



Guidance on CIMOR Data Collection and Reporting for Substance Abuse Treatment

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[http://dmh.mo.gov/DBH Substance Abuse Treatment/](http://dmh.mo.gov/DBH%20Substance%20Abuse%20Treatment/)

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Purpose and Scope	5
Federal DBH Data Collection Activities	5
The Treatment Episode Dataset and National Outcome Measures (TEDS/NOMS)	5
The Inventory of Behavioral Health Services (I-BHS).....	5
The National Survey of Substance Abuse Treatment Services (N-SSATS).....	6
Substance Abuse Prevention and Treatment Block Grant Application	6
Reporting DBH SUBSTANCE ABUSE TREATMENT Data to CIMOR.....	6
Data Requirements for DBH Substance Abuse Programs	6
Frequency of DBH SUBSTANCE ABUSE TREATMENT Data Collection	7
Timeliness of DBH Data Reporting.....	7
Feedback	7
CIMOR Data Items	8
Consumer Demographics	8
Aliases.....	9
Demographics	9
BIRTH DATE.....	9
FAMILY SIZE.....	10
FIRST NAME.....	10
GENDER	10
HEARING STATUS	10
LAST NAME.....	11
LIVING ARRANGEMENT	11
NUMBER OF CHILDREN IN YOUR CARE.....	12
SSN.....	12
SSN VERIFY	12
Address	13
ADDRESS TYPE	13
ADDRESS LINE 1	14
ADDRESS LINE 2	14
CITY	14
COUNTY	14
FROM DATE.....	14
PRIMARY ADDRESS	14
STATE.....	15
TO DATE.....	15
ZIP.....	15
LIVING ARRANGEMENT	15
Citizen/Ethnic	15
RACE(S).....	16
HISPANIC ORIGIN(S)	16
Employment.....	18
STATUS (Employment)	18
Language.....	19
PREFERRED LANGUAGE.....	19
Marital.....	21
MARITAL STATUS	21
Military Service	22
MILITARY STATUS.....	22
FROM DATE.....	23

TO DATE.....	23
BRANCH OF SERVICE	23
RANK/POSITION	23
Religion.....	24
RELIGIOUS SPIRITUAL AFFILIATION	24
Consumer Episode of Care	25
Admission	25
ADMISSION DATE.....	25
ADMISSION REASON	25
DOC ID.....	26
INITIAL CONTACT DATE	26
DIVISON	27
PROBATION & PAROLE.....	27
PROVIDER SITE	27
REFERRAL SOURCE	27
Commitment	29
ADMISSION TYPE	29
COUNTY	31
FROM DATE.....	31
TO DATE.....	31
PRIMARY COMMITMENT.....	31
Discharge	31
DISCHARGE REASON.....	32
DISCHARGE DATE.....	32
FOLLOW UP TYPE.....	33
Diagnosis.....	34
PRINCIPAL.....	34
PRIMARY	34
Program.....	35
STATUS	35
LIVING ARRANGEMENT (defined under Consumer Demographics).....	35
FROM DATE (PROGRAM/LEVEL)	35
TEDS Data	36
General/Family/Legal	36
.....	36
CURRENTLY PREGNANT	36
DATA COLLECTION DATE.....	36
LEGAL STATUS	37
LIVING ARRANGEMENT (defined under Consumer Demographics).....	37
MARITAL STATUS (defined under Consumer Demographics).....	37
NUMBER OF ARRESTS IN PAST 30 DAYS	37
NUMBER OF CHILDREN IN YOUR CARE (defined under Consumer Demographics)	37
NUMBER OF CHILDREN REMOVED FROM CUSTODY	37
NUMBER OF LIFETIME DUI ARRESTS	38
VETERAN STATUS.....	38
School/Work/Support	39
CONSUMER WEEKLY INCOME.....	39
EDUCATION (STATUS)	39
EMPLOYMENT (STATUS) (defined under Consumer Demographics)	40
ENROLLED IN SCHOOL OR JOB TRAINING	40

GRADE POINT AVERAGE (GPA)	40
HOUSEHOLD MONTHLY INCOME AMOUNT	41
INCOME SOURCE	41
OCCUPATION.....	42
PUBLIC ASSISTANCE	42
SPECIAL EDUCATION	43
Sub Abuse/Medical.....	44
COUNTY WHERE SERVICES WILL BE RECEIVED	44
DATE OF TB TEST	44
DEVELOPMENTAL PROBLEM.....	44
MEDICATION PRESCRIBED FOR ADDICTION TREATMENT.....	45
PRIMARY HEALTH INSURANCE	45
PRIMARY SOURCE OF PAYMENT	46
PRIOR DETOX	46
PRIOR RESIDENTIAL.....	46
PRIOR OUTPATIENT	47
PROVIDER SITE	47
PSYCHOLOGICAL PROBLEM	47
RECEIVED TB POST-TEST COUNSELING	48
REFERRED FOR TB TESTING	48
SUBSTANCES ABUSED	48
IN THE PAST 30 DAYS, HOW MANY DAYS DID CONSUMER ATTEND SELF-HELP PROGRAMS.....	52
TB TEST POSITIVE	52
Additional Closure	52
HIV TEST	52
NUMBER OF CHILDREN RETURNED TO CUSTODY.....	53
TREATMENT BIRTHS	53
Comments	54
COMMENTS	54
Appendix A: Sample Data Collection Form.....	55

Introduction

Purpose and Scope

Substance abuse treatment data are collected in order to glean insight into the addiction problem, to support program evaluation efforts, to justify and aid management of limited public resources, and to support quality improvement efforts in treatment programming. Such data are used at the state-level in outcomes-based budgeting to measure and track program performance. In addition, the state submits its data to the national Treatment Episode Dataset (TEDS) which is used by policymakers, researchers, and many others to obtain national and regional perspectives on alcohol and drug use and its treatment.

The purpose of this document is to provide guidance on the collection and reporting of substance abuse treatment data to the Department of Mental Health's (DMH) Customer Information Management, Outcomes, and Reporting (CIMOR) system. Such direction is necessary in order to ensure data consistency and overall quality. These guidelines are applicable for data collected on Consumers in Substance Abuse Treatment funded by the Division of Behavioral Health (DBH). Other DMH divisions may implement their own policies and guidelines impacting data collection on their Consumers. When a definition or other data-related characteristic has been agreed upon at the DMH department level, this agreed-upon standard shall take precedence and replace any related item in this document and shall be duly noted.

In the absence of a DMH data standard, DBH will provide a data framework through this document based, in part, on the federal TEDS data standards as well as DBH's own data collection and reporting needs. For data collected as part of screenings (e.g. Mental Health, SATOP), assessments (e.g. ASI, GAIN) or other developed instruments (e.g. GPRA), users are instructed to refer to specific documentation or training materials associated with those tools. Data collected with such instruments are beyond the scope of this document.

This document is not intended to be static and will evolve as data elements are added, deleted, or changed in the CIMOR system and as further clarification is needed by those individuals collecting and reporting DBH SUBSTANCE ABUSE TREATMENT data.

Federal DBH Data Collection Activities

The Treatment Episode Dataset and National Outcome Measures (TEDS/NOMS)

Initiated in 1992, the Treatment Episode Dataset (TEDS) is a data set of demographic and substance abuse information about individuals admitted to treatment. Data are extracted from CIMOR on a periodic basis and sent to the SAMHSA contractor. TEDS was expanded in 1996 to include discharge information and again in 2006 to collect outcome measures. For the state of Missouri, substance abuse treatment providers are required by contract with the State to provide the TEDS-related data to CIMOR so that data may be supplied to TEDS. Much of the TEDS data comes from the CIMOR TEDS data screens.

The Inventory of Behavioral Health Services (I-BHS)

The Inventory of Behavioral Health Services (I-BHS) is a master list of all treatment sites known to SAMHSA. For Missouri, each treatment site is assigned an id of the form MOXXXXXX, where "X" represents an assigned digit. Treatment sites from all state certified agencies are reported to I-BHS. Non-state certified agencies may request to be included in I-BHS but only state certified agencies will be listed in the National Directory and Facility Locator.

The TEDS admission and discharge data are reported by treatment site via the I-BHS ID. The I-BHS IDs are maintained in CIMOR for such reporting. For DOC programs and state facilities, the site is obtained via the

enrolling provider. For non-DOC programs, contracted providers, the site information is pulled from the CIMOR encounter data. Therefore, it is important to enter accurate site information (i.e. location where Consumer received the service) when entering encounter data in CIMOR.

State-certified treatment agencies notify the State of changes in its treatment site information through an Organization Change form. This form is posted on the DMH website: [http://www.dmh.missouri.gov/DBH Substance Abuse Treatment/provider/forms.htm](http://www.dmh.missouri.gov/DBH_Substance_Abuse_Treatment/provider/forms.htm) (Information for Providers - Provider Forms – Organization Information Change Form.) A completed form is then submitted to the District Administrator for approval and then routed through DBH. Information from the Organization Change form is used to update I-BHS. Contracted treatment providers are required to inform the State of changes in site information through the submission of an Organization Change form. Failure to provide updates will result in inaccurate information in both the State’s system as well as the Federal system.

The National Survey of Substance Abuse Treatment Services (N-SSATS)

The National Survey of Substance Abuse Treatment Services (N-SSATS) (formerly the Uniform Facility Data Set) is an annual census of all substance abuse treatment sites listed in I-BHS. The N-SSATS survey collects information on facility characteristics including programs offered and also on Consumer counts. N-SSATS is generally administered in the spring. A treatment agency will receive a survey form for each treatment site it operates. Agencies have the option of completing the paper form or completing the survey online. All substance abuse treatment agencies contracted with the State are required to participate in N-SSATS. Non-contracted agencies are strongly encouraged to participate.

Results from the N-SSATS are also used to maintain the Substance Abuse Treatment Facility Locator (<http://dasis3.samhsa.gov>.) This is an online resource maintained by SAMHSA for locating drug and alcohol abuse treatment programs. It is the State’s policy, however, to have only the state-certified treatment or nationally accredited agencies listed on the facility locator.

Substance Abuse Prevention and Treatment Block Grant Application

Each year the state of Missouri submits the Substance Abuse Prevention and Treatment Block Grant Application. The Substance Abuse Prevention and Treatment Block Grant provides substantial funding for treatment and prevention programs in the state of Missouri. Missouri is awarded roughly \$25 million each year. To support the application for funding, the state must provide SAMHSA with data regarding state need, how the State addresses those needs through its programming, and how successful those programs are in treating and/or preventing substance abuse. Such data include, but are not limited to, number of Consumers served by various demographic breakouts, expenditures by treatment site, and changes in Consumer’s substance use, criminal activity, employment status, and living status at discharge vs. admission. Much of this data are pulled from the State’s administrative system, now CIMOR. The quality of the data in CIMOR will reflect on the state and its application for federal funding.

Reporting DBH SUBSTANCE ABUSE TREATMENT Data to CIMOR

Data Requirements for DBH Substance Abuse Programs

Collection of DBH SUBSTANCE ABUSE TREATMENT data on primary users is required. For federal reporting, specifically TEDS, all substance treatment programs are required to collect and report DBH SUBSTANCE ABUSE TREATMENT data at program enrollment; at level changes, if applicable; and program closure. Substance abuse “treatment” programs, as defined by TEDS, include any programs providing detoxification, residential, day treatment, or outpatient counseling services. Not included are education programs (i.e. DOC STL Education and SATOP Offender Education Program), recovery supports, and intervention services (i.e. Early Intervention Services, SATOP Weekend Intervention Program). DBH TEDS

data are no longer required for collateral dependents. For this cohort, Consumer Demographic data are still required.

Frequency of DBH SUBSTANCE ABUSE TREATMENT Data Collection

For DBH SUBSTANCE ABUSE TREATMENT programs, DBH SUBSTANCE ABUSE TREATMENT data are to be collected from Consumer at admission; at program level changes; and at discharge. Most DBH programs including all CSTAR and Primary Recovery Plus programs have levels of care. The DBH TEDS data must be entered for a level of care before the Consumer can be moved to a subsequent level of care. This includes moving from a basic level to an authorized level. Use of *Unknown's* is not allowed at admission nor when transferring to another level. Also note that:

- It is not acceptable to populate CIMOR data items with bogus data.
- It is not acceptable to cancel out of DBH program assignment and never provide data.
- It is not acceptable to leave pre-populated data unchanged if Consumer's status did change

For program enrollment, none of the fields on the DBH program assignment screen are pre-populated. For program level changes and program closure, CIMOR pre-populates fields that are less likely to change. Regardless of whether or not a field is pre-populated, users are expected to update the data if the Consumer's status has changed.

For discharges, *Unknown's* are allowed in limited circumstances. The provider must make a genuine attempt to collect the DBH SUBSTANCE ABUSE TREATMENT data. If at discharge, Consumer has dropped out of treatment and provider was unable to collect the DBH discharge data, use of *Unknown's* at program closure is permitted. If the consumer has completed treatment it is expected that the consumer has completed an exit interview and the majority of the data at program closure screen is known.

Timeliness of DBH Data Reporting

DBH considers it good practice to submit DBH admission data to CIMOR within five business days of delivering the first service. Likewise, program level changes (if applicable) should be registered within five business days of the effective date of change.

For DBH episodes of care, the discharge date is defined as the date on which the last billable service was delivered. The discharge date and all required DBH discharge data should be entered into CIMOR if Consumer has not received any face-to-face services within the past 60 days. It is likely that standards will be changed in the near future to reflect these good practices.

