



# Mental Health Event Record Training

February 15, 2017  
**Optum Salt Lake County**

# Overview

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- 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?

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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

Question	Allowable Response		Special Instructions
Source of referral	<ul style="list-style-type: none"> <li>• Self</li> <li>• Family or friend</li> <li>• Physician or medical facility</li> <li>• Social or community agency</li> <li>• Educational system</li> <li>• Courts, law enforcement or correctional agency</li> </ul>	<ul style="list-style-type: none"> <li>• Private psychiatric/MH prog.</li> <li>• Public psychiatric/MH prog.</li> <li>• Clergy</li> <li>• Private practice MH prof</li> <li>• Other person/organization</li> </ul>	<p>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.</p> <p><b>This required variable must be updated no less than every 90 days.</b></p>
Hispanic or Latino origin	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>		
Race	<ul style="list-style-type: none"> <li>• American Indian</li> <li>• Asian</li> <li>• Black</li> <li>• White</li> </ul>	<ul style="list-style-type: none"> <li>• Other single race</li> <li>• Alaskan Native</li> <li>• Pacific Islander</li> <li>• Two or more races</li> </ul>	
Marital status	<ul style="list-style-type: none"> <li>• Never married</li> <li>• Now married</li> <li>• Separated</li> </ul>	<ul style="list-style-type: none"> <li>• Divorced</li> <li>• Widowed</li> </ul>	<p><u>Never Married</u>: Includes those whose only marriage was annulled.</p> <p><u>Married</u>: Includes those living together as married.</p> <p><u>Separated</u>: Includes those separated legally or otherwise absent from spouse because of marital discord.</p>
Completed years of education	<ul style="list-style-type: none"> <li>• 0-25 (GED = 12)</li> <li>• Nursery/Pre-school including Head Start</li> <li>• Kindergarten</li> <li>• Self-contained Special Ed Class</li> <li>• Vocational School</li> </ul>		<p>If more than 25 years of education completed use "25".</p> <p>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.</p>
Enrolled in Education: At any time IN THE LAST 3 MONTHS, has this person attended school or college?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>		<p>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.</p> <p><b>This required variable is to be updated at the 6-month case review or when a change is indicated.</b></p>
Gross monthly household income at admission	<ul style="list-style-type: none"> <li>• Actual gross monthly <u>household</u> income to the nearest dollar.</li> <li>• None</li> </ul>		<p>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.</p>
Total number in family who live at home	1-96 = Number of persons		<p>Client is included in count. Entry must be 1 or greater</p>
Veteran status: Have you ever or are you currently in the military?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>		<p>This required variable is to be updated at the 6-month case review.</p>

