



Mental Health Event Record training

Updated 6.2022



Overview

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

What is a Mental Health Event Record?

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

What has changed?

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

Admission/update questions

Question	Allowable Response		Special Instructions
Source of referral	<ul style="list-style-type: none"> Individual/Self Family or friend Alcohol/Drug Abuse Care Provider Mental Health Provider Other Health Care Provider School Employer/EAP 	<ul style="list-style-type: none"> Division of Workforce Services DCFS DSPD Justice Referral Clergy Other Community Referral 	<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 code "Justice Referral." After the mandatory treatment is completed, the code should be changed to another code.</p> <p>This required variable must be updated no less than every 90 days.</p>
Hispanic or Latino origin	<ul style="list-style-type: none"> Yes No 		
Race	<ul style="list-style-type: none"> Alaskan Native American Indian Asian Native Hawaiian or Other Pacific Islander Black/African American White Two or more races Other single race 		<p>If you don't distinguish between American Indian and Alaska Native, code both as American Indian. Clients of Hispanic ethnicity are typically coded as "White" in the racial category.</p> <p><u>Alaska Native:</u> (Aleut, Eskimo, Indian) Origins in any of the original people of Alaska.</p> <p><u>American Indian:</u> (Other than Alaska Native) Origins in any of the original people of North American and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment.</p> <p><u>Asian:</u> Origins in any of the original people of the Far East, the Indian subcontinent, Southeast Asia, are including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, and Vietnam.</p> <p><u>Native Hawaiian or Other Pacific Islander:</u> Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><u>Black or African American:</u> Origins in any of the black racial groups of Africa.</p> <p><u>White:</u> Origins in any of the original people of Europe, North Africa or the Middle East.</p> <p><u>Two or more races:</u> Use this code when your system collects multiple races and does not have a way to designate a primary race.</p> <p><u>Other single race:</u> Use this category for instance in which the client is not classified in any other category or whose origin group, because of area custom is regarded as a racial class distinct from the above categories. (DO NOT use this category for clients indicating multiple races.)</p>
Marital status	<ul style="list-style-type: none"> Never married Now married Separated 	<ul style="list-style-type: none"> Divorced Widowed 	<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"> 0-25 (GED = 12) Nursery/Pre-school including Head Start Kindergarten Self-contained Special Ed Class Vocational School 		<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>

Admission/update questions - continued

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

Admission/update questions - continued

Question	Allowable Response	Special Instructions
Previous MH treatment at Utah State Hospital	<ul style="list-style-type: none"> • Yes • No 	
Previous MH treatment at this center	<ul style="list-style-type: none"> • Yes • No 	
Expected principal payment source as reported by staff.	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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-month evaluation.
Living arrangement	<ul style="list-style-type: none"> • On the street or homeless shelter • Private Residence - Independent • Private Residence - Dependent • Jail or correctional facility • Institutional setting (NH, IMD, psych. IP, VA, state hospital) • 24-hour residential care • Adult or child foster home 	"Private Residence - Independent" includes clients living alone or with others without supervision. "Private Residence - Dependent" includes clients living with parents, relatives or guardians. This information may be collected by staff, intake workers, or clinicians at admission. Only clinicians may report the data at each 6-month evaluation.) This required variable is to be updated at the 6-month case review.
Legal Status	<ul style="list-style-type: none"> • Civilly Committed • Not Civilly Committed • Forensic commitment -State Hospital only 	All adult and youth commitments and youth NDFF commitments are to be reported here. This required variable is to be updated at the 6-month case review.
Number of Arrests	0-31	The number of times the client was arrested (for any reason) during the preceding 30 days. All formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings at the time of admission. This required variable is to be updated at the 6-month case review.
Atypical Medication Used	<ul style="list-style-type: none"> • Yes • No 	Was an atypical medication (Clozapine, Quetiapine, Olanzonpine, Risperdone or Ziprasidone) prescribed at least once during the quarter?

