



## **Mental Health Information System (MHIS)**

### **ITV Information Session 3/8/12 Agenda**

Presenters: Jerry Storck & JoAnn Rautio

- What are the changes in Adult Mental Health Reporting?
- Overview of the new web-based MHIS
- Review of Timeline and list of data elements
- Accessing the web-based MHIS through MN-ITS.
- Types of web-based reports that would be useful?



## What are the changes in Adult Mental Health Reporting?

- End of CMHRS reporting after July-Dec 2011 services
  - Remove duplicate service reporting for MHCP billed services
  - MHCP billings contain more detailed information for most services
  - More covered services under MHCP and expanded eligibility under health care reform
  - Focus more on outcomes of services provided
  - New federal reporting requirement for tracking changes in clients being served
  - May need changes to county information system (SSIS) for tracking who are being served and expenditures under grant funding from state and counties.



## What are the changes in Adult Mental Health Reporting?

- End of POSR reporting after January-June 2012 report\*
  - New federal reporting requirement on changes in client outcomes required changes in outcome reporting
  - Decided with the federal requirements to revisit the POSR system- what was being collected, how it was being submitted and the editing and feedback process
  - Decided to phase out POSR and replace with web-based MHIS for providers reporting on POSR (ACT, ARMHS, DBT, ICRS & SOS providers initially and IRTS providers in Oct 2012) to start to meet federal reporting requirement. All of providers are MHCP enrolled providers who have access to MN-ITS
  - Phase-in approach will involve reporting on clients who are enrolled in MHCP or are receiving SOS services.

## **Federal Outcome Measures**

The Substance Abuse and Mental Health Services Administration's Center for Mental Health Services (CMHS) require reporting client-level data that will inform the following five National Outcome Measures:

- Access to services/Capacity: Number of Persons Served by Demographic Characteristics
- Stability in Housing (Residential Status)
- 30-Day and 180-Day Readmission to State Hospital
- Adult Employment and Children School Attendance/Education
- Criminal Justice Involvement

<b>Date</b>	<b>Reporting System</b>	<b>Reporting System Event</b>
January 21, 2012	POSR	ARMHS, ACT, ICRS, DBT & Housing with Support Services providers submission of POSR data covering the July-Dec 2011 reporting period
January 31, 2012	CMHRS	Last submission of CMHRS data-covering services provided during July-Dec 2011
Jan-Feb 2012	MHIS	Feedback from providers on types of reports desired on MHIS and any possible reporting issues with data elements.
March-April 2012	MHIS	Field testing of MHIS by interested providers.

<b>Date</b>	<b>Reporting System</b>	<b>Reporting System Event</b>
April 2012	MHIS	Instruction Manual for MHIS issued.
May-June 2012	MHIS	Training on use of MHIS for ARMHS, ACT, ICRS & DBT providers
July 1, 2012	MHIS	ARMHS, ACT, ICRS, DBT & SOS providers start reporting on clients served July 1, 2012 or later using web-based MHIS instead of POSR
July 31, 2012	POSR	ARMHS, ACT, ICRS & DBT providers last submission of POSR data covering the Jan-Jun 2012 reporting period.
September 2012	MHIS	Training on use of MHIS for IRTS providers
October 1, 2012	MHIS	IRTS providers start reporting on clients using web-based MHIS

## **WHEN TO COMPLETE A STATUS REPORT FOR THE MHIS . . .**

**‘New Client’ status report;** complete for new clients or returning clients.

**‘Continuing Client’;** complete for continuing (ongoing case) clients at the end of the 6 month reporting period. (**ISSUE-** Should this be at client’s 6 month follow-up?)

Note: For DBT clients, complete the report six months after the client’s admission to a certified DBT program, and again in six months if the client continues to receive DBT.

**‘Completed Treatment’ or ‘Discontinuance’;** for complete treatment or discontinuance clients during the 6 month reporting period, complete status report and select the appropriate Status Code value.

## **REAL-TIME STATUS REPORTS. . .**

Status reports are to be completed in MHIS within 30 days of the date of the status. It is recommended that staff record information needed for a status report within one week of the status.