# Admission/Update Questions con't

Question	Allowable Response	Special Instructions			
Tobacco Use	<ul style="list-style-type: none"> <li>• Never smoked</li> <li>• Former smoker</li> <li>• Current some-day smoker</li> <li>• Current every-day smoker</li> <li>• Smokeless tobacco only (In last 30 days)</li> </ul>	<p>Includes cigarettes, e-cigarettes and smokeless tobacco products. If client uses cigarettes and smokeless tobacco, select cigarette use.</p> <p><b>This required variable is to be updated at the 6-month case review, when a change is indicated and at discharge.</b></p>			
What language needs to be spoken during therapy? (admission only)	<table border="0"> <tr> <td> <ul style="list-style-type: none"> <li>• English</li> <li>• Arabic</li> <li>• Bosnian</li> <li>• Cambodian</li> <li>• Chinese</li> <li>• Croatian</li> <li>• Farsi</li> <li>• French</li> <li>• Greek</li> <li>• German</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Italian</li> <li>• Japanese</li> <li>• Kurdish</li> <li>• Laotian</li> <li>• Russian</li> <li>• Samoan</li> <li>• Serbian</li> <li>• Somali</li> <li>• Spanish</li> <li>• Swahili</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Tibetan</li> <li>• Tongan</li> <li>• Vietnamese</li> <li>• Zulu</li> </ul> <ul style="list-style-type: none"> <li>• Native American: Navajo</li> <li>• Native American: Ute</li> <li>• American sign language</li> <li>• Other (Specify in next question)</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• English</li> <li>• Arabic</li> <li>• Bosnian</li> <li>• Cambodian</li> <li>• Chinese</li> <li>• Croatian</li> <li>• Farsi</li> <li>• French</li> <li>• Greek</li> <li>• German</li> </ul>	<ul style="list-style-type: none"> <li>• Italian</li> <li>• Japanese</li> <li>• Kurdish</li> <li>• Laotian</li> <li>• Russian</li> <li>• Samoan</li> <li>• Serbian</li> <li>• Somali</li> <li>• Spanish</li> <li>• Swahili</li> </ul>	<ul style="list-style-type: none"> <li>• Tibetan</li> <li>• Tongan</li> <li>• Vietnamese</li> <li>• Zulu</li> </ul> <ul style="list-style-type: none"> <li>• Native American: Navajo</li> <li>• Native American: Ute</li> <li>• American sign language</li> <li>• Other (Specify in next question)</li> </ul>	
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"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	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>				
Previous MH treatment at Utah State Hospital	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>				
Previous MH treatment at this center	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>				
Expected principal payment source as reported by staff.	<table border="0"> <tr> <td> <ul style="list-style-type: none"> <li>• Provider to pay most cost</li> <li>• Personal resources</li> <li>• Commercial health insurance</li> <li>• Service contract</li> <li>• Medicare (Title XVIII)</li> <li>• Medicaid (Title XIX)</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Veterans Administration</li> <li>• CHAMPUS</li> <li>• Workers compensation</li> <li>• Other public resources</li> <li>• Other private resources</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• Provider to pay most cost</li> <li>• Personal resources</li> <li>• Commercial health insurance</li> <li>• Service contract</li> <li>• Medicare (Title XVIII)</li> <li>• Medicaid (Title XIX)</li> </ul>	<ul style="list-style-type: none"> <li>• Veterans Administration</li> <li>• CHAMPUS</li> <li>• Workers compensation</li> <li>• Other public resources</li> <li>• Other private resources</li> </ul>	Expected principal payment source is defined as the source expected to pay the highest percent of the cost.	
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Employment status	<table border="0"> <tr> <td> <ul style="list-style-type: none"> <li>• Employed full time (35 hrs +)</li> <li>• Employed part time (less than 35 hrs)</li> <li>• Supported/transitional employment</li> <li>• Unemployed, seeking work</li> <li>• Unemployed, NOT seeking work</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Homemaker</li> <li>• Student</li> <li>• Retired</li> <li>• Disabled, not in labor force</li> <li>• Ages 0-5</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• Employed full time (35 hrs +)</li> <li>• Employed part time (less than 35 hrs)</li> <li>• Supported/transitional employment</li> <li>• Unemployed, seeking work</li> <li>• Unemployed, NOT seeking work</li> </ul>	<ul style="list-style-type: none"> <li>• Homemaker</li> <li>• Student</li> <li>• Retired</li> <li>• Disabled, not in labor force</li> <li>• Ages 0-5</li> </ul>	<p>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.</p> <p><b>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.</b></p>	
<ul style="list-style-type: none"> <li>• Employed full time (35 hrs +)</li> <li>• Employed part time (less than 35 hrs)</li> <li>• Supported/transitional employment</li> <li>• Unemployed, seeking work</li> <li>• Unemployed, NOT seeking work</li> </ul>	<ul style="list-style-type: none"> <li>• Homemaker</li> <li>• Student</li> <li>• Retired</li> <li>• Disabled, not in labor force</li> <li>• Ages 0-5</li> </ul>				