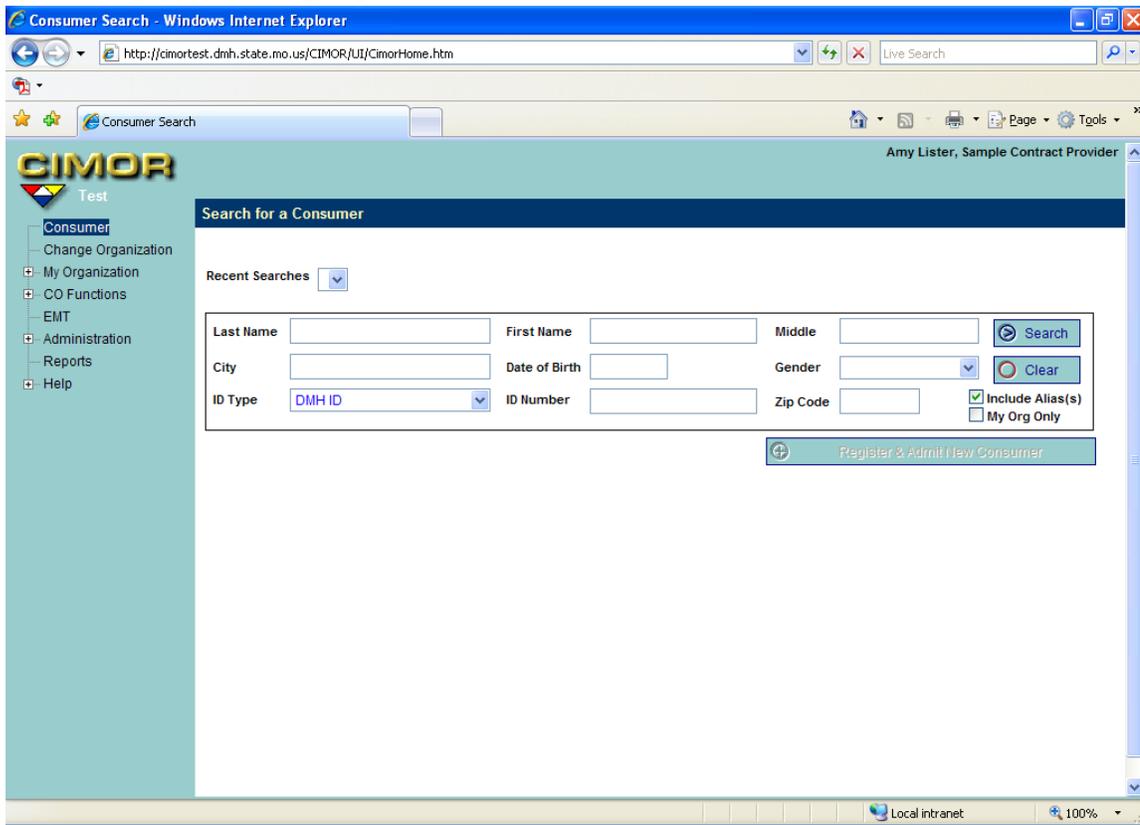
- It is not acceptable to leave an DBH Episode of Care open indefinitely.
- It is not acceptable to leave an DBH Episode of Care open if it is known that the consumer is not coming back to treatment.

Feedback

Feedback and/or questions regarding this document may be submitted to the Christie Lundy: christie.lundy@dmh.mo.gov. Technical questions regarding CIMOR may be submitted to the Help Desk: Help.Desk@dmh.mo.gov. The Help Desk can be contacted by phone at (573) 526-5888 or Toll Free 1-888-601-4779. Help Desk hours are Monday – Friday 7:00 am to 5:30 pm.

CIMOR Data Items

Consumer Demographics



Important Notes:

On Searching...

When searching for a Consumer, it is recommended to use Consumer's Social Security Number (SSN). If the Consumer is not found with the SSN, then a combination of first name, last name, and birth date should be attempted. Be sure *Include Alias(s)* is selected. If you enter data in all search fields, Consumer will not be found if just one item is different – i.e. Consumer's SSN or middle name may be blank in CIMOR, spelling of name may be different, female Consumer may have a new last name.

On admitting a previous DMH Consumer...

If admitting a Consumer and Consumer is found in CIMOR, verify accuracy of Consumer Demographics such as DATE OF BIRTH, SSN, RACE, HISPANIC ORIGIN, and GENDER. Review the data in Consumer Demographics and update as needed. In particular, verify that CIMOR has the Consumer's current address information and that Consumer's military service information is current.

One of the opportunities that CIMOR provides is collecting nicknames and maiden name of female Consumers. It is recommended that when providers are enrolling new Consumers or admitting a previous DMH Consumer to click on the Aliases link and add the nickname or maiden name.

Aliases

Consumer Search - Windows Internet Explorer
http://cimortest.dmh.state.mo.us/CIMOR/UI/CimorHome.htm
Live Search

Consumer Search

CIMOR Test
Consumer Sample DMH ID 4169237
ADA Sample Contract Provider 1/1/2000 - 7/2/2008
Amy Lister, Sample Contract Provider

Add Consumer Alias

Save Cancel

Alias Type * Alias

From Date * 1/1/2008

To Date

First Name * Record

Last Name * Sample

Middle Name

Prefix

Suffix

Consumer

- Face Sheet
- Demographics
- Addresses
- Phones
- EMail
- Citizen/Ethnic
- Aliases
- Custody
- Education
- Employment
- Identifiers
- Languages
- Legal Authority
- Marital
- Military Service
- Public Health
- Religion
- Special Needs
- Benefit/Eligibility

Demographics

Consumer Search - Windows Internet Explorer
http://cimortest.dmh.state.mo.us/CIMOR/UI/CimorHome.htm
Live Search

Consumer Search

CIMOR Test
Consumer Sample DMH ID 4169237
ADA Sample Contract Provider 1/1/2000 - 7/2/2008
Amy Lister, Sample Contract Provider

Edit Consumer Demographics

Save Cancel

Last Name * Sample First Name * Consumer Middle Name

Prefix Suffix Credential

Gender * Male Birth Date * 01/01/1963 IHP Date

SSN 111-11-1111 Deceased Date Annual HI Due Month

SSN Verify Social Security Not Found Nor Verified Hearing Status * Normal

Medicaid DCN Children In Your Care 0 Duplicate Consumer Yes

Family Size 1 Living Arrangement 18 & > with Family

Consumer

- Face Sheet
- Demographics
- Addresses
- Phones
- EMail
- Citizen/Ethnic
- Aliases
- Custody
- Education
- Employment
- Identifiers
- Languages
- Legal Authority
- Marital
- Military Service
- Public Health
- Religion
- Special Needs
- Benefit/Eligibility
- Consumer Res
- Contact Log
- Screenings
- View Assmt
- GPRA II
- Episodes of Care

BIRTH DATE

Specifies Consumer's date of birth.

Important Notes:

BIRTH DATE is an important data element used in generating Consumer demographic information. It is also a field used to search for a Consumer in the system. Thus, it is important to input accurate birth dates. Common errors include entering the current date or the current year or transposing digits.

After a Consumer has been registered in CIMOR, navigate to the Consumer face sheet and verify AGE. If AGE is incorrect, navigate to Consumer Demographics and correct BIRTH DATE.

FAMILY SIZE

Indicates number of immediate members in a family living together includes: the Consumer, as well as by marriage or birth, parents, children, step-children, siblings, half-brothers, half-sisters, in-laws, nieces, nephews, uncles, aunts, cousins, grandchildren, and grandparents. It also includes domestic partners and foster children. (*Definition from Poverty Level Criteria*)

Important Notes:

The following individuals are NOT to be included in this number: roomers, boarders, lodgers, roommates, and housemates, and all others who share living costs as well as living quarters primarily to share expenses.

FIRST NAME

Specifies Consumer's first name as it would appear on formal identification (i.e. Driver's License, Birth Certificate, etc.) if available.

Important Notes:

Nicknames can be entered under Alias.

GENDER

Specifies Consumer's gender

Valid Entries: (OA Standard, Adopted from the ISO 5218)

Male

Female

Male and Female – i.e. Hermaphrodite

Male from Female – i.e. Transgender with current gender status as male

Female from Male – i.e. Transgender with current gender status as female

Not Known - (Do not use for DBH SUBSTANCE ABUSE TREATMENT Consumers)

Not Specified - (Limit use for DBH SUBSTANCE ABUSE TREATMENT Consumers)

Important Notes:

For federal reporting of DBH data, anything other than *Male* or *Female* will be reported under *Unknown*.

HEARING STATUS

Indicates Consumer's ability to hear.

Valid entries:

Normal Ability to Hear – No detectable hearing impairment. Able to rely on hearing without difficulty.

Hard of Hearing – Mild to Moderate loss of hearing. Some difficulty with relying on hearing as a means of processing auditory information.

Deaf – Severe loss of hearing (profound). Unable to rely on hearing and use it as a means of processing auditory information.

Unknown Hearing Status - (Limit use for DBH SUBSTANCE ABUSE TREATMENT Consumers)

Important Notes:

Use of *Unknown Hearing Status* should be very limited. For DBH Consumers, an attempt must be made to get a known hearing status. In the event *Unknown Hearing Status* is used, hearing status information should be updated in CIMOR (Consumer Demographics) when hearing status is identified.

A person's hearing status is generally independent of use of hearing aids.

LAST NAME

Specifies Consumer's last name as it would appear on formal identification (i.e. Driver's License, Birth Certificate, etc.) if available.

Important Notes:

Female Consumers can have the maiden name entered under the Alias tab.

LIVING ARRANGEMENT

Specifies Consumer's usual living environment (i.e. where the Consumer has been living most of the time during the past 30 days.)

Valid entries:

FOR MINOR CONSUMERS

<18 with Both Parents

<18 with Foster Home

<18 with Independent Living

<18 with Other – (Only use when no other category works for minor Consumer)

<18 with Other Relatives

<18 with Parents / Step Parent

<18 with Private Care Facility

<18 with Public Care Facility

<18 with Single Parents

FOR ADULT CONSUMERS

18 & > Homeless Shelter

18 & > Jail / Correctional Facility

18 & > with Adult Foster Care

18 & > with Alone

18 & > with Family

18 & > with Homeless – Includes unsheltered (i.e. living in automobile, abandoned building, on the "street") and emergency shelter (typically < 30 days)

18 & > with Nursing Home

18 & > with Other – (Only use when no other category works for adult Consumer)

18 & > with Other Public / Private

18 & > with Parent or Siblings

18 & > with Spouse Only

18 & > with Transitional – Typically supervised housing 3 months to 1 year.

18 & > with Unrelated Person

FOR CONSUMERS OF ANY AGE

All ages with CSTAR Residential

All ages with CSTAR Supported Housing

All ages with Oxford Housing

All ages with Refused to Answer

Residential Care Facility (RCF)

Unknown - (Not allowed on DBH SUBSTANCE ABUSE TREATMENT Program Assignment)

Important Notes:

Watch the age criteria on the selections.

- Do not use a "18 & >..." selection for a Consumer that is a minor.

NOTE → For the person collecting living arrangement data, it is important to find the best fitting category given the Consumer's response. Do not throw every response into an *Other* category.

- Resist using *Other* categories including <18 with Other and 18 & > with Other for DBH Consumers. Probe Consumer for more information.

You can only select one response. If the Consumer has been living in more than one place for the past 30 days, count where he/she has been living for 15 or more days, or where they have been living the longest.

If the consumer is in a Department of Corrections Community Supervision Center (CSC), use *18 & > Jail / Correctional Facility*.

NUMBER OF CHILDREN IN YOUR CARE

Number of non-emancipated children, either by birth or adoption, in the Consumer's care.

Important Notes:

Does not include step-children.

SSN

Indicates a Consumer's social security number.

Important Notes:

In order to bill DBH for services rendered, a valid social security number must be provided. SSN's are verified with the Social Security Administration through an overnight process.

SSN VERIFY

Indicates if Consumer's SSN has been verified through cross-checking with the Social Security Administration. Value is provided by CIMOR and not directly entered by service providers.

Verification Status Values:

SSN is verified – SSN has been verified with SSA.

SSN is verified, but individual is deceased – SSN is verified, NUMIDENT indicates individual is deceased (appears only on queries where Category of Assistance indicates Food Stamp involvement).

SSN is not in file – SSN is not in file.

Surname matched, but DOB not matched – Surname matched, but DOB did not match NUMIDENT. The DOB on the NUMIDENT will be displayed in the Verified SSN Data field.

Name does not match – Name does not match (e.g., SSN submitted for John Smith belongs to Pam Jones); DOB was checked.

SSN is verified (surname ignored) – SSN is verified (surname ignored).

SSN verified MBR or SSR (overlay of '1') – SSN verified MBR or SSR (overlay of '1').

SSN verified MBR or SSR (overlay of '3') – SSN verified MBR or SSR (overlay of '3')

SSN verified MBR or SSR (overlay of '5') – SSN verified MBR or SSR (overlay of '5').

CAN verified instead of SSN – Verification code for records in which State submitted a CAN (claim account number) instead of an SSN. SSA found the CAN on the MBR, but did not verify the SSN with the NUMIDENT.

SSN not verified – The input SSN was not verified. SSA location and verified the SSN shown in the Verified SSN Data field (positions 109-153) of the Type I response).

Multiple SSNs – Multiple SSNs are provided in Verified SSN data field, up to five..

SSN verification requested – SSN verification requested. Set when a request is sent to SSA for SSN verification so that the user can easily tell when a request is in process.

Important Notes:

In order to bill DBH for services rendered, a valid social security number must be provided. SSN's are verified with the Social Security Administration through an overnight process.

Address

Specifies Consumer's address.

ADDRESS TYPE

Valid Entries:

Home – Physical location

Mail – Includes PO Box's

Billing

Important Notes:

All Consumers should have a home address entered. It is important to get good address information on the Consumer.

ADDRESS LINE 1

ADDRESS LINE 2

Important Notes:

Make every attempt to get a home address for Consumer. If Consumer is Homeless, it is acceptable to put "HOMELESS" in ADDRESS LINE 1.

If Consumer has two different addresses (ex. Parents have shared custody), then enter two separate address records rather than trying to put one address on ADDRESS LINE 1 and the other on ADDRESS LINE 2. Mark the primary custodial parent's address as PRIMARY.

If ADDRESS TYPE = *Home*:

- Do not put a PO Box in ADDRESS LINE 1.
- ADDRESS LINE 1 should contain a physical address including a house number and a street name. Make every attempt to get a house number.
- Avoid using the intersection of two roads as the address. Avoid using the name of an apartment complex, motel, office building, or mall in ADDRESS LINE 1.
- Do not include notes in ADDRESS LINE 1 such as "This is his mother's address"
- It is acceptable to put PO Box's in ADDRESS LINE 2 (but probably should be entered as a separate address with ADDRESS TYPE=*Mail*.)

CITY

Important Notes:

If Consumer is Homeless, do identify the city where the Consumer has spent most of his/her time in the past 30 days.

Do not abbreviate KC or STL but rather spell 'Kansas City' and 'St Louis'. Be cognizant of spelling.

City entered should be in the county entered (i.e. Columbia, MO in Boone County).