## **BATCH STATUS REPORTS. . .**

Batch Upload submit status file within 30 days of the last day of the reporting period (January 30<sup>th</sup> and July 30<sup>th</sup>). Batch file final structure will be issued with Final Instruction Manual

Name of Field	Brief Description	Code Value
NPI/UMPI	<p>NPI - National Provider Identifier</p> <p>UMPI - Unique Minnesota Provider Identifier</p>	<p>NPI -9999999999</p> <p>UMPI – A999999999</p>
Provider Taxonomy	Taxonomy codes distinguish providers hierarchically, by type, classification, and specialization	999AA9999X
Provider's Zip Code	Location zip code	99999-9999
Provider's Team Code	Alphanumeric identifier for a specific team. The team name and code is setup under the 'Provider Contact' tab and the alphanumeric code is reported.	Not Required – leave blank if not applicable
Payment Source	Identify the public payment source for treatment services:	<ul style="list-style-type: none"> <li>• Minnesota Health Care Programs (MHCP) client</li> <li>• Other Public Funding</li> </ul>
PMI Number	Minnesota Health Care Program or Patient Master Index Number (PMIN) A unique identification number that MAXIS assigns to each person who receives public assistance.	Range 00000001 to 00599999
Date of Birth	Date client was born	MM/DD/YYYY



Current Client Status	Indicates the clients status at the time of reporting	<ul style="list-style-type: none"> <li>• New Client</li> <li>• Continuing Client</li> <li>• Client completed treatment</li> </ul> <p><b><u>Discontinuance Codes</u></b></p> <ul style="list-style-type: none"> <li>• Transferred to same level of service</li> <li>• Transferred to higher level of service</li> <li>• Transferred to lower level of service</li> <li>• Client moved or relocated</li> <li>• No contact with client</li> <li>• Client was incarcerated, Jail</li> <li>• Death - suicide</li> <li>• Death – not suicide or unknown</li> <li>• Other specified reasons</li> </ul>
Start Date	First date client received services/treatment from provider in this treatment episode.	MM/DD/YYYY
End Date	Date of the client completed treatment or last day client received services for a discontinuance	MM/DD/YYYY

<p>Current Mental Health Program/ Treatment</p>	<p>Indicates which service or program the client is receiving from reporting provider Select all that apply</p>	<ul style="list-style-type: none"> <li>• ARMHS (Adult Rehabilitative Mental Health Services)</li> <li>• ACT (Assertive Community Treatment)</li> <li>• CSP (Community Support Program Services)</li> <li>• Crisis Assess, Intervention or Stabilization</li> <li>• Crisis Residential</li> <li>• Day Treatment</li> <li>• Diagnostic Assessment</li> <li>• DBT (Dialectical Behavior Therapy) IOP</li> <li>• DBT Individual Therapy Only</li> <li>• Housing with Supportive Services</li> <li>• ICRS (Intensive Community Recovery Services)</li> <li>• IRTS (Intensive Residential Treatment Services)</li> <li>• Medication Management</li> <li>• Outpatient Psychotherapy</li> <li>• Partial Hospitalization</li> <li>• Peer Support Services</li> <li>• Rule 79 Case Management</li> <li>• State-Operated Inpatient</li> <li>• Sub-acute Psychiatric Care</li> <li>• Supported Employment</li> </ul>
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Gender	Identifies the client's gender	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> </ul>
Race	Identifies the client's race Select all that apply	<ul style="list-style-type: none"> <li>• American Indian &amp; Alaskan Native</li> <li>• Asian</li> <li>• Black/African American</li> <li>• Native Hawaiian/Pacific Islander</li> <li>• Other</li> <li>• White</li> <li>• Unknown</li> </ul>
Hispanic Ethnicity	Identifies whether the client is of Hispanic / Latino ethnicity or not	<ul style="list-style-type: none"> <li>• Not of Hispanic Origin</li> <li>• Puerto Rican</li> <li>• Mexican</li> <li>• Cuban</li> <li>• Other Hispanic (C/S American or Spanish)</li> <li>• Hispanic Origin (country unknown)</li> <li>• Unknown</li> </ul>
County of Residence	Identifies the county the client resides	<ul style="list-style-type: none"> <li>• AITKIN ... YELLOW MEDICINE</li> <li>• NON-MINNESOTA RESIDENT</li> <li>• UNKNOWN</li> </ul>