Admission/update questions - continued

Question	Allowable Response	Special Instructions		
Severity level (SED or SMI)	<ul style="list-style-type: none"> • Yes (SED or SMI) • No (not SED or SMI) 	<p>Specify if client meets the criteria for either SED or SMI.</p> <p>This required variable is to be updated at the 6-month case review.</p>		
GAF Score	<ul style="list-style-type: none"> • 1-99 • 0 - Inadequate information 	<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"> • Yes • No 	<p>This required variable is to indicate if a client has had ANY kind of involvement with the justice system. This includes:</p> <table border="0"> <tr> <td> <ul style="list-style-type: none"> • Plea in Abeyance (Including Drug Court) • Diversion Programs • Probation/Parole Condition (including DORA) </td> <td> <ul style="list-style-type: none"> • Criminal Court Order • Release from jail condition • Sentence </td> </tr> </table> <p><i>Please Note: If a Probation/Parole Officer "suggests" they go into treatment, and expects them to comply with the suggestion, then it is compelled.</i></p> <p>This variable needs to be updated anytime it changes or at least every 90 days</p>	<ul style="list-style-type: none"> • Plea in Abeyance (Including Drug Court) • Diversion Programs • Probation/Parole Condition (including DORA) 	<ul style="list-style-type: none"> • Criminal Court Order • Release from jail condition • Sentence
<ul style="list-style-type: none"> • Plea in Abeyance (Including Drug Court) • Diversion Programs • Probation/Parole Condition (including DORA) 	<ul style="list-style-type: none"> • Criminal Court Order • Release from jail condition • Sentence 			
Justice risk level	<ul style="list-style-type: none"> • Low Risk • Not Low Risk (moderate/high risk) • Not collected 	<p>This variable is indicating whether the criminogenic risk level for client compelled is Low or Not Low risk.</p>		
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"> • Completed/Substantially completed • Mostly completed • Mostly not completed • Partially completed • Does not apply - used for evaluation only 	This is required if the client has been discharged.		
Referral at discontinuation or discharge	<table border="0"> <tr> <td> <ul style="list-style-type: none"> • Clergy • Courts or law enforcement • Deceased • Dropped out of treatment • Educational system • Family or friend • Not referred </td> <td> <ul style="list-style-type: none"> • Not yet discharged/discontinued • Other person/organization • Physician or other med facility • Private practice MH professional • Public psychiatric or MH • Self • Social or community agency </td> </tr> </table>	<ul style="list-style-type: none"> • Clergy • Courts or law enforcement • Deceased • Dropped out of treatment • Educational system • Family or friend • Not referred 	<ul style="list-style-type: none"> • Not yet discharged/discontinued • Other person/organization • Physician or other med facility • Private practice MH professional • Public psychiatric or MH • Self • Social or community agency 	This is required if the client has been discharged.
<ul style="list-style-type: none"> • Clergy • Courts or law enforcement • Deceased • Dropped out of treatment • Educational system • Family or friend • Not referred 	<ul style="list-style-type: none"> • Not yet discharged/discontinued • Other person/organization • Physician or other med facility • Private practice MH professional • Public psychiatric or MH • Self • Social or community agency 			

Discharge questions

Question	Allowable Response	Special Instructions
<p>Living arrangement</p>	<ul style="list-style-type: none"> • 24-hour residential care • Adult or child foster home • Institutional setting (NH, IMD, psych. IP, VA, state hospital) • Jail or correctional facility • On the street or homeless shelter • Private Residence - Independent • Private Residence - Dependent 	<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>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.</p>
<p>Employment status</p>	<ul style="list-style-type: none"> • Employed full time (35 hrs +) • Employed part time-less than 35 hrs • Supported/transitional employment • Unemployed, seeking work • Unemployed, NOT seeking work 	<ul style="list-style-type: none"> • Homemaker • Student • Retired • Disabled, not in labor force • Ages 0-5 <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>This information may be collected by staff, intake workers or clinicians at admission. This is required if the client has been discharged.</p>
<p>Enrolled in Education: At any time IN THE LAST 3 MONTHS, has this person attended school or college?</p>	<ul style="list-style-type: none"> • Yes • No 	<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>This is required if the client has been discharged.</p>
<p>Tobacco Use</p>	<ul style="list-style-type: none"> • Never smoked • Former smoker • Current some-day smoker • Current every-day smoker • Smokeless tobacco only (In last 30 days) 	<p>Includes cigarettes, e-cigarettes and smokeless tobacco products. If client uses cigarettes and smokeless tobacco, select cigarette use.</p> <p>This required variable is to be updated at the 6-month case review, when a change is indicated and at discharge.</p>