COUNTY

Indicates Consumer's county of residence.

Important Notes:

Enter a valid Missouri county if Consumer is a Missouri resident. Be cognizant of spelling.

Select Non-resident if Consumer resides outside of Missouri.

Avoid using *Unknown* for DBH Consumers.

If Consumer is Homeless, do identify the county where the Consumer has spent most of his/her time in the past 30 days.

FROM DATE

For ADDRESS TYPE=Home, indicates approximately when Consumer began living at the address.

PRIMARY ADDRESS

Indicates Consumer's physical address. All Consumers should have a primary home address identified.

STATE

Indicates Consumer's state of residence.

Important Notes:

If Consumer is a resident of Missouri, enter 'MO'.

TO DATE

For ADDRESS TYPE=Home, indicates approximately when the Consumer moved or stopped living at the address.

Important Notes:

If one address is terminated by entering a TO DATE, then a new address record should be added with the Consumer's new address. The new address would not typically have TO DATE and it would be checked PRIMARY.

ZIP

For ADDRESS TYPE=Home, indicates Consumer's zip code.

Important Notes:

Try to consistently use 5-digit zip codes.

Valid zip codes can be obtained at the U.S. Postal website search: <http://zip4.usps.com/zip4/welcome.jsp>

[LIVING ARRANGEMENT \(defined in Consumer Demographics\)](#)

(Control + Click to follow link)

Citizen/Ethnic

Consumer Search - Windows Internet Explorer
http://cimortest.dmh.state.mo.us/CIMOR/UI/CimorHome.htm
Live Search

Consumer Search

CIMOR Test
Consumer Sample DMH ID 4169237
ADA Sample Contract Provider 1/1/2000 - 7/2/2008
Amy Lister, Sample Contract Provider

Add Citizenship/Ethnicity

Citizenship(s)

UNITED STATES LEBANON
 UNITED STATES MINOR OUTLYING ISLANDS LESOTHO
 MEXICO LIBERIA

Record Data

US Citizen Status Year of Entry to US
State of Birth Record
County of Birth Record Date Moved in County
Country of Origin

Race(s) *

White Asian Native Hawaiian or Pacific Islander
 Black or African American American Indian or Alaska Native Other (Specify)

Hispanic Origin*

Not of Hispanic Origin Mexican Other Hispanic (Specify)
 Puerto Rican Cuban

Local intranet 100%

RACE(S)

Specifies Consumer's race

Valid Entries: (Definitions from the Federal Register Vol 62, No 210)

White – Origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American – Origins in any of the black racial groups of Africa

Asian – Origins of any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native – Origins in any of the original peoples of North and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment.

Native Hawaiian or Pacific Islander – Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Other (Specify) – (Only to be used if Consumer indicates a race that does not fit into the above categories. Marking *Other* will require user to specify race in text box.)

Important Notes:

Ethnicity (HISPANIC ORIGIN) and RACE are collected separately as two different data items. This is consistent with data collection methods used by the federal government. Technically, Hispanic is not a race. A person of Hispanic origin may be of any race.

[From the 2000 US Census](#): For the U.S. Hispanic population, 47.9% indicated a race of white and 42.2% did not identify with a race category given, indicating "some other race."

Overview of Race and Hispanic Origin, U.S. Census Bureau (March 2001).

Ultimately, a person's race and ethnicity is what he/she considers himself/herself to be. If a Consumer that is of Hispanic origin does not identify with any given race, it is acceptable to mark *Other* and specify "Hispanic" in the text box.

NOTE → For the person collecting race / ethnicity data, it is important to find the best fitting category given the Consumer's response.

The race field allows for multiple selections for situations when Consumer indicates he/she is of two or more races. In the case of multiple races, mark each appropriate race category.

- Do not mark *Other* and specify "bi-racial." Probe Consumer for specific races.
- Do not mark *Other* and specify "½ xxx and ½ xxx." If Consumer indicates race as "White/African American", mark both *White* and *Black or African American* – do not mark *Other*.

If the Consumer indicates a country of origin, an attempt should be made to place the country in the appropriate continent or sub-continent according to the definitions provided above.

- Resist marking *Other* and specifying country of origin or nationality. If Consumer indicates "Irish descent", mark *White*.

HISPANIC ORIGIN(S)

Identifies Consumer's specific Hispanic Origin. Hispanic or Latino is defined as Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (*Definition of Hispanic Origin from the Federal Register Vol 62, No 210*)

Valid Entries:

Not of Hispanic Origin

Puerto Rican – Of Puerto Rican origin regardless of race

Mexican – Of Mexican origin regardless of race

Cuban – Of Cuban origin regardless of race

Other Hispanic (specify) – (Only to be used if Consumer indicates a Hispanic Origin that does not fit into the above categories. Marking *Other* will require user to specify Hispanic Origin in text box.)

Important Notes:

Ethnicity (HISPANIC ORIGIN) and RACE are collected separately as two different data items. This is consistent with data collection methods used by the federal government. Technically, Hispanic is not a race. A person of Hispanic origin may be of any race.

[From the 2000 US Census](#): For the U.S. Hispanic population, 47.9% indicated a race of white and 42.2% did not identify with a race category given, indicating “some other race.”

Overview of Race and Hispanic Origin, U.S. Census Bureau (March 2001).

Ultimately, a person’s race and ethnicity is what he/she considers himself/herself to be.

NOTE → **For the person collecting race / ethnicity data, it is important to find the best fitting category given the Consumer’s response.**

The HISPANIC ORIGIN field does not allow for multiple selections. If Consumer identifies with more than one HISPANIC ORIGIN, it is acceptable to mark *Other* and specify “½ xxx and ½ xxx”

If the Consumer indicates a country of Hispanic origin that is not listed, it is acceptable to mark *Other* and specify country or nationality.

- Marking *Other* and specifying “Columbian” is acceptable.
- Do not mark *Other* and specify *Mexican*. (Mark *Mexican*.)

Currently, ethnicity is collected to distinguish only those groups or sub-groups of Hispanic or Latino origin. Do not enter data on ethnicities other than Hispanic or Latino in the Hispanic Origin data field.

- Do not mark *Other* and specify “German.” (If Consumer indicates only ethnicity is German, then *Not of Hispanic Origin* should be marked.)

Employment

The screenshot shows a web browser window titled 'Consumer Search - Windows Internet Explorer' with the URL 'http://cimortest.dmh.state.mo.us/CIMOR/UI/CimorHome.htm'. The page is titled 'Add Employment Information' and features a sidebar with a tree view containing categories like 'Consumer', 'Face Sheet', 'Demographics', 'Addresses', 'Phones', 'EMail', 'Citizen/Ethnic', 'Aliases', 'Custody', 'Education', 'Employment' (highlighted), 'Identifiers', 'Languages', 'Legal Authority', 'Marital', 'Military Service', 'Public Health', 'Religion', 'Special Needs', 'Benefit/Eligibility', 'Consumer Res', 'Contact Log', 'Screenings', 'View Assmt', 'GPRA II', 'Episodes of Care', 'Change Organization', and 'My Organization'. The main form area includes a 'Save' button and a 'Cancel' button. Fields include: Status* (dropdown), Type (dropdown), Occupation (dropdown), Hire Date (text), Leaving Reason (dropdown), Termination Date (text), 'Is the consumer receiving funds to maintain employment?' (radio buttons for Yes and No, with No selected), Supported Employment Funding (dropdown), Supported Employment Service (dropdown), Employer Name (text), Address Line 1 (text), Address Line 2 (text), City (text), State (dropdown), Zip (text), Department (text), Phone (text), Title (text), and Comments (text area).

STATUS (Employment)

Identifies the Consumer's current working status.

Valid entries:

Employed – Full Time (35+ hrs/wk) – Working 35 hours or more each week, including members of the uniformed services.

Employed – Part Time (< 35 hrs/wk) – Working fewer than 35 hours each week

Sheltered Workshop – Work organized by specialized providers (usually contracted with DESE) to create assembly jobs for people with disabilities

Supported Employment - Normally involves a job coach supporting Consumer working in a competitive environment (fast food, grocery, etc.)

Unemployed – sought last 30 or on layoff – Looking for work during the past 30 days or on layoff from a job.

Not in Workforce – Homemaker

Not in Workforce – Student (acad. or vocational) – Includes summer or time between active semesters.

Not in Workforce – Preschool (Not available in DBH SUBSTANCE ABUSE TREATMENT TEDS)

Not in Workforce – Retired

Not in Workforce – Disabled

Not in Workforce – Inmate of Institution (invol) – Prison or other institution that keeps a person, otherwise able, from entering the labor force.

Not in Workforce – Other – Use when above categories do not apply and Consumer has not been actively seeking work in the past 30 days.

Important Notes:

If Consumer indicates “unemployed”, probe to determine why and if Consumer has been actively seeking work. Only use *Unemployed – sought last 30 or on layoff* if the Consumer has been actively seeking work in the past

30 days or is on layoff from a job. If Consumer is unemployed and has not been actively seeking employment, then mark *Not in Workforce – Other*.

If Consumer is employed, then either full-time or part-time should be marked based on the hours worked per week. If Consumer retired from one job but is currently working a part-time job, then mark *Employed – Part-time* and do not mark *Not in Workforce - Retired*.

Seasonal workers are categorized based on their employment status at the time of data collection (i.e. admission, discharge, etc.)

Gambling is not counted as employment.

Language

The screenshot displays the 'Add Language' form in the CIMOR system. The form includes the following fields and options:

- Language ***: A dropdown menu currently set to 'English'.
- Proficiency ***: A dropdown menu for selecting proficiency level.
- Primary**: A checkbox labeled '(Yes)'.
- Dialect**: A text input field.

Navigation buttons for 'Save' and 'Cancel' are located at the top right of the form area.

PREFERRED LANGUAGE

(Same as LANGUAGE with PRIMARY checked “yes”)

Indicates Consumer’s primary system of communication (i.e. English, American Sign, Spanish, Korean, etc.)

[North American]

American Sign Language (Specify if known – ASL, SEE, PSE, etc.)

Spanish (Mexico, Central/South America, Spain)

Native American Languages (including Inuit)

[Middle Eastern]

Arabic

East Indian/Pakistani Language (Specify if known)

Farsi (Persian)

Hebrew

Lebanese

Turkish

[African]

Burundi (Kirundi)

Ethiopian

Rwandian

Somali

Swahili

Other African Languages (Specify if known)

[European]

Eastern European (Specify if known) – Includes Albanian, Bulgarian, Croatian, Czech, Estonian, Hungarian, Latvian, Lithuanian, Polish, Romanian, Serbian, Slovak, Slovene (Russian not included - Russian is listed separately)

French

German

Greek

Italian

Northern European/Scandinavian (Specify if known) – Includes Swedish, Finnish, Danish, Norwegian

Portuguese

Russian

[Asian]

Cambodian (Khmer)

Chinese

Japanese

Hindi

Korean

Laotian

Philippines

Vietnamese

Other Asian/Pacific Rim Languages (Specify if known)

[Other]

Other (Specify Language Description-Required) – (only use if no other category works)

Unknown or Unable to Determine (limit use for DBH SUBSTANCE ABUSE TREATMENT Consumers)

Important Notes:

Use of *Unknown or Unable to Determine* should be very limited. For DBH Consumers, an attempt must be made to identify Consumer's primary language. If unable to determine at admission, then language information should be updated in CIMOR (Consumer Demographics Language) when primary language is identified.

Marital

Consumer Search - Windows Internet Explorer
http://cimortest.dmh.state.mo.us/CIMOR/UI/CimorHome.htm
Live Search

Consumer Search

CIMOR Consumer Sample DMH ID 4169237 Amy Lister, Sample Contract Provider
ADA Sample Contract Provider 1/1/2000 - 7/2/2008

Test

Consumer
Face Sheet
Demographics
Addresses
Phones
EMail
Citizen/Ethnic
Aliases
Custody
Education
Employment
Identifiers
Languages
Legal Authority
Marital
Military Service
Public Health
Religion
Special Needs
Benefit/Eligibility
Consumer Res
Contact Log
Screenings
View Assmt
GPRA II

Add Marital Information

Save Cancel

Marital Status * [v]
From Date * [] To Date []
Number Of Children [] Step Children []
Spouse Last Name [] First Name [] Maiden Name []
Step Children's Other Parent []
Relationship With Spouse Quality [v] Nature [v]
Relationship With Own Children [v]
Relationship With Step Children [v]
Comments []

MARITAL STATUS

Identifies Consumer's marital status.

Valid entries:

Never Married – Includes Consumers who have never been married and those whose only marriage was annulled.

Married – Has a valid marriage license and living together

Widowed – Widowed and not remarried

Divorced – Divorced and not remarried

Separated – Includes those separated legally or otherwise absent from spouse because of marital discord

Remarried – Currently married but has gone through a divorce in the past

Common Law – Meets the definition of common law union according to the state of residence. Note the state of Missouri does not recognize common law marriages (RSMo 2006 § 451.040)

Living as married – Living as married but without a valid marriage license

Living Together - (Not available in DBH SUBSTANCE ABUSE TREATMENT TEDS) living together, unspecified

Unknown - (Not available in DBH SUBSTANCE ABUSE TREATMENT TEDS)

Important Notes:

For the purpose of DBH data collection and federal reporting of substance abuse data, categories *Married*, *Common Law*, *Remarried*, and *Living as married* are indistinguishable and will typically be reported together under category *Married* (consistent with federal TEDS reporting.) It is recommended that *Living Together* not be used for DBH Consumers.

Military Service

Consumer Search - Windows Internet Explorer
http://cimortest.dmh.state.mo.us/CIMOR/UI/CimorHome.htm
Live Search
Consumer Search
Consumer Sample DMH ID 4169237
Amy Lister, Sample Contract Provider
ADA Sample Contract Provider 1/1/2000 - 7/2/2008
Test
Consumer
Face Sheet
Demographics
Addresses
Phones
EMail
Citizen/Ethnic
Aliases
Custody
Education
Employment
Identifiers
Languages
Legal Authority
Marital
Military Service
Public Health
Religion
Add Military Service
Save Cancel
Military Status * National Guard
From Date 9/1/2004
To Date
Branch of Service Army
Rank / Position

MILITARY STATUS

Indicates status of Consumer's military service.

Valid entries:

Active – (a.k.a Active Duty) Military members who are serving full time in their military capacity.