Tribal Enrollment	Identifies the client's tribal enrollment	<ul style="list-style-type: none"> <li>• Bois Forte</li> <li>• Fond-du-Lac</li> <li>• Grand-Portage</li> <li>• Leech Lake</li> <li>• Lower Sioux</li> <li>• Mille-Lacs Band</li> <li>• Prairie Island</li> <li>• Red Lake</li> <li>• Shakopee</li> <li>• Upper Sioux</li> <li>• White Earth</li> <li>• Other</li> <li>• Not Enrolled</li> <li>• Unknown</li> </ul>
Reside on Reservation	Identifies the reservation the client resides	<ul style="list-style-type: none"> <li>• Bois Forte</li> <li>• Fond-du-Lac</li> <li>• Grand-Portage</li> <li>• Leech Lake</li> <li>• Lower Sioux</li> <li>• Mille-Lacs Band</li> <li>• Prairie Island</li> <li>• Red Lake</li> <li>• Shakopee</li> <li>• Upper Sioux</li> <li>• White Earth</li> <li>• Other</li> <li>• No – Doesn't Reside on Reservation</li> <li>• Unknown</li> </ul>

Most recent Diagnostic Assessment Date	Date Diagnostic Assessment was completed	MM/DD/YYYY
Substance Abuse Screening	Outcome of Substance Abuse Screening	<ul style="list-style-type: none"> <li>• Screened -Negative</li> <li>• Screened –Positive</li> <li>• Not Screened</li> </ul>
Axis I Clinical Disorders – UP TO 3 DIAGNOSES	Diagnostic Assessment documented code	See DSM IV Axis I list
Axis II Personality Disorders - UP TO 3 DIAGNOSES	Diagnostic Assessment documented code if one exits	See DSM IV Axis I list Leave blank if not applicable
Axis III General Medical Conditions -UP TO 3 CONDITIONS	Diagnostic Assessment documented code if one exits	See DSM IV Axis I list Leave blank if not applicable

Does the client have minor children?	Identifies if the client has children under the age of 18	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>
If yes, please check the appropriate age range(s).	Identifies the age range(s) of minor children	<ul style="list-style-type: none"> <li>• 0-5</li> <li>• 6-11</li> <li>• 12-17</li> <li>• Unknown</li> </ul>
If yes, please check if the child has Special Needs?	Identifies whether any of the minor children have special needs	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>

Veteran/Military Status	Identifies if the client is veteran	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes, no combat</li> <li>• Yes, served in combat zone</li> <li>• Yes, combat unknown</li> <li>• Unknown</li> </ul>
Is Veteran receiving VA Mental Health Services?	Identifies if the Veteran or Military client is receiving service from Veteran Affairs provider	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>

Education Enrollment Status	Identifies if the client is enrolled and attending an education program	<ul style="list-style-type: none"> <li>• Enrolled</li> <li>• Not Enrolled</li> </ul>
Highest Education Level Completed	Identifies the client's education level completed	<ul style="list-style-type: none"> <li>• Grade 1</li> <li>• Grade 2</li> <li>• Grade 3</li> <li>• Grade 4</li> <li>• Grade 5</li> <li>• Grade 6</li> <li>• Grade 7</li> <li>• Grade 8</li> <li>• Grade 9</li> <li>• Grade 10</li> <li>• Grade 11</li> <li>• Grade 12 / GED</li> <li>• Voc / Tech School</li> <li>• College Freshman</li> <li>• College Sophomore</li> <li>• College Junior</li> <li>• College Senior</li> <li>• Graduate / Professional School</li> </ul>



Residential Status	Identifies the client's living arrangement at time of status	<ul style="list-style-type: none"><li>• Homeless/Shelter</li><li>• Foster care/Foster home</li><li>• Residential care</li><li>• Crisis residence</li><li>• Institutional setting</li><li>• Jail/Correctional facility</li><li>• Private residence - independent living</li><li>• Private residence - dependent living</li><li>• Other residential status</li></ul>
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<p>Employment Status</p>	<p>Identifies the client's employment and not in the labor force status</p>	<ul style="list-style-type: none"> <li>• Employed full-time (<math>\geq 32</math> hours/week)</li> <li>• Employed part-time (<math>&lt; 32</math> hours/week)</li> <li>• Looking for work / Unemployed</li> </ul> <p><b><u>Not in the Labor Force</u></b></p> <ul style="list-style-type: none"> <li>• Homemaker</li> <li>• Student</li> <li>• Retired</li> <li>• Disabled</li> <li>• Hospital Patient or Resident of Other institutions</li> <li>• Other reported classification (volunteers)</li> <li>• Sheltered employment</li> </ul>
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Number of Arrests in the past 30 days?	Identifies if the client has been arrested and the number of times in the past 30 days	00-96 Number of Arrests 99 Unknown
Legal Status at Start Date	Identifies if the client has a legal status at the start of service	<ul style="list-style-type: none"> <li>• Voluntary – self</li> <li>• Voluntary – others (by guardian, parents, etc.)</li> <li>• Court Hold</li> <li>• Emergency Hold</li> <li>• Civil commitment- MI</li> <li>• Civil commitment -MI/CD</li> <li>• Civil Commitment – MI/DD</li> <li>• Civil Commitment – MI&amp;D</li> <li>• Civil Commitment-Sexual</li> <li>• Civil Commitment – Other</li> <li>• Criminal commitment</li> <li>• Juvenile court placement</li> <li>• Provisional Discharge</li> <li>• Unknown</li> </ul>

