

*Ohio Mental Health Consumer Outcomes System
Data Flow Guide*



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🍁 Ohio Department of Mental Health 🍁

🌻 Outcomes Support Team 🌻

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Introduction

The guidelines described in this document are intended to aid Boards and Providers in the successful implementation and maintenance of data flow processes related to Ohio's Mental Health Consumer Outcomes System. Please note that for the purposes of this document, Board refers to the individual Board or Board consortium that is designated to submit Outcomes data to ODMH. Comments or questions regarding this document should be directed to the ODMH Outcomes Support Team via phone (614-644-7840) or e-mail (outcome@mhmail.mh.state.oh.us).

Data Flow Process Overview

The Outcomes data flow process (see Appendix A) is designed to support the collection, storage, and use of Outcomes data within the mental health system. Generally, the data flow process involves collecting Outcomes data from clients, family members and staff at the Provider level at regular intervals and transmitting the data through Boards to a statewide database maintained by ODMH. Throughout the process, various validation checks are performed to ensure that the data meet certain quality standards before being added to the statewide Outcomes database.

Preparing for Outcomes Data Flow

Examine existing products

Various products have been developed to aid local systems in their implementation efforts. These products are posted on the ODMH Outcomes Web site located at:

<http://www.mh.state.oh.us/initiatives/outcomes/outcomes.html>

Specifically, the Outcomes Procedural Manual contains specific information about Ohio's Outcomes System including information about the instruments, administration intervals and protocol, instrument scoring, and data flow basics. In addition to the Manual, the Implementation Planning Checklist may be particularly helpful in guiding local systems through some of the decisions that need to be considered when implementing the Ohio Mental Health Consumer Outcomes System and developing a local data flow process. The Checklist includes both Board and Provider activities and is based on the experiences of local areas that have already implemented the Outcomes System (see Appendix B).

Select & implement technology

Some of the most important decisions that need to be made revolve around the type of technologies used by Providers and the Board. A Board and its Providers need to select and implement the technology they intend to use to capture and transmit the Outcomes data. Several vendor options are posted on the Outcomes Web site. In order to support data flow at the Provider level, ODMH has developed a Data Entry & Reports Template that is available to Providers free of charge. The Template is a Microsoft Access application that can be used to enter and store Outcomes data in a database, generate reports for use with individual clients, and prepare data for export to a Board. For more information on the Template, please refer to the Outcomes Web site or contact the ODMH Outcomes Support Team.

Integrate Outcomes into existing processes

When considering the design of your local data flow system, it is strongly suggested that the Outcomes data follow the same data flow process as Claims data. In other words, a Provider that is ready to implement the Outcomes System should work with the same Board that is receiving that Provider's Claims data. This approach should reduce the amount of confusion around the transfer of files because the procedures and relationships among the technical staffs should already be established. In addition, the same file transfer process used for Claims data is used for Outcomes data.

Assign Staff Responsibilities

Each Provider should already have an assigned staff person responsible for creating and transmitting claim files to a Board, and each Board should already have an assigned staff person responsible for receiving Provider claim files and submitting them to MACSIS. Since the Outcomes data transmission process should be similar to the Claims process, similar type of staff are needed for transmitting Outcomes files. At the Board level, the person assigned to transmit Outcomes files must be familiar with basic Unix commands and the file transfer protocol (FTP).

Creating Outcomes Records & Files According to ODMH Specifications

Database Basics

With regard to the Outcomes database, a *field* is a container that stores one piece of information. Every question on each Outcomes instrument is represented in the database by a particular field. Fields are given names, can be different types (alphabetic, numeric, alphanumeric), can be different sizes, and are located in a certain position. A group of fields from a particular instrument is called a *record*, and a group of records is called a *file*.

Data Specifications

Each instrument in Ohio's Outcomes System has its own specification - its own set of instructions of how the fields in that particular type of record should be structured and organized. The specifications for all of the Outcomes instruments are provided in Appendix C and are posted on the Outcomes Web site. The specifications provide information about each data element in an Outcomes record including the type of field, size of field, position of the field in the record, acceptable responses for the field, and how missing data should be handled. Every Outcomes record that a Board includes in a file submitted to ODMH must adhere to these specifications or the file will be rejected.

In addition, Outcomes records and files must adhere to the following guidelines or they will be rejected:

- All files must be in *ASCII, fixed-length (space delimited) format*.
- Names of files must be in *lower case*.
- Each file must have a *carriage return* at the end of it.
- Each record must have a *line feed marker* at the end of it.

Required Fields

Certain fields in an Outcomes record, called required fields, are considered "mission critical" to the successful processing and storage of Outcomes data. Required fields must be complete and correct in order for records to be processed and to be allowed into the statewide Outcomes database. If the data in these fields are not complete and correct, a critical error (described below) occurs and the record is rejected. The required fields in the Outcomes record are listed below and in Appendix D as well as being included in the data specifications.

- UCI
- UPI
- Instrument type
- Administration number
- Admission date
- Administration date
- Date of birth (not required for Adult Provider Form A)

Key Fields

Within the group of required fields, particular fields are used to distinguish each record as being unique from all other records. Together, these fields are called a "key". If the data in these fields are not complete and correct, a critical error occurs and the record is rejected. If the data in these fields are exactly the same as the data in these fields for a record already existing in the statewide Outcomes database, the newly submitted record is considered to be a duplicate. The existing record is replaced with the duplicate record, which is assumed to contain more recent data. A count of records with duplicate keys is included at the top of the production processing report that is returned to the Board. The key fields in the Outcomes record are listed below and in Appendix E as well as being included in the data specifications.

- UCI
- UPI
- Instrument type
- Administration number
- Admission date
- Administration date

Warning Fields

Fields in the Outcomes record that are not required are considered "warning fields." If the data in these fields are not complete and/or correct, the record is not rejected but is entered into the statewide Outcomes database. A total count of the errors that occur in relation to warning fields is included at the top of the production processing report that is returned to Boards. Boards are expected to share this information with Providers in order to improve the quality of Outcomes data submitted in the future. Providers are not expected to correct and resubmit records containing errors in warning fields. This information is provided for QI purposes only. It is important to note, however, that although the data in warning fields are not "mission critical", analysis of statewide Outcomes data will be limited without these data.

Subscale Scores

Each instrument contains at least one group of fields that, when examined together, form a subscale. Therefore, each Outcomes record contains one or more fields in which to store subscale scores, as indicated in the data specification for each instrument. To compute subscale scores, Providers should examine the scoring rules provided by ODMH (see Appendix F) and build these rules into the software that they use to collect and store Outcomes data. It is the responsibility of Providers to compute the correct subscale scores at the local level. When a production Outcomes record is received at ODMH, subscale scores are computed again in order to verify that they have been scored accurately. Subscale scores submitted by Providers that differ more than one-tenth (or 1 for whole number scales) from the state-generated scores will be replaced with the state-generated score in the statewide database.

When scoring items on Adult Consumer Form A, it is important to note that some of the items require reverse-scoring. For example, for most of the items on the Making Decisions Empowerment Scale, the response "Strongly disagree" is assigned a value of "1" while the response "Strongly agree" is assigned a value of "4". For reverse-scored items, "Strongly disagree" is assigned a value of "4" while "Strongly agree" is assigned a value of "1". In the data specifications, those items for which the response range is reversed are denoted by an asterisk (*) following the name of the field.

Batch Files

Most of the Outcomes files submitted to ODMH contain records for a particular instrument from one Provider. However, some Boards combine the records from different Providers into one file before submitting them to ODMH. This is called a *batch file*. The test and production systems at ODMH are both designed to process individual or batch files, so the decision to batch is left to a Board's discretion. It is important to note, however, that individual and batch files require different naming conventions. Also, if a Board chooses to submit a batch file, a batch production report will be returned to the Board, that is, a report containing information about records submitted by different Providers. It is the Board's responsibility to separate the results by Provider and to give feedback to each Provider included in the batch.

Naming a File

Files must be named according to the guidelines specified by the ODMH Outcomes Team (see Appendix G) or they will be rejected. The naming conventions differ depending on whether a file is being submitted in test or production, whether it is an individual or batch file, and whether the file is being submitted for the first time or is being resubmitted.

Test reports have the same name as the files from which they are generated. However, instead of having a ".txt" extension like the submitted files, filenames of test reports end with ".pdf" and ".htm" extensions. Filenames for *production* reports begin with the two-digit Board Number assigned by MACSIS followed by a period, the filename originally submitted and the ".pdf" extension. Please note that reports generated from batch files will be returned as batch reports. Boards that choose to submit a batch file will receive a batch production report, that is, a report containing information about records submitted by different Providers. It is the Board's responsibility to separate the results by Provider and to give feedback to each Provider included in the batch. Files that are resubmitted after being rejected initially should be resubmitted with a different filename. If these files are submitted with the same name as the original files that were rejected, they will be treated as duplicates and will not be accepted into production.

Data Flow Testing Process

In order to be considered "live" with regard to Outcomes data flow, each Provider must successfully test and achieve "approved for production" status for the instruments it will be using. To be approved for production, an Outcomes file must pass through a series of checks without producing critical errors (defined below). Data flow testing should occur within a month of actual production so that the testing process is accomplished just prior to actual production use of the Outcomes data. Also, Outcomes test data should be as "realistic" to production data as possible. Therefore, Providers must create Outcomes test files using the technology that they will use in production and must transmit the files through

the appropriate Board to ODMH. Providers must submit test data for each instrument until they are notified that they have been approved for production for the instrument(s) tested. To the extent possible, a Provider should test all of the instruments that it will be using at the same time. Once a Provider has been approved for production with regard to a particular instrument, it does not need to submit another test file for that instrument unless there is a technology change. Files submitted for production and are not approved for production through the testing process will be rejected.

Providers should submit at least 50 records for each instrument being tested. However, the total number of records submitted by a Provider can be adjusted to reflect a more "realistic" number as to what might be actually submitted in production. Local systems should contact the ODMH Outcomes Support Team to discuss data volume issues, as too few test records will result in a rejected file. A minimum of 10 test records is required to be approved for production.

If several Providers within a Board area are using the same technology with the exact same software/programming, one Provider may submit a test file for each instrument on behalf of all the Providers in that area rather than having each Provider submit test files separately. The ODMH Outcomes Support Team must be notified when such a situation exists and must be given a list of participating Providers and the instruments they are using. Although such test waivers are allowed, they are not recommended. Each Provider is encouraged to create and submit its own Outcomes test files.

Processing Test Files at a Board

Once a Board has received an Outcomes test file from a Provider, it should log and verify the file. Each Board is minimally responsible for the following verification procedures:

- Verifying the filename is correct and meets the detailed data specification as defined for each instrument.
- Verifying the Outcomes file is not a duplicate by comparing against those files that have been previously logged for that particular Provider.
- Examining the file with an ASCII editor to ensure that it is readable, has an appropriate end of line marker, and that there are no extra carriage returns at the end of the file.

Submitting Test Files to ODMH

Boards are required to send Outcomes test data to the MACSIS server at ODMH for processing using file transfer protocol (FTP). In addition, each Board should use the same established MACSIS Unix account for transferring Outcomes files that it uses for Claims processing. Each Board has been assigned a unique directory structure on the MACSIS server for uploading Outcomes test files. Boards may submit Outcomes test files to ODMH at any time during any day of the week.

Subdirectory where Boards should submit Outcomes test files to be processed:

/county/<Board designation>/outcomes/test

After successfully uploading a test file to the correct directory, Boards must complete a *Data Flow Test Request Form* (see Appendix H). All Data Flow Test Request Forms should be faxed or e-mailed to the ODMH Outcomes Support Team, 614-466-9928, Outcome@mhmail.mh.state.oh.us. A separate form must be completed for each test of each Provider's data. Failure to complete this form will result in that particular test file not being processed.

Critical Errors in Test Files

When an Outcomes test file is processed, an initial series of checks is performed to identify and report critical errors at the file level. If one or more critical errors are identified for a test file, the entire file is rejected. The ODMH Outcomes Support Team notifies the Board via email that the file failed the testing process and provides summary feedback as to the types of errors found. The Board is expected to report test results to Providers and inform them that they need to correct and resubmit the test file. Critical error codes for test files are listed below and also in Appendix I.

- "t" is not first letter in filename (FE010)
- instrument # is not same in filename as in file (FE020)
- Filename is not 21 characters long (FE030)
- Filename is missing .txt (FE040)
- Unknown or inappropriate submitter ID (FE050)
- Incorrect record length (FE070)
- UPID in file does not match filename UPID (FE080)
- Too many critical errors in the file (FE090)
- Duplicate file submitted (FE100)

Critical Errors in Test Records

Once a file successfully passes checks performed at the file level, additional checks are performed to identify and report critical errors at the record level. Each record within the file is examined to ensure that the data in required fields are complete and correct. If the data successfully pass the test, the ODMH Outcomes Support Team notifies the Board via email that the Provider for which the file was submitted has been approved for production for the particular instrument tested. The Board is expected to report test results to Providers, informing them that they have been approved to submit a particular instrument for production processing. Boards and Providers can verify data flow status for a particular instrument by viewing the Data Flow Test Status Report, which is updated weekly, on the Outcomes Web site. Once a Provider is approved for production with regard to a particular instrument, it does not need to submit another test file for that instrument unless there is a technology change. Files submitted for production that are not approved through the testing process will be rejected.

If more than 10% of the records in a test file contain an UCI-DOB mismatch error, the entire file is rejected. The ODMH Outcomes Support Team notifies the Board via email that the file failed the testing process and provides summary feedback. The Board is expected to report test results to Providers and inform them that they need to correct and resubmit the test file. Critical error codes for test records are listed below and also in Appendix I.

- Invalid UCI (001)
- Invalid UPID (002)
- Invalid Administration Number (003)
- Invalid Date of Admission (004)
- Invalid Date of Administration (005)
- UCI-DOB Mismatch (006) (does not apply to Adult Provider Form A)

Information/Verify Errors in Test Records

In addition to required fields being checked for critical errors, all of the other fields in the Outcomes record (called warning fields) are checked for incomplete and/or incorrect data. However, unlike required fields, if data in warning fields are not complete and/or correct, the record is not rejected. Instead, an information/verify error is generated and listed on the test report returned to Boards. Information/verify errors inform Boards of the extent to which data in warning fields are incomplete and/or incorrect. Boards are expected to share this information with Providers in order to improve the quality of Outcomes data submitted in the future. Providers are not expected to correct and resubmit records for which information/verify errors have been generated. The information is provided for QI purposes only. It is important to note, however, that although the data in warning fields are not "mission critical", analysis of statewide Outcomes data will be limited without these data.

Receiving Data Flow Test Results from ODMH

Outcomes test files are processed each Monday - Thursday (with State holiday exceptions). Files in the test subdirectories are deleted after they have been tested by the ODMH Outcomes Support Team. Test files are saved for a period of 30 days and then are removed from the system.

Within one week of the date that the Data Flow Test Request Form is received by the ODMH Outcomes Support Team, a summary of test results is returned via e-mail to the Board staff person who submitted the test request. In addition, Outcomes test reports are placed in each Board's Outcomes subdirectories on the MACSIS server. Boards are responsible for retrieving these reports and communicating data flow test results to Providers.

Subdirectory where Boards can retrieve test reports for files without critical errors after processing:

`/county/<Board designation>/outcomes/reports`

Subdirectory where Boards can retrieve test reports for files with critical errors after processing:

`/county/<Board designation>/outcomes/rejects`

It is important to note that reports regarding rejected **test** and **production** files are posted to the same rejects subdirectory. As a result, when retrieving reports, Boards should examine the filename to determine whether they are retrieving a test or a production report. Filenames of test reports begin with a "t" and end with the ".pdf" and ".htm" extensions while filenames of production reports begin with the two-digit Board Number assigned by MACSIS and end with the ".pdf" extension.

NOTE: If an error message appears, "File is damaged but being repaired," when opening the reports in .pdf format, save the file. Close the file and then re-open it. The error message should not appear again. If an error message appears, "File is damaged and could not be repaired," verify that Version 4.05 of Adobe Acrobat Reader is being used to read the files. This error does not occur if the correct version is used.

Data Flow Production Process

Submitting Production Files to a Board

The frequency with which a Provider submits Outcomes production data to a Board is a local decision, although the Board must submit Outcomes data to ODMH at least once a month. The method used to transfer Outcomes data between Providers and Boards is also left to their discretion. However, to comply with current confidentiality statutes, all name-identifying information should be removed from the Outcomes records before a file is sent to a Board.

Submitting Production Files to ODMH

Outcomes production files may be submitted at any time during any day of the week. Unlike the test process, Boards are not required to notify ODMH when production files are submitted. ODMH Outcomes Production Staff retrieve submitted files each Monday (or next business day in case of a holiday). Once retrieved successfully, all production files in the Board's input folder are deleted. This is necessary so that the Outcomes production files do not get reprocessed.

Boards must send Outcomes data to ODMH using file transfer protocol (FTP). In addition, each Board has an established MACSIS Unix account that it uses for Claims processing. This same account should be used for transferring Outcomes files. Each Board has been assigned a unique directory structure on the MACSIS server for uploading Outcomes files.

Subdirectory where Boards should submit Outcomes production files to be processed:

/county/<Board designation>/outcomes/input

Critical Errors in Production Files

When an Outcomes production file is processed, an initial series of checks is performed to identify and report critical errors at the file level. If one or more critical errors are identified for a production file, the entire file is rejected. In addition, if the number of records containing critical errors exceeds a certain threshold, the entire file is also rejected. Currently, the critical error threshold is determined by ODMH Outcomes Production Staff on a file-by-file basis after careful review of the production processing results. As the Outcomes System matures, a standard threshold based on number of records with critical errors as well as percent of records with critical errors may be established. After critical errors are identified, the ODMH Outcomes Support Team notifies the Board via email that the file was rejected in production. The Board is expected to retrieve production reports from their designated Outcomes subdirectories on the MACSIS server and report production results to Providers. Providers should be informed when they need to correct and resubmit the production file. Files that are resubmitted by a Board to ODMH after being rejected initially should be resubmitted with a different filename. If these files are submitted with the same name as the rejected files, they will be treated as duplicates and will not be accepted into production. Critical error codes for production files are listed below and also in Appendix J.

- "h" is not first letter in filename (FE010)
- Instrument # is not same in filename as in file (FE020)
- Filename is not 21 characters long (FE030)
- Filename is missing .txt (FE040)
- Unknown or inappropriate submitter ID (FE050)
- Provider/instrument not cleared for production (FE060)
- Incorrect record length (FE070)
- UPID in file does not match filename UPID (FE080)
- Too many critical errors in the file (FE090)

Critical Errors in Production Records

Once a file successfully passes checks performed at the file level, additional checks are performed to identify and report critical errors at the record level. Each record within the file is examined to ensure that the data in required fields are complete and correct. Individual records containing one or more critical errors are rejected while records without critical errors enter into the statewide Outcomes database. Boards are expected to retrieve production reports from their designated Outcomes subdirectories on the MACSIS server and to report production results to Providers. Providers

should be informed that they must correct and resubmit the records with critical errors if they want these records to be included in analyses of the statewide Outcomes database. Critical error codes for production records are listed below and also in Appendix J.

- Invalid UCI (001)
- Invalid UPID (002)
- Invalid Administration Number (003)
- Invalid Admission Date (004)
- Invalid Administration Date (005)
- UCI-DOB Mismatch (006)

Information/Verify Errors in Production Records

In addition to required fields being checked for critical errors, all of the other fields (called warning fields) are also checked for incomplete and/or incorrect data. However, unlike required fields, if data in warning fields are not complete and/or correct, the record is not rejected but is entered into the statewide Outcomes database. A total count of the errors that occur in relation to warning fields is included at the top of the production processing report that is returned to Boards. Information error codes for production records are listed in Appendix K. Boards should share information about these errors with Providers in order to improve the quality of Outcomes data submitted in the future. Providers are not expected to correct and resubmit records for which information/verify errors have been generated. The information is provided for QI purposes only. It is important to note, however, that although the data in warning fields are not "mission critical", analysis of statewide Outcomes data will be limited without these data.

An additional duplicate check is performed for the "key" fields in the Outcomes record. As mentioned previously, within the group of required fields, particular fields are used to distinguish each record as being unique from all other records. Together, these fields are called a "key". If the data in these fields are exactly the same for two records within the same file or for a record already existing in the statewide Outcomes database, the newly submitted record is considered to be a duplicate. The existing record is replaced with the duplicate record. A total count of the number of records with duplicate keys is included in the production processing reports that are returned to Boards.

In addition, the Primary Diagnosis, Age, and Refusal type fields are evaluated during production processing. Specifically, the Primary Diagnosis field must contain a valid DSM-III-R, DSM-IV, or ICD-9 diagnosis code or an information error will be generated. Similarly, an information error will be generated if the client's age at the time of administration is outside the allowable age range for the completed instrument. An information error will also be generated if agency staff enter a value other than "3 – Person Completed" in the Refusal Type field on Adult Provider Form A or the Ohio Scales – Agency Worker Form. Verifying the values in these fields during production processing helps to ensure the quality of the data in the statewide database.

