health problem. They require short-term support, treatment, or counseling services. Due to situational difficulties, these individuals may experience temporary difficulties in their vocational, educational, family, or social roles. They may also experience acute psychiatric crises. They endanger themselves or others. Without appropriate, early identification and diagnosis, short-term counseling, and treatment the person's mental status and role functioning may be at risk of further deterioration. Appropriate identification of mental health problems in this population is critical because they are often first seen in non-mental health settings.

**CODES:** H Persons in need of ongoing, high intensity, comprehensive services  
L Persons in need of ongoing, low intensity services  
S Persons in need of short-term situational services

**NOTES:** Adults and children may be classified under the BRC Target Population. The BRC Target Population Codes H, L, and S replace the use of Severity Codes 1, 2, 3, and 4 as of 1-1-2002.

People who begin a treatment episode with a BRC Target Group code of H or L are required to have Consumer Status Data Set (CSDS) fields 31 through 43 completed at the beginning of the treatment episode, every six months thereafter, and at episode close.

**PURPOSE:** To determine differences in the service needs of people within the public mental health system. Monitor, review and assess change.

This data will be used to support the efforts of the Department to meet the expectations of the Governor's Blue Ribbon Commission Report (1999) and the requirements of the Federal Mental Health Block Grant.

## REFERRAL SOURCE

### REQUIRED

**DEFINITION:** The individual, agency, or program that referred the client to the county behavioral health agency for services.

<b>Codes</b>	<b>Labels</b>
1	Self
2	Family, friend, or guardian
3	AODA program/provider (includes AA, Al-Anon)
4	Inpatient hospital or residential facility
5	School, college
6	IDP - Court
7	IDP - Division of Motor Vehicle (DMV)
8	Corrections, probation, parole
9	Other court, criminal or juvenile justice system
10	Employer, Employee Assistance Program (EAP)
11	County social services
12	Child Protective Services agency
13	IV drug outreach worker
14	Other
15	Drug court
16	OWI court - monitors the multiple OWI offender
17	Screening Brief Intervention Referral Treatment (SBIRT)
18	Mental health program/provider
19	Hospital emergency room Primary care physician or other health care
20	program/provider
21	Law enforcement, police
22	Mental health court
23	Homeless outreach worker
99	Unknown

### CODE DEFINITIONS:

3 = AODA program/provider (Includes AA and Al-Anon)

Any community AODA program/clinic whose principal objective is the treatment of clients who have substance abuse problems, or a program whose activities are related to prevention, education and/or treatment of alcoholism or drug abuse.

4 = Inpatient hospital or residential facility

The focus of this referral source is on MH/AODA hospitals and facilities including psychiatric hospitals, MH/AODA units in general hospitals, nursing homes, CBRF's, and group homes. Use code 3 or 18 for

community MH/AODA providers. Use code 19 for emergency rooms and code 20 for other units of general hospitals.

5 = School, College

Includes a school principal, counselor, teacher or student assistance program (SAP), the school system or educational agency.

8 = Corrections, probation, parole

In addition to referrals from correctional facilities and probation/parole officers, this code includes clients on pre-parole, pre-release, work and/or home furlough. The client need not be officially designated as on parole.

9 = Other court, criminal or juvenile justice system

Includes referrals from the court, juvenile court intake, a judge, prosecutor, or other personnel affiliated with a federal, state and/or county judicial system, and Treatment Alternative Programs (TAP). Ch. 51 commitments and other court referrals related to commitments and settlement agreements should be recorded with this code. This also includes clients who have been referred in lieu of or for deferred prosecution, and pretrial release, before or after official adjudication. Use code 8 for referrals from the corrections, probation, or parole systems. Use code 22 for referrals from the law enforcement system.

11 = County social services

Includes local county social service agencies that provide aid in the areas of poverty relief, unemployment, shelter, or social welfare. This code also includes other public social service agencies at the state and federal levels.

14 = Other

Includes private community and religious organizations that provide social and human services when they do not fit into other codes. Use this code as a last resort.

17 = Screening Brief Intervention Referral Treatment (SBIRT)

Includes referrals to services that originated from the federal/state/UW SBIRT project also known as the Wisconsin Initiative on Promoting Healthy Lifestyles (WIPHL).

18 = Mental health program/provider

Includes community mental health programs and individual counselors, psychiatrists, psychologists, etc. Also includes psychiatrists working in primary care settings. Use code 4 for psychiatric hospitals and mental health residential care facilities.

20 = Primary care physician or other health care program/provider

Includes general practitioners, family physicians, specialty physicians in outpatient clinics, nurses, and general hospital physicians, surgeons, etc.

**PURPOSE:** This is valuable information in a marketing sense, as well as in a clinical sense. Managerially, it is prudent to know the sources that are referring client/consumers to the agency. This information is of value in taking actions in the resource acquisition area. Clinically, the source of referral is a variable of potential significance in developing a typology of client/consumers and in understanding the course of the episode of illness, differences in utilization patterns, or the client/consumer's prognosis.

**ADDRESS (STREET ADDRESS, CITY, STATE, ZIP CODE)  
REQUIRED**

**DEFINITION:** Two fields for street address are provided. The first street address field should be used for the street name and house number. The second field can be used for a facility name if applicable.

**PURPOSE:** Used to mail satisfaction surveys to clients. Also may be used for geo-mapping of client location relative to provider locations.

**COUNTY OF RESIDENCE/TRIBAL RESERVATION  
REQUIRED**

**DEFINITION:** County or tribal reservation where the client resides.

**CODES:**

01 Adams	37 Marathon	84 Menominee Tribe
02 Ashland	38 Marinette	85 Red Cliff Tribe
03 Barron	39 Marquette	86 Stockbridge Munsee
04 Bayfield	40 Milwaukee	87 Potawatomi Tribe
05 Brown	41 Monroe	88 Lac du Flambeau Tribe
06 Buffalo	42 Oconto	89 Bad River Tribe
07 Burnett	43 Oneida	91 Sokoagon Chippewa
08 Calumet	44 Outagamie	92 Oneida Tribe
09 Chippewa	45 Ozaukee	93 Ho Chunk Nation
10 Clark	46 Pepin	94 Lac Courte Oreilles Tribe
11 Columbia	47 Pierce	95 St Croix Chippewa Tribe
12 Crawford	48 Polk	
13 Dane	49 Portage	
14 Dodge	50 Price	
15 Door	51 Racine	
16 Douglas	52 Richland	
17 Dunn	53 Rock	
18 Eau Claire	54 Rusk	
19 Florence	55 St. Croix	
20 Fond du Lac	56 Sauk	
21 Forest	57 Sawyer	
22 Grant	58 Shawano	
23 Green	59 Sheboygan	
24 Green Lake	60 Taylor	
25 Iowa	61 Trempealeau	
26 Iron	62 Vernon	
27 Jackson	63 Vilas	
28 Jefferson	64 Walworth	
29 Juneau	65 Washburn	
30 Kenosha	66 Washington	
31 Kewaunee	67 Waukesha	
32 La Crosse	68 Waupaca	
33 Lafayette	69 Waushara	
34 Langlade	70 Winnebago	
35 Lincoln	71 Wood	
36 Manitowoc	72 Menominee	

**PURPOSE:** This field allows multi-county agencies to identify specific counties within their reporting unit. Also allows for identifying those clients/consumers who are out of county residents.

**RACE  
REQUIRED**

**DEFINITION:** The race of the client/consumer as determined by the client/consumer. Code as many as apply up to all five.

**CODES:** A = Asian  
B =Black or African American  
W =White  
P =Native Hawaiian or Pacific Islander  
I = American Indian or Alaska Native

**Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Black or African American:** All persons having origins in any of the black racial groups of Africa.

**White:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Native Hawaiian or Pacific Islander:** All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

**American Indian or Alaska Native:** All persons having origins in any of the original people of North, South and Central America.

**PURPOSE:** The race of the client/consumer is important for both epidemiologic reasons and for comparisons with the population characteristics for the area served. Issues of accessibility, appropriateness of service and equity can be examined.

**HISPANIC/LATINO  
REQUIRED**

**DEFINITION:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

**CODES:** Y = Yes  
N = No

## CLIENT CHARACTERISTICS

### REQUIRED

**DEFINITION:** Description of the client/consumer according to selected personal, social and demographic factors. Up to three codes can be recorded. Code definitions are in Appendix 1.

**CODES:** Enter at least one and up to three codes from the list below that best describe the client/consumer.

- 19 Developmental disability - brain trauma
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism spectrum
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 29 Family member of developmental disability client
- 86 Severe emotional disturbance - child/adolescent
- 02 Mental illness (excluding SPMI)
- 03 Serious and persistent mental illness (SPMI)
- 14 Family member of mental health client
- 04 Alcohol client
- 05 Drug client
- 10 Chronic alcoholic
- 12 Alcohol and other drug client
- 16 Family member of alcohol and other drug client
- 17 Intoxicated driver
- 39 Gambling client
- 07 Blind/visually impaired
- 08 Hard of hearing
- 32 Blind/deaf
- 79 Deaf
- 09 Physical disability/mobility impaired
- 36 Other handicap
- 59 Unmarried parent
- 71 Victim of domestic abuse
- 50 Regular caregiver of dependent person
- 55 Frail elderly
- 57 Abused/neglected elder
- 18 Alzheimer's disease/related dementia
- 43 Migrant
- 44 Refugee
- 45 Cuban/Haitian entrant
- 33 Corrections/criminal justice system client (adult only)
- 84 Repeated school truancy
- 37 Frail medical condition

- 38 Criminal justice system involvement (alleged or adjudicated)
- 72 Victim of abuse or neglect (alleged or adjudicated)
- 80 Homeless
- 90 Special study code (to be defined as need arises)
- 91 Hurricane Katrina evacuee
- 92 Hurricane Rita evacuee
- 99 None of the above

**SPECIAL CHILDREN'S SERVICES CATEGORIES**

- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect
- 64 Family member of abused/neglected child
- 69 JIPS - status offender
- 70 Family member of status offender
- 68 CHIPS - other
- 74 Family member of CHIPS - other
- 66 Delinquent
- 73 Family member of delinquent

**PURPOSE:** This data will be used to assess outreach to and accessibility in relation to special client/consumer groups and to allow comparisons across the PPS database outside of the Mental Health module. Client Characteristics can also be used in system planning.

**VETERAN STATUS**

**OPTIONAL**

**DEFINITION:** A veteran is any person who has served on active duty in the Armed Forces of the United States, including the Coast Guard. Not counted are those whose only service was in the Reserves, National Guard, or Merchant Marine.

**CODES:** N = No, not a Veteran  
Y = Yes, has served on active duty

**PURPOSE:** Veteran status may be associated with particular diagnostic clusters or presenting problems, and may also be a pointer for the need to check on client/consumer history in other mental health service systems.

## **PRESENTING PROBLEM**

### **OPTIONAL**

**DEFINITION:** The presenting problem(s) from the client/consumer's perspective at the beginning of a treatment episode is the reason why the client/consumer is seeking services.

**CODES:** Enter at least one and up to three codes from the list below.

- 01 Marital/family problem
- 02 Social/interpersonal (other than family problem)
- 03 Problems coping with daily roles and activities (includes job, school, housework, daily grooming, financial management, etc.)
- 04 Medical/somatic
- 05 Depressed mood and/or anxious
- 06 Attempt, threat, or danger of suicide
- 07 Alcohol
- 08 Drugs
- 09 Involvement with criminal justice system
- 10 Eating disorder
- 11 Disturbed thoughts
- 12 Abuse/assault/rape victim
- 13 Runaway behavior
- 14 Emergency detention

**PURPOSE:** Many managers find the reasons why client/consumers are entering for services as valuable as diagnostic groupings in describing their case load. They are used as both a complement and an alternative to diagnosis in presenting typologies for the client/consumers served.

**DIAGNOSTIC IMPRESSION  
REQUIRED**

**DEFINITION:** The current diagnosis of the client/consumer's condition per DSM IV on Axis I and/or Axis II and/or Axis III. ICD-9 diagnosis codes are also accepted.

**Axis I Clinical Disorders  
Other Conditions That May Be a Focus of Clinical Attention**

**Axis II Personality Disorders, Mental Retardation**

**Axis III General Medical Conditions**

**NOTES:** Axis I includes all the varying clinical disorders and includes Substance Disorders. Axis I codes must be used for primary when the BRC Target Population is H.

Axis II is for reporting Personality Disorders and Mental Retardation. However, Mental Retardation diagnoses may not be reported as the first diagnosis entered.

Axis III is used for reporting current general medical conditions (per ICD9) that are potentially relevant to the understanding and management of the consumer's mental disorder. The general medical condition(s) that do not demonstrate sufficient relationship to an Axis I status should still be recorded here, due to potential relationship and prognosis in treatment.

**CODES:** The first diagnosis entered should be an indication of the primary reason the individual is receiving services and should be either Axis I or Axis II. Enter up to five Axis I or Axis II diagnoses. Enter up to three Axis III diagnoses when applicable.