**LOCUS - To be completed by ARMHS, ACT, IRTS, ICRS and SOS inpatient providers**

<b>Name of Field</b>	<b>Brief Description</b>	<b>Code Value</b>
LOCUS Composite Score	All dimensional scores are added up in order to deterring the composite score.	Range 7 -35
Date LOCUS assessment was completed	This is the date the latest LOCUS assessment was completed and signed by the Mental Health Professional.	MM/DD/YYYY

**LOCUS – To be completed by ARMHS, ACT, IRTS, ICRS and SOS inpatient providers**

Name of Field	Brief Description	Code Value
Does Level of Care/Service match LOCUS score, if no why?	If the level of care/service being provided is at a different level of care from the LOCUS recommendation, chose the best code value as to why the variance was made.	<ul style="list-style-type: none"> <li>• YES – LOCUS score matches service</li> <li>• Numerous Support Services in Community</li> <li>• Receiving 24 hour supervision in another program/service</li> <li>• Able to use other housing subsidies</li> <li>• Client unwilling to accept a higher level of service</li> <li>• Client wishes to receive a higher level of service</li> <li>• Needs service level for stabilization</li> <li>• Strong Support network in the community</li> <li>• Cycle of mental health symptoms allows for variance</li> <li>• Completing another treatment program in lieu of this level of care (in-patient)</li> <li>• Higher level of care not available</li> <li>• Lower level of care not available</li> <li>• Legal commitment requires service</li> <li>• Transitioning between services</li> </ul>

<b>DBT Reporting– To be completed only by DBT providers</b>		
<b>Name of Field</b>	<b>Brief Description</b>	<b>Code Value</b>
What age did the client receive their first mental health service	Age client received any type of mental health service	01-99
Number of years client received DBT services	Total number of years client received DBT services	1 year or less 1+ up to 5 years 5+ up to 10 years 10+ years
Borderline Symptom List (BSL-23) total score	This list is a 23 item client self-report of symptoms.	00-92
Borderline Symptom List – Supplement total score	This list is a 11 item client self-report of behaviors	00-44
<b>Previous 6 months Period</b>		
Medical admissions for self-harm injuries - Days	Number of days the client was an inpatient in a hospital unit.	00-185
Medical admissions for self-harm injuries - Times	Number of episodes the client was an inpatient in a hospital unit.	00-185
Emergency room visits for behavioral issues	Number of episodes the client presented at an urgent care or emergency room.	00-185

<b>DBT Reporting– To be completed only by DBT providers</b>		
<b>Name of Field</b>	<b>Brief Description</b>	<b>Code Value</b>
Number of suicide attempts	Number of episodes of self-inflicted injury with suicidal intent.	00-185
Number of non-suicidal self-injuries	Number of episodes of non-suicidal self-inflicted injuries.	00-185
Previous 30 Days		
Average hours per week in school	Average number of hours per week client participates in educational activity.	None 1-7 hours 8-20 hours 21-31 hours 32 + hours School break
Average hours per week doing volunteer work	Average number of hours per week client participates in volunteer work activity.	None 1-7 hours 8-20 hours 21-31 hours 32 + hours
Average hours per week employed	Average number of hours per week client participates in employment work activity.	None 1-7 hours 8-20 hours 21-31 hours 32 + hours







## Login Here

You must be [MHCP-enrolled](#) and [MN-ITS registered](#), and agree to these [terms and conditions](#).