# Admission/Update Questions con't

Question	Allowable Response	Special Instructions
Living arrangement	<ul style="list-style-type: none"> <li>• On the street or homeless shelter</li> <li>• Private Residence - Independent</li> <li>• Private Residence - Dependent</li> <li>• Jail or correctional facility</li> <li>• Institutional setting (NH, IMD, psych. IP, VA, state hospital)</li> <li>• 24-hour residential care</li> <li>• Adult or child foster home</li> </ul>	<p>"Private Residence - Independent" includes clients living alone or with others without supervision. "Private Residence - Dependent" includes clients living with parents, relatives or guardians.</p> <p><b>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.</b></p>
Legal Status	<ul style="list-style-type: none"> <li>• Civilly Committed</li> <li>• Not Civilly Committed</li> <li>• Forensic commitment -State Hospital only</li> </ul>	<p>All adult and youth commitments and youth NDDFF commitments are to be reported here.</p> <p><b>This required variable is to be updated at the 6-month case review.</b></p>
Number of Arrests	0-31	<p>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.</p> <p><b>This required variable is to be updated at the 6-month case review.</b></p>
Atypical Medication Used	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	<p>Was an atypical medication (Clozapine, Quetiapine, Olanzapine, Risperidone or Ziprasidone) prescribed at least once during the quarter?</p>
Severity level (SED or SMI)	<ul style="list-style-type: none"> <li>• Yes (SED or SMI)</li> <li>• No (not SED or SMI)</li> </ul>	<p>Specify if client meets the criteria for either SED or SMI.</p> <p><b>This required variable is to be updated at the 6-month case review.</b></p>
GAF Score	<ul style="list-style-type: none"> <li>• 1-99</li> <li>• 0 - Inadequate information</li> </ul>	<p>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</p>
Compelled to Treatment/ Justice Involved	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	<p>This required variable is to indicate if a client has had ANY kind of involvement with the justice system.</p> <p><b>This variable needs to be updated anytime it changes or at least every 90 days.</b></p>
Justice risk level	<ul style="list-style-type: none"> <li>• Low Risk</li> <li>• Not Low Risk</li> <li>• Not collected</li> </ul>	<p>This variable is indicating whether the criminogenic risk level for client compelled is Low or Not Low risk.</p>

# Discharge Questions

Question	Allowable Response	Special Instructions
Date of discontinuation or discharge	Enter date	This is required if the client has been discharged.
Treatment completion at discontinuation	<ul style="list-style-type: none"> <li>Completed/Substantially completed</li> <li>Mostly completed</li> <li>Mostly not completed</li> <li>Partially completed</li> <li>Does not apply - <b>used for evaluation only</b></li> </ul>	This is required if the client has been discharged.
Referral at discontinuation or discharge	<ul style="list-style-type: none"> <li>Clergy</li> <li>Courts or law enforcement</li> <li>Deceased</li> <li>Dropped out of treatment</li> <li>Educational system</li> <li>Family or friend</li> <li>Not referred</li> <li>Not yet discharged/discontinued</li> <li>Other person/organization</li> <li>Physician or other med facility</li> <li>Private practice MH professional</li> <li>Public psychiatric or MH</li> <li>Self</li> <li>Social or community agency</li> </ul>	This is required if the client has been discharged.
Living arrangement	<ul style="list-style-type: none"> <li>24-hour residential care</li> <li>Adult or child foster home</li> <li>Institutional setting (NH, IMD, psych. IP, VA, state hospital)</li> <li>Jail or correctional facility</li> <li>On the street or homeless shelter</li> <li>Private Residence - Independent</li> <li>Private Residence - Dependent</li> </ul>	<p>"Private Residence - Independent" includes clients living alone or with others without supervision. "Private Residence - Dependent" includes clients living with parents, relatives or guardians.</p> <p><b>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.</b></p>
Employment status	<ul style="list-style-type: none"> <li>Employed full time (35 hrs +)</li> <li>Employed part time-less than 35 hrs</li> <li>Supported/transitional employment</li> <li>Unemployed, seeking work</li> <li>Unemployed, NOT seeking work</li> <li>Homemaker</li> <li>Student</li> <li>Retired</li> <li>Disabled, not in labor force</li> <li>Ages 0-5</li> </ul>	<p>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.</p> <p><b>This information may be collected by staff, intake workers or clinicians at admission. This is required if the client has been discharged.</b></p>
Enrolled in Education: At any time IN THE LAST 3 MONTHS, has this person attended school or college?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>	<p>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.</p> <p><b>This is required if the client has been discharged.</b></p>
Tobacco Use	<ul style="list-style-type: none"> <li>Never smoked</li> <li>Former smoker</li> <li>Current some-day smoker</li> <li>Current every-day smoker</li> <li>Smokeless tobacco only (In last 30 days)</li> </ul>	<p>Includes cigarettes, e-cigarettes and smokeless tobacco products. If client uses cigarettes and smokeless tobacco, select cigarette use.</p> <p><b>This required variable is to be updated at the 6-month case review, when a change is indicated and at discharge.</b></p>