Discharged – Honorable – Discharge from the armed forces with an Honorable discharge.

Discharged – Medical – Discharge from the armed forces due to physical or mental condition which has been determined to interfere with the ability to service in the military.

Discharged - less than honorable – Includes the following discharges: General, Other Than Honorable, Bad Conduct, Dishonorable.

Inactive Reserve – Member of the military reserve units and who is in inactive status.

Active Reserve – Member of the reserve units and who is in active status.

National Guard – Mark if National Guard regardless of status.

Veteran – Meets one of the following:

- Had at least 180 days of active duty service and was honorably discharged or released;
- Had at least 90 days of active duty service which included active duty service during a conflict including Persian Gulf, Panama, GrenDBH Substance Abuse Treatment, Lebanon, Vietnam, Korea, and WWII and was honorably discharged or released.
- Served in wartime and received Purple Heart or service-connected disability.

None – Consumer has no military service.

Important Notes:

MILITARY STATUS is required for all DBH Consumers age 17 or older on the date of the DBH admission. As of April 7, 2011, CIMOR will not allow a Consumer age 17 or older to be admitted to DBH unless the Consumer has data on military service history.

If the Consumer has no military service history, choose *None* as the Military Status. If the Consumer already has military service information in CIMOR, please review and update the information as needed.

CIMOR allows multiple military service records to be entered if Consumer has more than one. Under Consumer, Military Service, click the ADD button to add additional service records.

FROM DATE

Date Consumer initiated military service. Leave blank if Consumer has no military service.

TO DATE

Date military status changed. Leave blank if military status has not changed or if Consumer has no military service.

BRANCH OF SERVICE

Identifies the Consumer's branch of the Armed Forces of the United States. If none, leave blank.

Valid entries:

Air Force

Army

Coast Guard

Marines

Navy

RANK/POSITION

Identifies the Consumer's rank or position while in military service. If none, leave blank.

Valid entries:

Enlisted – Below the rank of a commissioned officer or warrant officer.

Officer – A commissioned officer.

Warrant Officer – An officer in the U.S. Army or Marine Corps who holds a warrant as opposed to a commission.

Religion

Consumer Search - Windows Internet Explorer
http://cimortest.dmh.state.mo.us/CIMOR/UI/CimorHome.htm
Live Search
Consumer Search

CIMOR Consumer Sample DMH ID 4169237 Amy Lister, Sample Contract Provider
ADA Sample Contract Provider 1/1/2000 - 7/2/2008

Test

Consumer
Face Sheet
Demographics
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Languages
Legal Authority
Marital
Military Service
Public Health
Religion
Special Needs
Benefit/Eligibility
Consumer Res
Contact Log
Screenings
View Assmt
GPRA II
Episodes of Care

Add Religion

Save Cancel

Religious/Spiritual Affiliation *
From Date
To Date
Level of Importance

Church Name
Address Line 1
Address Line 2
City State Zip Code
Church Phone

Church Contact
Last Name
First Name
Phone
Notify Regarding Consumer's Treatment (Yes)

RELIGIOUS SPIRITUAL AFFILIATION

Indicates Consumer's preference in religious affiliation.

See CIMOR for list of selections.

Important Notes:

Do ask Consumer if he/she has a religious preference. If Consumer indicates "none," enter *None* in RELIGIOUS SPIRITUAL AFFILIATION. If Consumer declines to answer, it is acceptable to leave blank but preference would be to enter *Unknown* in RELIGIOUS SPIRITUAL AFFILIATION.

Consumer Episode of Care

Admission

ADMISSION DATE

Indicates the date of the first face-to-face treatment contact (includes assessments.)

Important Notes:

ADMISSION DATE and DISCHARGE DATE define the Consumer's Episode of Care.

Program FROM DATE and Program Level FROM DATE should never come before ADMISSION DATE. Programs are contained within Episode's of Care and Program Levels (if applicable) are contained within Programs.

ADMISSION REASON

Indicates the reason Consumer is being admitted to the program. (*DMH standard definition*)

Valid entries:

Criteria Met: - Generally applies to Consumers whose admission is voluntary (including voluntary by guardian) and who meet the eligibility criteria to receive services.

Court Ordered - A court has issued an order for the Consumer to receive outpatient services.

Commitment - A Consumer has been involuntarily admitted to receive inpatient services without a court order (e.g. admission by law enforcement)

Court Ordered & Commitment - A court has issued an order for the Consumer to receive inpatient services.

MRDD Intake and Evaluation – (Do not use for DBH Episode of Care)

Administrative Transfer – Transfer between facilities

Continuation of Previous EOC – (For DBH Episode of Care, use should be reserved for rare circumstances.)

Important Notes:

Involuntary commitments, where the individual presents a likelihood of serious harm to self or others as the result of substance abuse, should be marked either as *Commitment* or *Courted Ordered & Commitment*. Involuntary commitments will involve either detox or residential services (9 CSR 30-3). Involuntary commitments require specific forms:

Commitment will involve an Application Imminent Harm (DMH 132), an Affidavit (DMH 142), and a List of Witnesses (DMH 137) and is initiated by a Peace Officer or a Qualified Substance Abuse Counselor.

Courted Ordered & Commitment will typically involve an Order for 96 Hour Detention (DMH 129, OSCA MH 20) or a 30-day commitment order Judgment for Involuntary Detention (DMH 136, OSCA MH 40).

Codependents should be coded as *Criteria Met*.

Drug Court consumers should be coded as *Criteria Met* (but will need to select *Drug Court* as a REFERRAL SOURCE).

A consumer ordered to treatment by a probation or parole officer should be marked *Criteria Met* (but will need to select *District Parole and Probation* as a REFERRAL SOURCE).

DOC ID

Indicates the Department of Corrections identification number assigned to the Consumer.

Important Notes:

DOC ID is only applicable for those Consumers that have been or are currently under the supervision of the Missouri Department of Corrections.

DOC ID is a required field if the REFERRAL SOURCE is a DOC referral source.

INITIAL CONTACT DATE

Indicates the date the Consumer requested services and was available to receive services for the specified treatment episode. Initial request may have been over the phone or in person.

Important Notes:

If currently not collected, may enter “1/1/01” to signify “unknown/not collected.”

For a Consumer who is in an Episode of Care and is currently receiving services: If a second Episode of Care must be created for legitimate administrative reasons, then enter “1/1/01” on the second Episode of Care to signify “not applicable.”

INITIAL CONTACT DATE is not date that the Consumer first ever contacted the provider if consumer had prior episodes. INITIAL CONTACT DATE refers to the current episode of care. It will be used to calculate ‘days waiting to enter treatment.’ It is intended to capture the number of days the client must wait to begin treatment because of program capacity, treatment availability, admissions requirements, or other program requirements. It should not include time delays caused by client unavailability or client failure to meet any requirement or obligation.

INITIAL CONTACT DATE may never be greater than admission date.

INITIAL CONTACT DATE may be equal to admission date if Consumer was admitted when treatment was first requested.

INITIAL CONTACT DATE may equal the date the Consumer was placed on a waiting list if a treatment slot was not available upon first request.

DIVISION

Consumers receiving substance abuse treatment services will be enrolled under *ADA*. The Divisions of Alcohol and Drug Abuse (ADA) and Comprehensive Psychiatric Services (CPS) combined in March 2013 to form the Division of Behavioral Health. For the purposes of CIMOR, however, episodes are separate for substance abuse treatment (ADA) and mental health treatment (CPS).

PROBATION & PAROLE

If REFERRAL SOURCE = *District Probation and Parole*: Indicates the probation and parole office that referred consumer to services.

If REFERRAL SOURCE = *DOC – Institutional Treatment Program*: Indicates the correctional center that referred consumer to services.

[See CIMOR for specific list.]

Important Notes:

This field only appears if *District Probation/Parole* or *DOC – Institutional Treatment Program* is selected for REFERRAL SOURCE.

Obtain PROBATION & PAROLE from the Missouri Department of Corrections – Community Services Treatment Referral Form. It is important that the correct P&P Office be entered into CIMOR as DBH must generate reports by P&P Office.

PROVIDER SITE

Important Notes:

It is acceptable for the enrolling agency to admit (EOC Admission screen) under the parent agency but encounters (EOC Services screen) must be recorded under the site where services are provided.

Parent (main) sites are of the format “Agency Name” while children (satellite) sites are of the format “Agency Name – City” or “Agency Name – City (Street).” When entering encounter data,

-Do not put encounter data under parent site unless Consumer received services at the parent site.

REFERRAL SOURCE

Describes the person or agency referring the Consumer to the program.

This is a field that is used department wide and must serve many uses. The list of selections for this field is long and selections are not always mutually exclusive. Listed below are the preferred selections to be used for DBH SUBSTANCE ABUSE TREATMENT Consumers.

Preferred valid entries for DBH SUBSTANCE ABUSE TREATMENT Consumers:

CRIMINAL JUSTICE INVOLVEMENT

Attorney / Legal Counsel

Drug Court

District Probation and Parole

DOC – Institutional Treatment Program – (Only for use by DOC programs)

DOC Second Chance

Mental Health Court

SATOP Screening – Includes DUI/DWI

Court (non-treatment) –Does not include drug court or mental health court.

Juvenile Office – For county juvenile court assignments

Law Enforcement

Precision Placement

Other, Non-Voluntary - (Use only if no other criminal justice involvement category works)

MENTAL HEALTH / HEALTH

CMHC – Community Mental Health Center

Disease Management – Program funded by DMH and MO HealthNet

Freestanding DBH SUBSTANCE ABUSE TREATMENT – Another DBH SUBSTANCE ABUSE TREATMENT agency

HB73 Referral – Referral of TANF recipient by the Division of Family Services

Private Practice MH Prof – Private Practice Mental Health Professional

Non-Psychiatric Physician

Other Mental Health Facility

Managed Behavioral Health Organization

Managed Care Health Plan

Medical Facility – Medical facility (non-mental health)

Non-Psychiatric Physician

Veterans Administration

INDIVIDUAL

Self

Family, Relatives

Guardian

OTHER

Clergy

Department of Social Services

Friends

Former Consumer

Head Start

Help Line – Includes Missouri's Problem Gambling helpline (888-BETS-OFF) and TEL-LINK (DHSS's referral line for maternal and child health care)

LEAD Institute – Leadership Education and Advocacy for the Deaf

National Guard

School System

Self Help

Social or Community Agency (unspecified)

Other (Unspecified) – (Limit use for DBH Consumers)

Important Notes:

The above list does not preclude user from using other entries if user has a compelling reason to do so.

- Do not use the selections beginning with “Inpatient...” These selections were requested for use with MRDD Consumers.

If DOC and one of the MO HealthNet plans referred a consumer, the DOC referral should “trump” the MO HealthNet plan.

As of May 3, 2012, the following selections have been terminated: *DOC – Other; DOC – Transitional Housing; Fed, St, Cny Parole; Fed, St, Cny Probation; Court, Law Enforcement, Corrections*. If consumer is probation or parole, then use *District Probation and Parole*.

If referral to treatment was DOC or Drug Court, in particular, be sure to mark appropriate referral source. DBH must be able to identify DOC and Drug Court referrals for reporting purposes.

Commitment

Consumer Search - Windows Internet Explorer
http://cimortest.dmh.state.mo.us/CIMOR/UIJ/CimorHome.htm
Consumer Search

Consumer Sample DMH ID 4169237
ADA Sample Contract Provider 1/1/2000 - 7/2/2008
Amy Lister, Sample Contract Provider

Add Admission

Save Cancel

Admission Info Other **Commitment** Discharge

Admission Type	County	From Date	To Date	Primary Commitment
Vol - Adult - Self	COLE	1/1/2010		<input checked="" type="checkbox"/> (Yes)

Add Commitment Cancel

ADMISSION TYPE

Describes the type of commitment.

This is a field that is used department wide and the list of selections for this field is long. Not all selections are appropriate for DBH SUBSTANCE ABUSE TREATMENT admissions. Listed below are the recommended selections for use for DBH SUBSTANCE ABUSE TREATMENT Consumers.

Recommended entries for DBH SUBSTANCE ABUSE TREATMENT Consumers:

VOLUNTARY - ADULT

Vol - Adult – Self: Adult by Self

Vol - Adult – Guardian: Adult by Guardian

Vol - Adult - Dur Pow Atty: Adult by Durable Power of Attorney

VOLUNTARY - MINOR

Vol - Minor – Guardian: Minor by Guardian

Vol - Minor – Self: Minor by Self

Vol - Minor – Parent: Minor by Parent

Vol - Minor - Legal Custodian: Minor by Legal Custodian

INVOLUNTARY – COURT ORDER

Invol Civ - Ad Ct Ord: Adult Court Order

Invol Civ - Minor Ct Ord: Minor Court Order

INVOLUNTARY – INITIATED BY A PEACE OFFICER

Invol Civ - Ad Ct Ord (Peace Off-Imm Harm): Adult Court Order by Peace Officer (Imminent Harm)

Invol Civ - Minor Ct Ord (PeaceOff-Imm Harm): Minor Court Order by Peace Officer (Imminent Harm)

INVOLUNTARY – INITIATED BY A QSAP

Invol Civ - (Qual DBH SUBSTANCE ABUSE TREATMENT Couns-Imm Harm): by Qualified Alcohol and Drug Abuse Counselor (QSAP) (Imminent Harm)

Important Notes:

Involuntary commitments, where the individual presents a likelihood of serious harm to self or others as the result of substance abuse, require specific forms:

Commitment by a Peace Officer

If the involuntary commitment was initiated by a Peace Officer, then the following forms would be presented:

- an Application Imminent Harm (DMH 132),
- an Affidavit (DMH 142), and
- a List of Witnesses (DMH 137).

If Consumer is an adult – code as *Invol Civ - Ad Ct Ord (Peace Off-Imm Harm)*.

If Consumer is a minor – code as *Invol Civ - Minor Ct Ord (PeaceOff-Imm Harm)*.

Commitment by the Court

If the involuntary commitment was court ordered, then the following forms are typically involved:

- **96 hour:** an Order for 96 Hour Detention (DMH 129, OSCA MH 20) or
- **30 day:** Judgment for Involuntary Detention (DMH 136, OSCA MH 40).

If Consumer is an adult – code as *Invol Civ - Ad Ct Ord*.

If Consumer is a minor – code as *Invol Civ - Minor Ct Ord*.