Outcomes subscale scores are also verified during production processing. It is the responsibility of Providers to compute the correct subscale scores at the local level. When a production Outcomes record is received at ODMH, subscale scores are computed again in order to verify that they have been scored accurately. Subscale scores submitted by Providers that differ more than one-tenth (or 1 for whole number scales) from the state-generated scores are replaced with the state-generated score in the statewide database. Information regarding subscale score errors is not currently included in the production report returned to Boards but may be provided in the future.

Receiving Production Results from ODMH

Outcomes production files are processed each Monday (or next business day following a holiday) and reports are distributed on Tuesday morning by 10:00am (or next business day following a holiday). Boards are notified via e-mail when the reports are available. Boards are responsible for retrieving these reports and communicating production processing results to Providers.

Subdirectory where Boards can retrieve production reports without critical errors after processing:

/county/<Board designation>/outcomes/reports

Subdirectory where Boards can retrieve production reports with critical errors after processing:

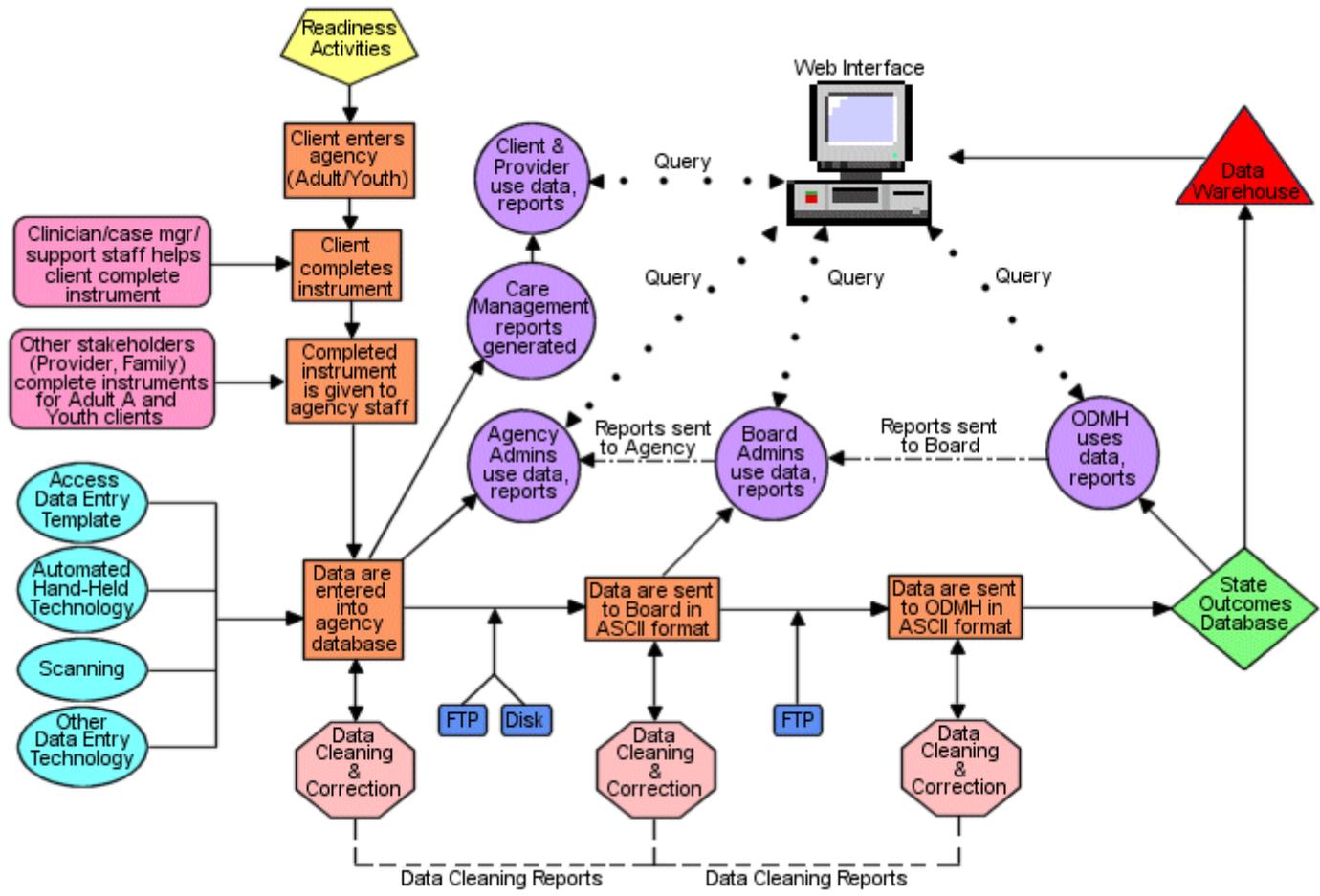
/county/<Board designation>/outcomes/rejects

Please note that **test** and **production** reports are posted to the same rejects subdirectory. When retrieving reports, Boards should examine the filename to determine whether they are retrieving a test or a production report. Filenames of test reports begin with a "t" and end with the ".pdf" and ".htm" extensions while filenames of production reports begin with an "h" and end with the ".pdf" extension. Production reports are only being returned to Boards in .pdf format.

Problem Resolution

For help in identifying and resolving data flow issues, please contact the Outcomes Support Team at 614-644-7840 or via e-mail at outcome@mh.state.oh.us. Boards and Providers are encouraged to work together in identifying and solving data flow issues at the local level.

APPENDIX A OUTCOMES DATA FLOW PROCESS DIAGRAM



APPENDIX B OUTCOMES IMPLEMENTATION PLANNING CHECKLIST

- HISTORY:** The Final Report of the Ohio Mental Health Outcomes Task Force (1996-1997) entitled “Vital Signs” was published in March of 1998. At that time, a pilot implementation process for the Ohio Mental Health Consumer Outcomes System began. This process included a small number of pilot sites and was designed to illuminate the issues that each site encountered as it implemented the Outcomes System. The experiences of the pilot sites have influenced the content and nature of this checklist.
- VALUES:** Several values have guided the development and piloting of Ohio’s Mental Health Consumer Outcomes System and are reflected in this checklist. Successful implementation of the Outcomes System is influenced by the degree to which these values are embraced by local systems. The concept of Recovery is the foundation of the Outcomes System and requires that Providers, consumers, and their families share responsibility for creating an environment of hope, guiding service provision, and actively participating in a flexible, evolving treatment process. If the Recovery concept is not part of a local system’s philosophy and service provision, it may be difficult to find value in collecting and using outcomes data. In addition, because the perspectives of multiple stakeholders (consumers, families, agencies, Boards, ODMH) are valued, it is important that these stakeholders work collaboratively to implement the Outcomes System. Successful implementation of the Outcomes System also requires that stakeholders work within the framework of continuous quality improvement (CQI). This focus on quality should include ongoing monitoring, problem identification, and improvement to the Outcomes System. CQI efforts should also include examining trends in the outcomes data, identifying implications for improving treatment and systems of care, and describing the relationship of outcomes data to other data. Finally, communication between and among stakeholders plays a key role in successful implementation and continuous improvement of the Outcomes System.
- INTENT:** The intent of this checklist is to provide agencies and Boards with the tools to begin implementing the Ohio Mental Health Consumer Outcomes System. It is based on the experiences of local areas that have already implemented the Outcomes System. Indeed, many aspects of implementing the Outcomes System are already decided. These decisions are delineated in various products in the Outcomes System Toolkit. However, the checklist contains recommended steps that need to be customized for your agency or Board. It includes both Board and agency activities as the Outcomes System is designed to be implemented within an entire local system.
- TIMING:** You may notice that timeframes are not prescribed. The length of time that it takes for your system to implement will depend on many factors, including the commitment and experience of staff, technical resources available, and the size of your system. We suggest that you begin implementation planning at least six months before you expect to begin data collection. Activities included in the checklist are generally listed in temporal order, although local systems may elect to vary the order to accommodate their specific context. Some tasks may also be completed concurrently. However, be aware that there are many listed activities that *must* be completed before others and this is generally reflected in the order.
- RESOURCES:** An Outcomes System Toolkit containing various products exists to aid local systems in their implementation efforts. The most recent versions of the Toolkit can be found on the Outcomes Initiative Web Site at <http://www.mh.state.oh.us/initiatives/outcomes/outcomes.html>.

In addition, the following people are resources at the Department of Mental Health:

About the overall project:	Dee Roth	614-466-8651	rothd@mhmail.mh.state.oh.us
	Leslie Brower	614-466-7450	browerl@mhmail.mh.state.oh.us
	Paul Schreur	614-466-7450	schreurp@mhmail.mh.state.oh.us
About data flow and analysis:	Stacy Doklovic	614-466-8651	doklovics@mhmail.mh.state.oh.us
	Geoff Grove	614-644-7480	groveg@mhmail.mh.state.oh.us

IMPLEMENTATION PHASE I: LEARN ABOUT THE OUTCOMES SYSTEM

Local System Awareness

Task	Resources	Responsible Entities	Planned Completion Date	Actual Completion Date	Action Plan/ Comments	Done
❖ Attend an ODMH Outcomes Overview Presentation to gain a basic understanding of the Outcomes Initiative and Measurement System. Specific agency personnel should be invited including clinical directors; MIS and QI staff; agency Directors, and leadership from constituency/ advocacy groups, consumers.	ODMH Outcomes Initiative Staff, Pilot Participants	Board Staff, Agency Staff, Consumers, Family Members				<input type="checkbox"/>
❖ Relay Outcomes Overview information to other staff members to foster understanding of initiative and commitment of key players.	Vital Signs, Procedural Manual, Overview Presentation Slides	Board Staff, Agency Staff				<input type="checkbox"/>
❖ Make brief presentation to Initial ADAMH Board of Trustees. This presentation need only be brief. It is not intended to be comprehensive training.	Vital Signs, Procedural Manual, Overview Presentation Slides	Board Staff, Agency Staff				<input type="checkbox"/>
❖ Inform consumers, family members, and local organizations about the Outcomes Initiative through newsletters, Provider mailings, and presentations.	Vital Signs, Consumer Training Module, Procedural Manual	Board Staff, Agency Staff				<input type="checkbox"/>
❖ Hold a mandatory meeting for agencies regarding Outcomes System implementation. Consumers and family members may participate in this meeting. <ul style="list-style-type: none"> • Focus on uses of data and benefits of the Outcomes System. • Review Board/System intention for uses of data for decision making. • Address anticipated concerns and answer questions. • Make initial determination regarding which agencies are ready and willing to participate at the present time. • Discuss whether all agencies will implement the Outcomes System at the same time or if implementation will be staggered. 	Vital Signs, Procedural Manual, Data Use and Analysis Matrix, Pilot Evaluation Report	Board Staff, Agency Staff				<input type="checkbox"/>

IMPLEMENTATION PHASE II: PLAN THE LOCAL IMPLEMENTATION PROCESS

Team Building, Readiness Assessment, & ODMH Planning Presentation

Task	Resources	Responsible Entities	Planned Completion Date	Actual Completion Date	Action Plan/ Comments	Done
<p>❖ Schedule & attend an ODMH Outcomes Implementation Planning Presentation.</p> <p>The intent of this presentation is to describe and discuss the tasks involved in implementing the Outcomes System. It is an opportunity for local systems to ask specific questions about the work involved, resources needed, suggested timeframes, and potential pitfalls.</p>	<p>ODMH Outcomes Initiative Staff, Procedural Manual, Implementation Planning Checklist</p>	<p>Board Staff, Agency Staff</p>				<input type="checkbox"/>
<p>❖ Assign a Point Person at the Board level.</p> <p>Point Person is the primary contact person for the Outcomes System at the Board Level. He/she will receive updates from other Board staff involved in implementation and the Agency Implementation Teams in order to coordinate implementation activities, identify issues as they arise and track the progress of the entire implementation. Point Person should update ODMH on progress of local implementation and should request assistance as needed.</p>	<p>ODMH Outcomes Initiative Staff, Pilot Participants, Pilot Evaluation Report</p>	<p>Board Staff</p>				<input type="checkbox"/>
<p>❖ Assign a Point Person at each agency.</p> <p>Point Person is the primary contact for the Outcomes System at the Agency level. He/she will participate on an Implementation Team and will receive updates from other Implementation Teams in order to coordinate implementation activities, identify issues as they arise and track the progress of the entire implementation. Point Person should contact ODMH as needed. Consider who can devote a large amount of time to implementation, especially in the start-up phase. High level staff with many other responsibilities may not be able to make the commitment needed.</p>	<p>ODMH Outcomes Initiative Staff, Pilot Participants, Pilot Evaluation Report</p>	<p>Agency Staff</p>				<input type="checkbox"/>

Team Building, Readiness Assessment, & ODMH Planning Presentation (Continued)

Task	Resources	Responsible Entities	Planned Completion Date	Actual Completion Date	Action Plan/ Comments	Done
<p>❖ Form Implementation Teams at Board & agencies.</p> <ul style="list-style-type: none"> Determine constraints on decisions made by Implementation Teams. Consider whether the Board and agencies have any non-negotiable requirements (i.e., The Board may require that all GMH adults complete the instruments rather than a sample). Each team should be aware of and cautious about the effect that its decisions may have on others “buying into” the system. <p>Teams should be formed for the following areas: MIS, Adult SMD, Adult General Mental Health, and Youth. Team members should be knowledgeable about the topics. Staff productivity demands should be considered as well as the role consumers and family members will play in the implementation process. Report progress to the Point Person.</p>	<p>ODMH Outcomes Initiative Staff, Pilot Participants, Pilot Evaluation Report</p>	<p>Board Staff, Agency Staff</p>				<input type="checkbox"/>
<p>❖ Form Steering Group to guide local implementation. The Steering Group may consist of the Board Point Person and the Point Person from each participating agency. It should also consist of consumers and family members. Other members may be added.</p>	<p>ODMH Outcomes Initiative Staff, Pilot Participants, Pilot Evaluation Report</p>	<p>Board Staff, Agency Staff, Consumers, Family members</p>				<input type="checkbox"/>
<p>❖ Train Implementation Teams, Steering Group.</p> <ul style="list-style-type: none"> Determine meeting schedule and decision making process. Discuss methods for ongoing stakeholder participation including consumer and family input. Distribute and explain additional materials. Discuss administration of the instruments, data collection and flow process, data use, and decisions that have already been made by ODMH and the Outcomes Pilot. Discuss implementation timeline and the necessary steps to achieve readiness. Set goal date for presenting local plan to ODMH. 	<p>Outcomes Toolkit, ODMH Outcomes Initiative Staff, Pilot Participants</p>	<p>Implementation Teams, Steering Group, Consumers, Family Members</p>				<input type="checkbox"/>

Team Building, Readiness Assessment, & ODMH Planning Presentation (Continued)

Task	Resources	Responsible Entities	Planned Completion Date	Actual Completion Date	Action Plan/ Comments	Done
<p>❖ Assess Board readiness & determine appropriate action.</p> <ul style="list-style-type: none"> • Does the Board have an electronic data system capable of data transmission, analysis, and reporting? • How will the MIS portion of the Outcomes System be handled? • Does the Board have a sufficient number of QI/Evaluation Staff and IS staff? • Is the Board already using outcomes data and in what way? 	<p>Implementation Planning Checklist, Outcomes Toolkit, ODMH Outcomes Initiative Staff, Pilot Participants</p>	<p>Board Implementation Team, Point Person, Steering Group</p>				<input type="checkbox"/>
<p>❖ Assess agency readiness & determine appropriate action.</p> <ul style="list-style-type: none"> • Does the agency have an electronic data system capable of data entry, transmission, analysis, and reporting? • What are other funding organizations' outcomes reporting requirements? What are the agency's accreditation outcomes reporting requirements? • How will the MIS portion of the Outcomes System be handled? • Does the agency have a sufficient number of QI/Evaluation Staff and IS staff? • Is the agency already using outcomes data and in what way? 	<p>Implementation Planning Checklist, Outcomes Toolkit, ODMH Outcomes Initiative Staff, Pilot Participants</p>	<p>Agency Implementation Teams, Point Person, Steering Group</p>				<input type="checkbox"/>

Decision Making						Done
Task	Resources	Responsible Entities	Planned Completion Date	Actual Completion Date	Action Plan/ Comments	
<p>❖ Make data collection decisions.</p> <ul style="list-style-type: none"> • Determine the settings for which these measures are not appropriate, according to the guidelines in the Outcomes Procedural Manual. • What type of data collection/data entry method will be used? Consider hardware/software issues. • Will the Board enter data for the agency or will the agency enter the data itself? • Will data be collected from all GMH adults or just a sample? • Who at the agency is responsible for collecting, cleaning, and managing the data on an ongoing basis? What type of checks will be conducted? • If multiple agencies are serving the same client, which agency is responsible for data collection? How will these shared clients be identified? <ul style="list-style-type: none"> • Review and update inter-agency confidentiality agreements. • How will measurement be phased in for new clients and current clients? • How will the Board and agencies know if measurements are taking place as planned? What type of tracking system will be used? • If agencies are seeking ORYX/JCAHO accreditation, how will they sample private pay clients to meet accreditation requirements? • What additional resources must be acquired to successfully collect outcomes data? What budgetary changes need to be made? What are the budgetary constraints? • How does outcomes data collection fit with other data collection systems and databases currently being used (i.e., CMHC, ECHO)? 	Procedural Manual, File Specs, Data Entry Options Tech Sheets, Technical Cost Comparison Summary, Pilot Evaluation Report, ODMH, Pilot Participants	Implementation Teams, Steering Group				<input type="checkbox"/>

Decision Making (Continued)						
Task	Resources	Responsible Entities	Planned Completion Date	Actual Completion Date	Action Plan/ Comments	Done
❖ Make data flow decisions. <ul style="list-style-type: none"> • How will data flow between agencies and the Board (i.e., disk, FTP)? • Who at the agency and Board is responsible for managing data flow and addressing problems? • How often will data flow occur between agencies and Board (i.e., daily, weekly)? Between agencies, Board, and accrediting organizations? • How will the Board and agencies know if data flow is taking place as planned? What type of tracking system will be implemented? • What additional resources must be acquired to successfully implement data flow? What budgetary changes need to be made? What are the budgetary constraints? 	Procedural Manual, File Specs, Data Entry Options Tech Sheets, Technical Cost Comparison Summary, Pilot Evaluation Report, ODMH, Pilot Participants	Implementation Teams, Steering Group				<input type="checkbox"/>
❖ How will agencies remind staff about what needs to be done and when?	Pilot Evaluation Report, Pilot Participants, ODMH	Implementation Teams, Steering Group				<input type="checkbox"/>
❖ What impact will implementing the Outcomes System have on the budget? How will unit rates be affected?	Unit Cost Estimator, Pilot Evaluation Report, Pilot Participants	Implementation Teams, Steering Group				<input type="checkbox"/>
❖ What types of reports will agencies and Board generate?	Data Use and Analysis Matrix, Pilot Participants, ODMH	Implementation Teams, Steering Group				<input type="checkbox"/>
❖ What methods, tools, training will be used to promote data use at the agencies, Board?	Procedural Manual, Data Use and Analysis Matrix, Pilot Participants, ODMH	Implementation Teams, Steering Group				<input type="checkbox"/>
❖ How will agencies and Board keep staff, consumers and families informed about the Outcomes Initiative?	Consumer, Staff, and Family Training Manuals, Pilot Participants, ODMH	Implementation Teams, Steering Group				<input type="checkbox"/>

IMPLEMENTATION PHASE III: PRESENT THE LOCAL IMPLEMENTATION PLAN

Local Implementation Plan Presentation, Resource Acquisition, & Training

Task	Resources	Responsible Entities	Planned Completion Date	Actual Completion Date	Action Plan/ Comments	Done
<p>❖ Schedule and present local plan to ODMH.</p> <p>The intent of the Local Implementation Plan Presentation is to present ODMH with a detailed description and discussion of a local system's outcomes implementation plan. It is an opportunity for the local system to explain its responses to the challenges presented in the Implementation Planning Checklist. ODMH will recommend improvements to the local plan based on findings from the pilot. In this way, local systems may be able to implement with less difficulty and avoid potential pitfalls.</p>	<p>ODMH Outcomes Initiative Staff, Procedural Manual, Implementation Planning Checklist, Outcomes Toolkit</p>	<p>Implementation Teams, Steering Group</p>				<input type="checkbox"/>
<p>❖ Obtain/upgrade hardware/software for data collection and flow.</p>	<p>ODMH, File Specs, Data Entry Options Tech Sheets, Vendor RFI Information, Pilot Participants</p>	<p>Implementation Teams, Steering Group</p>				<input type="checkbox"/>
<p>❖ Obtain/reassign staff for data collection and flow.</p>		<p>Implementation Teams, Steering Group</p>				<input type="checkbox"/>
<p>❖ Train staff.</p> <p>Clinical, QI/Evaluation, support, MIS, and administrative staff should be trained in appropriate areas including: administration of surveys/data collection, data entry and flow, report generation, and data analysis and use. Pilot counties reported that combined clinician and consumer training was effective. Training should be tailored for new staff orientations as well as ongoing training for current staff.</p>	<p>Outcomes Toolkit</p>	<p>Implementation Teams, Steering Group</p>				<input type="checkbox"/>
<p>❖ Train consumers/family members on use and interpretation of instruments, data, and reports.</p>	<p>Outcomes Toolkit</p>	<p>Implementation Teams, Steering Group</p>				<input type="checkbox"/>