**PURPOSE:** This information will be used to provide a description of client/consumers served.

The issue of concurrent disabilities among client/consumers who have mental illness is a critical one. Of concern are such groups with mental illness who also are diagnosed with substance abuse problems, communication disorders, visual or hearing impairments, physical/medical problems, and those who have developmental disabilities or mental retardation. The presence of multiple disabilities may account for unique referral patterns, for whether case management action related to the client/consumer is appropriate, and, significantly, for whether client/consumers who are multiply disabled place greater demands on the resources of an organization.

# Mental Health Service Data Fields

## **PROVIDER NUMBER REQUIRED**

**DEFINITION:** The number assigned to identify the agency, facility, or person that is delivering the SPC to the client/consumer.

**CODES:** Both National Provider ID's (NPI) and Wisconsin Provider ID's (WPI) are accepted. Enter the appropriate NPI/WPI of the provider who delivers the service to the client/consumer. Although NPI's are accepted, all providers must be registered with Wisconsin and be assigned a WPI so that all providers are registered in a common database. Individual county worker ID's cannot be used as Provider ID's. Provider agency/organizational ID's are required in this field.

**NOTES:** Providers can register for a WPI at:  
<https://share.health.wisconsin.gov/it/ltc/sos/wpi/SitePages/ProviderList.aspx>  
The State DHS provides a search site for providers to find existing NPI/WPI's. Complete information about using Provider ID's can be found in a Provider ID Guide posted at the PPS MH/AODA website:  
<http://www.dhs.wisconsin.gov/pps/mh-aoda/index.htm>.

**PURPOSE:** This information is used to produce various reports for local agencies.

**STANDARD PROGRAM CATEGORY/SUBPROGRAM (SPC)  
REQUIRED**

**DEFINITION:** The specific service (SPC) provided to the client/consumer. The subprogram code after the decimal usually refers to variations of the same type of service such as outpatient, but it can also be used to specify variations in unit types (hours or days) to be reported for the same service. The following are the primary PPS Mental Health SPCs, but other SPCs provided to the client/consumer should be reported even though they may not be listed here. Do not use CORE Cluster SPC codes. SPCs are defined in Appendix 2.

<b>SPC/SUB CODE</b>	<b>STANDARD PROGRAM CATEGORY NAME</b>	<b>UNITS TO BE REPORTED</b>
<b>Inpatient</b>		
503	Inpatient	Days
503	10 Emergency detention	Days
505	DD center/nursing home	Days
925	Institution for mental disease	Days
<b>Residential</b>		
202	Adult family home	Days
203	Foster home	Days
204	Group home	Days
205	Shelter care	Days
504	Residential care center	Days
506	CBRF	Days
<b>Partial Day</b>		
108	Work related services	Hours
615	Supported employment	Hours
706	Day center services non-medical	Hours
<b>Outpatient</b>		
303	Juvenile probation and supervision	Hours
507	Counseling/therapeutic resources	Hours
507	10 Medication management	Hours
507	20 Individual	Hours
507	30 Group	Hours
507	40 Family (or couple)	Hours
507	50 Intensive in-home	Hours
507	60 Family support	Hours
704	Day treatment-medical	Hours
<b>Emergency</b>		
501	Crisis intervention	Hours
501	10 Crisis intervention	Days
503	20 Emergency room-hospital setting	Hours
501	20 Crisis follow-up	Hours
<b>Other</b>		
509	Community Support Program (CSP)	Hours

510	10	Comprehensive Community Services	Hours
511		Community Recovery Services (CRS)	Hours
511	10	Community Recovery Services (CRS)	Days
604		Case management	Hours
601		Outreach	Hours
602		Information and referral	Hours
603		Intake assessment	Hours

**CODES:** Enter the 3 digit SPC code (and the 2 digit subprogram code if applicable).

**PURPOSE:** This information is used to determine the type of services client/consumers receive; it is also used to develop cost centers for cost analyses.

### **OUTPATIENT SUBPROGRAM DEFINITIONS**

- 507.10 **Outpatient - medication management**  
Includes the prescription, directions on the use of, and review of medication, with not more than minimal psychotherapy. It is considered a hospital service when provided to hospital inpatients and should not be a separately identified professional service.
- 507.20 **Outpatient - individual**  
Goal directed, face-to-face therapeutic intervention (including insight oriented, behavior modifying or supportive psychotherapy) with the eligible consumer that focuses on the mental health needs of the consumer.
- 507.30 **Outpatient - group**  
Goal directed, face-to-face therapeutic intervention with the eligible consumer and one or more consumers who are treated at the same time which focuses on the mental health needs of the consumers in the group. Group shall not exceed 10 clients/consumers and 2 therapists.
- 507.40 **Outpatient - family or couple**  
Goal directed face-to-face therapeutic intervention with a minimum of two family members including the consumer. Services may be in a clinic, home, community or educational setting.
- 507.50 **Outpatient - intensive in-home**  
Flexible, time-limited intensive services provided in the home. In-home services are geared toward families at risk of having a child removed from home. Services are focused on the family as a unit and include: specialized parent skills training, behavior management, family therapy, 24-hour accessibility by the family as needed, and intensive supervision by staff.
- 507.60 **Outpatient - family support**  
Flexible, time limited therapy which relieves and supports the primary caregiver or supports that caregiver in the role. Examples are, but not limited to: teaching parenting skills in the home, assisting with behavioral management techniques, taking care of an identified consumer while the caregiver is preparing meals or coming to the home to be sure that a child is up and ready to go to school.

**UNIT QUANTITY  
REQUIRED**

**DEFINITION:** The number of days or hours of care provided. A quantity must be recorded for every SPC entered into the PPS data system.

**CODES:** Enter up to 4 digits before the decimal describing the number of whole days or hours. After the decimal, quarterly segments of hours may be reported as .25, .50, or .75 if necessary.

**PURPOSE:** This information is used to determine the type and amount/volume of service being provided.

**UNIT TYPE  
REQUIRED**

**DEFINITION:** Directly corresponds to the amount in the Quantity field. A unity type must be recorded for every SPC entered into the PPS data system.

**CODES:** Valid values are HR(hours), DA(days) and OT(Others) for batch files. The "Other" category may be used to report services that are events not typically reported in hours or days such as financial assistance.

**PURPOSE:** This information is used to determine the type and amount/volume of service being provided.

**SPC START and END DATE**  
REQUIRED

**DEFINITION:** The date on which delivery of an SPC began and ended. Inpatient and residential stays must be reported with the actual dates of admission and discharge from the facility and should not be reported repeatedly for every day of a stay. Outpatient, partial day treatment, and emergency services can be reported more flexibly. Different sets of SPC start and end dates can be reported for each individual outpatient session or can be reported in monthly summaries with the first and last day of the month reported as the SPC start and end dates. When summary dates are used, the Delivery Date fields must be used to clarify the month of actual service delivery (see below).

**CODES:** Enter an 8-digit number in the format month/day/full year.

**PURPOSE:** The data collected here is used to separate closed services from active client/consumers within an SPC. When Unit of Service information is added to this data, average length of service, service duration, and average service intensity information is generated.

**SPC DELIVERY DATE**  
REQUIRED

**DEFINITION:** The month and year during which units of an SPC were delivered.

**CODES:** Enter a six digit number in the format of month/full year.

**PURPOSE:** To allow for production of reports connected to a particular month/year.

**SPC REVIEW DATE**  
OPTIONAL

**DEFINITION:** The date when the next SPC review is due to take place.

**CODES:** Enter the 6 digit date in the format of month/full year.

**PURPOSE:** For local use in case monitoring/case management.

**SPC CLOSING REASON  
REQUIRED**

DEFINITION: The reason the service (SPC) was closed. A SPC closing reason must be recorded when a SPC end date is recorded.

CODES:

**IF SERVICE WAS FULLY COMPLETED:**

- 01 Completed service - major improvement
- 02 Completed service - moderate improvement
- 03 Completed service - no change

**IF SERVICE WAS NOT FULLY COMPLETED:**

- 04 Formally transferred to another community based resource
- 05 Administratively discontinued service (i.e., or noncompliance)
- 06 Referred
- 07 Withdrew against staff advice or services not wanted
- 08 Funding/authorization expired
- 09 Incarcerated (local jail or prison)
- 10 Entered nursing home or institutional care (IMD, RCC, etc.)
- 11 No probable cause
- 12 Death
- 19 Service is continuing
- 99 Unknown

**Level of Improvement Explanation (Major, Moderate, No Change)**

For client/consumers who have completed services (code 01, 02, 03) in inpatient, outpatient, day services, or residential treatment, an overall rating of the client/consumers condition at discharge.

Major improvement means that most or all areas have improved and there is a good prognosis. Moderate means that some areas have improved but the prognosis is guarded or fair.

PURPOSE: To allow for evaluation of service outcome.

**SERVICE WORKER ID  
OPTIONAL**

DEFINITION: An ID for the worker who actually delivered the service. Case managers and service coordinators should be recorded in the Local Worker ID field.

CODES: The field will take up to 14 digits. This ID is assigned by the local provider.

PURPOSE: For local use in monitoring individual service staff.

# Consumer Status Data Fields

**INSTRUCTIONS:** *The Consumer Status data fields described in this section are to be collected only for clients with long-term needs as defined by the “H” and “L” categories of the BRC TARGET POPULATION field collected at enrollment. For these clients, some Consumer Status data fields are required to be reported at enrollment, every 6 months thereafter, and at the time a client is discharged. Other Consumer Status data fields are optional as noted in this section.*

## CONSUMER STATUS REPORT DATE REQUIRED

**DEFINITION:** The date on which the Consumer Status outcomes and functional indicators are assessed with the consumer. This is not the date that the data was entered into the data system. When BRC Target Population is H or L, this date must be greater than or equal to the earliest SPC Start Date.

**CODES:** Enter the 10-digit date in the format of month/day/full year.

**PURPOSE:** This date is needed to track when an assessment update was conducted so that change in status can be analyzed in relation to a client’s time in services.

## BRC TARGET POPULATION UPDATE REQUIRED

**DEFINITION:** ***This is an update of the overall clinical assessment of service needs** and should reflect the *current* rating of the consumer's needs (the six month update). The six month update is required if the initial BRC code was H or L. The Blue Ribbon Commission (BRC) Target Groups are intended to provide a frame of reference and an indication of expected need as well as an overall assessment of consumers' service needs at a point in time.*

**Persons in Need of Ongoing, High Intensity, Comprehensive Services** - have a primary diagnosis of a major mental illness or severe emotional disturbance, and they have substantial needs for psychiatric and medical treatment, including substance abuse, daily living skills, budgeting, job training, family support and support at school. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. Persons in this category may need help to access community resources such as affordable housing, benefits and entitlements, and legal assistance. They need support and assistance in combating stigma and discrimination. Without ongoing comprehensive services, these

persons will be at the highest risk for increased psychiatric hospitalizations or extensive reliance on placement in nursing homes, child-caring institutions, and other supervised settings, confinement in jail, homelessness, and increased harm to self.

These persons will sometimes experience acute psychiatric crises as a result of increases in symptoms of mental illness or environmental stresses. Because some may be reluctant to access mental health or other services, extensive outreach may be needed to engage them into services. The person and family need ongoing, comprehensive treatment and wraparound services to help them achieve and maintain a more stable level of functioning and a lifestyle relying more on natural supports and less on formal mental health services.

**Persons in Need of Ongoing Low Intensity Services** - have a diagnosed mental disorder. They function in a fairly stable manner but may occasionally experience acute psychiatric crises. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. These persons need services such as ongoing medication management (prescription, evaluation, and monitoring), case management, and/or periodic support contacts. With the benefit of such services, they are usually able to live relatively independently and have good potential for recovery and increasing success in community living. Without ongoing supports and services, however, they can be at a serious risk for relapse and for much more costly treatment, including intensive crisis intervention and psychiatric hospitalization.

**Persons in Need of Short-Term Situational Services** - experience situational crises, such as divorce, death of parent, spouse or significant other, or severe trauma, such as sexual abuse, physical abuse, or neglect, that may contribute to a mental health problem. They require short-term support, treatment, or counseling services. Due to situational difficulties, these individuals may experience temporary difficulties in their vocational, educational, family, or social roles. They may also experience acute psychiatric crises. They endanger themselves or others. Without appropriate, early identification and diagnosis, short-term counseling, and treatment the person's mental status and role functioning may be at risk of further deterioration. Appropriate identification of mental health problems in this population is critical because they are often first seen in non-mental health settings.

CODES: H Persons in need of ongoing, high intensity, comprehensive services  
L Persons in need of ongoing, low intensity services  
S Persons in need of short-term situational services

NOTES: Adults and children may be classified under the BRC Target Population. The BRC Target Population Codes H, L, and S replace the use of Severity Codes 1, 2, 3, 4.

When BRC Target Population is H, the Primary Diagnostic Impression must be from Axis I.

PURPOSE: To determine differences in the service needs of people within the public mental health system. Monitor, review and assess change.

