Mental Health Event Record Training
Overview

- What is a Mental Health Event record?
- MHER fields – which are required and which are not
- How to enter MHER records in Provider Connect
- Best Practices
What is a Mental Health Event Record?

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Allowable Response</th>
<th>Special Instructions</th>
</tr>
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</table>
| **Source of referral** | ● Self  
● Family or friend  
● Physician or medical facility  
● Social or community agency  
● Educational system  
● Courts, law enforcement or correctional agency  
● Private psychiatric/MH prog.  
● Public psychiatric/MH prog.  
● Clergy  
● Private practice MH prof  
● Other person/organization | Note: When a client is compelled to be in treatment by the justice system (MH Court, Probation, Parole, etc.), this should be updated to “Courts.” After the mandatory treatment is completed, the code should be changed to another code.  
This required variable must be updated no less than every 90 days. |
| **Hispanic or Latino origin** | ● Yes  
● No | |
| **Race** | ● American Indian  
● Asian  
● Black  
● White  
● Other single race  
● Alaskan Native  
● Pacific Islander  
● Two or more races | |
| **Marital status** | ● Never married  
● Now married  
● Separated  
● Divorced  
● Widowed | Never Married: Includes those whose only marriage was annulled.  
Married: Includes those living together as married.  
Separated: Includes those separated legally or otherwise absent from spouse because of marital discord. |
| **Completed years of education** | ● 0-25 (GED = 12)  
● Nursery/Pre-school including Head Start  
● Kindergarten  
● Self-contained Special Ed Class  
● Vocational School | If more than 25 years of education completed use “25”.  
Vocational school includes business, technical, secretarial, trade, or correspondence courses which are not counted as regular school enrollment and are not for recreation or adult education classes. |
| **Enrolled in Education:** At any time IN THE LAST 3 MONTHS, has this person attended school or college? | ● Yes  
● No | Include only nursery or preschool, kindergarten, elementary school, home school or schooling which leads to a high school diploma, college degree or other formal certification or license.  
This required variable is to be updated at the 6-month case review or when a change is indicated. |
| **Gross monthly household income at admission** | ● Actual gross monthly household income to the nearest dollar.  
● None | Total of all legal monthly income for the household in which the client lives and is legally a part of. For adolescent clients, include parents’/guardians’ income. |
| **Total number in family who live at home** | 1-96 = Number of persons | Client is included in count. Entry must be 1 or greater |
| **Veteran status:** Have you ever or are you currently in the military? | ● Yes  
● No | This required variable is to be updated at the 6-month case review. |
### Admission/Update Questions con’t