Commitment by a Qualified Substance Abuse Professional (QSAP)

If the involuntary commitment was initiated by a QSAP, this would involve the same forms as listed under Peace Officer. This would be coded as *Invol Civ - (Qual DBH SUBSTANCE ABUSE TREATMENT Couns-Imm Harm)*.

Codependents should not be marked involuntary commitment.

A Drug Court recommendation or sanction or a Probation/Parole Office mandate do not constitute involuntary commitments.

If commitment status changes from involuntary to voluntary or voluntary to involuntary, then a new commitment needs to be added to CIMOR.

COUNTY

Identifies the county which originated the commitment order, generally found on the commitment forms.

FROM DATE

Start date of commitment.

TO DATE

End date of commitment.

PRIMARY COMMITMENT

For DBH Substance Abuse Treatment, identifies the current commitment.

Important Notes:

For a DBH SUBSTANCE ABUSE TREATMENT Episode of Care, only one DBH commitment will exist at any given time (Note this may be different for a DBH Mental Health Episode of Care) but a DBH SUBSTANCE ABUSE TREATMENT Episode of Care may have multiple commitments covering different periods of time (i.e. client's status changes from voluntary to involuntary).

Discharge

Consumer Search - Windows Internet Explorer
http://cimortest.dmh.state.mo.us/CIMOR/UI/CimorHome.htm
Live Search
Consumer Search
Consumer Sample DMH ID 4169237
ADA Sample Contract Provider 1/1/2010 - Open
Amy Lister, Sample Contract Provider

CIMOR
Test

Consumer
Face Sheet
Demographi
Benefit/Eligib
Consumer F
Contact Log
Screenings
View Assmt
GPRA II
Episodes of
Admissio
Assessm
ATR Vou
Authoriza
Bed Assi
Commitr
Court Ord
Diagnosi
Discharg
EOC Sur
Female F
Furlough
Medical F
ISL Buds

Add Discharge

Save Cancel

Division ADA

Provider Site Sample Contract Provider

Discharge Reason * Consumer would not comply with rules

Discharge Date * 03/12/2010 Discharge Time * 11:08 AM

Discharge Diagnosis Code 303.90 - Alcohol Dependence

Follow Up Type * None

Referral Given (Yes)

Comments

DISCHARGE REASON

Reason for closing Consumer's DBH SUBSTANCE ABUSE TREATMENT Episode of Care.

Valid entries:

Additional Services Advised, Referral Made – Satisfactory progress in treatment and is being referred to another DBH SUBSTANCE ABUSE TREATMENT agency for continuation of treatment (Note AA/NA is not considered DBH SUBSTANCE ABUSE TREATMENT)

Admitted in Error – To be used when admission made to wrong Consumer and cannot be deleted because diagnosis has been entered.

Consumer Completed Treatment – Consumer has satisfactorily completed his/her individual treatment plan and is not being referred to any other level of DBH SUBSTANCE ABUSE TREATMENT. (Note AA/NA is not considered DBH SUBSTANCE ABUSE TREATMENT.) Also appropriate for Consumers who have self-terminated after significant engagement in treatment with serious work on treatment plan objectives and reason for discharge as *Completed* is most accurate description of episode.

Consumer died - (Also enter deceased date, if known, on Consumer Demographics)

Consumer dropped out – Program is willing to continue treatment services but Consumer stopped showing up for or participating in planned DBH SUBSTANCE ABUSE TREATMENT services.

Consumer moved away – Consumer relocated to area away from treatment provider

Consumer would not comply with rules – includes Consumer showing up for treatment under the influence

Incarcerated-offense during treatment / satisfactory progress – Consumer incarcerated due to an offense committed while in treatment and Consumer was making satisfactory progress in treatment / recovery.

Incarcerated-offense during treatment / unsatisfactory progress – Consumer incarcerated due to an offense committed while in treatment and Consumer was making unsatisfactory progress in treatment / recovery.

Incarcerated-charge pre-treatment / satisfactory progress – Consumer incarcerated due to old warrant or charge arising prior to treatment and Consumer was making satisfactory progress in treatment / recovery.

Incarcerated-charge pre-treatment / unsatisfactory progress – Consumer incarcerated due to old warrant or charge arising prior to treatment and Consumer was making unsatisfactory progress in treatment / recovery.

Medical Reasons – Other health or mental health issues prevent Consumer from continuing DBH SUBSTANCE ABUSE TREATMENT. May include transfer to hospital or other health care facility.

Transferred Consumer – Unsatisfactory progress in treatment and is being referred to another agency for DBH SUBSTANCE ABUSE TREATMENT. (Note AA/NA is not considered DBH SUBSTANCE ABUSE TREATMENT)

Did not meet assessment criteria – To be used when Consumer is admitted into an DBH SUBSTANCE ABUSE TREATMENT EOC but subsequent assessments indicate Consumer does not need DBH SUBSTANCE ABUSE TREATMENT.

Important Notes:

NOTE → For the person entering a discharge reason, it is important to find the best fitting category.

For the purpose of DISCHARGE REASON, the term *referral* is taken to mean referral to DBH SUBSTANCE ABUSE TREATMENT and not to self-help groups or non-DBH SUBSTANCE ABUSE TREATMENT. DBH SUBSTANCE ABUSE TREATMENT will use data item FOLLOW-UP TYPE to collect information on follow-up recommendations including that for self-help groups or non-DBH SUBSTANCE ABUSE TREATMENT.

DISCHARGE DATE

The date of the last service in the Consumer's Episode of Care.

Important Notes:

ADMISSION DATE and DISCHARGE DATE define the Consumer's Episode of Care. Program TO DATE and Program Level TO DATE should never come after DISCHARGE DATE. Programs are contained within Episode's of Care and Program Levels (if applicable) are contained within Programs.

FOLLOW UP TYPE

Indicates type of program/agency recommended to Consumer upon discharge. For DBH SUBSTANCE ABUSE TREATMENT Episodes of Care, priority should be given to DBH SUBSTANCE ABUSE TREATMENT or DBH SUBSTANCE ABUSE TREATMENT support follow up types. If no DBH SUBSTANCE ABUSE TREATMENT follow up type is provided, then enter other applicable follow up type.

Valid entries:

...for DBH SUBSTANCE ABUSE TREATMENT or support

Community Self-Help – Peer-based groups including AA/NA, Al-Anon, Gambler's Anonymous

Inpatient Substance abuse – Detox with hospital supervision

Outpatient Treatment – DBH SUBSTANCE ABUSE outpatient treatment

Residential Treatment Center – DBH SUBSTANCE ABUSE residential treatment

Recovery Support – Agencies providing non-clinical treatment services supportive of recovery including spiritual counseling, employment coaching, life skills training, etc.

...for other mental health or medical

Administrative Agent

Case management

Community program – (Non-DBH SUBSTANCE ABUSE TREATMENT)

Community Psychiatric Rehabilitation Center

Inpatient medical facility – Medical (non-mental health) treatment with hospital supervision

Inpatient psychiatric facility – Psychiatric treatment with hospital supervision

Medication Management, PCP – Primary care physician

Medication Management, Psychiatrist

Outpatient Clinic Program – (Non-DBH SUBSTANCE ABUSE TREATMENT)

Residential Care Facility – (Non-DBH SUBSTANCE ABUSE TREATMENT)

Sheltered Living Situation – Living environments organized to support people with disabilities

Sheltered Work Environment - Work organized by specialized providers (usually contracted with DESE) to create assembly jobs for people with disabilities

Skilled Nursing Facility

...for other

Half-way House

Returned to Penal/Correctional Inst

Other – (Only if no other category is suitable, specify in comments)

None

DO NOT USE:

Against Medical Advice - (Do not use for DBH SUBSTANCE ABUSE TREATMENT Consumers)

Medical Hospital – (Do not use for DBH SUBSTANCE ABUSE TREATMENT Consumers)

Diagnosis

Consumer Search - Windows Internet Explorer
http://cimortest.dnh.state.mo.us/CIMOR/UI/CimorHome.htm
Live Search
Consumer Search
Consumer Sample DMH ID 4169237
ADA Sample Contract Provider 1/1/2010 - Open
Amy Lister, Sample Contract Provider
Test
Consumer
Face Sheet
Demographics
Benefit/Eligibil
Consumer Re
Contact Log
Screenings
View Assmt
GPRA II
Episodes of C
Admission
Assesse
ATR Vouch
Authorizati
Bed Assign
Commitme
Court Orde
Diagnosis
Discharge
EOC Sumr
Female Pre
Furlough
Medical Pre
ISL Budget
ORYX Initia
OPV Div

Add Diagnosis Axis I

Save Cancel

Group [] Diag Code Source DSM-IV Search
Partial Code [] Partial Desc [] Clear

Axis * Diagnosis Axis I: Clinical Disorders
Validate

Diagnosis Code * []
Diag Code Source []
Code Description []
Diagnostician * [] Status * []
Severity [] Principal (Yes)
Primary (Yes)
Diagnosis Date Time * []
Comments []

For CSTAR Consumers, clinical diagnosis information must be entered in CIMOR. The CSTAR programs require at least one DBH SUBSTANCE ABUSE TREATMENT diagnosis on Axis I.

Important Notes:

Diagnostic impressions are not allowed in CIMOR. If a diagnostic impression is made, it goes in the Consumer's file but not in CIMOR.

PRINCIPAL

The diagnosis that was “chiefly responsible for occasioning the evaluation or admission to clinical treatment.” (DSM-IV, American Psychiatric Association 2000.)

Important Notes:

For a given Episode of Care, only one diagnosis can be marked as PRINCIPAL.

For an ADA (i.e. SUBSTANCE ABUSE TREATMENT) Episode of Care and CSTAR program, an ADA diagnosis must be marked as PRINCIPAL. In CIMOR, diagnosis information is associated with the Episode of Care. A co-occurring Consumer can have a substance abuse principal diagnosis on an ADA episode of care and a mental health principal diagnosis on a CPS episode of care.

PRIMARY

A primary diagnosis is one that is not dependent on a co-existing illness.

Important Notes:

For a given Episode of Care, more than one diagnosis can be marked as primary.

Program

The screenshot displays the 'Add Program' form in the CIMOR system. The form is set within a browser window titled 'Consumer Search - Windows Internet Explorer'. The page header identifies the user as 'Amy Lister, Sample Contract Provider' and shows the consumer sample ID as 'DMH ID 4169237'. The left-hand navigation menu has 'Programs' selected. The form fields are as follows: 'Program *' is set to 'ADA CSTAR General Adult Enhanced'; 'Status *' is 'Assigned'; 'From Date *' is '1/1/2010' and 'From Time *' is '10:43 AM'; 'Living Arrangement' is '18 & > with Family'; 'Program Level' is '1 Basic'; and 'From Date' is '1/1/2010' and 'From Time' is '10:43 AM'. There is a large text area for 'Comments/Reason for Program Status' which is currently empty. 'Save' and 'Cancel' buttons are located at the top right of the form area.

STATUS

Indicates status of Consumer's program

Valid entries:

...for Program Assignment:

Assigned – Use for all new assignments.

...for Program Closure:

Administrative Discharge – (Reserve for use by Central Office)

Completed – Consumer has completed the program goals or has had significant engagement in treatment with serious work on treatment plan objectives so that status as *Completed* is most accurate description

Eloped – Program is willing to continue treatment services but Consumer stopped showing up for or participating in planned DBH SUBSTANCE ABUSE TREATMENT services.

Incorrectly assigned – Incorrect program has been selected.

Noncompliant – Consumer would not comply with program/agency rules including Consumer showing up for treatment under the influence.

On Leave – (Do not use for DBH SUBSTANCE ABUSE TREATMENT Program Assignment.)

Transferred – Consumer is being assigned to a different program or referred to a different DBH SUBSTANCE ABUSE TREATMENT agency.

Withdrawn – Agency is terminating Consumer's treatment due to non-compliance

[LIVING ARRANGEMENT \(defined under Consumer Demographics\)](#)

(Control + Click to follow link)

FROM DATE (PROGRAM/LEVEL)

Indicates start date of the program or program level.

Important Notes:

Program FROM DATE and Program Level FROM DATE should never come before ADMISSION DATE. Programs are contained within Episode's of Care and Program Levels (if applicable) are contained within Programs.

TEDS Data

General/Family/Legal

The screenshot shows a web browser window titled "Consumer Search - Windows Internet Explorer" with the URL "http://cimortest.dmh.state.mo.us/CIMOR/UI/CimorHome.htm". The page displays the CIMOR interface for a consumer with DMH ID 4169237. The "Add TEDS Data" form is active, showing the following information:

- Navigating From: List Teds History
- Program: ADA CSTAR General Adult Enhanced
- Program Level: 1 Basic
- Status: Assigned
- Program Level From Date: 01/01/2010

The form has several tabs: "General/Family/Legal" (selected), "School/Work/Support", "Sub Abuse/Medical", "Additional Closure", and "Comments". The "General/Family/Legal" tab contains the following fields:

Field Name	Field Type
Data Collection Date *	Text Input
Living Arrangement *	Dropdown
Number of children in your care *	Dropdown
Legal Status *	Dropdown
Number of Arrests in Past 30 Days *	Dropdown
Veteran Status *	Dropdown
Marital Status *	Dropdown
Number of children removed from custody *	Dropdown
Currently Pregnant	Dropdown
Number of Lifetime DUI Arrests *	Dropdown

CURRENTLY PREGNANT

Indicates if female Consumer is pregnant.

Valid entries:

No

Yes

Unknown

Refused to answer

Important Notes:

If Consumer's pregnancy status changes during treatment, do update information in this field. Avoid using selection *Unknown*. Do ask female Consumers about pregnancy status.

DATA COLLECTION DATE

Indicates most recent date in which the Consumer was interviewed and the TEDS data was collected.

Important Notes:

TEDS data must be collected at admission; level program level changes, if applicable; and at discharge.

DATA COLLECTION DATE must fall within the PROGRAM FROM DATE and TO DATE and PROGRAM LEVEL FROM DATE and TO DATE, if applicable.

DATA COLLECTION DATE cannot be a future date unless the program level is an authorized level and DATA COLLECTION DATE is equal to the program level FROM DATE.

At program closure, DATA COLLECTION DATE must equal the Program TO DATE.

LEGAL STATUS

Indicates Consumer's current judicial status.

Valid entries:

Not Applicable – No current involvement with the judicial system.