**EMPLOYMENT  
REQUIRED**

DEFINITION: The **current** employment activity of the consumer. Enter one code.

<b>Code</b>	<b>Label</b>	<b>Definition/Example</b>
1	Full-time competitive employment (35 or more hours/week)	includes members of the Armed Forces
2	Part-time competitive employment (less than 35 hours/week)	
3	Unemployed (but looking for work in past 30 days)	
	(SKIP CODE 4)	
5	Not in the labor force - homemaker	Actively enrolled in school (attending any school or college; between school semesters; or in suspension status); excludes former students who have dropped out or been expelled
6	Not in the labor force - student	
7	Not in the labor force - retired	
8	Not in the labor force - disabled	Includes physical, developmental, and MH disabilities that prevent consumer from working
9	Not in the labor force - jail, correctional or other institutional facility	Includes consumers in MH institutions inpatient hospitals, nursing homes, etc.
10	Not in the labor force - sheltered non- competitive employment	Remunerative employment or other occupational rehabilitating activity of an educational or therapeutic nature
11	Not in the labor force - other reason	
12	Supported competitive employment	Competitive employment with ongoing long-term support to structure the job or work environment (i.e., the consumer and their employer are actively supported by a CSP team).
98	Not applicable - Children 15 and under	
99	Unknown	

**Unemployed Definition:**

Consumers are classified as unemployed if they do not have a job, have actively looked for work in the past 30 days, and are currently available for work. Persons who were waiting to be recalled to a job from which they had been temporarily laid off are also included as unemployed.

**Not in the Labor Force Definition:**

Consumers who are “not in the labor force” are either unwilling or unable to engage in competitive employment. This category includes everyone who does not meet the definitions for competitively employed or unemployed. This category includes consumers who may seem willing and able to work, but have not been looking for work in the past 30 days. Codes 5-10 include different types of “not in the labor force” situations. Anyone who is not in the labor force and does not fit into categories 5-10 should be recorded using category 11.

**Choosing Between Multiple Employment Categories**

When clients are engaged in two or more activities simultaneously, use the following hierarchy to determine which employment category to select:

1. employment
2. unemployed (but looking for work)
3. not in the labor force

For example, use codes 1, 2, or 12 if the client is employed and also a student or retired. Use code 3 if the client is a student and actively searching for work (includes sending out resumes, visiting unemployment centers, interviewing, etc.).

**PURPOSE:** Provides a measure of consumer's level of independence.

**LIVING ARRANGEMENT  
REQUIRED**

DEFINITION: The category that describes the consumer's **current** living situation.

<b>Code</b>	<b>Label</b>
1	Street, shelter, no fixed address, homeless
2	Private residence or household (ADULTS ONLY)
3	Supported residence (ADULTS ONLY)
4	Supervised licensed residential facility
5	Institutional setting, hospital, nursing home
6	Jail or correctional facility
7	Child under age 18 living with biological or adoptive parents
8	Child under age 18 living with relatives, friends
9	Foster home
10	Crisis stabilization home/center
11	Other living arrangement
99	Unknown

**Private residence or household (Adults only)**= includes adults living alone or with others without supervision in a house or apartment; includes persons age 18 and older living with parents.

**Supported residence (Adults only)** = adult clients living in a house, apartment, or other similar dwelling and are heavily dependent on others for daily living assistance.

**Supervised licensed residential facility** = individual resides in a residential care facility. This level of care may include a group home, therapeutic group home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities.

**Foster home** = individual resides in a foster home. A foster home is a home that is licensed by a county or State department to provide foster care to children, adolescents, and/or adults. This includes therapeutic foster care facilities.

**Crisis stabilization home/center** = a time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning.

PURPOSE: Describes where the person lives and change of that residence over time.

**LEGAL/COMMITMENT STATUS UPDATE  
REQUIRED**

**DEFINITION:**        **Voluntary** - a person who voluntarily seeks service.

**Involuntary Civil** - a person committed for a noncriminal proceeding whether for purposes of examination and observation or for treatment, either by a physician's certificate, a court proceeding, or police or related agencies.

**Involuntary Criminal** - a person committed pursuant to one of the following:

- charges and/or convictions pending, determination of competency to stand trial
- found not guilty by reason of insanity or guilty but insane
- transfers from correctional institutions

<b>Code</b>	<b>Label</b>
1	Voluntary (No commitment status)
2	Voluntary with settlement agreement
3	Involuntary civil - Chapter 51
4	Involuntary civil - Chapter 55
5	Involuntary criminal
6	Guardianship
9	Unknown

**NOTES:**                This field relates specifically to CH 51 and CH 55 and represents an updated commitment status of the client/consumer.

**PURPOSE:**            Identify the category that reflects the consumer's current commitment status. This field is a point in time update of the information provided at episode beginning.

**INCARCERATION/INVOLVEMENT WITH CRIMINAL JUSTICE SYSTEM  
REQUIRED**

DEFINITION: Within the *last six months*. Must enter one; may enter up to four.

Code:	Label:	Definition/Example:
1	None	
2	On Probation	The court sentences a person to probation with certain requirements: i.e., sentenced to five years probation; have to report regularly to probation officer; have to attend AODA treatment; have to provide restitution, etc. If a person fails his/her probation, they have to go through the court system and be sentenced again.
3	Jailed/ Imprisoned	Means county jails, state prisons, federal prisons, or forensic units of state hospitals. Also includes the Huber facility.
4	Arrested	
5	On Parole	Already imprisoned and is let out before the entire sentence time has been completed. Parole has certain requirements that may include: regular meetings with parole officer, doing random urine tests for drugs, etc. If a person fails on parole, he/she is immediately returned to prison.
6	Juvenile Justice System Contact	<ul style="list-style-type: none"> <li>• Juvenile Correction Institution (JCI)</li> <li>• Youth Corrective Sanctions Program (YCSP) = in-home intensive community based programming for youth who have been in JCI</li> <li>• Youth Leadership Training Center (YLTC) = 4-5 month residential program for male youth ages 14-17</li> </ul>
9	Unknown	

PURPOSE: To measure level of MH consumer criminal justice involvement.

**# OF ARRESTS IN PAST 30 DAYS  
REQUIRED**

**DEFINITION:** The number of arrests during the 30 days prior to the start of the episode or admission. When arrests are being collected as part of a 6-month assessment update, then the number of arrests should be counted for the 30-day period before the update. If the client is in a controlled setting (e.g. jail, hospital, residential program, etc.), use the 30-day period prior to entry into the controlled setting.

**NOTES:** An arrest means that the person is alleged to have committed a crime, was taken into custody, and booked. Booked means the law enforcement officer recorded the person's name, the crime, and other relevant facts on the police docket and may have also taken a photograph, fingerprints, blood sample, or other procedure. It does not include minor tickets or citations.

**CODES:** 0-98 = the number of arrests for the 30-day period  
99 = Unknown

**PURPOSE:** Describe the degree of criminal justice involvement at admission and every 6 months thereafter. The admission data will be compared with 6-month updated data to assess changes.

**# OF ARRESTS IN PAST SIX MONTHS  
REQUIRED**

**DEFINITION:** The number of arrests during the six months prior to the start of the episode or admission. When arrests are being collected as part of a 6-month assessment update, then the number of arrests should be counted for the six-month period before the update. If the client is in a controlled setting (e.g. jail, hospital, residential program, etc.), use the six-month period prior to entry into the controlled setting.

**NOTES:** An arrest means that the person is alleged to have committed a crime, was taken into custody, and booked. Booked means the law enforcement officer recorded the person's name, the crime, and other relevant facts on the police docket and may have also taken a photograph, fingerprints, blood sample, or other procedure. It does not include minor tickets or citations.

**CODES:** 0-98 = the number of arrests for the 30-day period  
99 = Unknown

**PURPOSE:** Describe the degree of criminal justice involvement at admission and every 6 months thereafter. The admission data will be compared with 6-month updated data to assess changes.

**PSYCHOSOCIAL AND ENVIRONMENTAL STRESSORS - DSM IV, AXIS IV**  
OPTIONAL

**DEFINITION:** *Current* problems that may affect the diagnosis, treatment and prognosis of mental disorders.

<b>Code</b>	<b>Label</b>	<b>Acute Events</b>	<b>Enduring Circumstances</b>
1	None	No acute events that may be relevant to the disorder.	No enduring circumstances that may be relevant to the disorder.
2	Mild	Such as broke up with boy or girlfriend; started or graduated from school; child left home.	Such as family arguments; job dissatisfaction; residence in high crime neighborhood.
3	Moderate	Such as marriage; marital separation; loss of job; retirement; miscarriage.	Such as marital discord; serious financial problems; trouble with boss; being a single parent.
4	Severe	Such as divorce; birth of first child; trauma victim; witnessing violence (community or domestic).	Such as unemployment; poverty.
5	Extreme	Such as death of spouse; serious physical illness diagnosed; victim of rape.	Such as serious chronic illness in self or child; ongoing physical or sexual abuse.
6	Catastrophic	Such as death of child; suicide of spouse; devastating natural disaster.	Such as captivity as hostage; concentration camp experience.
0	Inadequate Information		

**NOTES:** Further description of problems can be found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); relates not only to acute events but also to enduring circumstances.

**PURPOSE:** Provides well accepted information regarding level of stress and gives a more complete picture of the population being served.

**SUICIDE RISK**  
**OPTIONAL**

DEFINITION: Identify the presence of suicide risk factors and reflect the **current** status.

Code	Label	Definition
1	No risk factors	
2	Presence of risk factors	Presence of risk factors, but no immediate risk. Risk factors include: <ul style="list-style-type: none"> <li>• Family history of mental or substance abuse disorder</li> <li>• Family history of suicide</li> <li>• Firearm in the home</li> <li>• Incarceration</li> <li>• Adverse life events/major personal loss</li> <li>• Family violence, including physical or sexual abuse</li> </ul>
3	High potential for suicide	Has at least one of these risk factors: <ul style="list-style-type: none"> <li>• Development of suicidal plan, acquiring the means, rehearsal behavior, setting a time for an attempt</li> <li>• Severe hopelessness</li> <li>• Presence of a suicide note</li> <li>• Contemplation or use of a violent or especially lethal method</li> <li>• Affirmation of intent to kill self</li> <li>• Making out a will or giving away favorite possessions</li> <li>• Inappropriately saying goodbye</li> <li>• Explicit statements of suicidal ideation or feelings</li> </ul>
9	Unknown	

PURPOSE: To determine risk level of potential suicide of population in public mental health service system.

## HEALTH STATUS OPTIONAL

DEFINITION: This domain refers to the consumer's **current** physical health.

### Code Labels and Definitions

- |   |                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | No Health Condition                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 2 | <b>Stable/Capable</b><br>Person <b>is capable</b> of seeking medical attention and is independent in management of health condition.                 | <b>Stable Health Conditions</b><br>Has a health condition(s) and is stable. Minimal medical interventions are needed. No hospitalizations or emergency room use. Medications and treatments are effective in managing or alleviating symptoms. Examples of these conditions could be hypertension, diabetes, cardiac disease, fibromyalgia, multiple sclerosis, cerebral palsy, cystic fibrosis, stroke, arthritis, and infections. This is not an inclusive list.                                                                                                                                                  |
| 3 | <b>Stable/Incapable</b><br>Person <b>is incapable</b> or unwilling to seek medical attention and cannot manage health condition independently.       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 4 | <b>Unstable/Capable</b><br>Person <b>is capable</b> of seeking medical attention and is independent in management of health condition.               | <b>Unstable Health Conditions</b><br>Has a health condition(s) and is unstable. Frequent medical interventions are needed. Person may have periodic hospitalizations and emergency room use. Medications may change often in an attempt to stabilize medical condition(s). If more than one health condition, may result in complex medical treatments. Examples of these conditions could be hypertension, diabetes, cardiac disease, fibromyalgia, multiple sclerosis, cerebral palsy, cystic fibrosis, stroke, quadriplegia, paraplegia, osteoporosis, arthritis, and infections. This is not an inclusive list. |
| 5 | <b>Unstable/Incapable</b><br>Person <b>is incapable</b> or unwilling to seek medical attention and cannot manage health condition independently.     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 6 | <b>New Symptoms/Capable</b><br>Person <b>is capable</b> of seeking medical attention and independently follows through with recommendations.         | <b>New Symptoms</b><br>Person has new symptoms not related to currently diagnosed health conditions. This could include frequency of urination, bowel changes (diarrhea or constipation), skin changes, falls, dizziness, weight loss/gain, fatigue, pain, tremors, loss of vision/hearing, infections. This is not an inclusive list.                                                                                                                                                                                                                                                                              |
| 7 | <b>New Symptoms/Incapable</b><br>Person <b>is incapable</b> or unwilling to seek medical attention and does not follow through with recommendations. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 9 | Unknown                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

NOTES: This field is not intended to reflect the availability of service or the ability of the consumer to afford the cost of a service.