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| **Tobacco Use** | - Never smoked  
- Former smoker  
- Current some-day smoker  
- Current every-day smoker  
- Smokeless tobacco only (in last 30 days) | Includes cigarettes, e-cigarettes and smokeless tobacco products. If client uses cigarettes and smokeless tobacco, select cigarette use.  
This required variable is to be updated at the 6-month case review, when a change is indicated and at discharge. |
| **What language needs to be spoken during therapy? (admission only)** | - English  
- Arabic  
- Bosnian  
- Cambodian  
- Chinese  
- Croatian  
- Farsi  
- French  
- Greek  
- German  
- Italian  
- Japanese  
- Kurdish  
- Laotian  
- Russian  
- Samoan  
- Serbian  
- Somali  
- Spanish  
- Swahili  
- Tibetan  
- Tongan  
- Vietnamese  
- Zulu  
- Native American: Navajo  
- Native American: Ute  
- American sign language  
- Other (Specify in next question) | |
| **“Other” Language.** | If the response was “Other” in the above question, please enter the language that is spoken during therapy |
| **Previous MH treatment of any kind** | - Yes  
- No | |
| **Previous MH treatment at Utah State Hospital** | - Yes  
- No | |
| **Previous MH treatment at this center** | - Yes  
- No | |
| **Expected principal payment source as reported by staff.** | - Provider to pay most cost  
- Personal resources  
- Commercial health insurance  
- Service contract  
- Medicare (Title XVIII)  
- Medicaid (Title XIX)  
- Veterans Administration  
- CHAMPUS  
- Workers compensation  
- Other public resources  
- Other private resources | Expected principal payment source is defined as the source expected to pay the highest percent of the cost. |
| **Employment status** | - Employed full time (35 hrs +)  
- Employed part time (less than 35 hrs)  
- Supported/transitional employment  
- Unemployed, seeking work  
- Unemployed, NOT seeking work  
- Homemaker  
- Student  
- Retired  
- Disabled, not in labor force  
- Ages 0-5 | Both supported and transitional employment involves the common element of support. However, transitional employment is time limited whereas supported employment is not. Both may include either MH or non-MH sponsorship.  
This information may be collected by staff, intake workers or clinicians at admission. However, only clinicians may report the data at each 6-mo evaluation. |
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<td><strong>Living arrangement</strong></td>
<td>● On the street or homeless shelter</td>
<td>“Private Residence - Independent” includes clients living alone or with others without supervision. “Private Residence - Dependent” includes clients living with parents, relatives or guardians.</td>
</tr>
<tr>
<td></td>
<td>● Private Residence - Independent</td>
<td>This information may be collected by staff, intake workers, or clinicians at admission. Only clinicians may report the data at each 6-month evaluation.) This required variable is to be updated at the 6-month case review.</td>
</tr>
<tr>
<td></td>
<td>● Private Residence - Dependent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Jail or correctional facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Institutional setting (NH, IMD, psych. IP, VA, state hospital)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● 24-hour residential care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Adult or child foster home</td>
<td></td>
</tr>
<tr>
<td><strong>Legal Status</strong></td>
<td>● Civilly Committed</td>
<td>All adult and youth commitments and youth NDFF commitments are to be reported here. This required variable is to be updated at the 6-month case review.</td>
</tr>
<tr>
<td></td>
<td>● Not Civilly Committed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Forensic commitment - State Hospital only</td>
<td></td>
</tr>
<tr>
<td><strong>Number of Arrests</strong></td>
<td>0-31</td>
<td>The number of times the client was arrested (for any reason) during the preceding 30 days. All formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings at the time of admission. This required variable is to be updated at the 6-month case review.</td>
</tr>
<tr>
<td><strong>Atypical Medication Used</strong></td>
<td>● Yes</td>
<td>Was an atypical medication (Clozapine, Quetiapine, Olanzapine, Risperdone or Ziprasidone) prescribed at least once during the quarter?</td>
</tr>
<tr>
<td></td>
<td>● No</td>
<td></td>
</tr>
<tr>
<td><strong>Severity level (SED or SMI)</strong></td>
<td>● Yes (SED or SMI)</td>
<td>Specify if client meets the criteria for either SED or SMI. This required variable is to be updated at the 6-month case review.</td>
</tr>
<tr>
<td></td>
<td>● No (not SED or SMI)</td>
<td></td>
</tr>
<tr>
<td><strong>GAF Score</strong></td>
<td>● 1-99</td>
<td>See DSM IV Axis V for definitions. GAF should be re-evaluated at each treatment plan review or as needed to support the current level of care.</td>
</tr>
<tr>
<td></td>
<td>● 0 - Inadequate information</td>
<td></td>
</tr>
<tr>
<td><strong>Compelled to Treatment/Justice Involved</strong></td>
<td>● Yes</td>
<td>This required variable is to indicate if a client has had ANY kind of involvement with the justice system. This variable needs to be updated anytime it changes or at least every 90 days.</td>
</tr>
<tr>
<td></td>
<td>● No</td>
<td></td>
</tr>
<tr>
<td><strong>Justice risk level</strong></td>
<td>● Low Risk</td>
<td>This variable is indicating whether the criminogenic risk level for client compelled is Low or Not Low risk.</td>
</tr>
<tr>
<td></td>
<td>● Not Low Risk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Not collected</td>
<td></td>
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</tbody>
</table>
# Discharge Questions

