Optum

Mental Health Event Record training



Overview

- What is a Mental Health Event record?
- What has changed?
- MHER fields which are required, and which are not
- How to enter MHER records in ProviderConnect
- Best practices



What is a Mental Health Event Record?

The Mental Health Event Record (MHER) data set is used at the state level to collect and report the types and amounts of mental health services provided to persons served. This data set is a critical component of the Substance Abuse and Mental Health Information System (SAMHIS) for linking persons served to services, providers, costs, and outcomes.



What has changed?

- Questions requiring 90-day, or 6-month updates have been flagged in ProviderConnect.
- Records will now be saved with provider and user ID information.
- MHER records must be created within 30-days of initial service date, for all new or returning clients.



Admission/update questions

Question	Allowable Response		Special Instructions
Source of referral	 Individual/Self Family or friend Alcohol/Drug Abuse Care Provider Mental Health Provider Other Health Care Provider School Employer/EAP 	 Division of Workforce Services DCFS DSPD Justice Referral Clergy Other Community Referral 	Note: When a client is compelled to be in treatment by the justice system (MH Court, Probation, Parole, etc.), this should be updated to code "Justice Referral." After the mandatory treatment is completed, the code should be changed to another code. This required variable must be updated no less than every 90 days.
Hispanic or Latino origin	YesNo		
Race	 Alaskan Native American Indian Asian Native Hawaiian or Other Pacific Islander Black/African American White Two or more races Other single race 		If you don't distinguish between American Indian and Alaska Native, code both as American Indian. Clients of Hispanic ethnicity are typically coded as "White" in the racial category. Alaska Native: (Aleut, Eskimo, Indian) Origins in any of the original people of Alaska. American Indian: (Other than Alaska Native) Origins in any of the original people of North American and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment. Asian: Origins in any of the original people of the Far East, the Indian subcontinent, Southeast Asia, are including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, and Vietnam. Native Hawaiian or Other Pacific Islander: Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Black or African American: Origins in any of the black racial groups of Africa. White: Origins in any of the original people of Europe, North Africa or the Middle East. Two or more races: Use this code when your system collects multiple races and does not have a way to designate a primary race. Other single race: Use this category for instance in which the client is not classified in any other category or whose origin group, because of area custom is regarded as a racial class distinct from the above categories. (DO NOT use this category for clients indicating multiple races.)
Marital status	Never married Now married Separated	DivorcedWidowed	Never Married: Includes those whose only marriage was annulled. Married: Includes those living together as married. Separated: Includes those separated legally or otherwise absent from spouse because of marital discord.
Completed years of education	 0-25 (GED = 12) Nursery/Pre-school including Head Start Kindergarten Self-contained Special Ed Class Vocational School 		If more than 25 years of education completed use "25". Vocational school includes business, technical, secretarial, trade, or correspondence courses which are not counted as regular school enrollment and are not for recreation or adult education classes.



Admission/update questions - continued

Question	Allowable Response		Special Instructions		
Enrolled in Education: At any time IN THE LAST 3 MONTHS, has this person attended school or college?	• Yes • No			Include only nursery or preschool, kindergarten, elementary school, home school or schooling which leads to a high school diploma, college degree or other formal certification or license. This required variable is to be updated at the 6-month case review or when a change is indicated.	
Gross monthly household income at admission	Actual gross monthly <u>household</u> income to the nearest dollar. None			Total of all legal monthly income for the household in which the client lives and is legally a part of. For adolescent clients, include parents'/guardians' income.	
Total number in family who live at home	1-96 = Number of persons			Client is included in count. Entry must be 1 or greater	
Veteran status: Have you ever or are you currently in the military?	• Yes • No			This required variable is to be updated at the 6-month case review.	
Tobacco Use	Never smoked Former smoker Current some-day smoker Current every-day smoker Smokeless tobacco only (In last 30 days)				
What language needs to be spoken during therapy? (admission only)	 English American sign language Arabic Bosnian Cambodian Chinese Croatian Farsi French Greek 	 German Italian Japanese Kurdish Laotian Native American: Navajo Native American: Ute Russian Samoan Serbian Somali Spanish Swahili Tibetan Tongan Vietnamese Zulu Other (Specify in next question) 			
"Other" Language.	If the response was "Other" in the above question, please enter the language that is spoken during therapy				
Previous MH treatment of any kind	• Yes • No				