PURPOSE: A consumer's ability or inability to access medical care for health conditions may impact his/her mental health status and overall functioning. A consumer's physical health may have direct effect on the types or complexity of the services and supports needed to support recovery. May indicate necessity of coordinating treatment and/or the potential of drug interaction.

**DAILY ACTIVITY**  
OPTIONAL

DEFINITION: The **current** planned activity (including education) of the consumer. Does not include employment activities. Must enter one and may enter up to three codes.

Code	Label	Definition/Example
1	No educational, social, or planned activity	Not in job training, not in school
2	Part-time educational activity	Part-time appropriate to the type of school (elementary, high school, college, technical)
3	Full-time educational activity	Full-time appropriate to the type of school (elementary, high school, college, technical)
4	Meaningful social activity	Socializing, support network, routine
5	Volunteer or planned formal activities	Clubs, drop-in
6	Other activities	Activities of homemaking, caregiving
9	Unknown	Information not available

PURPOSE: Provides a measure of consumer's level of independence and involvement in the community.

# ADDITIONAL DATA REQUIREMENTS FOR COORDINATED SERVICE TEAM INITIATIVES

The following data fields are only required for children's Coordinated Service Team (CST) Initiatives. In addition, these data fields can only be submitted through the PPS MH on-line data entry system. The data cannot be accepted through a batch file submission.

## PROGRAM ENROLLMENT AND DISCHARGE DATA

After a child is registered with an MCI (client ID) in the PPS MH system, the following program enrollment information for CST's must be entered into the PPS Mental Health Program Participation data entry page:

### RESPONSIBLE AGENCY REQUIRED FOR CST'S

**DEFINITION:** The county or tribe responsible for the care of the consumer. The name of the responsible county or tribe will automatically appear in this field based on agency with which the user is associated. No data entry is required.

### PROGRAM CATEGORY REQUIRED FOR CST'S

**DEFINITION:** This field categorizes a program as either mental health or substance abuse. All CST enrollments should be categorized as "Mental Health".

### CATEGORIES:

- Mental Health Programs
- Substance Abuse Programs (DO NOT USE)

The selection of the above options determines which programs will be displayed for selection in the next data field - "Program Type". To record a CST enrollment, the user must record "Mental Health Programs" for this field.

**PROGRAM TYPE**  
REQUIRED FOR CST'S

**DEFINITION:** This field describes the specific type of program or initiative in which the consumer is participating.

**CATEGORIES:** The preceding Program Category field must be entered as "Mental Health" before these Program Type categories are viewable on the PPS MH screen.

- Coordinated Services Team (CST) Initiative
- Community Recovery Services (CRS)
- Community Support Program (CSP)
- Comprehensive Community Services (CCS)
- Crisis Services (DO NOT USE)
- IMD Relocation Funds
- Targeted Case Management (TCM)
- Mental Health - Other

**NOTES:** Users can select multiple Program Types if applicable for a client, but can only select one Program Type at a time. For example, if a CST client is also enrolled in CCS, record the CST Program Type first along with the Program Begin Date. After saving the data, return to the PPS MH Participation page and record CCS as a second distinct Program Type with its own Program Begin Date. Use this method for a client enrolled in both CST and TCM as well. Crisis services should be recorded using a service SPC code, so do not use the "Crisis Services" option listed in this field.

**PROGRAM BEGIN AND END DATES**  
REQUIRED FOR CST'S

**DEFINITION:** The Program Begin Date is the date the child and family were enrolled into the CST.

The Program End Date is the date the child and family were disenrolled from the CST.

**CODES:** Enter an 8 digit number in the format of month/day/full year.

**PURPOSE:** This data is used to describe the length of a child's participation in the CST Initiative.

**DISENROLLMENT REASON  
REQUIRED FOR CST'S**

**DEFINITION:** The primary reason the child and family was disenrolled from the CST program (initiative).

**CATEGORIES:**

- Agency unable to contact person (or family)
- Completed service major improvement
- Completed service moderate improvement
- Completed service no change
- Died
- Entered nursing home or institutional care
- Incarcerated
- Involuntary termination of services by provider
- Moved out of county
- Medicaid/other financial eligibility ended
- No probable cause on a Chapter 51 hold
- Not or no longer level of care eligible
- Other
- Transferred to another community based resource
- Transferred to family care/managed care
- Voluntary termination of services by consumer (or family)

**Level of Improvement Explanation (Major, Moderate, No Change):**

For consumers who have completed services in inpatient, outpatient, day services, or residential treatment, please provide an overall rating of the consumer's condition at the time of disenrollment using the following guidance.

Major improvement means that most or all areas have improved and there is a good prognosis.

Moderate improvement means that some areas have improved, but the prognosis is guarded or fair.

**PURPOSE:** To evaluate the overall outcome of the CST Initiative and to determine if the client is continuing with care elsewhere. Other outcome indicators can be evaluated in light of the disenrollment reason.

## LIVING ARRANGEMENT DATA

After a child is registered with an MCI (client ID) in the PPS MH system, the following data must be entered into the PPS Mental Health CST data entry page:

### LIVING ARRANGEMENT TYPE REQUIRED FOR CST'S

**DEFINITION:** Living Arrangement is the place and situation the child is living at on a daily basis. Long-term living arrangements are included such as children who live with their biological parents, but short-term living arrangements are also included such as living in a crisis center or inpatient hospital setting. When a child transitions to a new living arrangement, where the child stayed that evening should be recorded.

### CODES:

Code	Label
1	Street, shelter, no fixed address, homeless
2	Private residence or household (ADULTS ONLY)
3	Supported residence (ADULTS ONLY)
4	Supervised licensed residential facility
5	Institutional setting, hospital, nursing home
6	Jail or correctional facility
7	Child under age 18 living with biological or adoptive parents
8	Child under age 18 living with relatives, friends
9	Foster home
10	Crisis stabilization home/center
11	Other living arrangement
99	Unknown

**Private residence or household (Adults only)**= includes adults living alone or with others without supervision in a house or apartment; includes persons age 18 and older living with parents.

**Supported residence (Adults only)** = adult clients living in a house, apartment, or other similar dwelling and are heavily dependent on others for daily living assistance.

**Supervised licensed residential facility** = individual resides in a residential care facility. This level of care may include a group home, therapeutic group home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities.

**Foster home** = individual resides in a foster home. A foster home is a home that is licensed by a county or State department to provide foster care to children, adolescents, and/or adults. This includes therapeutic foster care facilities.

**Crisis stabilization home/center** = a time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning.

**NOTES:** CST's must record all living arrangements that occur while a child is participating in the CST. There is no limit on the number of living arrangements that can be recorded. This data field must be completed in addition to the Living Arrangement field in the Consumer Status Report which requires a 6-month status update for federal reporting instead of every living arrangement.

**PURPOSE:** The data is used to measure the number of out-of-home placement days children experience.

**LIVING ARRANGEMENT START and END DATES  
REQUIRED FOR CST'S**

**DEFINITION:** Living Arrangement Start Date is the date a living arrangement started and the End Date is the date the living arrangement ended.

**CODES:** Enter an 8 digit number in the format of month/day/full year.

**NOTES:** All days during a child's participation in a CST should be reported. The End Date for one living arrangement and the Start Date for the next living arrangement must be consecutive days. They cannot overlap. Any out-of-home placement that a child was diverted from to be enrolled in a CST should also be recorded even if it occurred before the official CST enrollment date.

**PURPOSE:** The data is used to measure the number of out-of-home placement days children experience.

## **CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) ASSESSMENT DATA**

After a child is registered with an MCI (client ID) in the PPS MH system, the following data must be entered into the PPS Mental Health CST data entry page:

### **CANS TIME FRAME REQUIRED FOR CST'S**

**DEFINITION:** The time frame at which the CANS assessment ratings are collected. The CANS is required to be rated every 6 months for care planning, but only CANS data describing the child and family at enrollment and discharge are required to be submitted.

**CATEGORIES:**

- Enrollment
- Discharge or Last Available CANS

**NOTES:** When the CANS from the time of enrollment is being recorded, the “Enrollment” check box must be checked. When the CANS from the time of discharge is being recorded, the “Discharge” check box must be checked. If a CANS assessment could not be completed at the time of discharge, CST’s should submit the last available CANS data from the assessment closest to the time of discharge and check the “Last Available CANS” check box. Users can only check the “Discharge” OR the “Last Available CANS” check box. The “Last Available CANS” should never be recorded unless CANS data at discharge is not available.

**PURPOSE:** To measure changes in an individual child and family’s status from the time of enrollment to disenrollment and to assess the impact of the overall CST Initiative.

### **ENROLLMENT AND DISCHARGE CANS DATES REQUIRED FOR CST'S**

**DEFINITION:** The Enrollment CANS Date should reflect the actual day the CANS for that time period was completed (or last day it was completed). The Discharge CANS date should also reflect the actual day the final CANS was completed. These CANS dates do not have to match the dates the child was enrolled and discharged from the CST Initiative.

**CODES:** Enter an 8 digit number in the format of month/day/full year.

**PURPOSE:** To measure changes in an individual child and family's status from the time of enrollment to disenrollment and to assess the impact of the overall CST Initiative.

**CANS ASSESSMENT ITEMS  
REQUIRED FOR CST'S**

**DEFINITION:** The CANS is a 116-item tool used by CST's to assess children and families' strengths and needs to inform the development of plans of care. Each item must be entered into the PPS MH on-line screens.

**CODES:** All items are rated on a 4-point scale (0-3). The needs items are rated based on severity, but a different scale is used for the 17 strength items. Both rating scales are below.

**CANS Needs Rating Scale**

- 0 No Evidence of Problems
- 1 Mild Problems
- 2 Moderate Problems
- 3 Severe Problems
- 8 Not applicable
- 9 Unknown

**CANS Strengths Rating Scale**

- 0 Centerpiece Strength
- 1 Useful Strength
- 2 Identified Strength
- 3 No Strength Identified
- 8 Not applicable
- 9 Unknown

**NOTES:** The 116 items are listed on a CANS item score sheet in Appendix 3 which is available for all CST's to record their ratings. The score sheet can then be used as a data entry form for PPS.

**PURPOSE:** To measure changes in an individual child and family's status from the time of enrollment to disenrollment and to assess the impact of the overall CST Initiative.

## **APPENDIX 1**

### **CLIENT CHARACTERISTICS CODE DEFINITIONS**

- 02 Mental illness (excluding SPMI) - Includes persons who have emotional or mental disorders such as organic and functional psychosis, neurosis, personality, behavioral or other disorders as specified in ICD-9, Section V.
- 03 Serious and persistent mental illness (SPMI) - Includes persons with long histories of psychiatric illness and institutionalization and also includes younger persons whose history and clinical picture leads to prediction of persistence.
- 04 Alcohol client - Includes persons who use alcohol to the extent that it interferes with or impairs physical health, psychological functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance, and personal or family relations.
- 05 Drug client - Includes persons who use psychoactive chemical substances other than alcohol for nonmedical purposes to the extent that it interferes with or impairs their health, functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance, and personal or family relations.
- 07 Blind/visually impaired - Includes persons having significant impairment in vision resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 08 Hard of hearing - Includes persons having a significant or complete impairment in hearing resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 09 Physical disability/mobility impaired - Includes persons having a physical condition resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities. Such physical conditions include, but are not limited to, anatomical loss and musculoskeletal, neurological, respiratory or cardiovascular impairments.
- 10 Chronic alcoholic - Includes persons who have a diagnosis of alcoholism with physical complications due to alcohol consumption which cannot be controlled. The person shows little motivation to change a lifestyle centered around alcohol which has led to dysfunction in major social roles and the inability to care for oneself.

- 12 Alcohol and other drug client - Includes persons who use both alcohol and at least one other chemical substance which has mind-altering affects for nonmedical purposes to the extent that the alcohol and the other chemical substance(s) either individually or together interferes with or impairs their health, functioning, or adaptation as shown in code 04, Alcohol Client.
- 14 Family member of mental health client - Includes family members and other significant persons who live in the household of a mental health client.
- 16 Family member of alcohol and other drug client - Includes family members and other significant persons who live in the same household of an alcohol and other drug client.
- 17 Intoxicated driver - Includes persons whose use of alcohol and/or other drugs has resulted in a conviction for operating a motor vehicle while intoxicated or other offenses specified in Chapter 20, Laws of 1981, or a DOT referral for an irregular driving record.
- 18 Alzheimer's disease/related dementia - Includes persons who have one or more irreversible and degenerative diseases of the central nervous system including Alzheimer's disease, Creutzfeld-Jacob syndrome, Friedreich's Ataxia, Huntington's disease, Irreversible multiinfarct disease, Parkinson's disease, Pick's disease, Progressive supranuclear palsy, and Wilson's disease. These disorders are characterized by progressive loss of memory, confusion, irrational mood swings, and eventual loss of physical functions.
- 19 Developmental disability - brain trauma - Includes persons who have had a loss of neurological brain function due to an injury or illness.
- 23 Developmental disability - cerebral palsy - Includes persons whose disability is primarily attributable to cerebral palsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 25 Developmental disability – autism spectrum - Includes persons whose disability is primarily attributable to autism. This condition is expected to continue indefinitely and is a substantial handicap to the person.  
LTS note: Autism is a disorder of development of brain functions. For a diagnosis of autism, the main symptoms must be clear before the age of three years. People with autism have markedly abnormal or impaired function in communication and social interaction and a markedly restricted repertoire of activity and interest. In most cases there is an associated diagnosis of cognitive disability or mental retardation. Many people also have significant behavioral issues. If a person has Asperger Syndrome, code 88 and do not use this code. If a person has a pervasive developmental disorder, code 89 and do not code 25 for autism or 88 for Asperger Syndrome.