IMPLEMENTATION PHASE IV: DO AND REVIEW THE LOCAL IMPLEMENTATION PROCESS

Testing, Evaluation, & Revision

Task	Resources	Responsible Entities	Planned Completion Date	Actual Completion Date	Action Plan/ Comments	Done
❖ Evaluate effectiveness of training efforts and make necessary revisions. A training evaluation form should be created to assess the effectiveness of training.	Outcomes Toolkit, ODMH, Pilot Participants	Implementation Teams, Steering Group				<input type="checkbox"/>
❖ Test, evaluate, and revise data entry process.	Outcomes Toolkit, ODMH, Pilot Participants	Implementation Teams, Steering Group				<input type="checkbox"/>
❖ Test, evaluate, and revise data flow between agencies, Board, and ODMH.	Outcomes Toolkit, ODMH, Pilot Participants	Implementation Teams, Steering Group				<input type="checkbox"/>
❖ Test, evaluate, and revise report flow between agencies, Board, and ODMH (e.g., data flow error reports).	Outcomes Toolkit, ODMH, Pilot Participants	Implementation Teams, Steering Group				<input type="checkbox"/>

Implementation

Task	Resources	Responsible Entities	Planned Completion Date	Actual Completion Date	Action Plan/ Comments	Done
❖ Begin Data Collection.	Outcomes Toolkit, ODMH, Pilot Participants	Board Staff, Agency Staff, Consumers, Family Members				<input type="checkbox"/>
❖ Begin Data Flow.	Outcomes Toolkit, ODMH, Pilot Participants	Board Staff, Agency Staff				<input type="checkbox"/>
❖ Begin Data Analysis and Report Generation.	Outcomes Toolkit, ODMH, Pilot Participants	Board Staff, Agency Staff				<input type="checkbox"/>

Implementation (Continued)						Done
Task	Resources	Responsible Entities	Planned Completion Date	Actual Completion Date	Action Plan/ Comments	
❖ Begin Using Outcomes Data. Use of data must be determined by each local system. Refer to the Outcomes Data Use Matrix. <ul style="list-style-type: none"> • At the consumer/clinician level, outcomes data may be incorporated into treatment planning and care management. • At the agency and Board level, outcomes data may be used for QI and accountability purposes. • At the State level, outcomes data will be used to develop Ohio norms and benchmarks. 	Outcomes Toolkit, ODMH, Pilot Participants	Board Staff, Agency Staff				<input type="checkbox"/>
Continuous Improvement/Future Development						Done
Task	Resources	Responsible Entities	Planned Completion Date	Actual Completion Date	Action Plan/ Comments	
❖ Monitor Outcomes System operation, identify problems, and make improvements, especially in the areas of data collection, data flow, training, and data use. Agency and Board staff should collaborate in completing this task.	Outcomes Toolkit, Personal Experience	Board Staff, Agency Staff				<input type="checkbox"/>
❖ Examine trends in the data, implications for improving treatment and systems of care, and the relationship of outcomes data to other data. This task should be completed collaboratively by consumers, families, and clinical and administrative staff. Consumer and family members may also wish to form a separate group to provide a forum for developing ways to best use the outcomes data.	Data Use and Analysis Matrix, Personal Experience					<input type="checkbox"/>
❖ Continue to inform staff, consumers, family members, and local organizations about the Outcomes Initiative through newsletters, Provider mailings, and presentations.						<input type="checkbox"/>

**APPENDIX C
DATA SPECIFICATIONS - ADULT CONSUMER FORM A**

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
Tracking Sheet Information								
Required	UCI	MACSIS UCI#	Tracking Sheet	Numeric	12	1-12	Assigned by Diamond - First 7 bytes filled, last 5 bytes blank, left-justified	No missing bytes allowed, last 5 bytes blank
Required	UPID	Provider ID #	Tracking Sheet	Alphanumeric	12	13-24	Assigned by ODADAS - First 5 bytes filled, last 7 bytes blank	No missing bytes allowed, last 7 bytes blank
Required	INSTRUM	Instrument type	Tracking Sheet	Numeric	2	25-26	10 = Adult Consumer A 11 = Adult Provider A 20 = Adult Consumer B 30 = Ohio Scales Youth 31 = Ohio Scales Parent 32 = Ohio Scales Worker 33 = CAFAS 34 = PECFAS	No missing bytes allowed
Required	ADMINST	Survey administration number	Tracking Sheet	Numeric	1	27	1= Initial 2= 3 month 3= 6 month 4= 9 month 5= Annual 6= Termination	No missing bytes allowed
Required	ADMISSDT	Date of Admission	Tracking Sheet	Date	8	28-35	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
Required	ADMINDT	Administration date	Top of Adult Form A	Date	8	36-43	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
	COMPCODE	Company Code	Tracking Sheet	Alphabetic	5	44-48	Assigned by Diamond - First 4 letters of Bd's County, m (Mental Health Bd only), a (Drug/ Alcohol Bd only), or b (Bd with both services combined)	Leave blank or fill with @
	GROUP	Group	Tracking Sheet	Alphabetic	4	49-52	First 4 letters of client's county of residence	Leave blank or fill with @
	DIAGTYPE	Diagnosis Type	Tracking Sheet	Alphabetic	1	53	A=DSM III-R B=DSM IV C=ICD-9	Leave blank or fill with @
	PDIAG	Primary Diagnosis	Tracking Sheet	Alphanumeric	5	54-58	No decimal point	Leave blank or fill with @
	LNAME	Consumer's Last Name	Top of Adult Form A	Alphabetic	3	59-61	First 3 letters only	Leave blank or fill with @

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
Required	DOB	Date of Birth	Top of Adult Form A	Date	8	62-69	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
	GENDER	Gender	Top of Adult Form A	Alphabetic	1	70	M= Male F= Female	Leave blank or fill with @
	EDUCAT	Last school grade completed	Question 62	Numeric	2	71-72	00 = Less than 1 st grade 01-11 = 1 st thru 11 th 12 = H.S. diploma/GED 13 = Trade/Tech school 14 = Some college 15= 2yr college/Assoc deg 16= 4yr college/Undergrad 17 = Grad courses 18 = Grad degree 19 = Post-grad studies 20 = Further special studies 99= Missing	Fill with 9
Your race (check all that apply)								
	RACEW	White	Question 63	Numeric	1	73	1=No 2=Yes	Leave blank or fill with 9
	RACEN	Native American/Pacific Islander	Question 63	Numeric	1	74	1=No 2=Yes	Leave blank or fill with 9
	RACEB	Black/African American	Question 63	Numeric	1	75	1=No 2=Yes	Leave blank or fill with 9
	RACEH	Hispanic/Latino	Question 63	Numeric	1	76	1=No 2=Yes	Leave blank or fill with 9
	RACEA	Asian	Question 63	Numeric	1	77	1=No 2=Yes	Leave blank or fill with 9
	RACEO	Other	Question 63	Numeric	1	78	1=No 2=Yes	Leave blank or fill with 9
	RACEU	Unknown	Question 63	Numeric	1	79	1=No 2=Yes	Leave blank or fill with 9
	MARITAL	What is your current marital status?	Question 64	Numeric	1	80	1= Never married 2= Married 3= Separated 4= Divorced 5= Widowed 6= Living together 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
	LIVSIT	What is your current living situation?	Question 65	Alphabetic	1	81	A= Own home B= Friend's home C= Relative's home D= Supervised group living E= Supervised apartment F= Boarding home G= Crisis residential H= Child foster care I= Adult foster care J= Intermediate care facility K= Skilled nursing facility L= Respite care M= MR intermediate care facility N= Licensed MR facility O= State MR institution P= State MH institution Q= Hospital R= Correctional facility S= Homeless T= Rest home U= Other	Leave blank or fill with @
	EMPLOY	What is your current employment status?	Question 66	Alphabetic	1	82	A= Full time B= Part time C= Sheltered employ D= Unemployed E= Homemaker F= Student G= Retired H= Disabled I= Inmate of Institution J= Other	Leave blank or fill with @
	MANDATED	Are you in treatment because you want to be?	Question 67	Numeric	1	83	1= No 2= Yes 9= Missing	Fill with 9
	TRANSTYPE	Transaction type	Tracking Sheet	Alphabetic	1	84	A= Add C= Change	Leave blank or fill with @
	REFUSAL	Refusal type	Tracking Sheet	Numeric	1	85	1= Person refused 2= Person unable to complete 3= Person completed	Leave blank or fill with 9
	SDIAG	Secondary Diagnosis	Tracking Sheet	Alphanumeric	5	86-90	No decimal point	Leave blank or fill with @

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
Quality of Life								
<i>How do you feel about:</i>								
	FRIENDSH	The amount of friendship in your life	Question 1	Numeric	1	91	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	MONEY	The amount of money in your life	Question 2	Numeric	1	92	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	MCOMFORT	How comfortable and well-off are you financially	Question 3	Numeric	1	93	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	MFUN	How much money you have to spend for fun	Question 4	Numeric	1	94	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	MEANING	The amount of meaningful activity in your life (such as work, school, volunteer activity, leisure activities)	Question 5	Numeric	1	95	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	FREEDOM	The amount of freedom you have	Question 6	Numeric	1	96	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
	FAMRSHIP	The way you and your family act toward each other	Question 7	Numeric	1	97	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 8= Does not apply 9= Missing	Fill with 9
	PERSONAL	Your personal safety	Question 8	Numeric	1	98	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	NEIGHBOR	The neighborhood in which you live	Question 9	Numeric	1	99	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	HOUSING	Your housing/living arrangements	Question 10	Numeric	1	100	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	HEALTH	Your health in general	Question 11	Numeric	1	101	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	TIMEWITH	How often do you have the opportunity to spend time with people you really like	Question 12	Numeric	1	102	1 = Never 2 = Seldom/rarely 3 = Sometimes 4 = Often 5 = Always 9 = Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
Physical Health & Stigma								
	PHYSICAL	How often does your physical condition interfere with your day-to-day functioning	Question13	Numeric	1	103	1= Always 2= Often 3= Sometimes 4= Seldom/rarely 5= Never 9=Missing	Fill with 9
	MEDICAT	Concerns about my medications (such as side effects, dosage, type of medication) are addressed	Question14	Numeric	1	104	1= Never 2= Seldom/rarely 3= Sometimes 4= Often 5= Always 8= Not applicable 9= Missing	Fill with 9
	STIGMAMH	I have been treated with dignity and respect at this agency.	Question 15	Numeric	1	105	1= Never 2= Seldom/rarely 3= Sometimes 4= Often 5= Always 9= Missing	Fill with 9
	STIGMAP	How often do you feel threatened by people's reactions to your mental health problems?	Question 16	Numeric	1	106	1= Always 2= Often 3= Sometimes 4= Seldom/rarely 5= Never 9= Missing	Fill with 9
Symptom Distress Scale								
<i>During the last 7 days, about how much were you distressed or bothered by:</i>								
	NERVES	Nervousness or shakiness inside	Question 17	Numeric	1	107	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	SCARED	Being suddenly scared for no reason	Question 18	Numeric	1	108	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
	FEARFUL	Feeling fearful	Question 19	Numeric	1	109	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	TENSE	Feeling tense or keyed up	Question 20	Numeric	1	110	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	PANIC	Spells of terror or panic	Question 21	Numeric	1	111	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	RESTLESS	Feeling so restless you couldn't sit still	Question 22	Numeric	1	112	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	HEAVY	Heavy feelings in arms or legs	Question 23	Numeric	1	113	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	HOMEALON	Feeling afraid to go out of your home alone	Question 24	Numeric	1	114	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	WORTHLES	Feeling of worthlessness	Question 25	Numeric	1	115	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
	LONEWITH	Feeling lonely even when you are with people	Question 26	Numeric	1	116	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	WEAK	Feeling weak in parts of your body	Question 27	Numeric	1	117	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	BLUE	Feeling blue	Question 28	Numeric	1	118	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	LONELY	Feeling lonely	Question 29	Numeric	1	119	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	UNINTER	Feeling no interest in things	Question 30	Numeric	1	120	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	AFRAID	Feeling afraid in open spaces or on the streets	Question 31	Numeric	1	121	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
Symptom Recognition & Prevention								
	SYMPTREC	How often can you tell when mental or emotional problems about to occur?	Question 32	Numeric	1	122	1= Never 2= Seldom/rarely 3= Sometimes 4= Often 5= Always 9= Missing	Fill with 9
	SYMPTPRE	When you can tell, how often can you take care of the problems before they become worse?	Question 33	Numeric	1	123	1= Never 2= Seldom/rarely 3= Sometimes 4= Often 5= Always 9= Missing	Fill with 9
Making Decisions (Empowerment)								
	SELFDET	I can pretty much determine what will happen in my life	Question 34	Numeric	1	124	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9
	LIMIT	People are only limited by what they think is possible	Question 35	Numeric	1	125	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9
	JOINPOW	People have more power if they join together as a group	Question 36	Numeric	1	126	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9
	ANGRY	Getting angry about something never helps	Question 37	Numeric	1	127	1= Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 9= Missing	Fill with 9
	POSATTIT	I have a positive attitude about myself	Question 38	Numeric	1	128	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
	CONFIDEN	I am usually confident about the decisions I make	Question 39	Numeric	1	129	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9
	NOANGER	People have no right to get angry just because they don't like something	Question 40	Numeric	1	130	1= Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 9= Missing	Fill with 9
	MISFORT	Most of the misfortunes in my life were due to bad luck	Question 41	Numeric	1	131	1= Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 9= Missing	Fill with 9
	CAPABLE	I see myself as a capable person	Question 42	Numeric	1	132	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9
	WAVES	Making waves never gets you anywhere	Question 43	Numeric	1	133	1= Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 9= Missing	Fill with 9
	TEAMWORK	People working together can have an effect on their community	Question 44	Numeric	1	134	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9
	BARRIERS	I am often able to overcome barriers	Question 45	Numeric	1	135	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9
	OPTIMISM	I am generally optimistic about the future	Question 46	Numeric	1	136	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
	PLANS	When I make plans, I am almost certain to make them work	Question 47	Numeric	1	137	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9
	CHANGE	Getting angry about something is often the first step toward changing it	Question 48	Numeric	1	138	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9
	ALONE	Usually I feel alone	Question 49	Numeric	1	139	1= Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 9= Missing	Fill with 9
	EXPERTS	Experts are in the best position to decide what people should do or learn	Question 50	Numeric	1	140	1= Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 9= Missing	Fill with 9
	ABLE	I am able to do things as well as most people	Question 51	Numeric	1	141	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9
	ACCOMP	I generally accomplish what I set out to do	Question 52	Numeric	1	142	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9
	LIVE	People should live their lives the way they want to	Question 53	Numeric	1	143	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9
	CITYHALL	You can't fight city hall (authority)	Question 54	Numeric	1	144	1= Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
	POWERLES	I feel powerless most of the time	Question 55	Numeric	1	145	1= Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 9= Missing	Fill with 9
	UNSURE	When I am unsure about something, I usually go along with the rest of the group	Question 56	Numeric	1	146	1= Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 9= Missing	Fill with 9
	WORTH	I feel I am a person of worth, at least on an equal basis with others	Question 57	Numeric	1	147	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9
	DECISION	People have a right to make their own decisions, even if they are bad ones	Question 58	Numeric	1	148	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9
	QUALIT	I feel I have a number of good qualities	Question 59	Numeric	1	149	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9
	ACTION	Very often a problem can be solved by taking action	Question 60	Numeric	1	150	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9
	COMMUNIT	Working with others in my community can help change things for the better	Question 61	Numeric	1	151	1= Strongly disagree 2= Disagree 3= Agree 4= Strongly agree 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
Subscales								
	FINAN	Quality of Life: financial	x.xx	Numeric	4	152-155	Average of FINAN items (Q2 + Q3 + Q4)/3	1 or more items missing, do not compute. Leave missing bytes blank.
	SELFEST	Self-esteem/efficacy subscale	x.xx	Numeric	4	156-159	Average of SELFEST items (Q38 + Q39 + Q42 + Q45+ Q47 + Q51 + Q52 + Q57 + Q59) / 9	1 item missing, compute subscale based on 8 items; more than 1 item missing, do not compute subscale. Leave missing bytes blank.
	POWER	Power/powerlessness subscale	x.xx	Numeric	4	160-163	Average of POWER items (Q40, +Q41 + Q43 + Q49 + Q50 + Q54 + Q55 + Q56)/8	1 item missing, compute subscale based on 7 items; more than 1 item missing, do not compute. Leave missing bytes blank.
	COMM	Community activism & autonomy subscale	x.xx	Numeric	4	164-167	Average of COMM items (Q36 + Q44 + Q53 + Q58 + Q60 + Q61) / 6	1 item missing, compute subscale based on 5 items; more than 1 item missing, do not compute. Leave missing bytes blank.
	OPTIM	Optimism and control over the future subscale	x.xx	Numeric	4	168-171	Average of OPTIM items (Q34 +Q35, + Q46 + Q60) / 4	1 or more items missing, do not compute. Leave missing bytes blank.
	ANGER	Righteous anger subscale	x.xx	Numeric	4	172-175	Average of ANGER items. (Q37 + Q40 + Q43 +Q48) / 4	1 or more items missing, do not compute. Leave missing bytes blank.
	EMPOWER	Overall empowerment score	x.xx	Numeric	4	176-179	Average of EMPOWER items. (Q34-Q61)/28	5 or more items missing, do not compute. Leave missing bytes blank.
	SDS	Overall symptom distress	xx	Numeric	2	180-181	Sum of all SDS items. (Q17-Q31)	4 or less items missing, insert individual's mean score for missing item(s); If 5 or more items missing, do not compute. Leave missing bytes blank.

¹Shaded fields are required. Records will be rejected if these fields are not completed or if they contain data other than the acceptable responses. Non-shaded fields are not required but are considered to be "warning" fields. Records containing incomplete or invalid data in these fields will elicit a warning message but will not be rejected.

²This column lists acceptable responses with reverse scoring already taken into account. Refer to the Outcomes Procedural Manual for additional information.