Awaiting Disposition

On Probation

On Parole

Incarcerated

Unknown – (Only allowed at program closure when Consumer PROGRAM STATUS is not *Completed*.)

LIVING ARRANGEMENT (defined under Consumer Demographics)

(Control + Click to follow link)

MARITAL STATUS (defined under Consumer Demographics)

(Control + Click to follow link)

Important Notes:

CIMOR will prompt user if Consumer's age < 18 and MARITAL STATUS is anything other than NEVER MARRIED.

NUMBER OF ARRESTS IN PAST 30 DAYS

Indicates number of arrests Consumer has had in the past 30 days. Data item is collected at admission; level program level changes, if applicable; and at discharge..

Valid entries:

0, 1, 2, ..., 96 (Listed separately)

Unknown (Valid only at Program Closure when Consumer PROGRAM STATUS is not *Completed*).

NUMBER OF CHILDREN IN YOUR CARE (defined under Consumer Demographics)

(Control + Click to follow link)

Important Notes:

Does not include step-children.

If a Consumer has more than 20 children in his/her care, select 20.

NUMBER OF CHILDREN REMOVED FROM CUSTODY

Number of children that Division of Family Services currently has removed from Consumer's custody.

Valid entries:

0, 1, 2, ..., 20 (Listed separately)

Unknown – (Valid only at Program Closure when Consumer PROGRAM STATUS is not *Completed*)

Important Notes:

Does not include step-children.

NUMBER OF LIFETIME DUI ARRESTS

Indicates number of DUI arrests Consumer has had over the course of his/her lifetime. Data are collected at admission, may be updated as needed.

Valid entries:

0, 1, 2, ..., 96 (Listed separately)

VETERAN STATUS

Indicates whether Consumer has ever served in the Uniformed Services.

Valid entries:

Yes

No

Important Notes:

“Armed Forces” include Army, Navy, Air Force, Marines, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, etc.)

CIMOR will prompt user if Consumer’s age < 18 and VETERAN STATUS=yes.

School/Work/Support

Consumer Search - Windows Internet Explorer
http://cimortest.dmh.state.mo.us/CIMOR/UI/CimorHome.htm
Live Search
Consumer Search
Consumer Sample DMH ID 4169237
Amy Lister, Sample Contract Provider
Add TEDS Data
Save Cancel
Navigating From List Teds History
Program ADA CSTAR General Adult Enhanced Status Assigned
Program Level 1 Basic Program Level From Date 01/01/2010
General/Family/Legal School/Work/Support Sub Abuse/Medical Additional Closure Comments
Education * Grade Point Average
Special Education * Enrolled in School or Job Training *
Employment Status * Occupation *
Income Source * Consumer Weekly Income *
Household Monthly Income Amount *
Public Assistance *
 None Other Subsidized Housing
 Black Lung Disease Benefits Psychiatric Services
 College Work/Study Payments Public Housing
 Food Stamps Railroad Retirement Benefits

CONSUMER WEEKLY INCOME

Indicates weekly income of Consumer only even if Consumer is a minor.

Valid entries:

None

\$1 - \$49

\$50 - \$99

\$100 - \$149

\$150 - \$199

\$200 - \$299

\$300 - \$499

\$500 and over

Unknown – (Valid only at Program Closure when Consumer PROGRAM STATUS is not *Completed*.)

Important Notes:

Note difference between WEEKLY INCOME and MONTHLY INCOME. WEEKLY INCOME refers to Consumer's income. MONTHLY INCOME refers to household income. (...and WEEKLY INCOME refers to a shorter timeframe.)

EDUCATION (STATUS)

Specifies the highest school grade the Consumer has completed in formal education. This can include education received while incarcerated.

Valid entries:

Kindergarten

1st Grade – 12th Grade - (Listed separately)

GED

1st Year College – 4th Year College - (Listed separately)

Graduate College

1 Yr Graduate

3 Yr Graduate

Doctorate Degree

Master Degree

No Academic

Tech Education in addition to High School

Tech Education in lieu of High School

Unknown - (Should not be used for DBH SUBSTANCE ABUSE TREATMENT program assignment)

EMPLOYMENT (STATUS) (defined under Consumer Demographics)

(Control + Click to follow link)

Important Notes:

CIMOR will prompt user if Consumer’s age<16 and EMPLOYMENT STATUS is *full-time* or *part-time*.

ENROLLED IN SCHOOL OR JOB TRAINING

Indicates if Consumer is enrolled in school or job training.

Valid entries:

No – Not currently engaged in any educational type activities

Yes – Includes formal academic education (elementary, secondary, college), GED classes, adult basic education, adult continuing education (non-credit), vocational school or training that is a certificate or diploma program,

Unknown - (Not allowed on DBH SUBSTANCE ABUSE TREATMENT Program Assignment)

GRADE POINT AVERAGE (GPA)

Indicates Consumer’s Grade Point Average (GPA) for the most recent single term. GPA is required for all CSTAR Adolescent primary Consumers.

Valid entries:

Grade	4- Point Scale	11- Point Scale
A+ / A	4	11
A-	3.67	10
B+	3.33	9
B	3	8
B-	2.67	7
C+	2.33	6
C	2	5
C-	1.67	4
D+	1.33	3
D	1	2
D-	0.67	1
F	0	0

Not Applicable – Use for 19 year-old consumers or adolescents who already have a GED but are enrolled in the CSTAR Adolescent Program.

Unknown - (Valid only at Program Closure when Consumer PROGRAM STATUS is not *Completed*.)

Important Notes:

The intent of this data item is to capture information on current school performance. Do not report a GPA based on grades earned over multiple years (i.e. Cumulative GPA.)

Report the GPA for the current quarter if known; otherwise, report GPA for the most recent completed quarter (or other reporting term) as indicated on student’s most recent report card.

HOUSEHOLD MONTHLY INCOME AMOUNT

Indicates gross monthly income from all sources as shown on the most current Standard Means Test. Includes income sources from Consumer and Spouse (if applicable) or Parents if parents are the financially responsible party. Sources of income includes employment (wages, salary, tips, bonuses, self-employment), unearned income (rental income, dividends, interest), child support, retirement / pensions / social security / other benefits (i.e. VA), alimony, assistance (unemployment, SSI, worker’s comp)

INCOME SOURCE

Indicates Consumer’s principal source of financial support. For children under 18, this field indicates the parent’s primary source of income support.

Valid entries:

[Employment]

Employment

Self Employment

[Retirement]

Civil Service Retirement

Military – Military Retirement Allotment

RR – Railroad Retirement

SSA – Social Security Benefits

Retirement – Other Retirement

[Other Benefits / Assistance]

VA – Veterans Administration Benefits

Disability

SSDI – Social Security Disability Income

SSI – Supplemental Security Income

Work Comp – Workers Compensation

Public Assistance – State

Unemployment

Disability – Disability Income from source other than Social Security Disability Income and Veterans Administration Benefits Disability.

[Other Sources]

Alimony – Maintenance Alimony

Child Support

Family/Friends

Illegal

UEI – Unearned (Dividends, Interest, Rental Income)

OCCUPATION

Indicates Consumer's current occupation (i.e. "What kind of work is Consumer doing?")

Valid entries:

Management

Business & Financial Operations

Computer & Mathematical

Architecture & Engineering

Life, Physical & Social Science

Community & Social Service

Legal

Education, Training & Library

Arts, Design, Entertainment, Sports & Media

Healthcare Practitioners & Technical

Healthcare Support

Protective Service

Food Preparation & Serving Related

Building & Grounds Cleaning & Maintenance

Personal Care & Service

Sales & Related

Office & Administrative Support

Farming, Fishing & Forestry

Construction & Extraction

Installation, Maintenance & Repair

Production

Transportation & Material Moving

Military Specific

Not applicable – Includes *Unemployed* and *Not in Labor Force* (i.e. homemakers, students, preschool, retired, disabled, those that are not employed and have not been seeking work in the past 30 days).

Other – (Can be used for DBH SUBSTANCE ABUSE TREATMENT if no other category works)

Important Notes:

If Consumer has more than one occupation, identify the one that he/she spends the most time doing.

OCCUPATION cannot be *Not Applicable* if EMPLOYMENT STATUS is *full-time* or *part-time*.

CIMOR will default to *Not Applicable* if EMPLOYMENT STATUS is of the type *Not in Workforce*. User may change from the default value as needed.

PUBLIC ASSISTANCE

Public assistance and social insurance programs Consumer is currently receiving. Consumer may be in more than one PUBLIC ASSISTANCE program at a time.

Valid entries:

None – (If selected, cannot select any others) Consumer is not receiving any public assistance and not in any social insurance programs.

Temporary Assistance to Needy Families – (TANF)

Food Stamps
General Relief
Medicaid
Supplemental Security Income
Low-Income Home Energy Assistance
Legal Services For the Poor
In-Home Supportive Services
Grants to Assist Victims of Domestic Violence
Refugee Assistance
Substance Abuse Treatment Assistance
Psychiatric Services
Mental Retardation and Development Disabilities
School Lunch Assistance
Section 8 Housing Payments
Section 8 Housing Vouchers
Public Housing
Other Subsidized Housing
Higher Education Grants
Higher Education Loans
College Work/Study Payments
Head Start
Trade Adjustment Assistance
Missouri Crime Victim Compensation
Job Opportunities and Basic Skills Training
Veteran Compensation
Medicare
Social Security Retirement Benefits
Social Security Disability Benefits
Social Security Survivors' Benefits
Black Lung Disease Benefits
Unemployment Compensation
Railroad Retirement Benefits
Worker's Compensation
Veterans' Pensions
Government Pensions
Other – (Use only if none of the other categories work.)

Important Notes:

If Consumer has multiple types of public assistance, mark all that apply. This field allows for multiple selections. If *None* is marked, then no other selections can be made.

SPECIAL EDUCATION

Indicates the level of Consumer's special education requirements.

Valid entries:

Special Education (Unspecified)
Trainable Mental Retardation (State Schools for the Retarded)
Educable Mental Retardation
Remedial Reading
Elementary and Secondary Special Education

Special School
Speech Therapy
Learning Disabled Classroom
Behavior Disordered Classroom
No Special Education
Resource Room
Special Education Testing Suggested

Sub Abuse/Medical

The screenshot shows the CIMOR web application interface. The browser address bar displays <https://cimortest.state.mo.us/CIMOR/UI/CimorHome.htm>. The application header includes the CIMOR logo and navigation buttons for Save and Cancel. The main content area is titled 'Sub Abuse/Medical' and contains the following form fields:

- Navigation:** Navigating From: List Teds History; Program: ADA General Treatment; Status: Assigned; Program Level: Outpatient; Program Level From Date: 07/01/2014.
- Treatment Site:** A dropdown menu.
- County where Services will be Received:** A dropdown menu.
- Substances:** A table with columns: Substance Abused, Route, Frequency of Use in Past 30 Days, and Age of First Use. It includes Primary, Secondary, and Tertiary rows.
- Prior Detox, Prior Residential, Prior Outpatient:** Three dropdown menus.
- Primary Source of Payment:** A dropdown menu.
- In the past 30 days, how many days did consumer attend self-help programs?:** A dropdown menu.
- Medication Prescribed for Addiction Treatment:** A list of checkboxes for various medications including None, Laam, Cyclazocine, Naltrexone (Revia), Buprenorphine, Disulfiram, Naloxone, Suboxone, Tranquilizers (Valium, Librium, etc.), Vivitrol, and Acamprosate calcium (Campral), and Anti-Depressants.
- Primary Health Insurance:** A dropdown menu.
- Developmental Problem and Psychological Problem:** Two dropdown menus.
- Referred for TB Testing and Date of TB Test:** A dropdown menu and a date field.
- TB Test Positive and Received TB post-test counseling:** Two dropdown menus.

COUNTY WHERE SERVICES WILL BE RECEIVED

Indicates county where Consumer will receive DBH SUBSTANCE ABUSE TREATMENT services.

Valid entries:

See CIMOR for actual list. Acceptable entries include any Missouri county name.

DATE OF TB TEST

Indicates date of TB test provided since treatment admission.

DEVELOPMENTAL PROBLEM

Indicates if Consumer has a developmental problem

Important Notes:

“Developmental Problem” is to include developmental disabilities such as mental retardation, cerebral palsy, head injuries, autism, epilepsy, and certain learning disabilities. Such conditions must have occurred before age 22, with the expectation that they will continue.

MEDICATION PRESCRIBED FOR ADDICTION TREATMENT

Indicates medication that is prescribed as part of Consumer’s substance abuse treatment plan.

Valid entries:

None Prescribed
Naltrexone
Naloxone
Vivitrol
Other Antagonist
Methadone
Laam
Buprenorphine
Suboxone
Acamprosate calcium (Campral)
Propoxyphene-N
Cyclazocine
Disulfiram – (Antabuse)
Tranquilizers (Valium, Librium, etc.)
Anti-Depressants
Others – (Only use if no other category is appropriate)

Important Notes:

The intent of this field is to capture current status. Historical data should not be reported here.

MEDICATION PRESCRIBED FOR ADDICTION TREATMENT may be prescribed by someone other than the enrolling agency. The intent is to capture what medications are part of the Consumer’s treatment plan and not who prescribed the medications.

Be sure to update MEDICATION PRESCRIBED FOR ADDICTION TREATMENT if change occurs during the course of Consumer’s Episode.

This field is capturing information on pharmacological treatment. Do not indicate substance abused here.

If Consumer is currently taking more than one medication, mark all that apply. This field allows for multiple selections. If *None* is marked, then no other selections can be made.

PRIMARY HEALTH INSURANCE

Indicates Consumer’s primary health insurance (if any). The insurance may or may not cover alcohol or drug treatment.

Valid entries:

Blue Cross/Blue Shield
Health Maintenance Organization
Other Private Insurance
Medicare
Medicaid
Other (e.g. TRICARE, CHAMPUS)

None

PRIMARY SOURCE OF PAYMENT

Indicates primary source of payment for this DBH SUBSTANCE ABUSE TREATMENT.

Valid entries:

Blue Cross / Blue Shield

Medicaid

Medicare

Other Gov – Other Government Payments

Workers Comp – Workers Compensation

Other Insurance – Other Health Insurance Companies

Self Pay

No charge – Charity, Special Research or Teaching

Other – (Only use if no other category works)

Important Notes:

If multiple payment sources exist, select the payment source with the largest percentage. When payment percentages are equal, then select either source.