**Username:**

**Password:**

Login

MN-ITS requires [strong passwords](#)


## 5010/D.0 Important Notices

- Review the [5010/D.0](#) Web page for the latest information about billing, testing issues and resolutions for both MN-ITS Direct Data Entry (DDE) and Batch Submitters. Recently posted messages include information about:
  - Medicare crossovers
  - 5010 testing
  - Submitting batch files
  - Batch responses
  - MN-ITS application
- MHCP continues to add messages to the 5010/D.0 page as information is known and will place a link to the page in your MN-ITS mailbox, LINKS folder when adding new information
- Effective 1/1/12, MHCP no longer processes files submitted in the 4010 format
- If you submitted files in the 4010 format after 1/1/12, your files were not processed
- You must test your 5010 transactions before you submit files in production

MN-ITS ("minutes") is a system for providers enrolled with [Minnesota Health Care Programs](#) (MHCP) and their affiliated billers.

- [Registration](#)
- [User Administration](#)
- [User Guides](#)
- [5010/D.0 Submitters](#)

## What's new?

- Review Provider Update [MHCP - 5010 and Other 2012 Billing Changes](#) to learn about MN-ITS DDE and other 5010 changes
- MN-ITS user guides have been modified to comply with 5010 field value changes
- Effective October 17, 2011, providers are to fax the MN-ITS Primary Administrator Change Form to (651) 431-7431 
- The Washington Publishing Company ([WPC](#)) changed its website. Until we update all affected screens, please use or bookmark these links for the [Claim Status Category Codes](#) and [Claim Status Codes](#)
- See [Authorization](#) for new medical review agent information

Sign up to get [e-mail notices](#) of [Provider Updates](#), [News](#) and changes to your [Manual](#) sections.

## What can I do here?

- Access [applications](#)
- [Verify eligibility](#)
- Submit [authorization requests](#)



JRautio@M154215000 | Logout |

**Mailbox**  
**MN-ITS**

- Eligibility Request (270)
- Authorization Request (278)
- Service Agreement Request (278)
- Submit Transactions**
- Submit Interactive Claims (837)**
- Request Claim Status (276)

- User Administration
- User Guides
- CCDTF Rates
- CMH Outcome Measures
- Health Information Request
- MFPP Forms
- Ombudsman Data
- Pay for Performance
- Provider Lists (Individual PCAs)
- Provider Lists
- RxPrice Compare Update
- Taxonomy/Contract Code Maintenance

**MN-ITS**

Your access to MN-ITS functions and [applications](#) (on the left menu) has been tailored based on the services you provide. Your MN-ITS Administrator may further restrict your views/access. Learn which functions and applications apply to your [provider type](#), and contact your MN-ITS Administrator with questions. These functions listed below represent an exhaustive list and may not appear for each user.

**Eligibility Request (270)**

Look up subscriber eligibility and coverage and receive an Eligibility Response (271). Verify eligibility for up to 50 recipients at a time by using the Multiple Eligibility Inquiry function.

**Authorization Request (278)**

Create and submit authorization requests.

**Service Agreement Request (278)**

Create and submit service agreement requests.

**Submit Transactions**

Submit and view history for X12 production batch, X12 test batch and miscellaneous (i.e., affiliation data, supplemental payments, etc.) transactions.

**Submit Interactive Claims (837)**

Submit claims directly to MHCP.

**Request Claim Status (276)**

Check the status of a submitted claim.

**Batch Submitters**

Refer to [5010/D.0](#)



Home

Upload

Provider Information

Reports

Admin

Logoff

Unknown

NPI: Unknown

Taxonomy: Unknown

Zip Code: Unknown

### Search for an Existing MHIS Client:

Client ID Number:

PMI Number:

SMI ID:

AMH ID:

AND/OR

Select Date Range:

Start Date From:

Start Date To:

AND/OR

Client Status:

Client Status:

Search for Existing MHIS Clients

Clear Search

### Add a MHIS Client:

Payment Source:

Minnesota Health Care Programs (MHCP)  Other Public Funding



- Home
- Upload
- Provider Information
- Reports
- Admin
- Logoff

Unknown

NPI: Unknown

Taxonomy: Unknown

Zip Code: Unknown

PMI Number: Unknown

AMH ID:

SMI ID: Unknown

Age: Unknown

Save

- Placement Information
- Client Information
- Diagnostic Assessment and substance Abuse Screening
- LOCUS
- DBT

Client Status: \*\* Select \*\*

Start Date: [Calendar Icon]