DATA SPECIFICATIONS - PROVIDER ADULT FORM A

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Tracking Sheet Information								
Required	UCI	MACSIS UCI#	Tracking Sheet	Numeric	12	1-12	Assigned by Diamond - First 7 bytes filled, last 5 bytes blank, left-justified	No missing bytes allowed, last 5 bytes blank
Required	UPID	Provider ID #	Tracking Sheet	Alphanumeric	12	13-24	Assigned by ODADAS - First 5 bytes filled, last 7 bytes blank	No missing bytes allowed, last 7 bytes blank
Required	INSTRUM	Instrument type	Tracking Sheet	Numeric	2	25-26	10 = Adult Consumer A 11 = Adult Provider A 20 = Adult Consumer B 30 = Ohio Scales Youth 31 = Ohio Scales Parent 32 = Ohio Scales Worker 33 = CAFAS 34 = PECFAS	No missing bytes allowed
Required	ADMINST	Survey administration number	Tracking Sheet	Numeric	1	27	1= Initial 2= 3 month 3= 6 month 4= 9 month 5= Annual 6= Termination	No missing bytes allowed
Required	ADMISSDT	Date of Admission	Tracking Sheet	Date	8	28-35	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
Required	ADMINDT	Administration date	Top of Adult Provider Form A	Date	8	36-43	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
	COMPCODE	Company Code	Tracking Sheet	Alphabetic	5	44-48	Assigned by Diamond - First 4 letters of Bd's County, m (Mental Health Bd only), a (Drug/ Alcohol Bd only), or b (Bd with both services combined)	Leave blank or fill with @
	GROUP	Group	Tracking Sheet	Alphabetic	4	49-52	First 4 letters of client's county of residence	Leave blank or fill with @
	DIAGTYPE	Diagnosis Type	Tracking Sheet	Alphabetic	1	53	A=DSM III-R B=DSM IV C=ICD-9	Leave blank or fill with @
	PDIAG	Primary Diagnosis	Tracking Sheet	Alphanumeric	5	54-58	No decimal point	Leave blank or fill with @

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	LNAME	Consumer's Last Name	Top of Adult Provider Form A	Alphabetic	3	59-61	First 3 letters only	Leave blank or fill with @
	TRANSTYPE	Transaction type	Tracking Sheet	Alphabetic	1	62	A= Add C= Change	Leave blank or fill with @
	REFUSAL	Refusal type	Tracking Sheet	Numeric	1	63	1= Person refused 2= Person unable to complete 3= Person completed	Leave blank or fill with 9
	SDIAG	Secondary Diagnosis	Tracking Sheet	Alphanumeric	5	64-68	No decimal point	Leave blank or fill with @
Functional Status								
	SOCIALC	Does the client initiate non-professional social contact or respond to others' initiation of social contact?	Question 1	Numeric	1	69	1= Withdrawn/isolated 2= Minimal contact 3= Moderate contact 4= Optimal contact 8= Unsure	Leave blank or fill with 9
	SOCIALIN	How effectively does this client interact with others?	Question 2	Numeric	1	70	1= Very ineffectively 2= Ineffectively 3= Mixed effectiveness 4= Effectively 5= Very effectively 8= Unsure	Leave blank or fill with 9
	SOCIALSU	How effective is the client's social support network in helping the client meet his/her needs?	Question 3	Numeric	1	71	1= Very ineffective 2= Ineffective 3= Mixed effectiveness 4= Effective 5= Very effective 8= Unsure	Leave blank or fill with 9
	HOUSTAB	Please rate the client's housing stability	Question 4	Numeric	1	72	1= Moved very frequently 2= Moved often 3= Moved a few times 4= Moved once 5= Did not move 8= Unsure	Leave blank or fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	FORCED	Has the client been forced/compelled to move from his/her living arrangements?	Question 5	Numeric	1	73	1= Yes 2= No 8= Unsure	Leave blank or fill with 9
How well does the client perform independently in the following day-to-day living activities?								
	PERSHYG	Personal Hygiene	Question 6A	Numeric	1	74	1= Task is not completed 2= Someone other than client completes task 3= Client needs extensive supervision 4= Client needs some supervision 5= Client acts independently 8= Unsure or not applicable	Leave blank or fill with 9
	DRESS	Dress	Question 6B	Numeric	1	75	1= Task is not completed 2= Someone other than client completes task 3= Client needs extensive supervision 4= Client needs some supervision 5= Client acts independently 8= Unsure or not applicable	Leave blank or fill with 9
	NUTRIT	Nutrition	Question 6C	Numeric	1	76	1= Task is not completed 2= Someone other than client completes task 3= Client needs extensive supervision 4= Client needs some supervision 5= Client acts independently 8= Unsure or not applicable	Leave blank or fill with 9
	TRANSPOR	Transportation	Question 6D	Numeric	1	77	1= Task is not completed 2= Someone other than client completes task 3= Client needs extensive supervision 4= Client needs some supervision 5= Client acts independently 8= Unsure or not applicable	Leave blank or fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	SHOPPING	Shopping	Question 6E	Numeric	1	78	1= Task is not completed 2= Someone other than client completes task 3= Client needs extensive supervision 4= Client needs some supervision 5= Client acts independently 8= Unsure or not applicable	Leave blank or fill with 9
	LAUNDRY	Laundry	Question 6F	Numeric	1	79	1= Task is not completed 2= Someone other than client completes task 3= Client needs extensive supervision 4= Client needs some supervision 5= Client acts independently 8= Unsure or not applicable	Leave blank or fill with 9
	HSEKEEP	Housekeeping	Question 6G	Numeric	1	80	1= Task is not completed 2= Someone other than client completes task 3= Client needs extensive supervision 4= Client needs some supervision 5= Client acts independently 8= Unsure or not applicable	Leave blank or fill with 9
	MANMONEY	Managing Money	Question 6H	Numeric	1	81	1= Task is not completed 2= Someone other than client completes task 3= Client needs extensive supervision 4= Client needs some supervision 5= Client acts independently 8= Unsure or not applicable	Leave blank or fill with 9
	WORK	Work	Question 7A	Numeric	1	82	1= Almost never (<1x/mo.) 2= Seldom (<1x/week) 3= Sometimes (1-2x/week) 4= Often (3-4x/week) 5= Almost always (≥5x/week) 8= Unsure or not applicable	Leave blank or fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
To what extent has the client engaged in the following meaningful activities?								
	SCHOOL	School	Question 7B	Numeric	1	83	1= Almost never (<1x/mo.) 2= Seldom (<1x/week) 3= Sometimes (1-2x/week) 4= Often (3-4x/week) 5= Almost always (≥5x/week) 8= Unsure or not applicable	Leave blank or fill with 9
	VOLUN	Volunteer Activity	Question 7C	Numeric	1	84	1= Almost never (<1x/mo.) 2= Seldom (<1x/week) 3= Sometimes (1-2x/week) 4= Often (3-4x/week) 5= Almost always (≥5x/week) 8= Unsure or not applicable	Leave blank or fill with 9
	PARENT	Parenting	Question 7D	Numeric	1	85	1= Almost never (<1x/mo.) 2= Seldom (<1x/week) 3= Sometimes (1-2x/week) 4= Often (3-4x/week) 5= Almost always (≥5x/week) 8= Unsure or not applicable	Leave blank or fill with 9
	HOMEMAKE	Homemaking	Question 7E	Numeric	1	86	1= Almost never (<1x/mo.) 2= Seldom (<1x/week) 3= Sometimes (1-2x/week) 4= Often (3-4x/week) 5= Almost always (≥5x/week) 8= Unsure or not applicable	Leave blank or fill with 9
	LEISURE	Leisure Activity	Question 7F	Numeric	1	87	1= Almost never (<1x/mo.) 2= Seldom (<1x/week) 3= Sometimes (1-2x/week) 4= Often (3-4x/week) 5= Almost always (≥5x/week) 8= Unsure or not applicable	Leave blank or fill with 9
	PRIMARY	Of the roles listed above, in general how well is the client performing in his/her primary role?	Question 8	Numeric	1	88	1= Extremely poorly 2= Poorly 3= Satisfactorily 4= Well 5= Extremely well 8= Unsure	Leave blank or fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	ADDICTIV	How frequently is the client's functioning compromised by addictive or compulsive behaviors?	Question 9	Numeric	1	89	1= Almost always (>5x/week) 2= Often (3-4x/week) 3= Sometimes (1-2x/week) 4= Seldom (<1x/week) 5= Almost never (<1x/mo.) 8= Unsure	Leave blank or fill with 9
	CRIMINAL	Has the client abided by the law sufficiently to avoid incarceration and/or criminal justice involvement?	Question 10	Numeric	1	90	1= No 2= Yes 8= Unsure	Leave blank or fill with 9
	AGGRESS	Has the client attempted to or actually physically harmed someone?	Question 11	Numeric	1	91	1= Yes 2= No 8= Unsure	Leave blank or fill with 9
Safety and Health								
Has the client been a victim of:								
	RAPE	Rape	Question 12A	Numeric	1	92	1= Yes 2= No 8= Unsure	Leave blank or fill with 9
	ASSAULT	Assault	Question 12B	Numeric	1	93	1= Yes 2= No 8= Unsure	Leave blank or fill with 9
	THREATS	Threats	Question 12C	Numeric	1	94	1= Yes 2= No 8= Unsure	Leave blank or fill with 9
	EXPLOIT	Exploitation	Question 12D	Numeric	1	95	1= Yes 2= No 8= Unsure	Leave blank or fill with 9
	HARASS	Harassment	Question 12E	Numeric	1	96	1= Yes 2= No 8= Unsure	Leave blank or fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	SUICATT	Suicide attempt	Question 12F	Numeric	1	97	1= Yes 2= No 8= Unsure	Leave blank or fill with 9
	OTHERHAR	Other type of harm to self	Question 12G	Numeric	1	98	1= Yes 2= No 8= Unsure	Leave blank or fill with 9
	HATECRIM	Hate crimes	Question 12H	Numeric	1	99	1= Yes 2= No 8= Unsure	Leave blank or fill with 9
	THEFT	Theft, robbery, vandalism	Question 12I	Numeric	1	100	1= Yes 2= No 8= Unsure	Leave blank or fill with 9
Subscales								
	ADL	Overall activities of daily living	x.xx	Numeric	4	101-104	Sum (Q6A-Q6H) / 8	If 1 item missing or marked 8, remove the item and compute based on 7 items; If more than 1 item missing or marked 8, do not compute. Leave missing bytes blank.

¹Shaded fields are required. Records will be rejected if these fields are not completed or if they contain data other than the acceptable responses. Non-shaded fields are not required but are considered to be "warning" fields. Records containing incomplete or invalid data in these fields will elicit a warning message but will not be rejected.

DATA SPECIFICATIONS - ADULT CONSUMER FORM B

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
Tracking Sheet Information								
Required	UCI	MACSIS UCI#	Tracking Sheet	Numeric	12	1-12	Assigned -by Diamond - First 7 bytes filled, last 5 bytes blank, left-justified	No missing bytes allowed, last 5 bytes blank
Required	UPID	Provider ID #	Tracking Sheet	Alphanumeric	12	13-24	Assigned by ODADAS - First 5 bytes filled, last 7 bytes blank	No missing bytes allowed, last 7 bytes blank
Required	INSTRUM	Instrument type	Tracking Sheet	Numeric	2	25-26	10 = Adult Consumer A 11 = Adult Provider A 20 = Adult Consumer B 30 = Ohio Scales Youth 31 = Ohio Scales Parent 32 = Ohio Scales Worker 33 = CAFAS 34 = PECFAS	No missing bytes allowed
Required	ADMINST	Survey administration number	Tracking Sheet	Numeric	1	27	1= 1 st administration 2= 2 nd administration 3= 3 rd administration 4= 4 th administration 5= 5 th – Nth administration 6= Termination	No missing bytes allowed
Required	ADMISSDT	Date of Admission	Tracking Sheet	Date	8	28-35	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
Required	ADMINDT	Administration date	Top of Adult Form B	Date	8	36-43	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
	COMPCODE	Company Code	Tracking Sheet	Alphabetic	5	44-48	Assigned by Diamond - First 4 letters of Bd's County, m (Mental Health Bd only), a (Drug/ Alcohol Bd only), or b (Bd with both services combined)	Leave blank or fill with @
	GROUP	Group	Tracking Sheet	Alphabetic	4	49-52	First 4 letters of client's county of residence	Leave blank or fill with @
	DIAGTYPE	Diagnosis Type	Tracking Sheet	Alphabetic	1	53	A=DSM III-R B=DSM IV C=ICD-9	Leave blank or fill with @
	PDIAG	Primary Diagnosis	Tracking Sheet	Alphanumeric	5	54-58	No decimal point	Leave blank or fill with @
	LNAME	Consumer's Last Name	Top of Adult Form B	Alphabetic	3	59-61	First 3 letters only	Leave blank or fill with @

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
Required	DOB	Date of Birth	Top of Adult Form B	Date	8	62-69	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
	GENDER	Gender	Top of Adult Form B	Alphabetic	1	70	M= Male F= Female	Leave blank or fill with @
	EDUCAT	Last school grade completed	Question 34	Numeric	2	71-72	00 = Less than 1 st grade 01-11 = 1 st thru 11 th 12 = H.S. diploma/GED 13 = Trade/Tech school 14 = Some college 15= 2yr college/Assoc deg 16= 4yr college/Undergrad 17 = Grad courses 18 = Grad degree 19 = Post-grad studies 20 = Further special studies 99= Missing	Fill with 9
Your race (check all that apply)								
	RACEW	White	Question 35	Numeric	1	73	1=No 2=Yes	Leave blank or fill with 9
	RACEN	Native American/Pacific Islander	Question 35	Numeric	1	74	1=No 2=Yes	Leave blank or fill with 9
	RACEB	Black/African American	Question 35	Numeric	1	75	1=No 2=Yes	Leave blank or fill with 9
	RACEH	Hispanic/Latino	Question 35	Numeric	1	76	1=No 2=Yes	Leave blank or fill with 9
	RACEA	Asian	Question 35	Numeric	1	77	1=No 2=Yes	Leave blank or fill with 9
	RACEO	Other	Question 35	Numeric	1	78	1=No 2=Yes	Leave blank or fill with 9
	RACEU	Unknown	Question 35	Numeric	1	79	1=No 2=Yes	Leave blank or fill with 9
	MARITAL	What is your current marital status?	Question 36	Numeric	1	80	1= Never married 2= Married 3= Separated 4= Divorced 5= Widowed 6= Living together 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
	LIVSIT	What is your current living situation?	Question 37	Alphabetic	1	81	A= Own home B= Friend's home C= Relative's home D= Supervised group living E= Supervised apartment F= Boarding home G= Crisis residential H= Child foster care I= Adult foster care J= Intermediate care facility K= Skilled nursing facility L= Respite care M= MR intermediate care facility N= Licensed MR facility O= State MR institution P= State MH institution Q= Hospital R= Correctional facility S= Homeless T= Rest home U= Other	Leave blank or fill with @
	EMPLOY	What is your current employment status?	Question 38	Alphabetic	1	82	A= Full time B= Part time C= Sheltered employ D= Unemployed E= Homemaker F= Student G= Retired H= Disabled I= Inmate of Institution J= Other	Leave blank or fill with @
	MANDATED	Are you in treatment because you want to be?	Question 39	Numeric	1	83	1= No 2= Yes 9= Missing	Fill with 9
	TRANSTYPE	Transaction type	Tracking Sheet	Alphabetic	1	84	A= Add C= Change	Leave blank or fill with @
	REFUSAL	Refusal type	Tracking Sheet	Numeric	1	85	1= Person refused 2= Person unable to complete 3= Person completed	Leave blank or fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
	SDIAG	Secondary Diagnosis	Tracking Sheet	Alphanumeric	5	86-90	No decimal point	Leave blank or fill with @
Quality of Life <i>How do you feel about:</i>								
	FRIENDSH	The amount of friendship in your life	Question 1	Numeric	1	91	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	MONEY	The amount of money in your life	Question 2	Numeric	1	92	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	MCOMFORT	How comfortable and well-off are you financially	Question 3	Numeric	1	93	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	MFUN	How much money you have to spend for fun	Question 4	Numeric	1	94	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	MEANING	The amount of meaningful activity in your life (such as work, school, volunteer activity, leisure activities)	Question 5	Numeric	1	95	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
	FREEDOM	The amount of freedom you have	Question 6	Numeric	1	96	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	FAMRSHIP	The way you and your family act toward each other	Question 7	Numeric	1	97	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 8= Does not apply 9= Missing	Fill with 9
	PERSONAL	Your personal safety	Question 8	Numeric	1	98	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	NEIGHBOR	The neighborhood in which you live	Question 9	Numeric	1	99	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	HOUSING	Your housing/living arrangements	Question 10	Numeric	1	100	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9
	HEALTH	Your health in general	Question 11	Numeric	1	101	1= Terrible 2= Mostly dissatisfied 3= Equally satisfied/dissatisfied 4= Mostly satisfied 5= Very pleased 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
	TIMEWITH	How often do you have the opportunity to spend time with people you really like	Question 12	Numeric	1	102	1 = Never 2 = Seldom/rarely 3 = Sometimes 4 = Often 5 = Always 9 = Missing	Fill with 9
Physical Health & Stigma								
	PHYSICAL	How often does your physical condition interfere with your day-to-day functioning	Question13	Numeric	1	103	1= Always 2= Often 3= Sometimes 4= Seldom/rarely 5= Never 9=Missing	Fill with 9
	MEDICAT	Concerns about my medications (such as side effects, dosage, type of medication) are addressed	Question14	Numeric	1	104	1= Never 2= Seldom/rarely 3= Sometimes 4= Often 5= Always 8= Not applicable 9= Missing	Fill with 9
	STIGMAMH	I have been treated with dignity and respect at this agency.	Question 15	Numeric	1	105	1= Never 2= Seldom/rarely 3= Sometimes 4= Often 5= Always 9= Missing	Fill with 9
	STIGMAP	How often do you feel threatened by people's reactions to your mental health problems?	Question 16	Numeric	1	106	1= Always 2= Often 3= Sometimes 4= Seldom/rarely 5= Never 9= Missing	Fill with 9
Symptom Distress Scale								
<i>During the last 7 days, about how much were you distressed or bothered by:</i>								
	NERVES	Nervousness or shakiness inside	Question 17	Numeric	1	107	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
	SCARED	Being suddenly scared for no reason	Question 18	Numeric	1	108	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	FEARFUL	Feeling fearful	Question 19	Numeric	1	109	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	TENSE	Feeling tense or keyed up	Question 20	Numeric	1	110	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	PANIC	Spells of terror or panic	Question 21	Numeric	1	111	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	RESTLESS	Feeling so restless you couldn't sit still	Question 22	Numeric	1	112	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	HEAVY	Heavy feelings in arms or legs	Question 23	Numeric	1	113	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
	HOMEALON	Feeling afraid to go out of your home alone	Question 24	Numeric	1	114	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	WORTHLES	Feeling of worthlessness	Question 25	Numeric	1	115	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	LONEWITH	Feeling lonely even when you are with people	Question 26	Numeric	1	116	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	WEAK	Feeling weak in parts of your body	Question 27	Numeric	1	117	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	BLUE	Feeling blue	Question 28	Numeric	1	118	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	LONELY	Feeling lonely	Question 29	Numeric	1	119	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses ²	How to manage missing data
	UNINTER	Feeling no interest in things	Question 30	Numeric	1	120	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
	AFRAID	Feeling afraid in open spaces or on the streets	Question 31	Numeric	1	121	1= Not at all 2= A little bit 3= Some 4= Quite a bit 5= Extremely 9= Missing	Fill with 9
Symptom Recognition & Prevention								
	SYMPTREC	How often can you tell when mental or emotional problems about to occur?	Question 32	Numeric	1	122	1= Never 2= Seldom/rarely 3= Sometimes 4= Often 5= Always 9= Missing	Fill with 9
	SYMPTPRE	When you can tell, how often can you take care of the problems before they become worse?	Question 33	Numeric	1	123	1= Never 2= Seldom/rarely 3= Sometimes 4= Often 5= Always 9= Missing	Fill with 9
Subscales								
	FINAN	Quality of Life: financial	x.xx	Numeric	4	124-127	Average of FINAN items (Q2 + Q3 + Q4)/3	1 or more items missing, do not compute. Leave missing bytes blank.
	SDS	Overall symptom distress	xx	Numeric	2	128-129	Sum of all SDS items. (Q17-Q31)	If 4 or less items missing, insert individual's mean score for missing item(s); If 5 or more items missing, do not compute. Leave missing bytes blank.

¹Shaded fields are required. Records will be rejected if these fields are not completed or if they contain data other than the acceptable responses. Non-shaded fields are not required but are considered to be "warning" fields. Records containing incomplete or invalid data in these fields will elicit a warning message but will not be rejected.

² This column lists acceptable responses with reverse scoring already taken into account. Refer to the Outcomes Procedural Manual for additional information.