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<thead>
<tr>
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<th>Allowable Response</th>
<th>Special Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of discontinuation or discharge</td>
<td>Enter date</td>
<td>This is required if the client has been discharged.</td>
</tr>
<tr>
<td>Treatment completion at discontinuation</td>
<td>● Completed/Substantially completed&lt;br&gt;● Mostly completed&lt;br&gt;● Mostly not completed&lt;br&gt;● Partially completed&lt;br&gt;● Does not apply - used for evaluation only</td>
<td>This is required if the client has been discharged.</td>
</tr>
<tr>
<td>Referral at discontinuation or discharge</td>
<td>● Clergy&lt;br&gt;● Courts or law enforcement&lt;br&gt;● Deceased&lt;br&gt;● Dropped out of treatment&lt;br&gt;● Educational system&lt;br&gt;● Family or friend&lt;br&gt;● Not referred&lt;br&gt;● Not yet discharged/discontinued&lt;br&gt;● Other person/organization&lt;br&gt;● Physician or other med facility&lt;br&gt;● Private practice MH professional&lt;br&gt;● Public psychiatric or MH&lt;br&gt;● Self&lt;br&gt;● Social or community agency</td>
<td>This is required if the client has been discharged.</td>
</tr>
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<td>Living arrangement</td>
<td>● 24-hour residential care&lt;br&gt;● Adult or child foster home&lt;br&gt;● Institutional setting (NH, IMD, psych. IP, VA, state hospital)&lt;br&gt;● Jail or correctional facility&lt;br&gt;● On the street or homeless shelter&lt;br&gt;● Private Residence - Independent&lt;br&gt;● Private Residence - Dependent</td>
<td>&quot;Private Residence - Independent&quot; includes clients living alone or with others without supervision. &quot;Private Residence - Dependent&quot; includes clients living with parents, relatives or guardians. This information may be collected by staff, intake workers, or clinicians at admission. Only clinicians may report the data. This is required if the client has been discharged.</td>
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<td>Employment status</td>
<td>● Employed full time (35 hrs +)&lt;br&gt;● Employed part time-less than 35 hrs&lt;br&gt;● Supported/transitional employment&lt;br&gt;● Unemployed, seeking work&lt;br&gt;● Unemployed, NOT seeking work&lt;br&gt;● Homemaker&lt;br&gt;● Student&lt;br&gt;● Retired&lt;br&gt;● Disabled, not in labor force&lt;br&gt;● Ages 0-5</td>
<td>Both supported and transitional employment involves the common element of support. However, transitional employment is time limited whereas supported employment is not. Both may include either MH or non-MH sponsorship. This information may be collected by staff, intake workers or clinicians at admission. This is required if the client has been discharged.</td>
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<td>Enrolled in Education: At any time IN THE LAST 3 MONTHS, has this person attended school or college?</td>
<td>● Yes&lt;br&gt;● No</td>
<td>Include only nursery or preschool, kindergarten, elementary school, home school or schooling which leads to a high school diploma, college degree or other formal certification or license. This is required if the client has been discharged.</td>
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## Provider Connect

### ProviderConnect - Episode Selection

- **Client Name:** MANN, SNOW
- **Member ID:** 40966
- **SSN:** 123-45-6789

The selected form requires an episode to be selected. Please click on an episode below.

<table>
<thead>
<tr>
<th>Episode</th>
<th>Program</th>
<th>Start</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Outpatient</td>
<td>5/1/2015</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Partial Hospitalization</td>
<td>10/27/2016</td>
<td></td>
</tr>
</tbody>
</table>

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### Mental Health Event Record Admit/Update

<table>
<thead>
<tr>
<th>Mental Health Event Status Change Date</th>
<th>Episode Number</th>
<th>Data Entry By User ID</th>
<th>Data Entry Date</th>
<th>Data Entry Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select 11/03/2016</td>
<td>1</td>
<td>JRETOHMAN</td>
<td>11/20/2016</td>
<td>11:12 PM</td>
</tr>
<tr>
<td>Select 11/03/2016</td>
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</table>

**Create an Initial or Update Record**

- Mental Health Event Status Change Date: 11/03/2016
- Mental Health Event Status Change Time: 01:15 AM
- Date of most recent client admission: 11/03/2016
- County of residence at Admission: Salt Lake
- Source of initial treatment: Private psychiatric/mental health prog
- Hispanic or Latino origin: No
- Race: White
- Marital status: Divorced
- Completed years of education: 30
- Is the client currently enrolled in an education program? Yes
- Number of times in family who live at home: 1
- Veteran status: No
- Native language to be spoken during therapy: Other
- Previous mental health treatment of any kind: No
- Previous mental health treatment at this mental health site: No
- Employment status: Student
- Legal status: Civilly Commited
- Number of times in the last 30 days: 25
- Severity level: Low
- CPT score: 520
- Severe danger of hurting self or others or gross impairment: No
- Compliant to Treatment: Yes
- Criminal Justice Risk Level: Low Risk

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Best Practices

- All records need to be updated/refreshed at least every 6 months. Some require 3 month updates.
- Data will update based on the values that were selected previously.
- Selections that were previously “Unknown” will now show with “inactive.” These fields **must** be updated.
Thank you!

Contract and Provider Connect Questions
Optum SLCo Network
877-370-8953 prompt #5
saltlakecounty.networkbox@optum.com