Other Gov payment includes state general revenue and federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funding streams (i.e. non-Medicaid POS funding.)

PRIOR DETOX

Indicates the number of previous Detox treatment episodes that Consumer has received in any alcohol and drug program.

Valid entries:

0 – No prior detox treatment.

1, 2, ..., 4 (Listed separately)

5 or more

Important Notes:

Do not count the current treatment Episode.

PRIOR RESIDENTIAL

Indicates the number of previous residential treatment episodes that Consumer has received in any alcohol and drug program.

Valid entries:

0 – No prior detox treatment.

1, 2, ..., 4 (Listed separately)

5 or more

Important Notes:

Do not count the current treatment Episode.

PRIOR OUTPATIENT

Indicates the number of previous outpatient treatment episodes that Consumer has received in any alcohol and drug program.

Valid entries:

0 – No prior detox treatment.

1, 2, ..., 4 (Listed separately)

5 or more

Important Notes:

Do not count the current treatment Episode.

PROVIDER SITE

Indicates site at which consumer will receive services.

Important Notes:

If consumer will be receiving services from multiple sites, select the site where the majority of services will be received.

Be sure to update PROVIDER SITE when transferring Consumer to a different program level at a different location.

Do not confuse PROVIDER SITE on the Episode Admission and PROVIDER SITE on DBH TEDS:

Episode Admission: Parent organization may be selected for all Consumers.

DBH TEDS: Must select actual site where services will be delivered.

PSYCHOLOGICAL PROBLEM

Identifies whether Consumer has a psychological problem independent of his/her alcohol or drug use problem. Consumer may or may not be receiving treatment for psychological problem. Consumer's psychological problem may or may not be under control.

Valid entries:

No

Yes

Important Notes:

For the purpose of this data item, "psychological problem" may include schizophrenia and other psychotic disorders, mood disorders, anxiety disorders, somatoform disorders, factitious disorders, dissociative disorders, sexual and gender identify disorders, eating disorders, sleep disorders, impulsive-control disorders, adjustment disorders, personality disorders, and disorders usually first diagnosed in infancy, childhood, or adolescence. (*DSM-4, American Psychiatric Association 2000*)

If during the course of treatment, Consumer is diagnosed with a psychiatric disorder, be sure to update data item PSYCHOLOGICAL PROBLEM.

RECEIVED TB POST-TEST COUNSELING

Identifies whether Consumer has received TB post-test counseling since treatment admission and then testing positive for TB.

Valid entries:

No

Yes

Important Notes:

Data entry is required if TB TEST POSITIVE is *Yes*.

REFERRED FOR TB TESTING

Identifies whether Consumer has been referred for TB testing since treatment admission.

Valid entries:

No

Yes

SUBSTANCES ABUSED

This section collects data on Consumer's substance problems. Each substance ranking (*Primary, Secondary, Tertiary*) has associated fields for route of administration, frequency of use, and age of first use. The ranking is to identify an ordering of Consumer's substance problem based on the impact to Consumer's quality of life. Determination should be based on a combination of factors such as the relative importance of the substance in causing the Consumer to seek treatment, the frequency and intensity of the abuse, the substance that caused the person the most problems, etc. Primary substance data must be provided for a primary user (non-collateral) Consumer. Secondary and tertiary data must be collected from Consumer.

Age of First Use

Indicates actual or approximate age Consumer first used substance identified in the SUBSTANCE data field.

Valid entries:

0, 1, 2, ..., 96 (Listed separately)

Important Notes:

AGE OF FIRST USE cannot be greater than Age at Admission.

If Substance Abused is *None*, then AGE OF FIRST USE will default to *Not Applicable*.

Frequency of Use in Past 30 Days

Indicates number of days in the last 30 that Consumer reported any use at all of the substance identified in the SUBSTANCE data field.

Valid entries:

0, 1, 2, ..., 30 (Listed separately)

Unknown – (Valid only at Program Closure when Consumer PROGRAM STATUS is not *Completed*)

Important Notes:

The response cannot be more than 30 days.

Ask specifically about behavior in “the past 30 days.” Do not use “in the past month” as a substitute – this may lead to confusion and inaccurate responses. Example: If data are collected from Consumer on May 15th, the past 30 days covers April 16 to May 15.

If SUBSTANCE ABUSED is *None*, then AGE OF FIRST USE will default to *Not Applicable*.

Route

Identifies the typical way in which Consumer administers SUBSTANCE.

Valid entries:

Oral – Includes ingesting, swallowing, drinking, or dissolving drugs in the mouth or sublingually.

Smoking – Includes smoking the drug on its own (in a pipe, bong, etc.) and putting the drug in a tobacco cigarette to be smoked.

Inhalation – Includes the deliberate concentration and inhalation of common household products to get high (“Huffing,” “Bagging,” “Sniffing,” “Snorting”). Also includes lighting or heating the drug and inhaling the resulting smoke.

IV Injection– Includes injecting drugs into veins.

Non-IV Injection – Includes injecting drugs into muscles and subcutaneous injecting (“skin popping”).

Not Applicable – Route will auto-populate with ‘Not Applicable’ when ‘None’ is selected for the secondary and/or tertiary drug.

Important Notes:

In cases where two or more routes are routinely used, the most serious route should be identified. Order of severity from most to least: *IV Injection, Non-IV Injection, Smoking, Inhalation/Sniff, Oral*.

Make sure the ROUTE goes with the appropriate SUBSTANCE (i.e. no inhaling alcohol or injecting tobacco.)

If SUBSTANCE ABUSED is *None*, then ROUTE will default to *Not Applicable*.

Substance Abused

Indicates substances abused by Consumer.

Valid entries:

[Alcohol]

Alcohol

[Cocaine]

Crack – Includes freebase cocaine – chips, chunks, or rocks

Other Cocaine – Includes powder form (Cocaine hydrochloride.)

[Marijuana]

Marijuana / Hashish / THC – Includes Marinol (contains THC) if non-prescribed.

[Opiates]

Heroin

Morphine (Kadian, Avinza, MS Contin)

Fentanyl (Duragesic)

Diphenoxylate (Lomotil)

Non-prescription Methadone - (Do not report MEDICATION PRESCRIBED FOR ADDICTION TREATMENT here. Report substance abused.)

Codiene (700)

D-Propoxyphene (Darvon)

Oxycodone (Oxycontin)

Meperidine HCl (Demerol)

Hydromorphone (Dilaudid)

Pentazocine (Talwin)

Hydrocodone (Vicodin)

Tramadol (Ultram)

Other Opiates and Synthetics

[Hallucinogens]

PCP or PCP Combinations

LSD

Other Hallucinogens

[Stimulants]

Methamphetamine / Speed

Amphetamine (Adderall, Dexedrine)

Methylenedioxymethamphetamine (MDMA, Ecstasy)

Methylphenidate (Ritalin)

Other Amphetamines

Other Stimulants

[Benzodiazepines]

Alprazolam (Xanax)

Chlordiazepoxide (Librium)

Clorazepate (Tranzene)

Diazepam (Valium)

Flurazepam (Dalmane)

Lorazepam (Ativan)

Triazolam (Halcion)

Estazolam (ProSom)

Flunitrazepam (Rohypnol)

Clonazepam (Clonopin, Rivotril)

Other Benzodiazepines

[Tranquilizers]

Meprobamate (Miltown)

Other Tranquilizers

[Sedatives]

Phenobarbital

Secobarbital / Amobarbital (Tuinal)

Secobarbital (Seconal)

Mephobarbital (Mebaral)

Pentobarbital Na (Nembutal)

Other Barbiturate Sedatives

Ethchlorvynol (Placidyl)

Glutethimide (Doriden)

Methaqualone

Other Non-Barbituarate Sedatives

Other Sedatives

[Inhalants]

Aerosols - Sprays that contain propellants and solvents. Includes spray paints, deodorant and hair sprays, vegetable oil sprays for cooking, and fabric protector sprays.

Nitrites – Includes cyclohexyl nitrite, isoamyl (amyl) nitrite, isobutyl (butyl) nitrite (slang: “poppers,” “snappers”)

Solvents – Includes paint thinners and removers, dry-cleaning fluids, degreasers, gasoline, glues, correction fluids, and felt-tip marker fluids.

Anesthetics – Includes nitrous oxide, ether, halothane, chloroform

Other Inhalants

[Other drugs]

Diphenhydramine

Over-the-counter

Diphenylhydantoin Phenytoin (Dilantin)

GHB/GBL (Gamma-Hydroxybutyrate, Gamma-Butyrolacton)

Ketamine (Special K) – Also “vitamin K”

Other Drugs – (Use if no other category works.)

Tobacco – (Valid only as secondary or tertiary.) – Includes cigarettes, cigars, and pipe, chewing tobacco.

[None]

None – only allowed for *Secondary* or *Tertiary*.

Important Notes:

Primary, Secondary, and Tertiary substance information must be collected from Consumer. An attempt should be made to get a comprehensive picture of Consumer’s use of substance(s). If Consumer has no *Secondary* substance, then enter *None* for SUBSTANCE for ranking *Secondary*. If Consumer has no *Tertiary* substance, then enter *None* for SUBSTANCE for ranking *Tertiary*. If *None* is indicated for SUBSTANCE, CIMOR will populate NUMBER OF DAYS OF USE IN PAST 30 DAYS, ROUTE, and AGE OF FIRST USE with *Not Applicable*.

The same SUBSTANCE cannot be listed as one more than one ranking (*Primary, Secondary, Teritary*).

Unprescribed use of prescription medication or misuse of prescribed medication (e.g. taking more than prescribed) should also be recorded.

This is the substance list used for the federal TEDS reporting (with the exception of the Tobacco category.) While other tools (i.e. ASI, GPRA) may use broader drug categories, be as specific as possible in identifying Consumer’s substance problem(s) for this data item.

Use *Other Drugs* as a last resort – if none of the other categories are appropriate.

IN THE PAST 30 DAYS, HOW MANY DAYS DID CONSUMER ATTEND SELF-HELP PROGRAMS

Indicates the number of days within the past 30 days that the consumer has attended a self-help program. This includes attendance at AA, NA, Oxford House, Secular Organization for Sobriety, Women for Sobriety and other self-help/mutual support groups focused on recovery from substance abuse and dependence.

Valid entries:

0, 1, 2, ..., 30 (listed separately)

Unknown (Valid only at Program Closure when Consumer PROGRAM STATUS is not *Completed*.)

TB TEST POSITIVE

Identifies whether the Consumer has had a positive TB test result since treatment admission.

Valid entries:

No

Yes

Unknown

Important Notes:

Data entry is required if REFERRED FOR TB TESTING is *Yes*.

Additional Closure

The screenshot shows a web browser window titled "Consumer Search - Windows Internet Explorer" with the URL "http://cimortest.dmh.state.mo.us/CIMOR/UI/CimorHome.htm". The page displays the CIMOF (Consumer Information Management and Reporting) interface. The main content area is titled "Add TEDS Data" and includes a "Save" button and a "Cancel" button. The form contains the following fields:

- Navigating From: [List Teds History](#)
- Program: [ADA CSTAR General Adult Enhanced](#)
- Status: [Withdrawn](#)
- Program Level: [Closure](#)
- Program Level From Date: (empty)

Below these fields is a table with the following columns: General/Family/Legal, School/Work/Support, Sub Abuse/Medical, Additional Closure, and Comments. The "Additional Closure" column is currently selected. The form includes the following input fields:

- Number of children returned to consumer's custody from DFS? * (dropdown menu)
- How many live births during treatment? * (dropdown menu)
- Of the live births during treatment, how many were drug free births? * (dropdown menu)
- What is the primary reason for infant's drug/alcohol exposure? * (dropdown menu)
- HIV Test * (dropdown menu)

HIV TEST

Indicates the results of Consumer's last HIV test.

Valid entries:

HIV Positive

AIDS/ARC Diagnosis - (AIDS / AIDS-related complex)

HIV Negative
HIV Status Unknown
Not Collected

NUMBER OF CHILDREN RETURNED TO CUSTODY

Number of children that Division of Family Services has returned to your custody.

Valid entries:

0, 1, 2, ..., 20 (Listed separately)

Unknown – (Valid only at Program Closure when Consumer PROGRAM STATUS is not *Completed*.)

Important Notes:

Does not include step-children.

Data is collected at Program Closure only.

NUMBER OF CHILDREN RETURNED TO CUSTODY cannot be greater than NUMBER OF CHILDREN REMOVED FROM CUSTODY.

If a consumer had more than 20 children returned to his/her custody, then select *20*.

TREATMENT BIRTHS

Number of Live Births

Number of live births given by pregnant Consumer during the current treatment program.

Valid entries:

0, 1, 2, ..., 10 (Listed separately)

Unknown – (Valid only at Program Closure when Consumer PROGRAM STATUS is not *Completed*.)

Important Notes:

Data is collected at Program Closure only.

Make every attempt to collect this data if Consumer is a pregnant female. This is an important outcome measure for DBH SUBSTANCE ABUSE TREATMENT. The treatment provider is expected to track this information while the consumer is engaged in treatment. Reserve use of *Unknown* for rare occasions when information cannot be obtained.

If Consumer gives birth to living twins, then record “2” for NUMBER OF LIVE BIRTHS.

Number of Drug Free Births

Number of births given by pregnant Consumer during the current treatment program and where illicit drugs were not detected in newborn drug screening.

Valid entries:

0, 1, 2, ..., 10

Unknown

Important Notes:

Data is collected at Program Closure only.

NUMBER OF DRUG FREE BIRTHS must be less than or equal to the NUMBER OF LIVE BIRTHS. Reserve use of *Unknown* for rare occasions when information cannot be obtained. Make every attempt to collect this data if Consumer is a pregnant female. This is an important outcome measure for DBH SUBSTANCE ABUSE TREATMENT. The treatment provider is expected to track this information while the consumer is engaged in treatment.

Exposure Reason

Reason for newborn drug exposure.