DATA SPECIFICATIONS - OHIO SCALES - YOUTH VERSION

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Tracking Sheet Information								
Required	UCI	MACSIS UCI#	Tracking Sheet	Numeric	12	1-12	Assigned by Diamond - First 7 bytes filled, last 5 bytes blank, left-justified	No missing bytes allowed, last 5 bytes blank
Required	UPID	Provider ID #	Tracking Sheet	Alphanumeric	12	13-24	Assigned by ODADAS - First 5 bytes filled, last 7 bytes blank	No missing bytes allowed, last 7 bytes blank
Required	INSTRUM	Instrument type	Tracking Sheet	Numeric	2	25-26	10 = Adult Consumer A 11 = Adult Provider A 20 = Adult Consumer B 30 = Ohio Scales Youth 31 = Ohio Scales Parent 32 = Ohio Scales Worker 33 = CAFAS 34 = PECFAS	No missing bytes allowed
Required	ADMINST	Survey administration number	Tracking Sheet	Numeric	1	27	1= Initial 2= 3 month 3= 6 month 4= 9 month 5= Annual 6= Termination	No missing bytes allowed
Required	ADMISSDT	Date of Admission	Tracking Sheet	Date	8	28-35	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
Required	ADMINDT	Administration date	Top of OSY Form	Date	8	36-43	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
	COMPCODE	Company Code	Tracking Sheet	Alphabetic	5	44-48	Assigned by Diamond - First 4 letters of Bd's County, m (Mental Health Bd only), a (Drug/ Alcohol Bd only), or b (Bd with both services combined)	Leave blank or fill with @
	GROUP	Group	Tracking Sheet	Alphabetic	4	49-52	First 4 letters of client's county of residence	Leave blank or fill with @
	DIAGTYPE	Diagnosis Type	Tracking Sheet	Alphabetic	1	53	A=DSM III-R B=DSM IV C=ICD-9	Leave blank or fill with @
	PDIAG	Primary Diagnosis	Tracking Sheet	Alphanumeric	5	54-58	No decimal point	Leave blank or fill with @
	LNAME	Youth's Last Name	Top of OSY Form	Alphabetic	3	59-61	First 3 letters only	Leave blank or fill with @

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Required	DOB	Date of Birth	Top of OSY Form	Date	8	62-69	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
	GENDER	Gender	Top of OSY Form	Alphabetic	1	70	M= Male F= Female	Leave blank or fill with @
	EDUCAT	Youth's Current Grade Level	Question 62	Numeric	2	71-72	00 = Less than 1 st grade 01-11 = 1 st thru 11 th 12 = H.S. diploma/GED 13 = Trade/Tech school 14 = Some college 15= 2yr college/Assoc deg 16= 4yr college/Undergrad 17 = Grad courses 18 = Grad degree 19 = Post-grad studies 20 = Further special studies 99= Missing	Fill with 9
Youth's race (check all that apply)								
	RACEW	White	Question 63	Numeric	1	73	1=No 2=Yes	Leave blank or fill with 9
	RACEN	Native American/Pacific Islander	Question 63	Numeric	1	74	1=No 2=Yes	Leave blank or fill with 9
	RACEB	Black/African American	Question 63	Numeric	1	75	1=No 2=Yes	Leave blank or fill with 9
	RACEH	Hispanic/Latino	Question 63	Numeric	1	76	1=No 2=Yes	Leave blank or fill with 9
	RACEA	Asian	Question 63	Numeric	1	77	1=No 2=Yes	Leave blank or fill with 9
	RACEO	Other	Question 63	Numeric	1	78	1=No 2=Yes	Leave blank or fill with 9
	RACEU	Unknown	Question 63	Numeric	1	79	1=No 2=Yes	Leave blank or fill with 9
	TRANSTYPE	Transaction type	Tracking Sheet	Alphabetic	1	80	A= Add C= Change	Leave blank or fill with @
	REFUSAL	Refusal type	Tracking Sheet	Numeric	1	81	1= Person refused 2= Person unable to complete 3= Person completed	Leave blank or fill with 9
	SDIAG	Secondary Diagnosis	Tracking Sheet	Alphanumeric	5	82-86	No decimal point	Leave blank or fill with @
Problem Severity								
	YARGUING	Arguing with others	Question 1	Numeric	1	87	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	YFIGHTS	Getting into fights	Question 2	Numeric	1	88	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	YYELL	Yelling, swearing, or screaming at others	Question 3	Numeric	1	89	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	YANGER	Fits of anger	Question 4	Numeric	1	90	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	YREFUSE	Refusing to do things teachers or parents ask	Question 5	Numeric	1	91	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	YTROUBLE	Causing trouble for no reason	Question 6	Numeric	1	92	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	YDRUGS	Using drugs or alcohol	Question 7	Numeric	1	93	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	YBREAK	Breaking rules or breaking the law (out past curfew, stealing)	Question 8	Numeric	1	94	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	YSKIP	Skipping school or classes	Question 9	Numeric	1	95	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	YLYING	Lying	Question 10	Numeric	1	96	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	YENERGY	Can't seem to sit still, having too much energy	Question 11	Numeric	1	97	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	YHURT	Hurting self (cutting or scratching self, taking pills)	Question 12	Numeric	1	98	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	YDEATH	Talking or thinking about death	Question 13	Numeric	1	99	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	YWORTH	Feeling worthless or useless	Question 14	Numeric	1	100	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	YLONELY	Feeling lonely or having no friends	Question 15	Numeric	1	101	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	YANXIOUS	Feeling anxious or fearful	Question 16	Numeric	1	102	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	YWORRY	Worrying that something bad is going to happen	Question 17	Numeric	1	103	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	YSAD	Feeling sad or depressed	Question 18	Numeric	1	104	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	YNIGHT	Nightmares	Question 19	Numeric	1	105	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	YEATING	Eating problems	Question 20	Numeric	1	106	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
Hope								
	YRSHIP	Overall, how satisfied are you with your life right now?	Question 1	Numeric	1	107	1= Extremely satisfied 2= Moderately satisfied 3= Somewhat satisfied 4= Somewhat dissatisfied 5= Moderately dissatisfied 6= Extremely dissatisfied 9= Missing	Fill with 9
	YCAPAB	How energetic and healthy do you feel right now?	Question 2	Numeric	1	108	1= Extremely healthy 2= Moderately healthy 3= Somewhat healthy 4= Somewhat unhealthy 5= Moderately unhealthy 6= Extremely unhealthy 9= Missing	Fill with 9
	YSTRESS	How much stress or pressure is in your life right now?	Question 3	Numeric	1	109	1=Very little stress 2=Some stress 3=Quite a bit of stress 4=A moderate amount of stress 5= A great deal of stress 6= Unbearable amounts of stress 9= Missing	Fill with 9
	YOPTIM	How optimistic are you your future right now?	Question 4	Numeric	1	110	1= The future looks very bright 2=The The future looks somewhat bright 3= The future looks OK 4= The future looks both good and bad 5= The future looks bad 6= The future looks very bad 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Satisfaction								
	YSERVICE	How satisfied are you with the mental health services you have received so far?	Question 1	Numeric	1	111	1= Extremely satisfied 2= Moderately satisfied 3= Somewhat satisfied 4= Somewhat dissatisfied 5= Moderately dissatisfied 6= Extremely dissatisfied 9= Missing	Fill with 9
	YTREAT	How much are you included in deciding your treatment?	Question 2	Numeric	1	112	1= A great deal 2= Moderately 3= Quite a bit 4= Somewhat 5= A little 6= Not at all 9= Missing	Fill with 9
	YLISTEN	Mental health workers involved in my case listen to me and know what I want.	Question 3	Numeric	1	113	1= A great deal 2= Moderately 3= Quite a bit 4= Somewhat 5= A little 6= Not at all 9= Missing	Fill with 9
	YSAY	I have a lot of say about what happens in my treatment?	Question 4	Numeric	1	114	1= A great deal 2= Moderately 3= Quite a bit 4= Somewhat 5= A little 6= Not at all 9= Missing	Fill with 9
Functioning								
	YFRIENDS	Getting along with friends	Question 1	Numeric	1	115	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	YFAMILY	Getting along with family	Question 2	Numeric	1	116	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	YDATING	Dating or developing relationships with boyfriends or girlfriends	Question 3	Numeric	1	117	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	YADULTS	Getting along with adults outside the family (teachers, principal)	Question 4	Numeric	1	118	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	YNEAT	Keeping neat and clean, looking good	Question 5	Numeric	1	119	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	YHEALTH	Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	Question 6	Numeric	1	120	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	YEMOTION	Controlling emotions and staying out of trouble	Question 7	Numeric	1	121	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	YMOTIV	Being motivated and finishing projects	Question8	Numeric	1	122	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	YHOBBIES	Participating in hobbies (baseball cards, coins, stamps, art)	Question 9	Numeric	1	123	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	YACTIV	Participating in recreational activities (sports, swimming, bike riding)	Question 10	Numeric	1	124	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	YCHORES	Completing household chores (cleaning room, other chores)	Question 11	Numeric	1	125	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	YSCHOOL	Attending school and getting passing grades in school	Question 12	Numeric	1	126	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	YSKILLS	Learning skills that will be useful for future jobs	Question 13	Numeric	1	127	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	YSELF	Feeling good about self	Question 14	Numeric	1	128	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	YDECIS	Thinking clearly and making good decisions	Question 15	Numeric	1	129	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	YCONCEN	Concentrating, paying attention, and completing tasks	Question 16	Numeric	1	130	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	Y MONEY	Earning money and learning how to use money wisely	Question 17	Numeric	1	131	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	YSUPERV	Doing things without supervision or restrictions	Question 18	Numeric	1	132	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	YRESPON	Accepting responsibility for actions	Question 19	Numeric	1	133	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	YEXPRESS	Ability to express feelings	Question 20	Numeric	1	134	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Subscales								
	PSEVER	Problem severity subscale	xxx	Numeric	3	135-137	Sum all Problem Severity items.	If 5 + items are missing, do not compute; If 4 or less items missing, insert individual's mean score; Leave missing bytes blank.
	HOPE	Hopefulness subscale	xx	Numeric	2	138-139	Sum of all Hope items.	If 1+ items are missing, do not compute; Leave missing bytes blank.
	SATIS	Satisfaction subscale	xx	Numeric	2	140-141	Sum of all Satis items	If 1+ items are missing, do not compute; Leave missing bytes blank.
	FUNC	Functioning subscale	xx	Numeric	2	142-143	Sum of all Func items	If 5 + items are missing, do not compute; If 4 or less items missing, insert 3; Leave missing bytes blank.

¹Shaded fields are required. Records will be rejected if these fields are not completed or if they contain data other than the acceptable responses. Non-shaded fields are not required but are considered to be "warning" fields. Records containing incomplete or invalid data in these fields will elicit a warning message but will not be rejected.

DATA SPECIFICATIONS - OHIO SCALES - PARENT VERSION

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Tracking Sheet Information								
Required	UCI	MACSIS UCI#	Tracking Sheet	Numeric	12	1-12	Assigned by Diamond - First 7 bytes filled, last 5 bytes blank, left-justified	No missing bytes allowed, last 5 bytes blank
Required	UPID	Provider ID #	Tracking Sheet	Alphanumeric	12	13-24	Assigned by ODADAS - First 5 bytes filled, last 7 bytes blank	No missing bytes allowed, last 7 bytes blank
Required	INSTRUM	Instrument type	Tracking Sheet	Numeric	2	25-26	10 = Adult Consumer A 11 = Adult Provider A 20 = Adult Consumer B 30 = Ohio Scales Youth 31 = Ohio Scales Parent 32 = Ohio Scales Worker 33 = CAFAS 34 = PECFAS	No missing bytes allowed
Required	ADMINST	Survey administration number	Tracking Sheet	Numeric	1	27	1= Initial 2= 3 month 3= 6 month 4= 9 month 5= Annual 6= Termination	No missing bytes allowed
Required	ADMISSDT	Date of Admission	Tracking Sheet	Date	8	28-35	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
Required	ADMINDT	Administration date	Top of OSP Form	Date	8	36-43	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
	COMPCODE	Company Code	Tracking Sheet	Alphabetic	5	44-48	Assigned by Diamond - First 4 letters of Bd's County, m (Mental Health Bd only), a (Drug/ Alcohol Bd only), or b (Bd with both services combined)	Leave blank or fill with @
	GROUP	Group	Tracking Sheet	Alphabetic	4	49-52	First 4 letters of client's county of residence	Leave blank or fill with @
	DIAGTYPE	Diagnosis Type	Tracking Sheet	Alphabetic	1	53	A=DSM III-R B=DSM IV C=ICD-9	Leave blank or fill with @
	PDIAG	Primary Diagnosis	Tracking Sheet	Alphanumeric	5	54-58	No decimal point	Leave blank or fill with @
	LNAME	Youth's Last Name	Top of OSP Form	Alphabetic	3	59-61	First 3 letters only	Leave blank or fill with @

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Required	DOB	Date of Birth	Top of OSP Form	Date	8	62-69	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
	GENDER	Gender	Top of OSP Form	Alphabetic	1	70	M= Male F= Female	Leave blank or fill with @
	EDUCAT	Youth's Current Grade Level	Question 62	Numeric	2	71-72	00 = Less than 1 st grade 01-11 = 1 st thru 11 th 12 = H.S. diploma/GED 13 = Trade/Tech school 14 = Some college 15= 2yr college/Assoc deg 16= 4yr college/Undergrad 17 = Grad courses 18 = Grad degree 19 = Post-grad studies 20 = Further special studies 99= Missing	Fill with 9
Youth's race (check all that apply)								
	RACEW	White	Question 63	Numeric	1	73	1=No 2=Yes	Leave blank or fill with 9
	RACEN	Native American/Pacific Islander	Question 63	Numeric	1	74	1=No 2=Yes	Leave blank or fill with 9
	RACEB	Black/African American	Question 63	Numeric	1	75	1=No 2=Yes	Leave blank or fill with 9
	RACEH	Hispanic/Latino	Question 63	Numeric	1	76	1=No 2=Yes	Leave blank or fill with 9
	RACEA	Asian	Question 63	Numeric	1	77	1=No 2=Yes	Leave blank or fill with 9
	RACEO	Other	Question 63	Numeric	1	78	1=No 2=Yes	Leave blank or fill with 9
	RACEU	Unknown	Question 63	Numeric	1	79	1=No 2=Yes	Leave blank or fill with 9
	TRANSTYPE	Transaction type	Tracking Sheet	Alphabetic	1	80	A= Add C= Change	Leave blank or fill with @
	REFUSAL	Refusal type	Tracking Sheet	Numeric	1	81	1= Person refused 2= Person unable to complete 3= Person completed	Leave blank or fill with 9
	SDIAG	Secondary Diagnosis	Tracking Sheet	Alphanumeric	5	82-86	No decimal point	Leave blank or fill with @
	PFORM	Form completed by	OSP header	Numeric	1	87	1=Mother 2=Father 3=Step-mother 4=Step-father 5=Other	Leave blank or fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Problem Severity								
	PARGUING	Arguing with others	Question 1	Numeric	1	88	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	PFIGHTS	Getting into fights	Question 2	Numeric	1	89	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	PYELL	Yelling, swearing, or screaming at others	Question 3	Numeric	1	90	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	PANGER	Fits of anger	Question 4	Numeric	1	91	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	PREFUSE	Refusing to do things teachers or parents ask	Question 5	Numeric	1	92	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	PTRouble	Causing trouble for no reason	Question 6	Numeric	1	93	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	PDRUGS	Using drugs or alcohol	Question 7	Numeric	1	94	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	PBREAK	Breaking rules or breaking the law (out past curfew, stealing)	Question 8	Numeric	1	95	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	PSKIP	Skipping school or classes	Question 9	Numeric	1	96	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	PLYING	Lying	Question 10	Numeric	1	97	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	PENERGY	Can't seem to sit still, having too much energy	Question 11	Numeric	1	98	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	PHURT	Hurting self (cutting or scratching self, taking pills)	Question 12	Numeric	1	99	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	PDEATH	Talking or thinking about death	Question 13	Numeric	1	100	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	PWORTH	Feeling worthless or useless	Question 14	Numeric	1	101	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	PLONELY	Feeling lonely or having no friends	Question 15	Numeric	1	102	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	PANXIOUS	Feeling anxious or fearful	Question 16	Numeric	1	103	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	PWORRY	Worrying that something bad is going to happen	Question 17	Numeric	1	104	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	PSAD	Feeling sad or depressed	Question 18	Numeric	1	105	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	PNIGHT	Nightmares	Question 19	Numeric	1	106	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	PEATING	Eating problems	Question 20	Numeric	1	107	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
Hope								
	PRSHIP	Overall, how satisfied are you with your relationship with your child right now?	Question 1	Numeric	1	108	1= Extremely satisfied 2= Moderately satisfied 3= Somewhat satisfied 4= Somewhat dissatisfied 5= Moderately dissatisfied 6= Extremely dissatisfied 9= Missing	Fill with 9
	PCAPAB	How capable of dealing with your child's problems do you feel right now?	Question 2	Numeric	1	109	1= Extremely capable 2= Moderately capable 3= Somewhat capable 4= Somewhat incapable 5= Moderately incapable 6= Extremely incapable 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	PSTRESS	How much stress or pressure is in your life right now?	Question 3	Numeric	1	110	1=Very little stress 2=Some stress 3=Quite a bit of stress 4=A moderate amount of stress 5= A great deal of stress 6= Unbearable amounts of stress 9= Missing	Fill with 9
	POPTIM	How optimistic are you about your child's future right now?	Question 4	Numeric	1	111	1= The future looks very bright 2=The future looks somewhat bright 3= The future looks OK 4= The future looks both good and bad 5= The future looks bad 6= The future looks very bad 9= Missing	Fill with 9
Satisfaction								
	PSERVICE	How satisfied are you with the mental health services your child has received so far?	Question 1	Numeric	1	112	1= Extremely satisfied 2= Moderately satisfied 3= Somewhat satisfied 4= Somewhat dissatisfied 5= Moderately dissatisfied 6= Extremely dissatisfied 9= Missing	Fill with 9
	PTREAT	To what degree have you been included in the treatment planning process for your child?	Question 2	Numeric	1	113	1= A great deal 2= Moderately 3= Quite a bit 4= Somewhat 5= A little 6= Not at all 9= Missing	Fill with 9
	PLISTEN	Mental health workers involved in my case listen to and value my ideas about treatment planning for my child.	Question 3	Numeric	1	114	1= A great deal 2= Moderately 3= Quite a bit 4= Somewhat 5= A little 6= Not at all 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	PSAY	To what extent does your child's treatment plan include your ideas about your child's treatment?	Question 4	Numeric	1	115	1= A great deal 2= Moderately 3= Quite a bit 4= Somewhat 5= A little 6= Not at all 9= Missing	Fill with 9
Functioning								
	PFRIENDS	Getting along with friends	Question 1	Numeric	1	116	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	PFAMILY	Getting along with family	Question 2	Numeric	1	117	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	PDATING	Dating or developing relationships with boyfriends or girlfriends	Question 3	Numeric	1	118	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	PADULTS	Getting along with adults outside the family (teachers, principal)	Question 4	Numeric	1	119	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	PNEAT	Keeping neat and clean, looking good	Question 5	Numeric	1	120	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	PHEALTH	Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	Question 6	Numeric	1	121	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	PEMOTION	Controlling emotions and staying out of trouble	Question 7	Numeric	1	122	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	PMOTIV	Being motivated and finishing projects	Question 8	Numeric	1	123	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	PHOBBIES	Participating in hobbies (baseball cards, coins, stamps, art)	Question 9	Numeric	1	124	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	PACTIV	Participating in recreational activities (sports, swimming, bike riding)	Question 10	Numeric	1	125	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	PCHORES	Completing household chores (cleaning room, other chores)	Question 11	Numeric	1	126	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	PSCHOOL	Attending school and getting passing grades in school	Question 12	Numeric	1	127	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	PSKILLS	Learning skills that will be useful for future jobs	Question 13	Numeric	1	128	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	PSELF	Feeling good about self	Question 14	Numeric	1	129	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	PDECIS	Thinking clearly and making good decisions	Question 15	Numeric	1	130	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	PCONCEN	Concentrating, paying attention, and completing tasks	Question 16	Numeric	1	131	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	PMONEY	Earning money and learning how to use money wisely	Question 17	Numeric	1	132	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	PSUPERV	Doing things without supervision or restrictions	Question 18	Numeric	1	133	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	PRESPON	Accepting responsibility for actions	Question 19	Numeric	1	134	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	PEXPRESS	Ability to express feelings	Question 20	Numeric	1	135	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
Subscales								
	PSEVER	Problem severity subscale	xxx	Numeric	3	136-138	Sum all Problem Severity items.	If 5 + items are missing, do not compute; If 4 or less items missing, insert individual's mean score; Leave missing bytes blank.
	HOPE	Hopefulness subscale	xx	Numeric	2	139-140	Sum of all Hope items.	If 1+ items are missing, do not compute; Leave missing bytes blank.
	SATIS	Satisfaction subscale	xx	Numeric	2	141-142	Sum of all Satis items	If 1+ items are missing, do not compute; Leave missing bytes blank.
	FUNC	Functioning subscale	xx	Numeric	2	143-144	Sum of all Func items	If 5 + items are missing, do not compute; If 4 or less items missing, insert 3; Leave missing bytes blank.

¹Shaded fields are required. Records will be rejected if these fields are not completed or if they contain data other than the acceptable responses. Non-shaded fields are not required but are considered to be "warning" fields. Records containing incomplete or invalid data in these fields will elicit a warning message but will not be rejected.