# Provider Connect

**Member ID**  
40966

- Demographic
- Member Specific Information
- Financial Eligibility
- Authorizations
- Treatment
- Provider Admission
- Provider Diagnosis
- Attachments
- Mental Health Event Record Admit/Update**
- Mental Health Event Record Discharge
- Suicide Severity Rating Scale
- Exit to Main Menu

**ProviderConnect - Episode Selection** Admin Agency 11/14/2016 12:44:57 PM [Lookup Client](#) | [Main Menu](#) | [Log Out](#)

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.

Episode	Program	Start	End
3	Partial Hospitalization	10/27/2016	
2	Residential	10/26/2016	
1	Outpatient	5/1/2015	

[About ProviderConnect v2.211](#)



**Member ID**  
40966

- Demographic
- Member Specific Information
- Financial Eligibility
- Authorizations
- Treatment
- Provider Admission
- Provider Diagnosis
- Attachments
- Mental Health Event Record Admit/Update**
- Mental Health Event Record Discharge

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

**Mental Health Event Record Admit/Update Items**

	Mental Health Event Status Change Date	Episode Number	Data Entry By User ID	Data Entry Date	Data Entry Time
<a href="#">Select</a>	11/02/2016	1	JKRETCHMAN	11/02/2016	11:13 PM
<a href="#">Select</a>	11/03/2016	1	CARELINKUSER	11/14/2016	09:45 AM

[Add New Record](#)

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# Provider Connect con't

<b>Member ID</b>	Client Name: MANN, SNOW	
40966	Member ID: 40966	
	SSN: 123-45-6789	
	<a href="#">Print</a>	
<b>Demographic</b>	<b>Create an Initial or Update Record</b>	
Member Specific Information	Mental Health Event Status Change Date	Mental Health Event Status Change Time
Financial Eligibility	11/03/2016 <a href="#">Today</a> <a href="#">Yesterday</a>	01:15 AM <a href="#">Current Time</a>
Authorizations	Date of most recent client admission	County of residence at Admission
Treatment	11/01/2016 <a href="#">Today</a> <a href="#">Yesterday</a>	Salt Lake
Provider Admission	Source of referral at admission	Hispanic or Latino origin
Provider Diagnosis	Private psychiatric/mental health prog	No
Attachments	Race	Marital status
	White	Divorced
Mental Health Event Record Admit/Update	Completed years of education	Is the Client currently enrolled in an education program?
Mental Health Event Record Discharge	09 Years	Yes
Suloxide Severity Rating Scale	Gross monthly household income at admission	Total number in family who live at home
	1.00	01
Exit to Main Menu	Veteran status	Tobacco Use
	No	1 Never Smoked
Admin Agency	What language needs to be spoken during therapy?	Please enter the language that needs to be spoken
Best Western Hospital	Other	test
HORIZON HOME-Dummy	Previous mental health treatment of any kind	Previous mental health treatment at the Utah State Hospital
Valley Behavioral Health, MH	No	GCS
U of U Neuropsychiatry Inc	Previous mental health treatment at this mental health ctr	Expected principal payment source as reported by staff
Aslan Association of Utah	No	CHAMPUS
Hopeful Beginnings	Employment status	Living arrangement
GC & Foundation Inc	Student	Adult or child foster home
Rachel Jenkins-Lloyd APRN - EDI	Legal Status	Unique ID specified by the SAMHSA system (HLCI)
	Civily Committed	
	Number of Arrests in the last 30 days	Atypical Medication Used
	25	No
	Severity level (SED or Yes SPMI)	
	No (not SED or SPMI)	
	GAF score	
	(20) 11 - 20 Some Danger Of Hurting Self Or Others Or Gross Impairment	
	Compelled to Treatment	Criminal Justice Risk Level
	Yes	Low Risk
	<a href="#">Save Changes</a> <a href="#">Cancel Changes</a>	

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# Best Practices

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- 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](mailto:saltlakecounty.networkbox@optum.com)