Admission/update questions - continued

Question	Allowable Response		Special Instructions
Previous MH treatment at Utah State Hospital	YesNo		
Previous MH treatment at this center	• Yes • No		
Expected principal payment source as reported by staff.	Personal resources Commercial health insurance Service contract Medicare (Title XVIII)	Veterans Administration CHAMPUS Workers compensation Other public resources Other private resources	Expected principal payment source is defined as the source expected to pay the highest percent of the cost.
Employment status	 Employed full time (35 hrs +) Employed part time (less than 35 hrs) Supported/transitional employment Unemployed, seeking work Unemployed, NOT seeking work 	HomemakerStudentRetiredDisabled, not in labor forceAges 0-5	Both supported and transitional employment involves the common element of support. However, transitional employment is time limited whereas supported employment is not. Both may include either MH or non-MH sponsorship. This information may be collected by staff, intake workers or clinicians at admission. However, only clinicians may report the data at each 6-month evaluation.
Living arrangement	On the street or homeless shelter Private Residence - Independent Private Residence - Dependent Jail or correctional facility Institutional setting (NH, IMD, psych. IP, VA, state hospital) Jail or correctional facility Adult or child foster home		"Private Residence - Independent" includes clients living alone or with others without supervision. "Private Residence - Dependent" includes clients living with parents, relatives or guardians. This information may be collected by staff, intake workers, or clinicians at admission. Only clinicians may report the data at each 6-month evaluation.) This required variable is to be updated at the 6-month case review.
Legal Status	Civilly Committed Not Civilly Committed Forensic commitment -State Hospital only		All adult and youth commitments and youth NDFF commitments are to be reported here. This required variable is to be updated at the 6-month case review.
Number of Arrests	0-31		The number of times the client was arrested (for any reason) during the preceding 30 days. All formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings at the time of admission. This required variable is to be updated at the 6-month case review.
Atypical Medication Used	• Yes • No		Was an atypical medication (Clozapine, Quetiapine, Olanzonpine, Risperdone or Ziprasidone) prescribed at least once during the quarter?



Admission/update questions - continued

Question	Allowable Response		Special Instructions	
Severity level (SED or SMI)	Yes (SED or SMI) No (not SED or SMI)		Specify if client meets the criteria for either SED or SMI. This required variable is to be updated at the 6-month case review.	
GAF Score	1-99 0 - Inadequate information		See DSM IV Axis V for definitions. GAF should be re-evaluated at each treatment plan review or as needed to support the current level of care	
	● Yes ● No		This required variable is to indicate if a client has had ANY kind of involvement with the justice system. This includes:	
Compelled to Treatment/ Justice Involved			 Plea in Abeyance (Including Drug Court) Diversion Programs Probation/Parole Condition (including DORA) 	 Criminal Court Order Release from jail condition Sentence
			Please Note: If a Probation/Parole Officer "suggests" they go into treatment, and expects them to comply with the suggestion, then it is compelled.	
			This variable needs to be updated anytime it changes or at least every 90 days	
Justice risk level	Low Risk Not Low Risk (moderate/high risk) Not collected		This variable is indicating whether the criminogenic risk le is Low or Not Low risk.	evel for client compelled
Date of discontinuation or discharge	Enter date		This is required if the client has been discharged.	
Treatment completion at discontinuation	 Completed/Substantially completed Mostly completed Mostly not completed Partially completed Does not apply - used for evaluation 	only	This is required if the client has been discharged.	
Referral at discontinuation or discharge	 Clergy Courts or law enforcement Deceased Dropped out of treatment Educational system Family or friend Not referred 	 Not yet discharged/discontinued Other person/organization Physician or other med facility Private practice MH professional Public psychiatric or MH Self Social or community agency 	This is required if the client has been discharged.	