- 26 Developmental disability - mental retardation - Includes persons whose disability has resulted in mental retardation. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 27 Developmental disability - epilepsy - Includes persons whose disability is primarily attributable to epilepsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 28 Developmental disability - other or unknown - Includes persons whose disability is not attributable to the above developmental conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 29 Family member of developmental disability client - Includes family members and other significant persons who live in the household of a developmental disability client.
- 32 Blind/deaf - Includes people who have both complete impairment in vision and complete impairment in hearing resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 33 Correction/criminal justice system client (adult only) - Includes persons who are currently involved in some phase of the correctional system including county jails, probation, parole, etc. Coding of this value is required only if known by local agency.
- 36 Other handicap - Includes persons whose disability is not attributable to the code 07, 08, and 09 disabilities or to brain trauma, but to other neurological conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 37 Frail medical condition – Includes persons who have difficulty in functioning or performing activities of daily living due to disability or medical condition. LTS note: The person is at higher risk for harm and has exceptional support needs due to fragile medical condition.
- 39 Gambling client - Includes people with a persistent and recurrent maladaptive gambling behavior that disrupts personal, family or vocational pursuits.
- 43 Migrant - Includes persons authorized to work in the U.S., who are not a relative by blood or marriage to their employer, and who occasionally leave an established place of residence to travel to another locality to accept seasonal or temporary employment in Wisconsin and who reside in quarters other than the employer's home during the period of employment.

- 44 Refugee - Includes persons who have fled their native country for fear of persecution.
- 45 Cuban/Haitian entrant - Includes all Cubans who arrived in the U.S. between April 2, 1980 and October 10, 1980. Also included are Haitians who were involved in Immigration and Naturalization Service proceedings on or before October 10, 1980.
- 50 Regular caregiver of dependent person(s) - Includes persons who care for one or more dependent people and need respite from their caregiver role.
- 55 Frail elderly - Includes persons who are elderly and chronically disabled by an illness, condition, or impairment that causes ongoing problems in everyday living and is expected to continue on a sustained basis.
- 57 Abused/neglected adults/elder - Includes persons who are adults/elderly and are, or are alleged to be, victims of abuse, material abuse, neglect or self-neglect under s.46.90.
- 59 Unmarried parent - Includes persons who are the acknowledged or alleged parent of a child who will be or has been born out of wedlock.
- 61 CHIPS - abuse and neglect - Includes children who are, or are alleged to be, abused **and** neglected. Child abuse is the physical injury of a child by other than accidental means under s.939.22(14) or sexual intercourse or contact with a child under s.940.225. Child neglect is when a person having temporary or permanent control over a child has neglected, refused or been unable, for reasons other than poverty, to provide the necessary care, food, clothing, medical and dental care, or shelter so as to seriously endanger the physical health of the child.
- 62 CHIPS - abuse - Includes children who are, or are alleged to be, abused. See description of abuse under CHIPS - Abuse and Neglect, code 61.
- 63 CHIPS - neglect - Includes children who are, or alleged to be, neglected. See description of neglect under CHIPS - Abuse and Neglect, code 61.
- 64 Family member of abused/neglected child - Includes family members and other significant persons who live in the household of children who are, or are alleged to be, abused and/or neglected. See description under CHIPS - Abuse and Neglect, code 61.
- 66 Delinquent - Includes children alleged to be delinquent and referred to court intake as well as children, ages 10 and over, who have been found to be delinquent by a court.

- 68 CHIPS - other - Includes children who are alleged to be, or have been found to be in need of protection and services under some s.48.13 sections. Does not include children who are, or are alleged to be, abused and/or neglected as defined in values 61, 62, or 63. Also does not include children under s.48.13 who are in the Status Offender Category defined in code 69.
- 69 JIPS - status offender - Includes children who are alleged to be, or have been found to be status offenders.
- 70 Family member of CHIPS - status offender - Includes family members and other significant persons who live in the household of children who are alleged to be, or are status offenders. See descriptions under JIPS, code 69.
- 71 Victim of domestic abuse - Includes persons who are the target of physical violence and/or emotional abuse occurring between individuals involved in an intimate relationship regardless of their marital status.
- 72 Victim of abuse or neglect – Includes persons who may previously have been defined through the codes of 71 Victim of domestic abuse, 57 Abused/neglected elder, 61, 62, 63 CHIPS in PPS CORE.
- 73 Family member of delinquent - Includes family members and other significant persons who live in the household of children who are alleged to be or are delinquent. See description under Delinquent, code 66.
- 74 Family member of CHIPS - other - Includes family members and other significant persons who live in the household of children who are alleged to be, or are CHIPS - Other. See description under CHIPS - Other, code 68.
- 79 Deaf - Includes people who have complete impairment of hearing resulting from injury, disease, or congenital deficiency that significantly interferes with or limits one or more major life activities.
- 80 Homeless – Includes persons who are either: *Unsheltered*, in which case the person is sleeping in public or private places not designated for, or ordinarily used as, a regular place for people to sleep; or, *Sheltered*, in which case the person is living in emergency, transitional, domestic violence, or youth shelters, or using vouchers for hotels/motels.
- 84 Repeated school truancy
- 86 Severe emotional disturbance - A child/adolescent who has a mental disturbance which: 1) can be diagnosed under the DSM-IV classification system or has been identified as an exceptional educational need by the school system; 2) has been present for at least one year or is expected to last more than one year; and 3) has significantly impaired functioning in family, school or community for 6 months or more.

- 90 Special study code – This code will be used only for specifically defined time limited studies. An announcement will be sent to agencies indicating the purpose and duration of the study for use of this code.
- 99 None of the above - Includes persons who do not fall into any other category listed above.

## **APPENDIX 2**

### **SERVICE PROCEDURE CODE (SPC) DEFINITIONS**

**101 CHILD DAY CARE – CRISIS/RESPITE**

The provision of services to children that includes care in settings such as: 1) a day care center; 2) the home of another; or 3) in their own home. The purpose of these services is to meet crisis or respite needs, prevent or remedy abuse or neglect, alleviate stress in the family or preserve the family unit. Services strive to facilitate the child's social, physical, cognitive and emotional growth. Includes resource recruitment and development and regulation/certification activities.

**102 ADULT DAY CARE**

The provision of services to adults in a certified natural or supportive service (day center) setting for the purpose of providing an enriched social experience, protection and supervision during part of the day to enhance or maintain the integrity of families under stress, prevent abuse and neglect and/or prevent their placement into alternate living arrangements. Typical services may include, but are not limited to: personal care and supervision. Benefits include the provision of food. Management functions which may be performed include, but are not limited to: resource recruitment and development, and regulation/certification. Includes transportation specifically for access to this program. Includes certified adult care when provided in a senior center. Senior center activities not provided as part of a certified adult day care program should be classified under Recreation/Alternative Activities. Excludes day center services for adults with developmental disabilities which are classified within the Day Center Services/Treatment Program. Excludes in-home services provided primarily for the purpose of improving the daily living skills of developmentally disabled adults which are classified within the Daily Living Skills Training Program.

**103 RESPITE CARE**

The provision of services to clients who are either caregivers or their dependents for the purposes of providing the primary caregiver temporary relief, relieving the primary caregiver of the stress of giving continuous support, providing the dependent client adequate care and supervision in a home-like environment (unlicensed) and reducing the need for placement of the dependent person outside of the home. Services to the primary caregiver may include case planning, monitoring and review. Services for the dependent person may include personal care and supervision. The Respite Care Program includes only care which is delivered in the home of the primary caregiver, dependent person, friend or relative, the home of the respite care provider or in those freestanding facilities which primarily serve as respite care centers. Excludes certified child care for the purpose of respite which should be classified as Child Day Care. Excludes monitoring of care except in those instances when this is done by a client's case manager as an integral part of the Case Management/Service Coordination Program. Excludes all types of in-home care or training which is not directly related to relief for the primary caregiver.

104 SUPPORTIVE HOME CARE

The provision of services to maintain clients in independent or supervised living in their home or the home of their friends or relatives which help them meet their daily living needs, address their needs for social contact, ensure their well-being, and/or reduce the likelihood that they will be placed into alternate living arrangements. Services may include, but are not limited to, household care, personal care and supervision. Includes supervised apartment living, senior companion activities, telephone reassurance, and friendly visiting. Includes payments to maintain an individual in the independent living arrangement. Counseling/psychotherapy in a person's own home is part of the Counseling/Therapeutic Resources Program. Excludes nonemergency twenty-four hour care in an adult's or child's own home for the purpose of respite which should be classified as Respite Care. Excludes home and financial management training activities which should be classified as Daily Living Skills Training.

106 HOUSING/ENERGY ASSISTANCE

The provision of services to clients in a natural or supportive service setting for the purpose of enabling persons to obtain safe, healthful, and affordable housing. Services may include, but are not limited to, advocacy, assessment/diagnosis, and referral. Includes working with landlords and others to upgrade substandard housing, improving safety and preventing/reducing health hazards, assessing housing needs, locating appropriate housing, referral to existing resources for housing repairs, and making arrangements for moving (as well as payment of moving expenses). Includes repairs and remodeling, winterization/weatherization, and the costs of fuel or utilities. Placement of persons into independent living from alternate living settings is classified under programs for those settings. Unskilled routine home maintenance tasks are part of the Supportive Home Care Program.

107 SPECIALIZED TRANSPORTATION AND ESCORT

The provision of transportation and transportation related supervision to the elderly, handicapped, or other persons with limited ability to access needed community resources (other than human services). Includes provision of tickets or cash for their purchase designed to provide safe, comfortable, and accessible conveyance. Limited to that transportation which assists in improving a person's general mobility and ability to perform daily tasks such as shopping, visiting with friends, competitive employment, etc., independently. Excludes transportation which is provided principally to access services purchased or provided by a county social or human services department, 51 Board, or county aging unit which should be classified under the program or programs to which the transportation provides access.

108 WORK RELATED SERVICES

The provision of services in integrated community work settings, specialized facilities (e.g., sheltered workshops), or other settings for purposes of enabling clients to participate in work, develop work and related abilities, improve work performance, and/or remove obstacles to gainful employment. Services may include, but are not limited to: education/training; transportation (when work related); marketing of products; assessment/diagnosis; case planning, monitoring and review when done by work related service providers; and supervision. Management functions which may be performed include, but are not limited to: resource recruitment and development and contracting. Includes wages paid for work performed, training stipends, incentives for employer to provide on-the-job supervision, or items needed for employment. Includes sheltered employment, work activities, supervision of work in community settings, Job Training Partnership Act (JTPA), and displaced homemaker's services. Excludes Supported Employment as defined in SPC of that name.

110 DAILY LIVING SKILLS TRAINING

The provision of services to clients whose health or well-being is at risk of deteriorating or for whom development is delayed due to inadequate knowledge or skills in routine daily living tasks. Services are intended to improve a client's or caretaker's ability to perform routine daily living tasks and utilize community resources. Services which are educationally focused and are not primarily designed to provide substitute task performance include, but are not limited to: education/training; assessment/diagnosis; and case planning, monitoring and review. Management functions include, but are not limited to: resource recruitment and development. Includes intensive in-home services which teach parenting skills to parents of children with special parenting needs. Includes the teaching of child rearing skills, training on the preparation and management of a household budget, maintenance and care of the home and preparation of food. Includes services provided primarily in a natural setting such as those performed by a home trainer for children age 0-2, and skill training for clients of all ages living in natural settings. Includes daily living skill training for parents and other family members, foster parents, adult family home members, and persons involved in apartment living programs. Excludes intensive home and community treatment services. Excludes recreational activities. Also excludes household care and personal care which should be classified under the Supportive Home Care Program.

111 FAMILY SUPPORT

The provision of a material benefit in the form of cash to the caregivers of disabled children which enable the caregivers to obtain needed material benefits or services, consistent with provisions of the Family Support Plan for the purposes of enabling disabled children to maintain a natural living arrangement, preventing institutional placement, alleviating family stress and/or preventing family dysfunction. Services purchased by caretakers with approval of the county agency include but are not limited to: personal care, household care, assessment/diagnosis, general physical health services (e.g., dental care) and therapy. Includes services and items purchased by caretakers with the approval of the county agency as long as the decision to purchase the service or item is initiated by the client and is consistent with and part of the Family Support Plan even if the services or items would otherwise be classified under other SPCs such as Child Day Care. Excludes the activities of a case manager/service coordinator which should be classified under SPC 604 Case Management/Service Coordination.