DATA SPECIFICATIONS - OHIO SCALES - WORKER VERSION

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Tracking Sheet Information								
Required	UCI	MACSIS UCI#	Tracking Sheet	Numeric	12	1-12	Assigned by Diamond - First 7 bytes filled, last 5 bytes blank, left-justified	No missing bytes allowed, last 5 bytes blank
Required	UPID	Provider ID #	Tracking Sheet	Alphanumeric	12	13-24	Assigned by ODADAS - First 5 bytes filled, last 7 bytes blank	No missing bytes allowed, last 7 bytes blank
Required	INSTRUM	Instrument type	Tracking Sheet	Numeric	2	25-26	10 = Adult Consumer A 11 = Adult Provider A 20 = Adult Consumer B 30 = Ohio Scales Youth 31 = Ohio Scales Parent 32 = Ohio Scales Worker 33 = CAFAS 34 = PECFAS	No missing bytes allowed
Required	ADMINST	Survey administration number	Tracking Sheet	Numeric	1	27	1= Initial 2= 3 month 3= 6 month 4= 9 month 5= Annual 6= Termination	No missing bytes allowed
Required	ADMISSDT	Date of Admission	Tracking Sheet	Date	8	28-35	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
Required	ADMINDT	Administration date	Top of OSW Form	Date	8	36-43	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
	COMPCODE	Company Code	Tracking Sheet	Alphabetic	5	44-48	Assigned by Diamond - First 4 letters of Bd's County, m (Mental Health Bd only), a (Drug/ Alcohol Bd only), or b (Bd with both services combined)	Leave blank or fill with @
	GROUP	Group	Tracking Sheet	Alphabetic	4	49-52	First 4 letters of client's county of residence	Leave blank or fill with @
	DIAGTYPE	Diagnosis Type	Tracking Sheet	Alphabetic	1	53	A=DSM III-R B=DSM IV C=ICD-9	Leave blank or fill with @
	PDIAG	Primary Diagnosis	Tracking Sheet	Alphanumeric	5	54-58	No decimal point	Leave blank or fill with @
	LNAME	Youth's Last Name	Top of OSW Form	Alphabetic	3	59-61	First 3 letters only	Leave blank or fill with @

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Required	DOB	Date of Birth	Top of OSW Form	Date	8	62-69	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
	GENDER	Gender	Top of OSW Form	Alphabetic	1	70	M= Male F= Female	Leave blank or fill with @
	EDUCAT	Youth's Current Grade Level	Question 62	Numeric	2	71-72	00 = Less than 1 st grade 01-11 = 1 st thru 11 th 12 = H.S. diploma/GED 13 = Trade/Tech school 14 = Some college 15= 2yr college/Assoc deg 16= 4yr college/Undergrad 17 = Grad courses 18 = Grad degree 19 = Post-grad studies 20 = Further special studies 99= Missing	Fill with 9
Youth's race (check all that apply)								
	RACEW	White	Question 63	Numeric	1	73	1=No 2=Yes	Fill with 9
	RACEN	Native American/Pacific Islander	Question 63	Numeric	1	74	1=No 2=Yes	Fill with 9
	RACEB	Black/African American	Question 63	Numeric	1	75	1=No 2=Yes	Fill with 9
	RACEH	Hispanic/Latino	Question 63	Numeric	1	76	1=No 2=Yes	Fill with 9
	RACEA	Asian	Question 63	Numeric	1	77	1=No 2=Yes	Fill with 9
	RACEO	Other	Question 63	Numeric	1	78	1=No 2=Yes	Fill with 9
	RACEU	Unknown	Question 63	Numeric	1	79	1=No 2=Yes	Fill with 9
	TRANSTYPE	Transaction type	Tracking Sheet	Alphabetic	1	80	A= Add C= Change	Leave blank or fill with @
	REFUSAL	Refusal type	Tracking Sheet	Numeric	1	81	1= Person refused 2= Person unable to complete 3= Person completed	Fill with 9
	SDIAG	Secondary Diagnosis	Tracking Sheet	Alphanumeric	5	82-86	No decimal point	Leave blank or fill with @
	COMPLETE	Form completed by	Top of OSW Form	Numeric	1	87	1=Case manager 2= Therapist 3= Other	Leave blank or fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Problem Severity								
	WARGUING	Arguing with others	Question 1	Numeric	1	88	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	WFIGHTS	Getting into fights	Question 2	Numeric	1	89	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	WYELL	Yelling, swearing, or screaming at others	Question 3	Numeric	1	90	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	WANGER	Fits of anger	Question 4	Numeric	1	91	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	WREFUSE	Refusing to do things teachers or parents ask	Question 5	Numeric	1	92	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	WTRUBLE	Causing trouble for no reason	Question 6	Numeric	1	93	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	WDRUGS	Using drugs or alcohol	Question 7	Numeric	1	94	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	WBREAK	Breaking rules or breaking the law (out past curfew, stealing)	Question 8	Numeric	1	95	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	WSKIP	Skipping school or classes	Question 9	Numeric	1	96	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	WLYING	Lying	Question 10	Numeric	1	97	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	WENERGY	Can't seem to sit still, having too much energy	Question 11	Numeric	1	98	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	WHURT	Hurting self (cutting or scratching self, taking pills)	Question 12	Numeric	1	99	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	WDEATH	Talking or thinking about death	Question 13	Numeric	1	100	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	WWORTH	Feeling worthless or useless	Question 14	Numeric	1	101	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	WLONELY	Feeling lonely or having no friends	Question 15	Numeric	1	102	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	WANXIOUS	Feeling anxious or fearful	Question 16	Numeric	1	103	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	WWORRY	Worrying that something bad is going to happen	Question 17	Numeric	1	104	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	WSAD	Feeling sad or depressed	Question 18	Numeric	1	105	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	WNIGHT	Nightmares	Question 19	Numeric	1	106	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9
	WEATING	Eating problems	Question 20	Numeric	1	107	0= Not at all 1= Once or twice 2= Several times 3= Often 4= Most of the time 5= All of the time 9= Missing	Fill with 9

Roles

Enter the number of days the youth was placed in each of the following settings during the past 90 days

	JAIL	Jail		Numeric	2	108-109	00-90, 99 = Missing	Fill with 9
	JUVDET	Juvenile detention/youth corrections		Numeric	2	110-111	00-90, 99= Missing	Fill with 9
	INPATIENT	Inpatient psychiatric hospital		Numeric	2	112-113	00-90, 99= Missing	Fill with 9
	DRUGREH	Drug/alcohol rehab center		Numeric	2	114-115	00-90, 99= Missing	Fill with 9
	MEDHOSP	Medical hospital		Numeric	2	116-117	00-90, 99= Missing	Fill with 9
	RESTX	Residential treatment		Numeric	2	118-119	00-90, 99= Missing	Fill with 9
	GROUPEM	Group emergency shelter		Numeric	2	120-121	00-90, 99= Missing	Fill with 9
	VOCCTR	Vocational center		Numeric	2	122-123	00-90, 99= Missing	Fill with 9
	GROUPHO	Group home		Numeric	2	124-125	00-90, 99= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	THERFOST	Therapeutic foster care		Numeric	2	126-127	00-90, 99= Missing	Fill with 9
	EMERSHEL	Individual home emergency shelter		Numeric	2	128-129	00-90, 99= Missing	Fill with 9
	SPECFOST	Specialized foster care		Numeric	2	130-131	00-90, 99= Missing	Fill with 9
	FOSTER	Foster care		Numeric	2	132-133	00-90, 99= Missing	Fill with 9
	SPRVIND	Supervised independent living		Numeric	2	134-135	00-90, 99= Missing	Fill with 9
	FRHOME	Home of a family friend		Numeric	2	136-137	00-90, 99= Missing	Fill with 9
	ADHOME	Adoptive home		Numeric	2	138-139	00-90, 99= Missing	Fill with 9
	RELHOME	Home of a relative		Numeric	2	140-141	00-90, 99= Missing	Fill with 9
	DORM	School dormitory		Numeric	2	142-143	00-90, 99= Missing	Fill with 9
	BIOFATH	Biological father		Numeric	2	144-145	00-90, 99= Missing	Fill with 9
	BIOMOTH	Biological mother		Numeric	2	146-147	00-90, 99= Missing	Fill with 9
	BIOPAREN	Two biological parents		Numeric	2	148-149	00-90, 99= Missing	Fill with 9
	INDWFR	Independent living with friend		Numeric	2	150-151	00-90, 99= Missing	Fill with 9
	INDSELF	Independent living by self		Numeric	2	152-153	00-90, 99= Missing	Fill with 9
Markers: Number in the past 90 days								
	ARRESTS	Arrests		Numeric	2	154-155	00-90, 99= Missing	Fill with 9
	SUSPEN	Suspensions from school		Numeric	2	156-157	00-90, 99= Missing	Fill with 9
	DETEN	Days in detention		Numeric	2	158-159	00-90, 99= Missing	Fill with 9
	SCHMISS	Days of school missed		Numeric	2	160-161	00-90, 99= Missing	Fill with 9
	SELFHARM	Self-harm attempts		Numeric	2	162-163	00-90, 99= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Functioning								
	WFRIENDS	Getting along with friends	Question 1	Numeric	1	164	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WFAMILY	Getting along with family	Question 2	Numeric	1	165	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WDATING	Dating or developing relationships with boyfriends or girlfriends	Question 3	Numeric	1	166	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WADULTS	Getting along with adults outside the family (teachers, principal)	Question 4	Numeric	1	167	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WNEAT	Keeping neat and clean, looking good	Question 5	Numeric	1	168	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WHEALTH	Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	Question 6	Numeric	1	169	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	WEMOTION	Controlling emotions and staying out of trouble	Question 7	Numeric	1	170	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WMOTIV	Being motivated and finishing projects	Question 8	Numeric	1	171	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WHOBBIES	Participating in hobbies (baseball cards, coins, stamps, art)	Question 9	Numeric	1	172	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WACTIV	Participating in recreational activities (sports, swimming, bike riding)	Question 10	Numeric	1	173	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WCHORES	Completing household chores (cleaning room, other chores)	Question 11	Numeric	1	174	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WSCHOOL	Attending school and getting passing grades in school	Question 12	Numeric	1	175	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WSKILLS	Learning skills that will be useful for future jobs	Question 13	Numeric	1	176	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	WSELF	Feeling good about self	Question 14	Numeric	1	177	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WDECIS	Thinking clearly and making good decisions	Question 15	Numeric	1	178	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WCONCEN	Concentrating, paying attention, and completing tasks	Question 16	Numeric	1	179	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WMONEY	Earning money and learning how to use money wisely	Question 17	Numeric	1	180	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WSUPERV	Doing things without supervision or restrictions	Question 18	Numeric	1	181	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WRESPON	Accepting responsibility for actions	Question 19	Numeric	1	182	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9
	WEXPRESS	Ability to express feelings	Question 20	Numeric	1	183	0= Extreme troubles 1= Quite a few troubles 2= Some troubles 3= OK 4= Doing very well 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Subscales								
	PSEVER	Problem severity subscale	xxx	Numeric	3	184-186	Sum all Problem Severity items.	If 5 + items are missing, do not compute; If 4 or less items missing, insert individual's mean score; Leave missing bytes blank
	ROLES	ROLES score	xx.x	Numeric	4	187-190	.5 - 10; Weighted average - see Ohio Scales User's Manual page 7; Format is xx.x, include decimal pt	Leave missing bytes blank
	FUNC	Functioning subscale	xx	Numeric	2	191-192	Sum of all Func items	If 5 + items are missing, do not compute; If 4 or less items missing, insert 3; Leave missing bytes blank

¹Shaded fields are required. Records will be rejected if these fields are not completed or if they contain data other than the acceptable responses. Non-shaded fields are not required but are considered to be "warning" fields. Records containing incomplete or invalid data in these fields will elicit a warning message but will not be rejected.

DATA SPECIFICATIONS - CAFAS

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Tracking Sheet Information								
Required	UCI	MACSIS UCI#	Tracking Sheet	Numeric	12	1-12	Assigned by Diamond - First 7 bytes filled, last 5 bytes blank, left-justified	No missing bytes allowed, last 5 bytes blank
Required	UPID	Provider ID #	Tracking Sheet	Alphanumeric	12	13-24	Assigned by ODADAS - First 5 bytes filled, last 7 bytes blank	No missing bytes allowed, last 7 bytes blank
Required	INSTRUM	Instrument type	Tracking Sheet	Numeric	2	25-26	10 = Adult Consumer A 11 = Adult Provider A 20 = Adult Consumer B 30 = Ohio Scales Youth 31 = Ohio Scales Parent 32 = Ohio Scales Worker 33 = CAFAS 34 = PECFAS	No missing bytes allowed
Required	ADMINST	Survey administration number	Tracking Sheet	Numeric	1	27	1= Initial 2= 3 month 3= 6 month 4= 9 month 5= Annual 6= Termination	No missing bytes allowed
Required	ADMISSDT	Date of Admission	Tracking Sheet	Date	8	28-35	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
Required	ADMINDT	Administration date	Top of Form	Date	8	36-43	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
	COMPCODE	Company Code	Tracking Sheet	Alphabetic	5	44-48	Assigned by Diamond - First 4 letters of Bd's County, m (Mental Health Bd only), a (Drug/ Alcohol Bd only), or b (Bd with both services combined)	Leave blank or fill with @
	GROUP	Group	Tracking Sheet	Alphabetic	4	49-52	First 4 letters of client's county of residence	Leave blank or fill with @
	DIAGTYPE	Diagnosis Type	Tracking Sheet	Alphabetic	1	53	A=DSM III-R B=DSM IV C=ICD-9	Leave blank or fill with @
	PDIAG	Primary Diagnosis	Tracking Sheet	Alphanumeric	5	54-58	No decimal point	Leave blank or fill with @
	LNAME	Consumer's Last Name	Top of Form	Alphabetic	3	59-61	First 3 letters only	Leave blank or fill with @

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Required	WDOB	Date of Birth	Top of Form	Date	8	62-69	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
	WSEX	Gender	Top of Form	Alphabetic	1	70	M= Male F= Female	Leave blank or fill with @
	TRANSTYPE	Transaction type	Tracking Sheet	Alphabetic	1	71	A= Add C= Change	Leave blank or fill with @
	REFUSAL	Refusal type	Tracking Sheet	Numeric	1	72	1= Person refused 2= Person unable to complete 3= Person completed	Leave blank or fill with @
	SDIAG	Secondary Diagnosis	Tracking Sheet	Alphanumeric	5	73-77	No decimal point	Leave blank or fill with @
	ADMIN2	CAFAS administration	Top of Form	Numeric	2	78-79	01= 1 st evaluation 02= 2 nd evaluation 03= 3 months 04= 6 months 05= 9 months 06= 12 months 07= 15 months 08= 18 months 09= 21 months 10= 24 months 11= Exit from service 12= Change in intensity of service 13= Unknown 14= Other	Fill with 9
	TIME	Time period rated for CAFAS	Top of Form	Numeric	1	80	1= Last month 2= Last 3 months 3= Other	Fill with 9
Scale Scores For Youth's Functioning								
	RP	Role Performance	CAFAS	Numeric	2	81-82	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	RPSW	Role Performance: School work	CAFAS	Numeric	2	83-84	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	RPH	Role Performance: Home	CAFAS	Numeric	2	85-86	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	RPC	Role Performance: Community	CAFAS	Numeric	2	87-88	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	BEHAV	Behavior Toward Others	CAFAS	Numeric	2	89-90	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	MSH	Moods/Self Harm	CAFAS	Numeric	2	91-92	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	ME	Moods/Emotions	CAFAS	Numeric	2	93-94	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	MSHB	Self Harmful Behavior	CAFAS	Numeric	2	95-96	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	SUBSTAN	Substance Use	CAFAS	Numeric	2	97-98	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	THINK	Thinking	CAFAS	Numeric	2	99-100	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	TOTAL5	Total for youth based on 5 scales	CAFAS	Numeric	3	101-103	000-150	Fill with 9
	TOTAL8	Total for youth based on 8 scales	CAFAS	Numeric	3	104-106	000-240	Fill with 9
Scale Scores for Caregiver's Resources								
	CAREGIV	Scale scores for caregiver's resources	CAFAS	Numeric	1	107	1= Primary 2= Other 9= Missing	Fill with 9
	MATNEED	Material Needs	CAFAS	Numeric	2	108-109	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	SOCSUP	Social Support	CAFAS	Numeric	2	110-111	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
Risk Behaviors								
	SUICIDE	Has made a serious suicide attempt or is considered to be actively suicidal or possibly suicidal	CAFAS	Numeric	1	112	1= No 2= Yes 9= Missing	Fill with 9
<i>Has been or may be harmful to self or others due to:</i>								
	HARM		CAFAS	Numeric	1	113	1= No 2= Yes 9= Missing	Fill with 9
	AGRESS	Aggression	CAFAS	Numeric	1	114	1= No 2= Yes 9= Missing	Fill with 9
	AGSCH	Aggression at School	CAFAS	Numeric	1	115	1= No 2= Yes 9= Missing	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	AGHOME	Aggression at Home	CAFAS	Numeric	1	116	1= No 2= Yes 9= Missing	Fill with 9
	AGCOM	Aggression in the Community	CAFAS	Numeric	1	117	1= No 2= Yes 9= Missing	Fill with 9
	AGBEH	Aggression in Behavior in general	CAFAS	Numeric	1	118	1= No 2= Yes 9= Missing	Fill with 9
	SEXBEH	Sexual Behavior	CAFAS	Numeric	1	119	1= No 2= Yes 9= Missing	Fill with 9
	FIRE	Fire Setting	CAFAS	Numeric	1	120	1= No 2= Yes 9= Missing	Fill with 9
	RUN	Runaway Behavior	CAFAS	Numeric	1	121	1= No 2= Yes 9= Missing	Fill with 9
	PSYCHOT	Psychotic or organic symptoms in the context of sever impairment	CAFAS	Numeric	1	122	1= No 2= Yes 9= Missing	Fill with 9
	SEVSU	Severe Substance Use	CAFAS	Numeric	1	123	1= No 2= Yes 9= Missing	Fill with 9
	CGRES	Youth's needs far exceed caregiver's resources	CAFAS	Numeric	1	124	1= No 2= Yes 9= Missing	Fill with 9

¹Shaded fields are required. Records will be rejected if these fields are not completed or if they contain data other than the acceptable responses. Non-shaded fields are not required but are considered to be "warning" fields. Records containing incomplete or invalid data in these fields will elicit a warning message but will not be rejected.

DATA SPECIFICATIONS - PECFAS

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Tracking Sheet Information								
Required	UCI	MACSIS UCI#	Tracking Sheet	Numeric	12	1-12	Assigned by Diamond - First 7 bytes filled, last 5 bytes blank, left-justified	No missing bytes allowed, last 5 bytes blank
Required	UPID	Provider ID #	Tracking Sheet	Alphanumeric	12	13-24	Assigned by ODADAS - First 5 bytes filled, last 7 bytes blank	No missing bytes allowed, last 7 bytes blank
Required	INSTRUM	Instrument type	Tracking Sheet	Numeric	2	25-26	10 = Adult Consumer A 11 = Adult Provider A 20 = Adult Consumer B 30 = Ohio Scales Youth 31 = Ohio Scales Parent 32 = Ohio Scales Worker 33 = CAFAS 34 = PECFAS	No missing bytes allowed
Required	ADMINST	Survey administration number	Tracking Sheet	Numeric	1	27	1= Initial 2= 3 month 3= 6 month 4= 9 month 5= Annual 6= Termination	No missing bytes allowed
Required	ADMISSDT	Date of Admission	Tracking Sheet	Date	8	28-35	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
Required	ADMINDT	Administration date	Top of Form	Date	8	36-43	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
	COMPCODE	Company Code	Tracking Sheet	Alphabetic	5	44-48	Assigned by Diamond - First 4 letters of Bd's County, m (Mental Health Bd only), a (Drug/ Alcohol Bd only), or b (Bd with both services combined)	Leave blank or fill with @
	GROUP	Group	Tracking Sheet	Alphabetic	4	49-52	First 4 letters of client's county of residence	Leave blank or fill with @
	DIAGTYPE	Diagnosis Type	Tracking Sheet	Alphabetic	1	53	A=DSM III-R B=DSM IV C=ICD-9	Leave blank or fill with @
	PDIAG	Primary Diagnosis	Tracking Sheet	Alphanumeric	5	54-58	No decimal point	Leave blank or fill with @
	LNAME	Consumer's Last Name	Top of Form	Alphabetic	3	59-61	First 3 letters only	Leave blank or fill with @

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Required	WDOB	Date of Birth	Top of Form	Date	8	62-69	yyyymmdd – must be a valid date and not in the future	No missing bytes allowed
	WSEX	Gender	Top of Form	Alphabetic	1	70	M= Male F= Female	Leave blank or fill with @
	TRANSTYPE	Transaction type	Tracking Sheet	Alphabetic	1	71	A= Add C= Change	Leave blank or fill with @
	REFUSAL	Refusal type	Tracking Sheet	Numeric	1	72	1= Person refused 2= Person unable to complete 3= Person completed	Leave blank or fill with 9
	SDIAG	Secondary Diagnosis	Tracking Sheet	Alphanumeric	5	73-77	No decimal point	Leave blank or fill with @
	PADMIN2	PECFAS administration	Top of Form	Numeric	2	78-79	01= 1 st evaluation 02= 2 nd evaluation 03= 3 months 04= 6 months 05= 9 months 06= 12 months 07= 15 months 08= 18 months 09= 21 months 10= 24 months 11= Exit from service 12= Change in intensity of service 13= Unknown 14= Other	Fill with 9
	PTIME	Time period rated for PECFAS	Top of Form	Numeric	1	80	1= Last month 2= Last 3 months 3= Other	Fill with 9
Scale Scores For Youth's Functioning								
	PRP	Role Performance	PECFAS	Numeric	2	81-82	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	PRPSW	Role Performance: School work	PECFAS	Numeric	2	83-84	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
	PRPH	Role Performance: Home	PECFAS	Numeric	2	85-86	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	PRPC	Role Performance: Community	PECFAS	Numeric	2	87-88	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	PBEHAV	Behavior Toward Others	PECFAS	Numeric	2	89-90	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	PMSH	Moods/Self Harm	PECFAS	Numeric	2	91-92	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	PME	Moods/Emotions	PECFAS	Numeric	2	93-94	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	PMSHB	Self Harmful Behavior	PECFAS	Numeric	2	95-96	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	PTHINK	Thinking	PECFAS	Numeric	2	97-98	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	TOTAL5	Total for youth based on 5 scales	PECFAS	Numeric	3	99-101	000-150	Fill with 9
	TOTAL7	Total for youth based on 8 scales	PECFAS	Numeric	3	102-104	000-240	Fill with 9

Priority ¹	Field Label	Field Description	Location on Instrument	Field Type	Field Size	Position in Record	Acceptable Responses	How to manage missing data
Scale Scores for Caregiver's Resources								
	PCAREGIV	Scale scores for caregiver's resources	PECFAS	Numeric	1	105	1= Primary 2= Other 9= Missing	Fill with 9
	PMATNEED	Material Needs	PECFAS	Numeric	2	106-107	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9
	PSOCSUP	Social Support	PECFAS	Numeric	2	108-109	00= Minimal or no impairment 10= Mild impairment 20= Moderate impairment 30= Severe impairment 88= Could not score	Fill with 9

¹Shaded fields are required. Records will be rejected if these fields are not completed or if they contain data other than the acceptable responses. Non-shaded fields are not required but are considered to be "warning" fields. Records containing incomplete or invalid data in these fields will elicit a warning message but will not be rejected.

