DSH – Pre-trial Felony Mental Health Diversion

DSH Diversion Outcomes Data Dictionary - Services

SSN Social security number – 9-digit social security number (no dashes)

YEAR Year – Current calendar year

FYQTR Fiscal year quarter – Select one:
- Q1: July 1 – September 30
- Q2: October 1 – December 31
- Q3: January 1 – March 30
- Q4: April 1 – June 30

REPDAT Date report/data was prepared MM/DD/YYYY

INDIV Is the participant still in diversion?
- No
- Yes

DATEDEND Date diversion ended MM/DD/YYYY

REASDEND Reason diversion ended
- Successful completion
- Termination due to re-arrest
- Termination because of mental illness
- Termination because of risk of danger
- Termination due to AWOL
- Termination due to patient refusing medications
- Termination for other reason

OREASEND If other, what is the reason

DATREARR If arrested, date of re-arrest MM/DD/YYYY

SECTION FOR SERVICES PROVIDED IN REPORTING PERIOD

CASEM Case management intervention
- Forensic Assertive Community Treatment (FACT)
- Full service partnership
- Legal/criminal justice support
- Other case management for mental health

NUMCASEM Number of case management services provided in reporting period for each service type

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HOSP  Psychiatric inpatient hospitalization (includes Psychiatric Health Facility or PHF)?
  • No
  • Yes

DOAHOSP  Date of admission to hospital MM/DD/YYYY

DODCHOSP  Date of discharge from hospital MM/DD/YYYY

RESTX  Residential treatment
  • Crisis residential facility
  • Adult residential treatment facility

DOARES  Date of admission to residential treatment MM/DD/YYYY

DODCRES  Date of discharge from residential treatment MM/DD/YYYY

HOUSE  Supportive housing
  • Board and care
  • Room and board
  • Sober Living Environment
  • Supportive Family Housing
  • Other Supportive Housing

DOAHOUSE  Date of entry into supportive housing MM/DD/YYYY

DODCHOUSE  Date of exit from supportive housing MM/DD/YYYY

OPTMHTX  Outpatient mental health services
  • Day treatment/Partial hospitalization
  • Medication support
  • Group therapy
  • Individual therapy

NOPTMHTX  Number of outpatient mental health services provided in current reporting period for each service type

MEDTX  Was participant prescribed an antipsychotic?
  • No
  • Yes

MEDINJ  Is the antipsychotic medication a long-acting injectable?
  • No
  • Yes

MEDNAME  Name of antipsychotic
OTHMEDTX Was participant prescribed either/both of the following medications?
  - Mood stabilizer
  - Antidepressant
  - Both
  - Neither (or leave blank)

SUBSTTX Substance use disorder treatment
  - Inpatient/detox
  - Residential SA treatment
  - Outpatient SA treatment
  - AA/NA

DOASATX Date of admission to inpatient/residential SA treatment MM/DD/YYYY

DODCSATX Date of discharge from inpatient/residential SA treatment M/DD/YYYY

NSATX If not residential, number of contacts in reporting period for each type SA treatment

MEDSA Was participant prescribed medication for substance abuse? (e.g. Naltrexone)
  - No
  - Yes

MEDSANAME Name of substance abuse medication

OTHERTX Other types of treatment provided
  - Faith based
  - Family support/psychoeducational
  - Peer support
  - Vocational support

NOTHTX Number of contacts in reporting period for other treatment for each service type (if known)

CRISIS Any crisis services provided
  - Crisis call center
  - Mobile crisis team
  - Crisis Stabilization
  - Emergency Department (non-medical)

NCRISIS Number of crisis contacts in reporting period

OCRISIS Describe other crisis services

OSERVICE Describe other treatment services not provided in this list