112 INTERPRETER SERVICES AND ADAPTIVE EQUIPMENT

The provision of services and material benefits to clients whose ability to access, participate and function in their community or homes is limited by physical, sensory or speech impairments, or lack of ability to effectively communicate in English, in order to maximize their opportunities to fully participate and function effectively in all aspects of community life, and to improve the community by making it fully accessible to all of its members. Services include the purchase or direct provision of bilingual interpreters for persons with limited English skills or interpreters capable of facilitating communication for persons with hearing impairments and others. Material benefits include cash for the purchase or provision of these services or items such as medically related equipment, adaptive aids or communication devices. Management functions include resource recruitment and development associated with locating qualified interpreters. Includes interpreter services directly associated with familiarizing immigrants with Western culture in general and the life styles of their particular resettlement communities. Includes reader services for persons who are blind or visually impaired and other forms of communication assistance for persons with brain injuries or speech impairments. Includes cash payments to clients or vendors for purchase of equipment, agency purchase of equipment, or those costs associated with the maintenance of these items. Types of items include adaptive household modifications which include ramps, vehicle modifications, prosthetic or orthotic devices, communication devices, telecommunication devices for the deaf, signaling devices, aids and telecommunication devices for the deaf, signaling devices, aids and appliances for blind or visually impaired persons, special safety equipment, special clothing, etc. Excludes training of service providers for purposes of developing or improving the ability of their bilingual or signing staff to deliver services. Excludes the activities of staff that possess bilingual or signing skills functioning in other programs.

- 113 CONSUMER EDUCATION AND TRAINING  
Consumer education and training services are services designed to help a person with a disability develop self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services. Training and education goals related to these outcomes will be documented in the individual service plan. Local agencies will assure that the consumer and legal guardian receive necessary information on training and educational opportunities related to identified goals. Documentation of how specific training relates to identified goals will be included in the individual service plan.
- 201 ADOPTIONS  
The provision of services to clients involving the screening of adoptive applicants (i.e., families who have applied to adopt a child) for purposes of obtaining permanent substitute legal parents for children legally free for adoption. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review. Management functions include, but are not limited to: resource recruitment and development. Includes the costs of adoption subsidies as well as stepparent, relative, independent, interstate and foreign adoptions activities. Includes certain pre-adoption activities, such as termination of parental rights, when the purpose is adoption and no other program such as Foster Home or Case Management/Service Coordination is appropriate.
- 202 ADULT FAMILY HOME  
The provision of a structured residential living arrangement for the purpose of providing care and support to adult clients whose physical, developmental, and emotional functioning is likely to be maximized in a family or other home-like living arrangement for less than five adults. Services in the family home may include, but are not limited to: supervision, dietary, personal care, and education/training. Material benefits include food and housing. Includes homes serving three or four residents which are licensed as CBRFs when the home is also the residence of the sponsor and homes certified under Ch. HSS 81. Includes recruiting and certifying of adult family homes as well as locating, arranging for, and monitoring an adult family home placement when not an integral but subordinate part of case management.
- 203 FOSTER HOME  
The provision of a loving, caring, and supportive substitute family to children for a short- term period (or long-term in approved situations). Services to clients provided by foster parents may include, but are not limited to: supervision, dietary, personal care, and transportation. Materials benefits include: food, housing, items, and clothing. Includes recruiting and licensing of foster homes. Includes locating, arranging for, and monitoring a foster home placement. Also includes activities involving foster homes in which there is a pending adoption.

- 204 **GROUP HOME**  
The provision of services in a community based group living setting to children for whom a living arrangement with peers or siblings is judged to be most beneficial. Services to clients may include, but are not limited to: supervision, dietary, personal care, and transportation. Benefits include: food, housing, items, and clothing. Includes recruiting and licensing of group home placements by persons other than the group home provider. Excludes adult group homes licensed as CBRFs which are classified as part of the Community Based Care/Treatment Facility Program.
- 205 **SHELTER CARE**  
The provision of short-term services, often under emergency conditions, in an alternative living setting or the home of another, to persons who need a temporary place to stay pending resolution of problems in their own home or until an appropriate living setting can be secured. Services may include, but are not limited to: supervision, dietary, and counseling/psychotherapy. Benefits include food and housing. Includes locating, arranging for, and monitoring placement in shelter care facilities. Includes care in unlicensed settings which serve as shelters (e.g., for victims of domestic or child abuse). Includes all care provided by a shelter care facility licensed under HSS-59 (formerly PW-CY-45). Includes 24 hour care of a person in the home of a friend, relative, or neighbor during the temporary absence of the regular caregiver (e.g., hospitalization of a parent).
- 301 **COURT INTAKE AND STUDIES**  
The provision of services essential to the provision of reports and recommendations to the court. Services may include, but are not limited to: assessment/diagnosis; and case planning, monitoring, and review. Includes custody studies, mediation and monitoring pursuant to divorce actions. Includes Chapter 51 commitment evaluations other than those done by inpatient facilities. (Primary focus is upon reports to the court required under Chapters 48, 51, 55 Wisconsin Statutes.) Excludes studies and recommendations pertaining to proposed adoptions which should be classified under the Adoptions Program. Also excludes child abuse and neglect investigations which should be classified under Intake Assessment.
- 303 **JUVENILE REINTRGRATION AND SUPERVISION SERVICES**  
The provision of services to probationers and juveniles under either county department of social or human services or court formal or informal “supervision”, for the purpose of monitoring behavior and preventing continued criminal or delinquent activities or other unacceptable behavior brought to the attention of the juvenile justice system. Includes home supervision of delinquents, status offenders, and CHIPS. Services may include, but are not limited to: case planning, monitoring, and review and referral. Includes payment of rent in a court ordered supervised independent living arrangement. Excludes restitution by persons other than those responsible for supervision (e.g., restitution project staff) which should be classified as Restitution. Excludes supervision of children

receiving aftercare following release from a correctional institution which should be classified as Juvenile Reintegration and Aftercare Services. Excludes the provision of an appropriate alternative living standard program.

**304 JUVENILE REINTEGRATION AND AFTERCARE SERVICES**

The provision of services to residents of juvenile correctional facilities and persons on mandatory release or otherwise released from a juvenile correctional facility for purposes of strengthening family ties, aiding transition from institution to community, and ensuring that any conditions of release are met. Services may include, but are not limited to: case planning, monitoring, review, and referral. Excludes the provision of an alternative living setting which should be classified under an appropriate alternate living standard program category. Also excludes the provision of intensive home and community treatment services when such services are provided by persons other than those responsible for aftercare supervision (e.g., a treatment team) which should be classified under Counseling/Therapeutic Resources.

**305 RESTITUTION**

The provision of services to clients under court order or supervision for purposes of enabling those persons to make restitution or other court ordered payments pertaining to attorney's fees, court costs, community work obligations and victim compensation. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring, and review; referral; and education/training. Includes all services performed by staff specializing in restitution activities. Excludes such services when performed as an integral part of juvenile supervision which should be classified as part of the Juvenile Probation and Supervision Services Program.

**306 JUVENILE CORRECTIONAL INSTITUTION SERVICES**

The provision of services within a secure county juvenile detention facility or within a state juvenile correctional institution to children who are adjudicated delinquents. Services are intended to ensure public safety and must include supervision and dietary considerations. Material benefits include food and housing.

**401 CONGREGATE MEALS**

The provision of meals and services related to the provision of those meals to persons in natural or supportive service settings to promote socialization and adequate nutrition. Services may include, but are not limited to: education/training. Provision of food is an essential part of this program. Includes the provision of nutrition education when an integral part of this program.

**402 HOME DELIVERED MEALS**

The provision of meals to homebound persons at risk with regard to adequate nutrition in their own home to maintain or improve adequate nutrition. Services may include, but are not limited to: transportation. Provision of food is an essential part of this program.

403 RECREATION/ALTERNATIVE ACTIVITIES

The provision of services in a natural or supportive setting to persons who are socially or physically inactive, or whose activities are socially inappropriate, for the purpose of increasing their participation in constructive leisure time activities which enhance their dignity, support their independence, and/or encourage their involvement in and with the community. Services may include, but are not limited to: supervision, education/training, and transportation. Management functions which may be performed include, but are not limited to: resource recruitment and development related to development of recreational opportunities. Includes physical education or exercises for senior citizens (as well as senior center activities), Big Brothers, camping experiences, YMCA, YWCA, 4-H, mentoring activities for children receiving mental health services, and other group activities. Excludes recreational services provided as an integral part of a day services center/treatment program.

404 FAMILY PLANNING

The provision of services to enable persons to voluntarily determine their family size and composition. Services may include, but are not limited to: education/training, referral assessment/diagnosis, physical health and laboratory services, and the provision of drugs and items. May include genetic "counseling" to persons with genetically linked disorders and others at risk of giving birth to a child with such disorders. Includes educating parents as to their options on keeping an unborn child or terminating parental rights for the purpose of adoption. Excludes activities related to family planning which are an integral, but subordinate part of other programs (e.g., a referral for family planning which is part of an agency's Information and Referral Program).

406 PROTECTIVE PAYMENT/GUARDIANSHIP

The provision of services to persons who have an agency as a guardian and/or who have demonstrated a lack of ability to use their funds properly by a person or authorized agency responsible for managing the client's money or supervising the client's use of funds. Services which are to ensure that the intended benefits of a money grant are used in the best interests of the beneficiary may include, but are not limited to: case planning, monitoring, and review; and supervision. Includes recruitment and development of protective payees as an agency resource. Includes reimbursement to individuals and authorized agencies for related services and administrative expenses. Includes the services of an individual or corporate conservator, temporary guardian, guardian of the person and/or guardian of the estate. Includes the services of a representative payee in SSI/Social Security Administration cases in which representative payees are required. Corporate guardianship services under this program include recruitment and development of families and interested citizens who may serve as guardians for mentally incompetent individuals. Includes travel and other expenses incurred by conservators, representative payees and guardians. Excludes services designed primarily to teach money management skills which should be classified under Daily Living Skills Training. Excludes guardianship services for purposes of adoption which are part of the Adoptions Program.

408 COMMUNITY PREVENTION, ORGANIZATION, AND AWARENESS

The provision of services to the general public or targeted segments of the public for the primary purpose of preventing disabilities or social and community problems and promoting mental or physical health and improved social and community functioning. Services, which are typically provided to groups at risk, or the community at-large, include but are not limited to: public information, and education/training. Includes a wide variety of activities designed to make constructive changes in community conditions to help prevent disabilities or social or community problems as well as the development of positive youth programs and/or self-help groups. Includes the providing of factual information on disabilities and their prevention, on family and social problems and on good health and living practices. Includes the development and use of school and other curricula and printed and audiovisual educational and training materials which focus on the prevention of disorders and the coordination of all aspects of programming with other community agencies and groups. Includes presenting of factual information for the purpose of enhancing the competence of communities to accommodate or support elderly and disabled persons or other persons such as non-English speaking who otherwise would have difficulty accessing their community (e.g., influencing local transport system or street departments to better accommodate wheelchairs). Includes presentations and information directed at increasing public awareness of changes needed in the community to address the needs of children, elderly and the disabled. Excludes any services which are delivered to an agency client which may be part of this client's service or treatment plan. Excludes public information and other services whose main purpose is administrative, such as obtaining public input into agency plans, reports to governing boards and funding sources which should be classified as Agency/System Management. Excludes public information intended to recruit agency resources such as foster homes, which should be classified under the appropriate program (e.g., Foster Home). Excludes services provided when the primary intent is socialization (e.g., senior centers and companions, day care, congregate meals) or family planning, even if risk reduction is achieved for some individuals.

501 INITIAL CRISIS INTERVENTION

.00 The initial provision of services to individuals who are experiencing emergencies  
& which require an immediate response by the human service system to remove or  
501 ameliorate the emergency conditions. Services include only the initial crisis  
.10 services provided to stabilize the immediate crisis at hand such as a response to  
an immediate threat to a person's life or well-being. Services to individuals include  
but are not limited to: counseling/psychotherapy, supervision, general physical  
health services, transportation, and referral. Services could be provided by 24-  
hour hot lines, crisis response teams, or after-hours staffing for handling  
emergencies and are designed to serve everyone rather than specific target  
groups. Crisis intervention services provided on an hourly basis should be  
recorded using the 501.00 SPC code. When an individual is placed in a crisis  
residence/stabilization center, the service should be recorded using the 501.10  
SPC code in per diem units. Do not record crisis services delivered under  
emergency conditions which are an integral, but subordinate, part of other standard

services recorded in PPS. For example, emergency inpatient care is to be classified as an inpatient or emergency detention service. Follow-up crisis contacts described in a Response Plan or Crisis Plan would also be excluded and would be reported using the 501.20 SPC for Crisis Follow-Up instead.