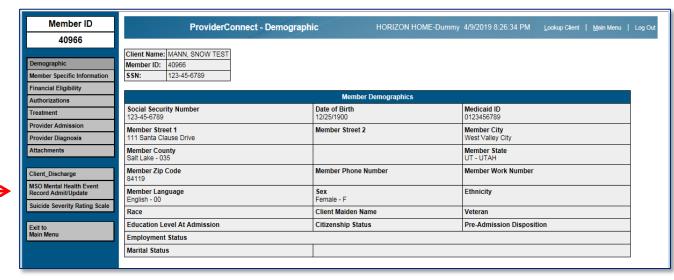


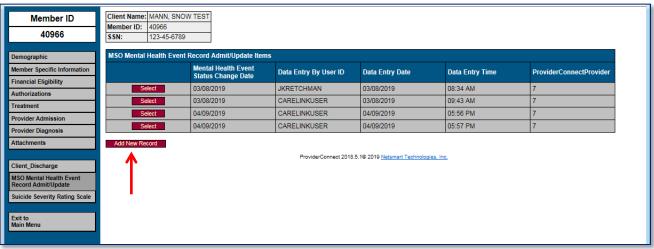
Discharge questions

Question	Allowable Response		Special Instructions
Living arrangement	 24-hour residential care Adult or child foster home Institutional setting (NH, IMD, psych. IP, VA, state hospital) Jail or correctional facility On the street or homeless shelter Private Residence - Independent Private Residence - Dependent 		"Private Residence - Independent" includes clients living alone or with others without supervision. "Private Residence - Dependent" includes clients living with parents, relatives or guardians. This information may be collected by staff, intake workers, or clinicians at admission. Only clinicians may report the data. This is required if the client has been discharged.
Employment status	Employed full time (35 hrs +) Employed part time-less than 35 hrs Supported/transitional employment Unemployed, seeking work Unemployed, NOT seeking work	HomemakerStudentRetiredDisabled, not in labor forceAges 0-5	Both supported and transitional employment involves the common element of support. However, transitional employment is time limited whereas supported employment is not. Both may include either MH or non-MH sponsorship. This information may be collected by staff, intake workers or clinicians at admission. This is required if the client has been discharged.
Enrolled in Education: At any time IN THE LAST 3 MONTHS, has this person attended school or college?	• Yes • No		Include only nursery or preschool, kindergarten, elementary school, home school or schooling which leads to a high school diploma, college degree or other formal certification or license. This is required if the client has been discharged.
Tobacco Use	 Never smoked Former smoker Current some-day smoker Current every-day smoker Smokeless tobacco only (In last 30 days) 		Includes cigarettes, e-cigarettes and smokeless tobacco products. If client uses cigarettes and smokeless tobacco, select cigarette use. This required variable is to be updated at the 6-month case review, when a change is indicated and at discharge.



ProviderConnect

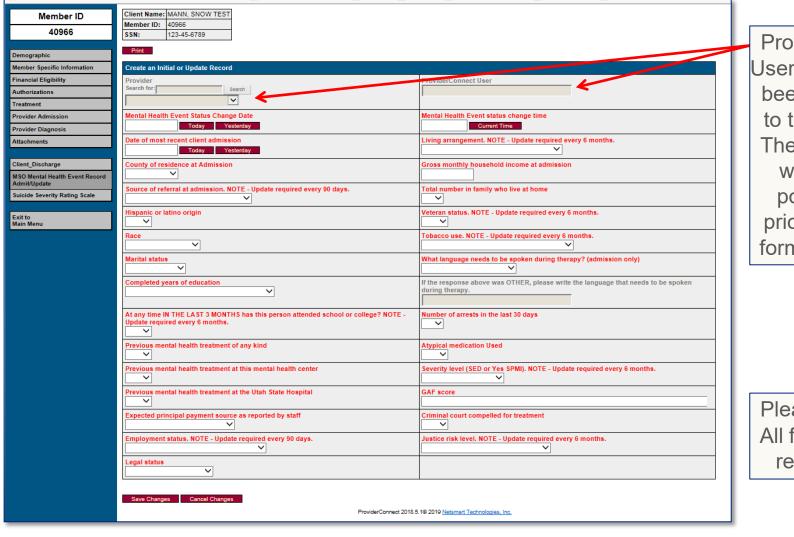






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ProviderConnect - continued



Provider and User IDs have been added to the form. These fields will auto populate prior to the form saving.

Please Note: All fields are required.



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Best practices

- All clients actively in treatment, must have a current MHER record. This includes a review and update every 90 days.
- Once the first record is created, future records will pre-fill with data from previous submission.
- Clients who have terminated their treatment with your center, please submit a discharge record that includes the date treatment ended.



Thank you!

Contract and ProviderConnect questions

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