ProviderConnect

Member ID
40966

Demographic

Member Specific Information

Financial Eligibility

Authorizations

Treatment

Provider Admission

Provider Diagnosis

Attachments

Client_Discharge

MSO Mental Health Event Record Admit/Update

Suicide Severity Rating Scale

Exit to Main Menu

ProviderConnect - Demographic HORIZON HOME-Dummy 4/9/2019 8:26:34 PM [Lookup Client](#) | [Main Menu](#) | [Log Out](#)

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

Member Demographics		
Social Security Number 123-45-6789	Date of Birth 12/25/1900	Medicaid ID 0123456789
Member Street 1 111 Santa Clause Drive	Member Street 2	Member City West Valley City
Member County Salt Lake - 035		Member State UT - UTAH
Member Zip Code 84119	Member Phone Number	Member Work Number
Member Language English - 00	Sex Female - F	Ethnicity
Race	Client Maiden Name	Veteran
Education Level At Admission	Citizenship Status	Pre-Admission Disposition
Employment Status		
Marital Status		



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Exit to Main Menu

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

MSO Mental Health Event Record Admit/Update Items					
	Mental Health Event Status Change Date	Data Entry By User ID	Data Entry Date	Data Entry Time	ProviderConnectProvider
<input type="button" value="Select"/>	03/08/2019	JKRETCHMAN	03/08/2019	08:34 AM	7
<input type="button" value="Select"/>	03/08/2019	CARELINKUSER	03/08/2019	09:43 AM	7
<input type="button" value="Select"/>	04/09/2019	CARELINKUSER	04/09/2019	05:56 PM	7
<input type="button" value="Select"/>	04/09/2019	CARELINKUSER	04/09/2019	05:57 PM	7

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ProviderConnect - continued

Member ID	Client Name: MANN, SNOW TEST	
40966	Member ID: 40966	
	SSN: 123-45-6789	
	Print	
Demographic	Create an Initial or Update Record	
Member Specific Information	Provider Search for: <input type="text"/> <input type="button" value="Search"/>	ProviderConnect User <input type="text"/>
Financial Eligibility	<input type="text"/>	<input type="text"/>
Authorizations	<input type="button" value="Today"/> <input type="button" value="Yesterday"/>	<input type="button" value="Current Time"/>
Treatment	Mental Health Event Status Change Date	Mental Health Event status change time
Provider Admission	<input type="text"/>	<input type="text"/>
Provider Diagnosis	Date of most recent client admission	Living arrangement. NOTE - Update required every 6 months.
Attachments	<input type="text"/>	<input type="text"/>
Client_Discharge	County of residence at Admission	Gross monthly household income at admission
MSO Mental Health Event Record Admit/Update	<input type="text"/>	<input type="text"/>
Suicide Severity Rating Scale	Source of referral at admission. NOTE - Update required every 90 days.	Total number in family who live at home
Exit to Main Menu	<input type="text"/>	<input type="text"/>
	Hispanic or latino origin	Veteran status. NOTE - Update required every 6 months.
	<input type="text"/>	<input type="text"/>
	Race	Tobacco use. NOTE - Update required every 6 months.
	<input type="text"/>	<input type="text"/>
	Marital status	What language needs to be spoken during therapy? (admission only)
	<input type="text"/>	<input type="text"/>
	Completed years of education	If the response above was OTHER, please write the language that needs to be spoken during therapy.
	<input type="text"/>	<input type="text"/>
	At any time IN THE LAST 3 MONTHS has this person attended school or college? NOTE - Update required every 6 months.	Number of arrests in the last 30 days
	<input type="text"/>	<input type="text"/>
	Previous mental health treatment of any kind	Atypical medication Used
	<input type="text"/>	<input type="text"/>
	Previous mental health treatment at this mental health center	Severity level (SED or Yes SPMI). NOTE - Update required every 6 months.
	<input type="text"/>	<input type="text"/>
	Previous mental health treatment at the Utah State Hospital	GAF score
	<input type="text"/>	<input type="text"/>
	Expected principal payment source as reported by staff	Criminal court compelled for treatment
	<input type="text"/>	<input type="text"/>
	Employment status. NOTE - Update required every 90 days.	Justice risk level. NOTE - Update required every 6 months.
	<input type="text"/>	<input type="text"/>
	Legal status	
	<input type="text"/>	
	Save Changes Cancel Changes	

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

Please Note: All fields are required.

Best practices

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

Thank you!

Contract and ProviderConnect questions

Optum SLCo Network

877-370-8953 prompt #5

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