**501 CRISIS FOLLOW-UP**

.20 The provision of services implied by, prescribed by, or following an initial crisis contact which are follow-up responses described on a Response Plan or Crisis Plan. These can include linkage and coordination or follow-up services provided in-person, in a mobile contact or over the telephone. These include contact with the individual, their supports, collaterals, or with professional providers. Contacts can also involve coordinating referrals and exchanging information with other behavioral health service providers such as inpatient hospitals and outpatient clinics. Crisis follow-up contacts can only be recorded in hours. Outside of the context of an existing Response or Crisis Intervention Plan, all activities designed to stabilize the initial crisis situation should be recorded in PPS data with the SPC code 501.00 (hours) or 501.10 (days) for Initial Crisis Intervention.

**503 INPATIENT**

The provision of treatment services in 24 hour units of an inpatient facility or AODA residential inpatient program in a CBRF to clients for the purpose of stabilizing and/or ameliorating mental illness (short-term or long-term), alcohol or other drug abuse or other problems requiring hospitalization, enabling persons to function effectively in a less restrictive alternate or a natural living setting. Services may include but are not limited to, assessment/diagnosis; case planning, monitoring, and review; counseling/psychotherapy; physical health activities; education/training; personal care; supervision; and therapy. Food and housing are required benefits and drugs are also commonly provided. Includes stays under emergency detention and commitment provisions. Includes evaluations which require an inpatient admission. Includes planning for, arranging for, and monitoring of inpatient facilities placements. Excludes inpatient care for the primary purpose of detoxification, which should be classified under the program of that name. Excludes licensed IMD nursing home services meeting the definition of SPC Institution for Mental Disease.

**504 RESIDENTIAL CARE CENTER**

The provision of services to children in licensed residential care centers to stabilize and/or ameliorate behavioral, mental health, alcohol and other drug abuse, and other disorders for the purpose of improving their functioning and enabling them to return to their own communities in the shortest possible time. Services to clients may include, but are not limited to, supervision, education/training, and counseling/psychotherapy. Benefits include food, housing, and items such as school supplies and books. Includes planning for, arranging for, and monitoring of residential care center placements.

505 DD CENTER/NURSING HOME

The provision of services to clients in licensed nursing homes, including Wisconsin's three Centers for the Developmentally Disabled for the purposes of evaluation, respite, or care designed to reduce the severity of behavioral, alcohol or other drug or medical problems which attend and complicate severe developmental disabilities or alcohol and other drug abuse. Services may include, but are not limited to, assessment/diagnosis, physical health services, therapy and laboratory services, personal care, and supervision. Benefits include food, items, housing, and drugs. Includes planning for, arranging for, and monitoring of placements by DD Center or nursing home staff. Excludes licensed IMD nursing home services meeting the definition of SPC 925 Institution for Mental Disease.

506 COMMUNITY BASED CARE/TREATMENT FACILITY

The provision of services to clients in a Community Based Residential Facility (CBRF) for purposes of providing needed care or support and/or ameliorating personal, social, behavioral, mental, developmental, or alcohol and drug Abuse disorders. Services may include, but are not limited to: supervision, dietary, counseling/psychotherapy. Benefits include food and housing. Includes planning for, arranging, and monitoring of placements in CBRFs. Includes nonmedical AODA extended care in CBRFs. Excludes residential care for the primary purpose of detoxification, which should be classified under that Standard Program Category. Excludes unlicensed living arrangements even if supervision is provided or live-in staff are present which should be classified as part of Supportive Home Care Program or the Shelter Care Program. Excludes AODA residential care in nursing homes which should be classified under the DD Center/Nursing Home Program. Excludes AODA residential inpatient programs in CBRFs which should be classified under the Inpatient Program. Excludes homes serving three or four residents which are licensed as CBRFs when the home is also the residence of the sponsor and homes certified under Ch. HSS 82.

507 COUNSELING/THERAPEUTIC RESOURCES

The provision of treatment oriented services to clients needing treatment for a personal, social, behavioral, mental, or alcohol and drug abuse disorder to maintain and improve effective functioning. Services typically provided in a service office or a natural setting, may include, but are not limited to: assessment/diagnosis; case (treatment) planning, monitoring and review; counseling/psychotherapy; therapy services; physical health services; and medical support services. Includes divorce and family counseling and counseling for students experiencing behavioral problems at school. Includes intensive home and community treatment services when provided by persons other than those responsible for probation, juvenile supervision or aftercare supervision. Includes methadone maintenance activities. Excludes work related services. Excludes treatment services provided to residents of an alternate living setting or in a day center by staff or providers of those settings.

509 COMMUNITY SUPPORT PROGRAM (CSP)

The provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness and chronic alcoholic clients in a natural or supportive service setting by an identified provider and staff to ensure ongoing therapeutic involvement and individualized treatment in the community for the purpose of reducing the disabling effects of their mental illness or alcoholism and assisting clients to access and participate in the community. The service of case planning, monitoring and review as well as the activities involved in case management/service coordination are a required part of this program for every client. Services which must be available although not necessarily provided to each client are: assessment/diagnosis, eligibility determination, advocacy, education/training, counseling/psychotherapy, person locating, medical support, referral and transportation. Includes identifying persons in need of services, assisting with and training clients in all aspects of community functioning, crisis consultation, assistance with learning and performing daily living tasks, supervision of community work or educationally related activities, assistance with obtaining health care, assistance with acquiring and maintaining adequate housing, social/recreational activities, and coordinating services delivered by both CSP and other human service programs such as the Division of Vocational Rehabilitation, General Relief and Supplemental Security Income. Includes only activities delivered by designated CSP providers to persons with serious and persistent mental illness and chronic alcoholic persons and excludes these activities when delivered by other agency providers.

510 COMPREHENSIVE COMMUNITY SERVICES (PSYCHOSOCIAL  
.10 REHABILITATION SERVICES)

Comprehensive Community Services (CCS) are certified per the requirements of HFS 36 and provide a flexible array of individualized community-based psychosocial rehabilitation services authorized by a licensed mental health professional under HFS 36.15 and provided to consumers with mental health or substance use issues across the lifespan who qualify based on level of need through a completed MH/AODA Functional Screen. The intent of the services and supports is to provide for a maximum reduction of the effects of the individual's mental and substance abuse disorders and the restoration of a consumer to the highest possible level of functioning and to facilitate their recovery and resilience. The services provided must be individualized to each person's needs and recovery goals as identified through a comprehensive assessment. The services must fall within the federal definition of "rehabilitative services" under 42 CFS s. 440.130(d) in order for the services to be reimbursed by Medicaid. Services that must be available for consumers are: assessment, recovery/service planning, service facilitation, and individually authorized psychosocial rehabilitation services.

In order to qualify as psychosocial rehabilitation, a service must:

- have been determined through the assessment process to be needed by an individual consumer,
- involve direct service,

- address the consumer's mental health and substance abuse disorders to maximize functioning and minimize symptoms,
- be consistent with the individual consumer's diagnosis and symptoms,
- safely and effectively match the individual's need for support and motivational level,
- be provided in the least restrictive, most natural setting to be effective for the consumer,
- not be solely for the convenience of the individual consumer, family or provider,
- be of proven value and usefulness, and
- be the most economic options consistent with the consumer's needs.

CCS includes only activities delivered by providers who are part of the certified CCS program to persons with a diagnosis of a mental disorder or a substance use disorder as defined in HFS 36.14 (2). Consumers enrolled in waiver programs are eligible for CCS. CCS recipients may not be enrolled in a Community Support Program (CSP). For CCS recipients, all of the following services must be recorded using the 510.10 SPC code: outpatient mental health (excluding pharmacologic management), mental health day treatment for adults, substance abuse treatment and service facilitation (case management). If an individual is in need of any of these services, they must be provided as part of CCS and thus recorded using the 510.10 SPC code as opposed to other existing service codes. Consumers may receive other services outside of their CCS plan, but these services should continue to be reported to be in PPS separate from CCS.

*Recording CCS units of service*

For services rendered July 1, 2014 or later, CCS can only be recorded in hourly units using the 510.10 SPC code. The old 510 SPC code for CCS per diem units is no longer available. This change mirrors Medicaid claim requirements. To convert 15 minute increments to hourly units, multiply the number of 15 minute increments by .25. For example, four 15-minute units will equal 1.00 PPS unit.

511 COMMUNITY RECOVERY SERVICES

This is a non-waiver, state Medicaid plan amendment benefit provided by a CRS certified County or Tribe or vendor. Any mental health agency offering this service and submitting the SPC 511 code must be specifically certified to deliver the CRS service. The goal of CRS is to provide services which enable mental health consumers to live in the least restrictive community environment available. CRS provides three distinct services **across the lifespan** for consumers having a severe and persistent mental illness:

- Community Living Supportive Services (activities necessary to allow individuals to live with maximum independence in community integrated housing),
- Supported Employment (activities necessary to assist individuals to obtain and maintain competitive employment), and

- Peer Supports (advocacy, information and support provided by certified Peer Specialists).

*Relationship to Other Services*

- Consumers receiving CRS services may simultaneously receive services through a Community Support Program (SPC 509) or Comprehensive Community Services program (SPC 510). Thus, the SPC 511 may be open in PPS simultaneously with SPC 509 or 510.

*Recording CRS units of service*

PPS allows for CRS to be reported in hourly or per diem units. Use SPC code 511 to report hourly units and use SPC code 511.10 to report per diem units. To convert 15 minute increments to hourly units, multiply the number of 15 minute increments by .25. For example, four 15-minute units will equal 1.00 PPS unit.

601 OUTREACH

The provision of services which are designed to result in the locating of persons likely to have a problem which can potentially be alleviated by the delivery of human services. Services may include, but are not limited to: case finding and referral. Management functions include: resource recruitment and development. Includes activities which better enable persons to locate human service resources which are appropriate to their needs such as the establishment of referral networks and the development and distribution of human services resource directories. Includes initial intervention efforts directed at motivating persons to obtain needed services. Includes Employee Assistance and Student Assistance Program development activities. Includes systematic attempts by county agencies to secure increased numbers of agency clients from specific segments of the community or specifically defined groups (e.g., rural residents or minority groups). Excludes assessment/diagnosis associated with a formal application process; this is to be classified as Intake Assessment. Excludes assessments that are an integral but subordinate part of admission to another program. Excludes health screening activities which should be classified under the program of that name. Excludes services for agency clients.

602 INFORMATION AND REFERRAL

The provision of public information and referral services to satisfy individual inquiries for specific information about a particular aspect of the human service delivery system or community resources and ensure linkage to needed resources. Includes referral to legal resources. Includes maintaining and summarizing records of information and referral contacts. Excludes public information and referral when provided as a subordinate part of intake process or when part of other programs.

603 INTAKE ASSESSMENT

The provision of services in a natural or supportive service setting to persons who are or may become clients for purposes of determining the existence of, and the nature of, a specific problem or group of problems. Services may include, but are not limited to, assessment/diagnosis and referral. Client

assessments include Intoxicated Driver Program assessments and Child Abuse and Neglect investigations. Includes activities associated with the AO167 process and screenings of prospective nursing home admissions per HSS 132.51 (2)(d)(1). May also include the development of an initial case service or treatment plan if done as part of a general client intake process. Also includes intake activities which occur prior to the establishment of client status. Includes the activities of centralized intake units. Assessment/diagnosis which is an integral, but subordinate part of another standard program should be classified to that program. Excludes activities of a community agency related to review and screening of current residents of DD centers which should be classified as part of Case Management/Service Coordination. Investigations or assessments for the court are part of the Court Intake and Studies Program.

**604 CASE MANAGEMENT/SERVICE COORDINATION**

The provision of services by providers whose responsibility is to enable clients and when appropriate clients' families to gain access to and receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner. Case managers are responsible for locating, managing, coordinating, and monitoring all services and informal community supports needed by clients and their families. Services may include, but are not limited to, assessment; case planning, monitoring and review; advocacy; and referral. If the case management activity is limited to managing service received in a single program, such case management is considered an integral but subordinate part of that program, rather than case management as defined here, which must relate to all services and supports the client receives.

**605 ADVOCACY AND DEFENSE RESOURCES**

The provision of services by persons whose principal responsibility is to ensure rights to fair and just treatment. Services, which may be provided by lay advocates as well as persons with legal training, may include, but are not limited to, education/training and advocacy. Includes assistance in applying for needed services or benefits, assistance in the use of appropriate grievance procedures, provision of representation for clients at hearings, the provision of legal advice, legal representation in court, legal research, education and counseling regarding legal rights and responsibilities.

**606 HEALTH SCREENING AND ACCESSIBILITY**

The provision of services in a natural or supportive service setting to persons at risk for health problems for the purpose of early identification of health care needs and improved accessibility to needed health care services. Services may include, but are not limited to: case finding; assessment/diagnosis; case planning, monitoring and review; referral; and advocacy. Health screening provided as part of an overall client assessment process should be classified as either intake assessment or, if an integral part of another program, under that program.