End Date: [Calendar Icon]

Current Program/Treatment:

- ACT (Assertive Community Treatment)
- ARMHS (Adult Rehabilitative Mental Health Service)
- Crisis Assess, Intervention or Stabilization
- Crisis Residential

Add Remove

Legal Status at Start Date: \*\* Select \*\*

Team Code: [Dropdown]

Gender:  Male  Female

Race : Select all that apply:

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Other
- Unknown

- \*\* Select \*\*
- No
- Bois Forte
- Fond-du-Lac
- Grand-Portage
- Leech Lake
- Lower Sioux
- Mille-Lacs Band
- Prairie Island
- Red Lake
- Shakopee
- Upper Sioux
- White Earth
- Other
- Unknown

\*\* Select \*\*

County of Residence: \*\* Select \*\*

Reside on Reservation: \*\* Select \*\*

Tribal Enrollment: \*\* Select \*\*



Home

Upload

Provider Information

Reports

Admin

Logoff

Unknown

NPI: Unknown

Taxonomy: Unknown

Zip Code: Unknown

PMI Number: Unknown

AMH ID:

SMI ID: Unknown

Age: Unknown

Save

Placement Information

Client Information

Diagnostic Assessment and substance Abuse Screening

LOCUS

DBT

Residential Status:

\*\* Select \*\*

Employment Status:

\*\* Select \*\*

Education Enrollment Status:

Enrolled  Not Enrolled

Highest Education Level Completed:

\*\* Select \*\*

Number of Arrests in the past 30 days?

Veteran/Military Status:

\*\* Select \*\*

Is Veteran receiving VA Mental Health Services?

Yes  No  Unknown

Does the Client have minor children:

Yes  No  Unknown

If yes, please check the appropriate age Range(s).

\*\*\* Select \*\*\*

If yes, please check if any children have Special Needs?

Yes  No  Unknown



- Home
- Upload
- Provider Information
- Reports
- Admin
- Logoff

Unknown

NPI: Unknown

Taxonomy: Unknown

Zip Code: Unknown

PMI Number: Unknown

AMH ID:

SMI ID: Unknown

Age: Unknown

Save

- Placement Information
- Client Information
- Diagnostic Assessment and substance Abuse Screening
- LOCUS
- DBT

Most recent Diagnosis Assessment Date:

**DSM IV: Complete all that apply**

**Primary**

**Secondary**

**Third**

Axis I Clinical Disorders:

Axis II Personality Disorders:

Axis III General Medical Conditions:

Substance Abuse Screening:

Screened - Negative  Screened - Positive  Not Screened



Home

Upload

Provider Information

Reports

Admin

Logoff

Unknown

NPI: Unknown

Taxonomy: Unknown

Zip Code: Unknown

PMI Number: Unknown

AMH ID:

SMI ID: Unknown

Age: Unknown

Save

Placement Information

Client Information

Diagnostic Assessment and substance Abuse Screening

LOCUS

DBT

LOCUS Composite Score:

Most recent LOCUS Assessment Date:



Does Level of Care/Service match LOCUS score?

\*\* Select \*\*





Home

Upload

Provider Information

Reports

Admin

Logoff

Unknown

NPI: Unknown

Taxonomy: Unknown

Zip Code: Unknown

PMI Number: Unknown

AMH ID:

SMI ID: Unknown

Age: Unknown

Save

Placement Information Client Information Diagnostic Assessment and substance Abuse Screening LOCUS DBT

What age did the client receive their first mental health service:

Number of years client received DBT services:

Borderline Symptom List (BSI-23) total score:

Borderline Symptom List - Supplemental total:

Previous 6 Month Period

Medical admissions for self-harm injuries - Days:

Medical admissions for self-harm injuries - Times:

Number of suicide attempts:

Number of non-suicidal self-injuries:

Emergency room visits for behavioral issues:

Previous 30 days

Average hours per week in school:

Average hours per week doing volunteer work:

Average hours per week employed:







## **Mental Health Information System (MHIS) ITV Information Session 3/8/12**

- Types of web-based reports that would be useful?
- Other Questions?
- Check Adult Mental Health Technical Assistance web-site for updates
- <http://www.dhs.state.mn.us/MHTA>
- Or e-mail [dhs.amhis@state.mn.us](mailto:dhs.amhis@state.mn.us) and include “MHIS” in subject line