

# BH-TEDS 2018 Discharge

(All fields must be completed on this form.)

Case Number	
SSN	
Date of Birth	
Gender (Circle)	Male                  Female
Medicaid ID	
MI Child ID	
Medicare ID	
County of Residence	

**Service Start Date:** \_\_\_\_\_ **Service Start Time:** \_\_\_\_\_

**Discharge/Service End Date** \_\_\_\_\_ **Discharge/Service End Time** \_\_\_\_\_

**Program Name** \_\_\_\_\_ **ID#** \_\_\_\_\_

### Reason for Discharge:

- Substantially all parts of the treatment plan or program were completed
- Dropped out of Treatment
- Terminated by facility
- Transferred to another level of care, program or facility
- Incarcerated or released by or to courts
- Death
- Other: \_\_\_\_\_

### Type of Treatment Service Setting: (Fill in circle that best answers the statement)

- State Psychiatric Hospital
- State MH Agency funded/operated Community-based Program
- Residential Treatment Center
- Other Psychiatric Inpatient
- Institutions under the Justice System
- MH Receiving Assessment or Evaluation Only

### Codependent/Collateral Person Served:

- Client
- Codependent/collateral individual

**Is this a COFR admission?**    Yes    No

**Race:**

- Alaskan native (Aleut, Eskimo)
- American Indian (non-Alaskan)
- Black or African-American
- White
- Asian
- Other Race
- Native Hawaiian or other Pacific
- Refused to provide

**Hispanic or Latino Ethnicity:**

- Puerto Rico
- Mexican
- Cuban
- Other Hispanic or Latino origin
- Not of Hispanic or Latino
- Hispanic or Latino – specific origin not specified
- Unknown

**Designations:**

I/DD Designation -  Yes  No  Not evaluated

MI or SED Designation –  Yes  No  Not evaluated

Detailed SMI or SED Status –  SMI  SED  Neither SMI or SED  Not Evaluated

**Co-occurring Disorder/Integrated Substance Use and Mental Health Treatment?**

- Yes, client with co-occurring SU and MH problems is being treated with an integrated Tx plan by an integrated team
- No, client does NOT have co-occurring SU and MH problem and is NOT being treated with integrated Tx plan by integrated team
- Client with co-occurring SU and MH problems NOT currently receiving integrated treatment
- Not collected BH-TEDS full record exception

**Education Level:**

- No Schooling or less than one school grade
- Nursery School, pre-school, or head start
- Kindergarten
- Self-contained Special Education Class
- Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5
- Grade 6
- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12 or GED
- 1 Year College/University
- 2 Years College/University or Associate Degree
- 3 Years College/University
- 4 Years College University or Bachelors Degree
- Graduate or professional school
- Vocational School
- Not collected BH-TEDS full record exception

**Currently in Mainstream Special Education:**

- Yes    No    Not collected BH-TEDS full record exception

**School Attendance Status:**

- Yes, client has attended school at any time in the past 3 months
- No, client has not attended school at any time in the past 3 months
- Not applicable (not school-age and not protected by MI Spec Ed law)
- Not collected BH-TEDS full record exception

**Employment Status:**

- Full time competitive integrated employment
- Part-time, competitive integrated employment
- Unemployed
- Not in competitive, integrated labor force
- N/A individual under 16 years of age

**Detailed not in competitive, integrated labor force:**

- Homemaker
- Student
- Retired
- Individual's current disability symptoms prevents him/her from competitively or non-competitively working.
- Receiving services from institutional facility
- Participates in Sheltered workshop
- Discouraged worker
- Unpaid volunteer, community service, etc.
- Micro-enterprise
- In enclaves/mobile crews/agency-owned transitional employment
- Participates in facility-based activity program where an array of specialty supports and services are provided to assist an individual in achieving his/her non-work-related goals.
- Not applicable – Employment status code 01, 02, or 03
- N/A – Individual is under 16 years of age

**Minimum Wage:**

- Individual is currently earning minimum wage or more
- Individual is currently earning less than minimum wage
- Individual is not working
- Not collected BH-TEDS full record exception

**Total Annual Income:** \_\_\_\_\_ **Earnings Per Hour** (in the past 2 weeks) \_\_\_\_\_

**Number of Dependents:** \_\_\_\_\_ **Work/Task Hours** (total in the past 2 weeks) \_\_\_\_\_

**Corrections Related Status:**

- In Prison
- In Jail
- Paroled from a state or federal correctional facility
- Probation
- Tether
- Juvenile detention center
- Pre-trial (Adult) or Preliminary Hearing (Youth)
- Pre-sentencing (Adult) or Pre-disposition (Youth)
- Post-booking division
- Not under jurisdiction or corrections or law enforcement program
- Not collected BH-TEDS full record exception

**Arrests in the past 30 days:** \_\_\_\_\_

**LOCUS:**

- Score from last assessment: \_\_\_\_\_
- N/A – Non-MI Adult individual (incl. Children and I/DD whose LOC is determined by SIS)
- Not collected BH-TEDS full record exception

LOCUS Assessment Date: \_\_\_\_\_

**SUD Substances:**

Substance Rank	Substance	Route of Administration*	Frequency of Use*	Age at First Use
Primary				
Secondary				
Tertiary				

\*Write the corresponding number in the box above.

**\*Route of Admission:**

- (1) Oral
- (2) Smoking
- (3) Inhalation
- (4) Injection
- (5) Other (Describe)
- (6) N/A

**\*Frequency of Use:**

- (1) No use this past month
- (2) 1-3 days in the past month
- (3) 1-2 days in the past week
- (4) 3-6 days in the past week
- (5) Daily
- (6) N/A

**Medication-Assisted Opioid Therapy:**

- Yes     No     N/A

**Attendance at Substance Use Self-help Groups in past 30 days:**

- No Attendance
- Less than once a week – 1-3 times in the past 30 days
- About once a week – 4-7 times in the past 30 days
- 2 to 3 times per week – 8 to 15 times in the past 30 days
- At least 4 times per week – 16 to 30 times in the past 30 days
- Not collected (for MH records only)

**Residential Living Arrangements:**

- Homeless
- Residential care/AFC
- Living in private residence not owned by the PIHP, CMHSP, or contracted provider, alone or with spouse and non-relative(s)
- Foster Home/Foster Care
- Living in a private residence that is owned by the PIHP, CMHSP, or contracted provider, alone or with spouse and non-relative(s)
- Crisis Residence
- Institutional Setting
- Jail/correctional/other institutions under the justice system
- Living in a private residence with natural or adoptive family member(s). “Family Members” means parent, stepparent, sibling, child, or grandparent of the primary consumer or an individual upon whom the primary consumer is dependent for at least 50% of his/her financial support.

**Detailed residential Care Living Arrangement:**

- Specialized residential home including any adult foster care facility certified to provide a specialized program per DMH Administrative rules.
- General Residential Home- Licensed foster care facility not certified to provide specialized program regardless of the number of beds.
- Not applicable

**Diagnosis:**

**SUD Diagnostic Code:** \_\_\_\_\_

**MH Diagnostic Code 1:** \_\_\_\_\_

**MH Diagnostic Code 2:** \_\_\_\_\_

**MH Diagnostic Code 3:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_