## 609 CONSUMER DIRECTED SUPPORTS

Consumer directed supports are services which provide support, care and assistance to an individual with a disability, prevent the person's institutionalization and allow the person to live an inclusive life. Consumer directed supports are designed to build, strengthen or maintain informal networks of community support for the person. Consumer directed supports include the following specific activities at the request and direction of the consumer or his/her legal representative:

- a. Provision of services and supports which assist the person, family or friends to:
  - identify and access formal and informal support systems;
  - develop a meaningful consumer support plan; or
  - increase and/or maintain the capacity to direct formal and informal resources
- b. Completion of activities which assist the person, his/her family, or his/her friends to determine his/her own future.
- c. Development and implementation of person centered support plans which provide the direction, assistance and support to allow the person with a disability to live in the community, establish meaningful community associations, and make valued contributions to his/her community.
- d. Ongoing consultation, community support, training, problem-solving, technical assistance and financial management assistance to assure successful implementation of his/her person centered plan.
- e. Development and implementation of community support strategies which aid and strengthen the involvement of community members who assist the person to live in the community.

Services provided under a plan for consumer directed supports may not duplicate any other services provided to the person. Components of the consumer directed supports will be documented as necessary to prevent the person's institutionalization in the individual service plan/personal support plan. Additionally, the local agency shall document how the community support services enable the person to lead an inclusive community life, build a viable network of support, and result in outcomes specified by the consumer or his/her legal guardian.

## 610 HOUSING COUNSELING

Housing counseling is a service which provides assistance to a recipient when acquiring housing in the community, where ownership or rental of housing is separate from service provision. The purpose of the housing counseling is to promote consumer choice and control of housing and access to housing that is affordable and promotes community inclusion. Housing counseling includes exploring both home ownership and rental options, and both individual and shared housing situations, including situations where the individual lives with his or her family. Services include counseling and assistance in identifying housing options, identifying financial resources and determining affordability, identifying

preferences of location and type of housing, identifying accessibility and modification needs, locating available housing, identifying and assisting in access to housing financing, and planning for ongoing management and maintenance.

**615 SUPPORTED EMPLOYMENT**

Is competitive work in an integrated work setting for individuals who, because of their handicaps, need ongoing and/or intensive support services to find and perform this work. Supported employment is limited to individuals with severe disabilities (i.e., severe developmental disabilities, serious and persistent mental illness, severe physical disabilities, and/or severe multiple disabilities) for whom competitive employment has not traditionally occurred or individuals for whom competitive employment has been interrupted or intermittent as the result of a severe disability. It includes transitional employment for persons with chronic mental illness. Excludes welfare and employment programs. Integrated work setting is defined as no more than eight people with a disability in one work area.

**701 TRAINING AND DEVELOPMENT**

The performance of management functions in a natural or supportive service setting directed at maximizing the knowledge and skills of individual human services providers. Management functions which may be performed include, but are not limited to: personnel development and consultation/training. Excludes daily living skills training for providers of foster care and adult family homes which is classified as part of the Daily Living Skills Training Program.

**702 AGENCY/SYSTEMS MANAGEMENT**

The performance of management functions which are directed at the creation and operation of an effective, efficient, accountable, and accessible service delivery system. Includes public information and other services whose main purpose is administrative such as obtaining public input into agency plans and reports to governing boards and funding sources. Excludes management functions associated directly with any program or other management category.

- 703 **DETOXIFICATION – HOSPITAL SETTING AND RECEIVING CENTER**  
Includes hospital based detoxification programs including those certified as HFS 61.55 emergency care inpatient programs and HFS 61.56 detoxification receiving center programs. A detoxification receiving center program provides services to clients incapacitated by alcohol or drugs and in need of assessment, monitoring and stabilization. The client may be admitted until the incapacitation has abated or may be referred to an emergency medical facility.
- 704 **DAY TREATMENT - MEDICAL**  
A day treatment program (DTP) is a nonresidential program in a medically supervised setting that provides case management, counseling, medical care and therapies on a routine basis for a scheduled portion of a 24 hour day and a scheduled number of days per week to alleviate those problems. Services include individual, family and group counseling but not aftercare services.
- 705 **DETOXIFICATION – SOCIAL SETTING**  
A social setting detoxification program provides treatment oriented service which does not include direct medical services as defined under s. HFS 61.58. This non-medically oriented program observes and monitors intoxicated individuals who are ambulatory and not in need of major emergency medical or psychological care.
- 706 **DAY CENTER SERVICES – NON-MEDICAL**  
A day treatment program (DTP) is a nonresidential program in a non-medically supervised setting that provides case management, counseling on a routine basis for a scheduled portion of a 24 hour day and a scheduled number of days per week to alleviate those problems. Services include individual, family and group counseling but not aftercare services.
- 710 **SKILLED NURSING SERVICES**  
Services listed in the plan of care which are within the scope of Wisconsin's Nurse Practice Act. Services will be provided by an Advanced Practice Nurse, a Registered Nurse, or a Licensed Practical Nurse under the supervision of a Registered Nurse, licensed to practice in the state.
- 711 **RESIDENTIAL CARE APARTMENT COMPLEX**  
Services provided in a certified community care facility. In conjunction with residing in the facility, this service includes 24 hours on site response staff to meet scheduled or unpredictable needs and to provide supervision of safety and security. Care is provided to individuals who reside in their own living units that are separate and distinct from each other.
- 925 **INSTITUTION FOR MENTAL DISEASE**  
Units of service under the IMD service cluster are defined as days of care provided in an IMD licensed nursing home to persons meeting the mentally ill client characteristic criteria of receiving services in an IMD under a 90% Continuing Placement Slot Contract.

## **APPENDIX 3**

# **CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) ASSESSMENT TOOL**

**WISCONSIN COORDINATED SERVICES TEAM (CST) INITIATIVE  
COMPREHENSIVE CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)**

Name – Child/Youth		DOB	Court File Number
Effective Date	Age at Time of Assessment	Assessment Type	Current Caregiver

**NEEDS ITEM RATING SCALE**  
 0 = No Evidence of Problems ----- No Action Needed      2 = Moderate Problems ----- Action needed  
 1 = Mild Problems ----- Let's watch/try to prevent      3 = Severe Problems --- Immediate/Intensive Action Needed

TRAUMA	0	1	2	3
1. Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Emotional Closeness to Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Frequency of Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Duration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reaction to Disclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Natural Disaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Witness to Family Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Witness to Community Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Witness/Victim - Criminal Acts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjustment to Trauma	0	1	2	3
10. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Traumatic Grief/Separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Intrusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Attachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Dissociation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIFE FUNCTIONING	0	1	2	3
15. Family - Nuclear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Family - Extended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Cognitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Autism Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Self Care/Daily Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Life Threat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Chronicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Diagnostic Complexity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Emotional Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Impairment in Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Treatment Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Intensity of Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Organizational Complexity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Daily Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Social Functioning - Peer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Social Functioning - Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Seriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arrests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Community Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Legal Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Peer Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Parental Criminal Behavior (Influences)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Environmental Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Eating Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Sexual Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Life Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Expectant Parent/Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHOOL	0	1	2	3
31. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Relation with Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILD/YOUTH & FAMILY ACCULTURATION	0	1	2	3
35. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Ritual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Knowledge Congruence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Help seeking Congruence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Expression of Distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS	0	1	2	3
42. Psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Impulse/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Somatization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Behavioral Regression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Affect Dysregulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILD/YOUTH RISK BEHAVIORS	0	1	2	3
53. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Self Injurious Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Other Self Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Exploited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Danger to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Sexual Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Delinquent Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Runaway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Frequency of Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistency of Destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Safety of Destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Involvement in Illegal Acts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Likelihood of Return on Own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Involvement of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Realistic Expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Intentional Misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Fire Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WISCONSIN COORDINATED SERVICES TEAM (CST) INITIATIVE  
COMPREHENSIVE CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)**

Name – Child/Youth			DOB	Court File Number
Effective Date	Age at Time of Assessment	Assessment Type	Current Caregiver	

<b>CHILD/YOUTH STRENGTHS</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
64. Relationship Permanence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Family - Nuclear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Family - Extended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Positive Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Optimism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Well Being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Educational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Recreational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Vocational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Talents/Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Community Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Youth Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Resiliency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STRENGTHS RATING SCALE**  
*(use for CHILD/YOUTH STRENGTHS items only)*  
 0 = Centerpiece Strength ----- We can build around this  
 1 = Useful Strength-- ----- With help this could be strong  
 2 = Identified Strength ---- Need to develop in order to use  
 3 = No Strength Identified

<b>CURRENT CAREGIVER NEEDS</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<i>Caregiver Rated:</i>				
81: Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82: Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83: Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84: Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85: Empathy with Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86: Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87: Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88: Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89: Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90: Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91: Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92: Family Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93: Cultural Congruence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NEEDS ITEM RATING SCALE**  
 0 = No Evidence of Problems ----- No Action Needed  
 1 = Mild Problems ----- Let's watch/try to prevent  
 2 = Moderate Problems ----- Action needed  
 3 = Severe Problems-- Immediate/Intensive Action Needed

<b>IDENTIFIED PERMANENT RESOURCE NEEDS</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<i>Caregiver Rated:</i>				
94: Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95: Self Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96: Access to Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97: Acculturation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98: Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99: Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100: Financial Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101: Community Connect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102: Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103: Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104: Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105: Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106: Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107: Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108: Empathy with Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109: Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110: Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111: Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112: Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113: Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114: Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115: Family Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116: Cultural Congruence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **APPENDIX 4**

### **PPS AODA AND MENTAL HEALTH WORKLOAD MANAGEMENT SCREEN, EXCEL FILE EXPORT GUIDE**

If you would like assistance in creating a specific spreadsheet analysis or graph, you may be able to obtain help. Contact the SOS Desk and they will convey your request to the appropriate staff person for follow-up.

#### **Navigating the Workload Management Screen**

Logon to the PPS online screen system, Workload Management screen, click Module Type AODA or Mental Health, SPC Add All, then click the Export button. This will give you a complete set of PPS records you've submitted that you can analyze.

#### **Opening and Formatting the Excel Spreadsheet**

In the exported spreadsheet, each row/record is a service, session or encounter along with the client's name, demographic, problem, service and discharge data. Set the exported spreadsheet's column heights and row widths to about 15 so you can easily view the exported spreadsheet. Highlight and remove/delete rows 1, 2, 3 and 4.

If you plan to do any sorting of the spreadsheet, you will need to check to see if rows 2 and 3 are merged. If they are, unmerge rows 2 and 3 and delete row 3 otherwise you will get an error when trying to sort. To do this, place the cursor on the line separating row 1 from row 3 in the left-most column of the worksheet. Left click and drag the line down a couple of inches until you can see the 2nd row of the spreadsheet. Then highlight/select rows 2 and 3. Right click, Format Cells; click the Alignment tab; click the box next to Merge cells; a check mark will appear; click on the check mark to blank out the Merge cells box. Then you can highlight/select and delete row 3.

#### **Example Using the Spreadsheet to Routinely Identify Old Episodes That May Need Closing**

1. Change the cell formats for the episode end date (mm/dd/yyyy), spc start date (mm/dd/yyyy), spc end date (mm/dd/yyyy) and spc delivery year month (mm/yyyy) to date fields.
2. Sort the entire spreadsheet on Client ID, episode end date, SPC code, SPC end date and SPC end reason so you can easily view episodes that have been closed where the last SPC closed is closed with SPC end reason "19". These service records are not properly closed and therefore the episode is not properly closed. Properly close those service records using a SPC end reason code other than 19. Then you can go back to the Workload Management screen and extract a file again to identify other old episodes. Sort the new file on episode end date to you can easily see the episodes that are open and closed. Delete any rows containing episodes that have been properly closed.
3. Create 4 columns at the end of the spreadsheet (see example on the next page). Insert into your spreadsheet the example formulas on the next page and correct the formulas based upon your spreadsheet columns. You may also change the number of days you want to look back (in column Q) to such as past 90 days, 180, etc.

4. If the result in your column Q says “Old” it means that record is connected to an episode that has not had service activity in the past 90 days and may need to be closed.

<b>N</b>	<b>O</b>	<b>P</b>	<b>Q</b>
<b>Today minus SPC start date (column H)</b>	<b>Today minus SPC end date (column I)</b>	<b>Today minus SPC delivery year month (column K)</b>	<b>Status</b>
=TODAY()-H4	=IF(ISBLANK(I4),99999,TODAY()-I4)	=IF(ISBLANK(K4),999999,TODAY()-K4)	=IF(OR(N9<91,O9<91,P9<91),"Current","Old")

## **APPENDIX 5**

### **PPS AODA AND MENTAL HEALTH ONLINE REPORTS**

(NOTE: These online reports are under construction.)

Several summary report views are available in the PPS online system. After logging into PPS and the Program Participation System Home screen, click on Reports List in the left hand Navigation Menu. Then scroll down and click on MH/AODA Report Criteria.

Two basic views or Report Types are available for AODA service data:

- 1) Service Utilization: admissions, discharges and units of service by service and provider
- 2) Treatment Outcome: treatment completion, substance use, employment status, etc.

Queries may be obtained by year, provider, gender, age, race, diagnosis, service, etc. After clicking on your selection/query criteria, click the Submit button at the bottom right of the screen. You will then be able to open an Excel file of the report view you chose.