**APPENDIX D
OUTCOMES RECORD REQUIRED FIELDS**

Certain fields in an Outcomes record, called required fields, are considered "mission critical" to the successful processing and storage of Outcomes data. Required fields must be complete and correct in order for records to be processed and to be allowed into the statewide Outcomes database. If any of these seven fields are not completed or contain information outside the specified requirements, a critical error will occur and the record will be rejected. The following is a list of the required fields for all of the Outcomes instruments.

Field label	Description	Valid Response Rules
UCI	MACSIS UCI #	Assigned by Diamond – First 7 bytes filled, last 5 bytes blank.
UPID	Provider ID number	Assigned by ODADAS - First 5 bytes filled, last 7 bytes blank.
INSTRUM	Instrument type	10 = Adult Consumer A 11 = Adult Provider A 20 = Adult Consumer B 30 = Ohio Scales Youth 31 = Ohio Scales Parent 32 = Ohio Scales Worker 33 = CAFAS 34 = PECFAS
ADMINST	Survey administration number	1= Initial 2= 3 month 3= 6 month 4= 9 month 5= Annual 6= Termination
ADMISSDT	Date of admission	yyyymmdd format. Date of Admission must precede or be equal to the current date.
ADMINDT	Date of instrument administration.	yyyymmdd format. Administration date must precede or be equal to the current date.
DOB*	Date of Birth	yyyymmdd format. DOB must precede Date of Admission.

* Date of Birth not collected or required for Provider Adult Form A.

**APPENDIX E
OUTCOMES RECORD "KEY" FIELDS**

Within the group of required fields, particular fields are used to distinguish each record as being unique from all other records. Together, these fields are called a "key". If the data in these fields are not complete and correct, a critical error will occur and the record will be rejected. The following is a list of the key fields for all of the Outcomes instruments.

Field label	Description	Valid Response Rules
UCI	MACSIS UCI #	Assigned by Diamond – First 7 bytes filled, last 5 bytes blank.
UPID	Provider ID number	Assigned by ODADAS - First 5 bytes filled, last 7 bytes blank.
INSTRUM	Instrument type	10 = Adult Consumer A 11 = Adult Provider A 20 = Adult Consumer B 30 = Ohio Scales Youth 31 = Ohio Scales Parent 32 = Ohio Scales Worker 33 = CAFAS 34 = PECFAS
ADMINST	Survey administration number	1= Initial 2= 3 month 3= 6 month 4= 9 month 5= Annual 6= Termination
ADMISSDT	Date of admission	yyyymmdd format. Date of Admission must precede or be equal to Administration date.
ADMINDT	Date of instrument administration.	yyyymmdd format. Administration date must follow or be equal to date of admission.

APPENDIX F OUTCOMES SCORING GUIDELINES

The purpose of this document is to describe the rules that should be followed when computing scores associated with the Outcomes instruments. All of the scales listed in this document are included in the Outcomes data specifications and are computed automatically by the ODMH Data Entry and Reports Template except for the Quality of Life – Overall and Overall Community Functioning scales (shaded in gray). These scales are not currently required but it is anticipated that they will be included in the Outcomes data specifications in the future.

Providers should examine the scoring rules provided below and build these rules into the software that they use to collect and store Outcomes data. It is the responsibility of Providers to compute the correct subscale scores at the local level. When a production Outcomes record is received at ODMH, subscale scores are computed again in order to verify that they have been scored accurately. Subscale scores submitted by Providers that differ more than one-tenth (or 1 for whole number scales) from the state-generated scores will be replaced with the state-generated score in the statewide database.

A Note About Reverse Scoring

Some items on the adult instruments are worded such that a given response (e.g., “never”) represents a desirable or positive response for one question, but a less desirable response for another. In order to compare items or combine items into a numeric subscale, certain items may need to be “reverse scored” for consistency. When reverse scoring an item, the highest and lowest numerical values are substituted for each other, the next highest and next lowest values are substituted for each other, and so on. Keep in mind that items that represent non-scaled values (e.g., missing, not-applicable) should not be included in either reverse scoring or computation of subscales. When reviewing the guidelines, an asterisk indicates that a scale contains one or more reverse scored items, and the actual items that should be reverse scored are bolded.

Example:

Four-Point Scale	Four-Point Scale	Five-Point Scale	Five-Point Scale
Original Score	Reverse Score	Original Score	Reverse Score
1	4	1	5
2	3	2	4
3	2	3	3
4	1	4	2
		5	1

Adult Consumer Form A						
Scale	Field Name	Items used to compute score	How to compute score	How to handle missing items	Valid scores	How to interpret score
Quality of Life - Financial Status	FINAN	2 - 4	<ul style="list-style-type: none"> Sum responses Divide by 3 	<ul style="list-style-type: none"> If one or more responses are missing, do not compute. 	1.00 – 5.00	Higher scores indicate more positive feelings about financial status.
Empowerment - Self-esteem/ Self-Efficacy ¹	SELFEST	38, 39, 42, 45, 47, 51, 52, 57, 59	<ul style="list-style-type: none"> Reverse score the bolded items Sum responses Divide by 9 	<ul style="list-style-type: none"> If one response is missing, compute the score using the completed items. If two or more responses are missing, do not compute. 	1.00 – 4.00	Higher scores indicate higher self-esteem/self-efficacy.
Empowerment - Power/ Powerlessness	POWER	40, 41, 43, 49, 50, 54, 55, 56	<ul style="list-style-type: none"> Sum responses Divide by 8 	<ul style="list-style-type: none"> If one response is missing, compute the score using the completed items. If two or more responses are missing, do not compute. 	1.00 – 4.00	Higher scores indicate higher sense of power, lower scores indicate sense of powerlessness.
Empowerment - Community Activism & Autonomy ¹	COMM	36, 44, 53, 58, 60, 61	<ul style="list-style-type: none"> Reverse score the bolded items Sum responses Divide by 6 	<ul style="list-style-type: none"> If one response is missing, compute the score using the completed items. If two or more responses are missing, do not compute. 	1.00 – 4.00	Higher scores indicate higher levels of community activism/autonomy.
Empowerment - Optimism & Control Over the Future	OPTIM	34, 35, 46, 60	<ul style="list-style-type: none"> Sum responses Divide by 4 	<ul style="list-style-type: none"> If one or more responses are missing, do not compute. 	1.00 – 4.00	Higher scores indicate higher levels of optimism/control over future.
Empowerment - Righteous Anger ¹	ANGER	37, 40, 43, 48	<ul style="list-style-type: none"> Reverse score the bolded items Sum responses Divide by 4 	<ul style="list-style-type: none"> If one or more responses are missing, do not compute. 	1.00 – 4.00	Higher scores indicate higher levels of righteous anger.
Empowerment - Overall ¹	EMPOWER	34 - 61	<ul style="list-style-type: none"> Reverse score appropriate items Sum responses Divide by 28 	<ul style="list-style-type: none"> If less than five responses are missing, compute the score using the completed items. If five or more responses are missing, do not compute. 	1.00 – 4.00	Higher scores indicate higher levels of empowerment, lower scores indicate lower levels of empowerment.
Symptom Distress - Overall	SDS	17 - 31	<ul style="list-style-type: none"> Sum responses 	<ul style="list-style-type: none"> If less than five responses are missing, compute the mean score using the completed items, insert the mean for missing responses, and sum. If five or more responses are missing, do not compute. 	15 - 75	Higher scores indicate higher levels of distress, lower scores indicate lower levels of distress.
Quality of Life - Overall ²	QOL	1 - 12	<ul style="list-style-type: none"> Sum responses Divide by 12 	<ul style="list-style-type: none"> If one response is missing, compute the score using the completed items. If more than one response is missing, do not compute. 	1.00 – 5.00	Higher scores indicate more positive feelings about quality of life.

Provider Adult Form A						
Scale	Field Name	Items used to compute score	How to compute score	How to handle missing items	Valid scores	How to interpret score
Overall Activities of Daily Living	ADL	6A - 6H	<ul style="list-style-type: none"> Sum responses Divide by 8 	<ul style="list-style-type: none"> If one response is missing, compute the score using the completed items. If more than one response is missing, do not compute. 	1.00 – 5.00	Higher scores indicate higher functioning level with regard to daily living activities.
Overall Community Functioning ²	CFUNC	1 - 11	<ul style="list-style-type: none"> See instructions on page 6 of this document 	<ul style="list-style-type: none"> If less than four responses are missing, compute the mean score using the completed items, insert the mean for missing responses, and sum. If four or more responses are missing, do not compute. 	11 - 55	Higher scores indicate higher level of community functioning.
Adult Consumer Form B						
Scale	Field Name	Items used to compute score	How to compute score	How to handle missing items	Valid scores	How to interpret score
Quality of Life - Financial Status	FINAN	2 - 4	<ul style="list-style-type: none"> Sum responses Divide by 3 	<ul style="list-style-type: none"> If one or more responses are missing, do not compute. 	1.00 – 5.00	Higher scores indicate more positive feelings about financial status.
Symptom Distress - Overall	SDS	17 - 31	<ul style="list-style-type: none"> Sum responses 	<ul style="list-style-type: none"> If less than five responses are missing, compute the mean score using the completed items, insert the mean for missing responses, and sum. If five or more responses are missing, do not compute. 	15 - 75	Higher scores indicate higher levels of distress, lower scores indicate lower levels of distress.
Quality of Life - Overall ²	QOL	1 - 12	<ul style="list-style-type: none"> Sum responses Divide by 12 	<ul style="list-style-type: none"> If one response is missing, compute the score using the completed items. If more than one response is missing, do not compute. 	1.00 – 5.00	Higher scores indicate more positive feelings about quality of life.
Ohio Scales - Youth Version						
Scale	Field Name	Items used to compute score	How to compute score	How to handle missing items	Valid scores	How to interpret score
Problem Severity	PSEVER	1 - 20 on first page	<ul style="list-style-type: none"> Sum responses 	<ul style="list-style-type: none"> If less than five responses are missing, compute the mean score using the completed items, insert the mean for missing responses, and sum. If five or more responses are missing, do not compute. 	000 - 100	Higher scores indicate more severe problems, lower scores indicate less severe problems.
Functioning	FUNC	1 - 20 on second page	<ul style="list-style-type: none"> Sum responses 	<ul style="list-style-type: none"> If less than five responses are missing, insert a score of “3” for the missing responses and sum. If five or more responses are missing, do not compute. 	00 - 80	Higher scores indicate higher functioning level, lower scores indicate lower functioning level.

Ohio Scales - Youth Version (continued)						
Scale	Field Name	Items used to compute score	How to compute score	How to handle missing items	Valid scores	How to interpret score
Hopefulness	HOPE	1 - 4 on second page, left upper corner	<ul style="list-style-type: none"> Sum responses 	<ul style="list-style-type: none"> If one or more responses are missing, do not compute. 	04 - 24	Higher scores indicate less hopefulness, lower scores indicate more hopefulness.
Satisfaction	SATIS	1 - 4 on second page, right upper corner	<ul style="list-style-type: none"> Sum responses 	<ul style="list-style-type: none"> If one or more responses are missing, do not compute. 	04 - 24	Higher scores indicate less satisfaction, lower scores indicate more satisfaction.
Ohio Scales - Parent Version						
Scale	Field Name	Items used to compute score	How to compute score	How to handle missing items	Valid scores	How to interpret score
Problem Severity	PSEVER	1 - 20 on first page	<ul style="list-style-type: none"> Sum responses 	<ul style="list-style-type: none"> If less than five responses are missing, compute the mean score using the completed items, insert the mean for missing responses, and sum. If five or more responses are missing, do not compute. 	000 - 100	Higher scores indicate more severe problems, lower scores indicate less severe problems.
Functioning	FUNC	1 - 20 on second page	<ul style="list-style-type: none"> Sum responses 	<ul style="list-style-type: none"> If less than five responses are missing, insert a score of "3" for the missing responses and sum. If five or more responses are missing, do not compute. 	00 - 80	Higher scores indicate higher functioning level, lower scores indicate lower functioning level.
Hopefulness	HOPE	1 - 4 on second page, left upper corner	<ul style="list-style-type: none"> Sum responses 	<ul style="list-style-type: none"> If one or more responses are missing, do not compute. 	04 - 24	Higher scores indicate less hopefulness, lower scores indicate more hopefulness.
Satisfaction	SATIS	1 - 4 on second page, right upper corner	<ul style="list-style-type: none"> Sum responses 	<ul style="list-style-type: none"> If one or more responses are missing, do not compute. 	04 - 24	Higher scores indicate less satisfaction, lower scores indicate more satisfaction.
Ohio Scales - Worker Version						
Scale	Field Name	Items used to compute score	How to compute score	How to handle missing items	Valid scores	How to interpret score
Problem Severity	PSEVER	1 - 20 on first page	<ul style="list-style-type: none"> Sum responses 	<ul style="list-style-type: none"> If less than five responses are missing, compute the mean score using the completed items, insert the mean for missing responses, and sum. If five or more responses are missing, do not compute. 	000 - 100	Higher scores indicate more severe problems, lower scores indicate less severe problems.

Ohio Scales - Worker Version (continued)

Scale	Field Name	Items used to compute score	How to compute score	How to handle missing items	Valid scores	How to interpret score
Functioning	FUNC	1 - 20 on second page	<ul style="list-style-type: none">• Sum responses	<ul style="list-style-type: none">• If less than five responses are missing, insert a score of "3" for the missing responses and sum.• If five or more responses are missing, do not compute.	00 - 80	Higher scores indicate higher functioning level, lower scores indicate lower functioning level.
Restrictiveness of Living Environments Scale	ROLES	23 categories of residential settings on top of second page	See instructions on page 7 of this document	<ul style="list-style-type: none">• Total days must add up to 90	00.5 – 10.0	Higher scores indicate more restrictive environments, lower scores indicate less restrictive environments.

Computation of the Community Functioning Scale from Provider Adult Form A

The first 11 items from the Provider Adult Form A can be combined to compute a Community Functioning score. The process has several steps, as follows:

1. Recode all items marked “Unsure” or “Not Applicable” to “Missing.”
2. Because of the different nature of the various questions, some “standardization” is required before the responses can be combined into a single Community Functioning score.

Item 1 (Social Contact) should be recoded as follows:

- 1 = Withdrawn/Isolated
- 2 = Minimal Contact
- 3 = Moderate Contact
- 5 = Optimal Contact

Items 5 (Forced Moves), and 11 (Aggressive Behavior) should be recoded as follows:

- 1 = Yes
- 5 = No

Item 10 (Criminal Justice) should be recoded as follows:

- 5 = Yes
- 1 = No

3. Compute the Overall Activities of Daily Living Subscale Score. The Activities of Daily Living subscale score is an arithmetic average. To compute the subscale score, sum the responses to questions 6A through 6H that have values of 1, 2, 3, 4 or 5 and divide the sum by the number of questions the provider has answered. If one item is missing or marked “Unsure,” the subscale score should be calculated based on the remaining seven items. If more than one item is missing or marked “Unsure,” the subscale should not be calculated.
4. Compute the Meaningful Activities Composite Score. The Meaningful Activities composite score is an arithmetic average. To compute the score, sum the responses to questions 7A through 7F that have values of 1, 2, 3, 4 or 5 and divide the sum by the number of questions the provider has answered. The Meaningful Activities composite score can be computed with up to five missing items.
5. Compute the Community Functioning Score. The Community Functioning score is a total. To compute the score, sum the responses to the following:

$$\begin{aligned} \text{Community Functioning} = & \text{Question 1 (Recoded)} + \text{Question 2} + \text{Question 3} + \text{Question 4} + \text{Question 5 (Recoded)} + \\ & \text{Overall Activities of Daily Living Subscale} + \text{Meaningful Activities Composite Score} + \\ & \text{Question 8} + \text{Question 9} + \text{Question 10 (Recoded)} + \text{Question 11 (Recoded)} \end{aligned}$$

If three or fewer items are missing, the individual’s mean score on all the other items should be substituted for each missing item before the total score is calculated. If four or more items are missing, the total score should not be calculated.

Computation of the Restrictiveness of Living Environments Scale (ROLES) from The Ohio Scales – Worker Version

The ROLES consists of a list of 23 categories of residential settings. Next to each specific setting is a blank line on which the agency worker writes the number of days (during the past 90 days) the youth was residing in that setting (The total of all the days will therefore add to 90). Scoring for this scale is not included on the form, but it is possible to compute a score if the worker thinks it would be a meaningful measure of the child's treatment progress. Each setting is given a statistical 'weight' as listed in the table below. To get the ROLES total score, each weight is multiplied by the number of days in the blank next to the setting. The sum of these products is then calculated to get a total. The total is then divided by 90 to get the average restrictiveness for the previous 90 days.

Setting	Weight
Jail	10.0
Juvenile detention/youth corrections	9.0
Inpatient psychiatric hospital	8.5
Drug/alcohol rehabilitation center	8.0
Medical hospital	7.5
Residential treatment	6.5
Group emergency shelter	6.0
Vocational center	5.5
Group home	5.5
Therapeutic foster care	5.0
Individual home emergency shelter	5.0
Specialized foster care	4.5
Foster care	4.0
Supervised independent living	3.5
Home of a family friend	2.5
Adoptive home	2.5
Home of a relative	2.5
School dormitory	2.0
Biological father	2.0
Biological mother	2.0
Two biological parents	2.0
Independent living with friend	1.5

Example: If during the last 90 days a child was placed in a juvenile detention facility for 2 days, a group home for 12 days, and with the biological father for 76 days, the ROLES score would be calculated in this way:

Setting	Days		Weight		Product
Detention Center	2	x	9.0	=	18.0
Group Home	12	x	5.5	=	66.0
With Father	76	x	2.0	=	152.0
Total	90				236.0

$236 / 90 = \underline{2.62}$ – The ROLES score for the past 90 days is 2.62.

**APPENDIX G
OUTCOMES FILENAME GUIDELINES**

Files must be named according to the following guidelines or they will be rejected. The naming conventions differ depending on whether a file is being submitted in test or production and whether it is an individual or batch file. All filenames must be in lower case letters. Files that were initially rejected and are being resubmitted for production processing should be submitted with a different filename than the original files. Specifically, the filename should contain the current Julian date.

Naming a file containing records from ONE provider				Naming a file containing records from SEVERAL providers			
Name	Length	Position	Description	Name	Length	Position	Description
File Type	1	1	"t" for test file or "h" for production file	File Type	1	1	"t" for test file or "h" for production file
Instrument Type	2	2-3	10=Adult Consumer Form A 11=Adult Provider Form A 20=Adult Consumer Form B 30=Ohio Scales - Youth Version 31=Ohio Scales - Parent Version 32=Ohio Scales - Worker Version 33=CAFAS 34=PECFAS	Instrument Type	2	2-3	10=Adult Consumer Form A 11=Adult Provider Form A 20=Adult Consumer Form B 30=Ohio Scales - Youth Version 31=Ohio Scales - Parent Version 32=Ohio Scales - Worker Version 33=CAFAS 34=PECFAS
Board Number	2	4-5	MACSIS Assigned Board Number	Board Number	2	4-5	MACSIS Assigned Board Number
UPID	5	6-10	MACSIS Assigned UPI	Company Code	5	6-10	First 4 letters of the Board's County, 'm' for Mental Health Only Boards or 'a' for Alcohol/Drug Only Boards or 'b' for MH/AOD Both Boards
Year	2	11-12	Year of File Creation	Year	2	11-12	Year of File Creation
Julian Date	3	13-15	Date of File Creation	Julian Date	3	13-15	Date of File Creation
Submission Number	2	16-17	Number of submissions on a given day 01=first submission, 02=second submission, etc.	Submission Number	2	16-17	Number of submissions on a given day 01=first submission, 02=second submission, etc.
Separator	1	18	.(period)	Separator	1	18	.(period)
File Extension	3	19-21	txt	File Extension	3	19-21	txt
<p>EXAMPLE: First Ohio Scales - Youth test file containing one provider's records submitted on 1/31/02 by the Ashland County MH/AOD Board.</p> <p align="center">t3003101550203101.txt</p> <p align="center">t 30 03 10155 02 031 01 . txt</p>				<p>EXAMPLE: First Adult Consumer Form A production file containing several providers' records submitted on 5/08/02 by the Lorain County MH Board.</p> <p align="center">h1047loram0212801.txt</p> <p align="center">h 10 47 loram 02 128 01 . txt</p>			

**APPENDIX H
OUTCOMES DATA FLOW TEST REQUEST FORM**

PLEASE TYPE OR PRINT CLEARLY

Fax or email this form to: The Ohio Department of Mental Health, Office of Program and Evaluation, Attn: Stacy Doklovic at 614-466-9928, outcome@mhmail.mh.state.oh.us.