Valid entries:

Entered treatment and delivered shortly thereafter

Tested positive for a drug with a long half-life

Relapse

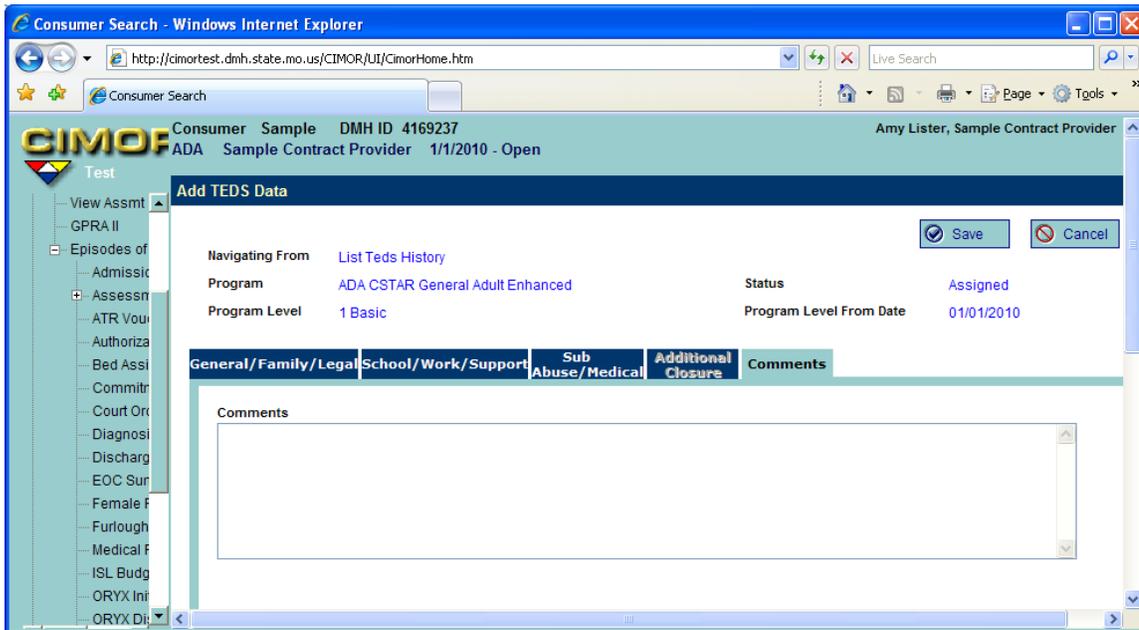
Unknown

Important Notes:

Data is collected at Program Closure only.

EXPOSURE REASON is required if NUMBER OF DRUG FREE BIRTHS is less than the NUMBER OF LIVE BIRTHS.

Comments



COMMENTS

Textbox may be used to add any pertinent notes regarding Consumer's TEDS data, treatment planning or progress, etc.

Appendix A: Sample Data Collection Form

TEDS DATA COLLECTION PAGES

DMH ID	Consumer Last Name	First Name	Middle Name
Maiden Name	Alias Last Name	Alias First Name	Alias Middle Name
Birth Date	SSN	Admission Date	Program
			Program Level

TEDS General/Family/Legal

Data Collection Date:	Veteran Status <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Common Law <input type="checkbox"/> Living as married	Living Arrangement <input type="checkbox"/> < 18 with Both Parents <input type="checkbox"/> <18 with Single Parents <input type="checkbox"/> < 18 with Other Relatives <input type="checkbox"/> < 18 with Foster Home <input type="checkbox"/> < 18 with Private Care Facility <input type="checkbox"/> < 18 with Public Care Facility <input type="checkbox"/> < 18 with Independent Living <input type="checkbox"/> < 18 with Other <input type="checkbox"/> < 18 with Parent/Step Parent <input type="checkbox"/> 18 & > with Alone <input type="checkbox"/> 18 & > with Family <input type="checkbox"/> 18 & > with Unrelated Person <input type="checkbox"/> 18 & > with Adult Foster Care <input type="checkbox"/> 18 & > with Nursing Home <input type="checkbox"/> 18 & > with Transitional <input type="checkbox"/> 18 & > with Other Public/Private <input type="checkbox"/> 18 & > with Parent or Siblings <input type="checkbox"/> 18 & > with Other <input type="checkbox"/> 18 & > with Homeless Shelter <input type="checkbox"/> 18 & > Jail/Correctional Facility <input type="checkbox"/> 18 & > with Homeless <input type="checkbox"/> 18 & > with Spouse Only <input type="checkbox"/> All ages with Oxford House <input type="checkbox"/> All ages with CSTAR Supported Housing <input type="checkbox"/> All ages with CSTAR Residential <input type="checkbox"/> All ages with Refused to Answer <input type="checkbox"/> Residential Care Facility (RCF)
Number of Children in Your Care:	Number of Children Removed from Custody:	Number of Arrests in Past 30 Days:	
Legal Status <input type="checkbox"/> Does Not Apply <input type="checkbox"/> Awaiting Disposition <input type="checkbox"/> Incarcerated <input type="checkbox"/> On Parole <input type="checkbox"/> On Probation	Currently Pregnant (Females Only) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Refused to Answer	Number of Lifetime DUI Arrests:	

TEDS School/Work/Support

Education (last level completed) <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 st Grade <input type="checkbox"/> 2 nd Grade <input type="checkbox"/> 3 rd Grade <input type="checkbox"/> 4 th Grade <input type="checkbox"/> 5 th Grade <input type="checkbox"/> 6 th Grade <input type="checkbox"/> 7 th Grade <input type="checkbox"/> 8 th Grade <input type="checkbox"/> 9 th Grade <input type="checkbox"/> 10 th Grade <input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th Grade <input type="checkbox"/> G.E.D. <input type="checkbox"/> 1 st Year College <input type="checkbox"/> 2 nd Year College <input type="checkbox"/> 3 rd Year College <input type="checkbox"/> 4 th Year College <input type="checkbox"/> Graduate College <input type="checkbox"/> 1 Yr Graduate <input type="checkbox"/> 3 Yr Graduate <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> No Academic <input type="checkbox"/> Tech Ed in addn to High School <input type="checkbox"/> Tech Ed in lieu of High School	Grade Point Average (Adolescent consumers only) <input type="checkbox"/> A/A+ <input type="checkbox"/> A- <input type="checkbox"/> B+ <input type="checkbox"/> B <input type="checkbox"/> B- <input type="checkbox"/> C+ <input type="checkbox"/> C <input type="checkbox"/> C- <input type="checkbox"/> D+ <input type="checkbox"/> D <input type="checkbox"/> D- <input type="checkbox"/> F <input type="checkbox"/> Not Appl.	Special Education <input type="checkbox"/> Behavior Disordered Classroom <input type="checkbox"/> Educable Mental Retardation <input type="checkbox"/> Elementary & Secondary Special Education <input type="checkbox"/> Learning Disabled Classroom <input type="checkbox"/> No Special Education <input type="checkbox"/> Not Collected <input type="checkbox"/> Remedial Reading <input type="checkbox"/> Resource Room <input type="checkbox"/> Special Education (Unspecified) <input type="checkbox"/> Special Education Testing Suggested <input type="checkbox"/> Special School <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Trainable Mental Retardation	Consumer Weekly Income <input type="checkbox"/> None <input type="checkbox"/> \$1 - \$49 <input type="checkbox"/> \$50 - \$99 <input type="checkbox"/> \$100 - \$149 <input type="checkbox"/> \$150 - \$199 <input type="checkbox"/> \$200 - \$299 <input type="checkbox"/> \$300 - \$499 <input type="checkbox"/> \$500 & Over
		Enrolled in School or Job Training <input type="checkbox"/> Yes <input type="checkbox"/> No	Household Monthly Income:
Employment Status <input type="checkbox"/> Employed-Full Time (35+hrs/wk) <input type="checkbox"/> Employed-Part Time (< 35 hrs/wk) <input type="checkbox"/> Sheltered Workshop <input type="checkbox"/> Supported Employment <input type="checkbox"/> Unemployed-Sought last 30 days or on layoff <input type="checkbox"/> Not In Workforce – Homemaker <input type="checkbox"/> Not In Workforce – Student <input type="checkbox"/> Not In Workforce – Retired <input type="checkbox"/> Not In Workforce – Disabled <input type="checkbox"/> Not In Workforce – Inmate of Institution <input type="checkbox"/> Not In Workforce - Other			

<p>Income Source</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Civil Service Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Employment <input type="checkbox"/> Family/Friends <input type="checkbox"/> Illegal <input type="checkbox"/> Military <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Public Assistance - State <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Retirement <input type="checkbox"/> Self Employment <input type="checkbox"/> SSA <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> Unearned Income <input type="checkbox"/> Unemployment <input type="checkbox"/> VA <input type="checkbox"/> Work Comp 	<p>Public Assistance</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Black Lung Disease Benefits <input type="checkbox"/> College Work/Study Programs <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Relief <input type="checkbox"/> Government Pensions <input type="checkbox"/> Grants to Assist Victims of Domestic Violence <input type="checkbox"/> Head Start <input type="checkbox"/> Higher Education Grants <input type="checkbox"/> Higher Education Loans <input type="checkbox"/> In-Home Supportive Services <input type="checkbox"/> Job Opportunities and Basic Skills Training <input type="checkbox"/> Legal Services For The Poor <input type="checkbox"/> Low-Income Home Energy Assistance <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Mental Retardation and Development Disabilities <input type="checkbox"/> Missouri Crime Victim Compensation <input type="checkbox"/> Other <input type="checkbox"/> Other Subsidized Housing <input type="checkbox"/> Psychiatric Services <input type="checkbox"/> Public Housing <input type="checkbox"/> Railroad Retirement Benefits <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> School Lunch Assistance <input type="checkbox"/> Section 8 Housing Payments <input type="checkbox"/> Section 8 Housing Vouchers <input type="checkbox"/> Social Security Disability Benefits <input type="checkbox"/> Social Security Retirement Benefits <input type="checkbox"/> Social Security Survivor's Benefits <input type="checkbox"/> Substance Abuse Treatment Assistance <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Temporary Assistance To Needy Families <input type="checkbox"/> Trade Adjustment Assistance <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Veterans' Compensation <input type="checkbox"/> Veterans' Pensions <input type="checkbox"/> Worker's Compensation
<p>Occupation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Management <input type="checkbox"/> Business & Financial Operations <input type="checkbox"/> Computer & Mathematical <input type="checkbox"/> Architecture & Engineering <input type="checkbox"/> Life, Physical & Social Science <input type="checkbox"/> Community & Social Science <input type="checkbox"/> Legal <input type="checkbox"/> Education, Training & Library <input type="checkbox"/> Arts, Design, Entertainment, Sports & Media <input type="checkbox"/> Healthcare Practitioners & Technical <input type="checkbox"/> Healthcare Support <input type="checkbox"/> Protective Service <input type="checkbox"/> Food Preparation & Serving Related <input type="checkbox"/> Building & Grounds Cleaning & Maintenance <input type="checkbox"/> Personal Care & Service <input type="checkbox"/> Sales & Related <input type="checkbox"/> Office & Administrative Support <input type="checkbox"/> Farming, Fishing & Forestry <input type="checkbox"/> Construction & Extraction <input type="checkbox"/> Installation, Maintenance & Repair <input type="checkbox"/> Production <input type="checkbox"/> Transportation & Material Moving <input type="checkbox"/> Military Specific <input type="checkbox"/> Not applicable <input type="checkbox"/> Other 	

TEDS Sub Abuse/Medical

Provider Site		County where Services will be received				
Primary Substance		Route <input type="checkbox"/> Inhalation <input type="checkbox"/> IV Injection <input type="checkbox"/> Non IV Injection <input type="checkbox"/> Oral <input type="checkbox"/> Smoking	Secondary Substance		Route <input type="checkbox"/> Inhalation <input type="checkbox"/> IV Injection <input type="checkbox"/> Non IV Injection <input type="checkbox"/> Oral <input type="checkbox"/> Smoking	
Number of Days Used in Past 30 Days:	Age of First Use:		Number of Days Used in Past 30 Days:	Age of First Use:		
Tertiary Substance		Route <input type="checkbox"/> Inhalation <input type="checkbox"/> IV Injection <input type="checkbox"/> Non IV Injection <input type="checkbox"/> Oral <input type="checkbox"/> Smoking	Prior Detox <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more	Prior Residential <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more	Prior Outpatient <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more	
Number of Days Used in Past 30 Days:	Age of First Use:					
Primary Source of Payment <input type="checkbox"/> Self Pay <input type="checkbox"/> Blue Cross/Blue Shield <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Government <input type="checkbox"/> Workers Comp <input type="checkbox"/> Other Insurance <input type="checkbox"/> No Charge <input type="checkbox"/> Other		Medication Prescribed for Addiction Treatment <input type="checkbox"/> None <input type="checkbox"/> Naltrexone <input type="checkbox"/> Naloxone <input type="checkbox"/> Vivitrol <input type="checkbox"/> Other Antagonist <input type="checkbox"/> Methadone <input type="checkbox"/> Laam <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Suboxone <input type="checkbox"/> Acamprosate calcium (Campral) <input type="checkbox"/> Propoxphene-N <input type="checkbox"/> Cyclazocine <input type="checkbox"/> Disulfiram <input type="checkbox"/> Tranquilizers (Valium, Librium, etc.) <input type="checkbox"/> Anti-Depressants <input type="checkbox"/> Others		Primary Health Insurance <input type="checkbox"/> Blue Cross/Blue Shield <input type="checkbox"/> Health Maintenance Organization (HMO) <input type="checkbox"/> Other Private Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (e.g., TRICARE, CHAMPUS)		
			Developmental Problem <input type="checkbox"/> Yes <input type="checkbox"/> No	Psychological Problem <input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 30 days, how many days did consumer attend self-help programs?	
Referred for TB Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	Data of TB Test ____/____/____	TB Test Positive <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Received TB post-test counseling <input type="checkbox"/> Yes <input type="checkbox"/> No			

TEDS Additional Closure – This page is to be included at program closure

<p>Number of Children returned to consumer's custody from DFS:</p>	<p>Number of live births during treatment (Females only):</p>	<p>Of the live births during treatment, how many were drug free births? (Females only)</p>
<p>HIV Test Results</p> <ul style="list-style-type: none"> <input type="checkbox"/> AIDS/ARC Diagnosis <input type="checkbox"/> HIV Negative <input type="checkbox"/> HIV Positive <input type="checkbox"/> HIV Status Unknown 		<p>If 'Drug Free Births' response is less than number of live births, what is the primary reason for infant's drug/alcohol exposure? (Females only)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Entered treatment and delivered shortly thereafter <input type="checkbox"/> Relapse <input type="checkbox"/> Tested positive for a drug with a long half-life <input type="checkbox"/> Unknown