Date _____

Board Requesting Data Flow Test	
Board Outcomes Data Flow Contact Person	
Test Filename	
Total Number of Test Records in this Test File	

Name(s) of Provider(s) included in this test file	Provider UPI(s)	# of Records submitted by Provider	Comments
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**DATA FLOW TEST RESULTS
TO BE COMPLETED BY ODMH**

Date _____

File Passed Specifications <input type="checkbox"/>	File Failed Specifications <input type="checkbox"/>
File Passed Standard of Acceptance <input type="checkbox"/>	File Failed Standard of Acceptance <input type="checkbox"/>
Comments	

ODMH Outcomes Staff Initials _____

**APPENDIX I
CRITICAL ERROR CODES FOR OUTCOMES TEST FILES & RECORDS**

Error Codes for Test Files

When an Outcomes test file is processed, an initial series of checks is performed to identify and report critical errors at the file level. If one or more critical errors are identified for a test file, the entire file is rejected.

Description of Critical Error	Error Code
"t" is not the first letter in the filename	FE010
Instrument Type in the filename doesn't match Instrument Type in the file	FE020
Filename is not 21 characters long	FE030
Filename does not include ".txt" extension	FE040
Filename does not include correct Board Number as assigned by MACSIS	FE050
Length of one or more records in the file is incorrect	FE070
UPID in the filename doesn't match UPID in the file	FE080
Too many critical errors in the file	FE090

Error Codes for Test Records

Once a file successfully passes checks performed at the file level, additional checks are performed to identify and report critical errors at the record level. Each record within the file is examined to ensure that the data in required fields are complete and correct. If more than 10% of the records in a test file contain an UCI-DOB mismatch error, the entire file is rejected.

Description of Critical Error	Error Code
UCI is invalid	001
UPID is invalid	002
Administration Number is invalid	003
Date of Admission is invalid	004
Date of Administration is invalid	005
Date of Birth submitted in the record does not match Date of Birth in the MACSIS Member file	006

**APPENDIX J
CRITICAL ERROR CODES FOR OUTCOMES PRODUCTION FILES & RECORDS**

Error Codes for Production Files

When an Outcomes production file is processed, an initial series of checks is performed to identify and report critical errors at the file level. If one or more critical errors are identified for a production file, the entire file is rejected.

Description of Critical Error	Error Code
"h" is not the first letter in the filename	FE010
Instrument Type in the filename doesn't match Instrument Type in the file	FE020
Filename is not 21 characters long	FE030
Filename does not include ".txt" extension	FE040
Filename does not include correct UPID as assigned by MACSIS	FE050
Provider is not approved to submit production files for the submitted instrument	FE060
Length of one or more records in the file is incorrect	FE070
UPID in the filename doesn't match UPID in the file	FE080
Too many critical errors in the file	FE090

Error Codes for Production Records

Once a file successfully passes checks performed at the file level, additional checks are performed to identify and report critical errors at the record level. Each record within the file is examined to ensure that the data in required fields are complete and correct. Individual records containing one or more critical errors are rejected while records without critical errors (information/verify errors) enter into the statewide Outcomes database.

Description of Critical Error	Error Code
UCI is invalid	001
UPID is invalid	002
Administration Number is invalid	003
Date of Admission is invalid	004
Date of Administration is invalid	005
Date of Birth submitted in the record does not match Date of Birth in the MACSIS Member file	006

**APPENDIX K
INFORMATION ERROR CODES FOR OUTCOMES PRODUCTION RECORDS**

In addition to required fields being checked for critical errors, all of the other fields in the Outcomes record (called warning fields) are checked for incomplete and/or incorrect data. However, unlike required fields, if data in warning fields are not complete and/or correct, the record is not rejected. Instead, an information error is generated and listed on the report returned to Boards. The following is a list of the informational error codes generated in the Outcomes Production System. For each instrument, the informational error codes are listed along with the name of the corresponding warning field (see Outcomes Data File Specifications). The first two digits of the error code represent the instrument number and the last two digits are the number of the error.

All Instruments

9000 = Trailing zeros in UCI

Instrument 10 – Adult Consumer Form A

1001 = COMPCODE	1041 = RESTLESS	1080 = SELFEST
1002 = LNAME	1042 = HEAVY	1081 = POWER
1003 = GROUP	1043 = HOMEALON	1082 = COMM
1004 = PDIAG (Invalid Primary Diagnosis)	1044 = WORTHLES	1083 = OPTIM
1005 = DIAGTYPE	1045 = LONEWITH	1084 = ANGER
1006 = GENDER	1046 = WEAK	1085 = EMPOWER
1008 = TRANSTYPE	1047 = BLUE	1086 = SDS
1009 = REFUSAL	1048 = LONELY	1087 = MARITAL
1010 = MEDICAT	1049 = UNINTER	1088 = LIVSIT
1011 = FAMRSHIP	1050 = AFRAID	1089 = EMPLOY
1012 = EDUCAT	1051 = SELFDEF	1090 = MANDATED
1013 = FRIENDSH	1052 = LIMIT	1091 = Age invalid for this instrument
1014 = MONEY	1053 = JOINPOW	Valid age = 16 yrs or older
1015 = MCOMFORT	1054 = ANGRY	
1016 = MFUN	1055 = POSATTIT	
1017 = MEANING	1056 = CONFIDEN	
1018 = FREEDOM	1057 = NOANGER	
1019 = PERSONAL	1058 = MISFORT	
1020 = NEIGHBOR	1059 = CAPABLE	
1021 = HOUSING	1060 = WAVES	
1022 = HEALTH	1061 = TEAMWORK	
1023 = TIMEWITH	1062 = BARRIERS	
1024 = RACEW: White	1063 = OPTIMISM	
1025 = RACEN: Native American	1064 = PLANS	
1026 = RACEB: Black	1065 = CHANGE	
1027 = RACEH: Hispanic	1066 = ALONE	
1028 = RACEA: Asian	1067 = EXPERTS	
1029 = RACEO: Other	1068 = ABLE	
1030 = RACEU: Unknown	1069 = ACCOMP	
1031 = PHYSICAL	1070 = LIVE	
1032 = STIGMAMH	1071 = CITYHALL	
1033 = STIGMAP	1072 = POWERLES	
1034 = SYMPTREC	1073 = UNSURE	
1035 = SYMPTPRE	1074 = WORTH	
1036 = NERVES	1075 = DECISION	
1037 = SCARED	1076 = QUALIT	
1038 = FEARFUL	1077 = ACTION	
1039 = TENSE	1078 = COMMUNIT	
1040 = PANIC	1079 = FINAN	

Instrument 11 – Adult Provider Form A

1101 = PRIMARY
1102 = ADDICTIV
1103 = TRANSTYPE
1104 = REFUSAL
1105 = PERSHYG
1106 = DRESS
1107 = NUTRIT
1108 = TRANSPOR
1109 = SHOPPING
1110 = LAUNDRY
1111 = HSEKEEP
1112 = MANMONEY
1113 = WORK
1114 = SCHOOL
1115 = VOLUN
1116 = PARENT
1117 = HOMEMAKE
1118 = LEISURE
1119 = CRIMINAL
1120 = AGGRESS
1121 = RAPE
1122 = ASSAULT
1123 = THREATS
1124 = EXPLOIT
1125 = HARASS
1126 = SUICATT
1127 = OTHERHAR
1128 = HATECRIM
1129 = THEFT
1130 = FORCED
1131 = ADL SCALE
1132 = COMPCODE
1133 = LNAME
1134 = GROUP
1135 = PDIAG (Invalid Primary Diagnosis)
1136 = DIAGTYPE
1137 = SOCIALC
1138 = SOCIALIN
1139 = SOCIALSU
1140 = HOUSTAB
1141 = Age invalid for this instrument
Valid age = 16 yrs or older

Instrument 20 – Adult Consumer Form B

2001 = COMPCODE
2002 = LNAME
2003 = GROUP
2004 = PDIAG (Invalid Primary Diagnosis)
2005 = DIAGTYPE
2006 = EDUCAT
2007 = GENDER
2008 = TRANSTYPE
2009 = REFUSAL
2010 = MANDATED
2011 = RACEW: White
2012 = RACEN: Native American
2013 = RACEB: Black
2014 = RACEH: Hispanic
2015 = RACEA: Asian
2016 = RACEO: Other
2017 = RACEU: Unknown
2018 = FRIENDSH
2019 = MONEY
2020 = MCOMFORT
2021 = MFUN
2022 = MEANING
2023 = FREEDOM
2024 = FAMRSHIP
2025 = PERSONAL
2026 = NEIGHBOR
2027 = HOUSING
2028 = HEALTH
2029 = TIMEWITH
2030 = MEDICAT
2031 = PHYSICAL
2032 = STIGMAMH
2033 = STIGMAP
2034 = SYMPTREC
2035 = SYMPTPRE
2036 = NERVES
2037 = SCARED
2038 = FEARFUL
2039 = TENSE
2040 = PANIC
2041 = RESTLESS
2042 = HEAVY
2043 = HOMEALON
2044 = WORTHLES
2045 = LONEWITH
2046 = WEAK
2047 = BLUE
2048 = LONELY
2049 = UNINTER
2050 = AFRAID
2051 = FINAN
2052 = SDS
2053 = MARITAL
2054 = LIVSIT
2055 = EMPLOY
2056 = Age invalid for this instrument
Valid age = 16 yrs or older

Instrument 30 – Ohio Scales – Youth Form

3001 = COMPCODE	3062 = YRSHIP
3002 = LNAME	3063 = YCAPAB
3003 = GROUP	3064 = YSTRESS
3004 = PDIAG (Invalid Primary Diagnosis)	3065 = YOPTIM
3005 = DIAGTYPE	3066 = YSERVICE
3006 = GENDER	3067 = PSEVER
3007 = TRANSTYPE	3068 = HOPE
3008 = REFUSAL	3069 = SATIS
3011 = EDUCAT	3070 = FUNC
3012 = RACEW: White	3071 = Age invalid for this instrument
3013 = RACEN: Native American	Valid age = 12 – 19 yrs
3014 = RACEB: Black	
3015 = RACEH: Hispanic	
3016 = RACEA: Asian	
3017 = RACEO: Other	
3018 = RACEU: Unknown	
3019 = YARGUING	
3020 = YFIGHTS	
3021 = YYELL	
3022 = YANGER	
3023 = YREFUSE	
3024 = YTROUBLE	
3025 = YDRUGS	
3026 = YBREAK	
3027 = YSKIP	
3028 = YLYING	
3029 = YENERGY	
3030 = YHURT	
3031 = YDEATH	
3032 = YWORTH	
3033 = YLONELY	
3034 = YANXIOUS	
3035 = YSAD	
3036 = YNIGHT	
3037 = YEATING	
3038 = YWORRY	
3039 = YFRIENDS	
3040 = YFAMILY	
3041 = YDATING	
3042 = YADULTS	
3043 = YNEAT	
3044 = YHEALTH	
3045 = YEMOTION	
3046 = YMOTIV	
3047 = YHOBBIES	
3048 = YACTIV	
3049 = YCHORES	
3050 = YSCHOOL	
3051 = YSKILLS	
3052 = YSELF	
3053 = YDECIS	
3054 = YCONCEN	
3055 = YMONEY	
3056 = YSUPERV	
3057 = YRESPON	
3058 = YEXPRESS	
3059 = YTREAT	
3060 = YLISTEN	
3061 = YSAY	

Instrument 31 – Ohio Scales – Parent Form

3101 = COMPCODE	3160 = PDECIS
3102 = LNAME	3161 = PCONCEN
3103 = GROUP	3162 = PMONEY
3104 = PDIAG (Invalid Primary Diagnosis)	3163 = PSUPERV
3105 = DIAGTYPE	3164 = PRESPON
3106 = GENDER	3165 = PEXPRESS
3107 = TRANSTYPE	3166 = PSEVER
3108 = REFUSAL	3167 = HOPE
3109 = EDUCAT	3168 = SATIS
3110 = PFORM	3169 = FUNC
3111 = RACEW: White	3170 = Age invalid for this instrument
3112 = RACEN: Native American	Valid age = 5 – 19 yrs
3113 = RACEB: Black	
3114 = RACEH: Hispanic	
3115 = RACEA: Asian	
3116 = RACEO: Other	
3117 = RACEU: Unknown	
3118 = PARGUING	
3119 = PFIGHTS	
3120 = PYELL	
3121 = PANGER	
3122 = PREFUSE	
3123 = PTROUBLE	
3124 = PDRUGS	
3125 = PBREAK	
3126 = PSKIP	
3127 = PLYING	
3128 = PENERGY	
3129 = PHURT	
3130 = PDEATH	
3131 = PWORTH	
3132 = PLONELY	
3133 = PANXIOUS	
3134 = PWORRY	
3135 = PSAD	
3136 = PNIGHT	
3137 = PEATING	
3138 = PRSHIP	
3139 = PCAPAB	
3140 = PSTRESS	
3141 = POPTIM	
3142 = PSERVICE	
3143 = PTREAT	
3144 = PLISTEN	
3145 = PSAY	
3146 = PFRIENDS	
3147 = PFAMILY	
3148 = PDATING	
3149 = PADULTS	
3150 = PNEAT	
3151 = PHEALTH	
3152 = PEMOTION	
3153 = PMOTIV	
3154 = PHOBBIES	
3155 = PACTIV	
3156 = PCHORES	
3157 = PSCHOOL	
3158 = PSKILLS	
3159 = PSELF	

Instrument 32 – Ohio Scales – Agency Worker Form

3201 = COMPCODE
3202 = LNAME
3203 = GROUP
3204 = PDIAG (Invalid Primary Diagnosis)
3205 = DIAGTYPE
3206 = WFRIENDS
3207 = WFAMILY
3208 = WDATING
3209 = WADULTS
3210 = WNEAT
3211 = WHEALTH
3212 = WEMOTION
3213 = WMOTIV
3214 = WHOBBIES
3215 = WACTIV
3216 = WCHORES
3217 = WSCHOOL
3218 = WSKILLS
3219 = WSELF
3220 = WDECIS
3221 = WCONCEN
3222 = WMONEY
3223 = WSUPERV
3224 = WRESPON
3225 = WEXPRESS
3226 = WARGUING
3227 = WFIGHTS
3228 = WYELL
3229 = WANGER
3230 = WREFUSE
3231 = WTROUBLE
3232 = WDRUGS
3233 = WBREAK
3234 = WSKIP
3235 = WLYING
3236 = WENERGY
3237 = WHURT
3238 = WDEATH
3239 = WWORTH
3240 = WLONELY
3241 = WANXIOUS
3242 = WSAD
3243 = WNIGHT
3244 = WEATING
3245 = WWORRY
3246 = RACEW: White
3247 = RACEN: American Indian
3248 = RACEB: Black
3249 = RACEH: Hispanic
3250 = RACEA: Asian
3251 = RACEO: Other
3252 = RACEU: Unknown
3253 = EDUCAT
3254 = TRANSTYPE
3255 = REFUSAL
3256 = COMPLETE
3257 = GENDER
3258 = ROLES

3259 = Total Days in ROLES section not equal to 90
3260 = FUNC
3261 = PSEVER
3262 = Age invalid for this instrument
Valid age = 5 – 19 yrs

Instrument 33 - CAFAS

3301 = COMPCODE
3302 = LNAME
3303 = GROUP
3304 = PDIAG (Invalid Primary Diagnosis)
3305 = DIAGTYPE
3306 = GENDER
3307 = TRANSTYPE
3308 = REFUSAL
3309 = RP
3310 = RPSW
3311 = RPH
3312 = RPC
3313 = BEHAV
3314 = MSH
3315 = ME
3316 = MSHB
3317 = SUBSTAN
3318 = THINK
3319 = MATNEED
3320 = SOCSUP
3321 = CAREGIV
3322 = SUICIDE
3323 = HARM
3324 = AGRESS
3325 = AGSCH
3326 = AGHOME
3327 = AGCOM
3328 = AGBEH
3329 = SEXBEH
3330 = FIRE
3331 = RUN
3332 = PSYCHOT
3333 = SEVSU
3334 = CGRES
3335 = ADMIN2
3336 = TIME
3337 = Age invalid for this instrument
Valid age = 5 – 19 yrs

Instrument 34 - PECFAS

3401 = COMPCODE
3402 = LNAME
3403 = GROUP
3404 = PDIAG (Invalid Primary Diagnosis)
3405 = DIAGTYPE
3406 = WSEX
3407 = TRANSTYPE
3408 = REFUSAL
3409 = PRP
3410 = PRPSW
3411 = PRPH
3412 = PRPC
3413 = PBEHAV
3414 = PMSH
3415 = PME
3416 = PMSHB
3417 = PMATNEED
3418 = PSOCSUP
3419 = PCAREGIV
3420 = PTHINK
3421 = PADMIN2
3422 = PTIME
3423 = Age invalid for this instrument
Valid age = 4 – 7 yrs

**APPENDIX L
OUTCOMES PRODUCTION REPORT EXPLANATION**

**A Quick Guide to the New (April, 2002)
Production Outcomes Report Explanation**

ODMH Outcomes (Production) processing is opening its doors – as part of the effort, and in response to requests and suggestions from the Outcomes User’s Group, a new Feedback Report is being introduced. We wanted to provide you a very brief introduction and explanation of this “new” style report.

Each time you submit an Outcomes File to Production, a “Processing Report” for that file will be returned to you via your /county/countyname/outcomes/reports directory on the MACSIS FTP Server (mhhhub.odn.state.oh.us). These Processing Report files are .PDF documents named after each submitted Outcomes data file. Several kinds of information are provided in these reports – note that the Processing Report file name also includes the Date ODMH-OIS processed the file into the Outcomes database.

A Feedback (.PDF) report will be returned to the submitting Board for each file processed into the Outcomes database. When you examine one you will see “Title” lines at the top, which present several pieces of summary information, explained below. One special note, it is especially important you understand the meaning and importance of several “key” fields in Outcomes record processing, these include:

UCI	The MACSIS Unique Client Identifier
UPI	The Provider Identifying Number
Administration Number	There are mandatory values.
Admission Date	Must be valid date and less than the date of processing.
Administration Date	Must be a valid date and less than the date of processing.

If any of these data elements are missing or illegal (i.e., UCI not in the MACSIS database), that data record would be considered as having a “critical error,” it would be rejected – you see the respective error codes for these kinds of record failures below. In addition, for all Instrument 11 (Adult Form A – Provider), a “critical” comparison is made for the UCI and Date of Birth Combination.

When a record is refused for critical errors, this Feedback report will inform you the Line Number in the submitted data file, the Error Code (see below), the UCI, Submitted DOB, Administration Number, Admission Date, and Administration Date for each such record.

In addition, this Feedback report includes eight title lines which provide general descriptive information about this file’s processing:

- Line 1: The file name and the date it was processed by ODMH-OIS.
- Line 2: Which Instrument was Reported by What Provider in this file.
- Line 3: The number of records submitted in this data file.
- Line 4: The number of “Key Value Duplicates” submitted in this file.
- Line 5: The number of Duplicate Keys to the appropriate Outcomes History database.
- Line 6: The overall change (increase) in the number of permanent stored records.
- Line 7: The number of “verify” (information errors) found in this file.

Some possible Notes of Interest:

1. Records with “Duplicate Keys” (the combination of UCI, UPI, Administration Number, Admission Date, and Administration Date) are by Outcomes policy “accepted” – the processing rule being that the last such duplicate will over-write earlier submissions and be permanently stored. So “Duplicate Keys” records are added to the database, but they copy over existing records there.
2. Records having missing values for the critical Items listed above or failing the UCI and Date of Birth combination test are rejected completely.
3. Information/Verify errors represent missing or illegal values on other variables. One special erratum – Zero rather than Blank Fill in the UCI Field is accepted (i.e., is not a critical error), but is considered a verify error as such encoding is no longer appropriate to standards.

Listed below are the errors that records in a file will receive. They will be listed on the report sent back to the Board.

Production File Error Codes For Record Validation	
Error	Error Code
UCI Error - Invalid UCI submitted	001
UPID Error - invalid UPID submitted	002
Administration # Error - invalid administration # submitted	003
Date of Admission Error - invalid Admission Date submitted	004
Administration Date Error - invalid Administration Date submitted	005
UCI-DOB Mismatch - invalid UCI or date of birth submitted, does not match MACSIS	006
Duplicate key value submitted - (informational error, not returned as a critical error)	007

Listed below are the error codes that files will receive if they do not meet certain specifications. This error code will be added to the end of the file name and placed in the Board county/countyname/outcomes/rejects directory on the MACSIS FTP Server (mhhhub.odn.state.oh.us).

Production File Error Codes For File Validation	
Error	File Error Code
h is not first letter in filename	FE010
Instrument # is not same in file name as in file	FE020
Filename is not 21 characters long	FE030
Filename is missing .txt	FE040
Unknown or inappropriate Submitter ID	FE050
Provider/instrument not cleared for production	FE060
Record length not correct	FE070
UPID not same in file name as in file	FE080
Too many critical errors in file	FE090