|  |  |
| --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**Division of Care and Treatment ServicesF-00596 (06/2019) | **STATE OF WISCONSIN**Wisconsin State Statutes§ 46.031(2g) |
| **PPS MENTAL HEALTH MODULE** |
| **\* = Required** |
| This form's sole purpose is to meet State and Federal reporting requirements of the State / County contract. Use of this form is voluntary. |
| **INDIVIDUAL SUMMARY DATA** |
| Title |       | MCI # |       |
| \*First Name      | Middle Name / Initial      | \*Last Name      |
| Name Suffix: |       |  |  |
| \*Gender [ ]  Male [ ]  Female [ ]  Unknown |  |
| \*Birthdate (mm/dd/yyyy) |       |  |
| SSN (helps in obtaining unique client ID) |       |  |
|  |  |
|  |
| **CONSUMER PROFILE DATA** |
| **WORKER AND COUNTY INFORMATION** |  |
| Local Worker ID |       | Local Family ID |       |
| Local Client ID |       |  |
| \*Agency of Responsibility |       |  |  |
|  |  |
| **EPISODE INFORMATION** |  |
| \*Episode Start Date (mm/dd/yyyy) |       | \*Episode End Date (mm/dd/yyyy) |       |
| First Contact Date (mm/dd/yyyy) |       | \*Episode End Reason |       |
| \*Commitment Status |       | Commitment Status Review Date (mm/dd/yyyy) |  |
| \*BRC Target Population [ ]  H [ ]  L [ ]  S |  |       |
| \*Referral Source |       |  |
| **PRIMARY RESIDENCE** |  |
| \*Street Address |       | \*County/Tribe of Residence |       |
| Facility Name (if applicable) |       |  |  |
| \*City |       | Telephone |       |
| \*State |       |  |
| \*Zip |       |  |
|  |  |
| **RACE AND ETHNICITY INFORMATION** |  |
| \*Race [ ]  Amer Indian or Alaska Native [ ]  Asian [ ]  Native Hawaiian or Other Pacific Islander  [ ]  White [ ]  Black [ ]  Unknown |
| \*Ethnicity [ ]  Non-Hispanic/Latino [ ]  Hispanic/Latino [ ]  Unknown |
|  |  |
| **CHARACTERISTICS INFORMATION** |  |
| \*Primary  |     |  | Secondary  |     |  |
| Tertiary  |     |  | Veteran Status |     |  |
| Presenting Problem 1 |     |  |  |
| Presenting Problem 2 |     |  |  |
| Presenting Problem 3 |     |  |  |
|  |  |
| **MH DIAGNOSIS INFORMATION** |  |
| \*Primary MH Diagnosis |       |  |
|  1 MH/SU Diagnosis |       | 5 General Medical Conditions |       |
|  2 MH/SU Diagnosis |       | 6 General Medical Conditions |       |
|  3 MH/SU Diagnosis |       | 7 General Medical Conditions |       |
|  4 MH/SU Diagnosis |       |  |

|  |  |  |  |
| --- | --- | --- | --- |
| \*First Name  | \*Last Name  | MCI #  | DOB  |
| **MENTAL HEALTH SERVICES** |
| \*Provider WPI/NPI |       |  |
| \*SPC/Service |       |  |
| \*Unit or Basis of Measurement [ ]  Days [ ]  Hours [ ]  Other | \*Quantity |       |
| \*SPC Start Date (mm/dd/yyyy) |       | \*SPC End Date (mm/dd/yyyy) |       |
| \*SPC Delivery Date (mm/yyyy) |       | \*SPC End Reason |     |
| SPC Review Date (mm/yyyy) |       | Service Worker ID |       |
|  |  |
| \*Provider WPI/NPI |       |  |
| \*SPC/Service |       |  |
| \*Unit or Basis of Measurement [ ]  Days [ ]  Hours [ ]  Other | \*Quantity |       |
| \*SPC Start Date (mm/dd/yyyy) |       | \*SPC End Date (mm/dd/yyyy) |       |
| \*SPC Delivery Date (mm/yyyy) |       | \*SPC End Reason |     |
| SPC Review Date (mm/yyyy) |       | Service Worker ID |       |
|  |  |
| \*Provider WPI/NPI |       |  |
| \*SPC/Service |       |  |
| \*Unit or Basis of Measurement [ ]  Days [ ]  Hours [ ]  Other | \*Quantity |       |
| \*SPC Start Date (mm/dd/yyyy) |       | \*SPC End Date (mm/dd/yyyy) |       |
| \*SPC Delivery Date (mm/yyyy) |       | \*SPC End Reason |     |
| SPC Review Date (mm/yyyy) |       | Service Worker ID |       |
|  |  |
| \*Provider WPI/NPI |       |  |
| \*SPC/Service |       |  |
| \*Unit or Basis of Measurement [ ]  Days [ ]  Hours [ ]  Other | \*Quantity |       |
| \*SPC Start Date (mm/dd/yyyy) |       | \*SPC End Date (mm/dd/yyyy) |       |
| \*SPC Delivery Date (mm/yyyy) |       | \*SPC End Reason |     |
| SPC Review Date (mm/yyyy) |       | Service Worker ID |       |
|  |  |
| \*Provider WPI/NPI |       |  |
| \*SPC/Service |       |  |
| \*Unit or Basis of Measurement [ ]  Days [ ]  Hours [ ]  Other | \*Quantity |       |
| \*SPC Start Date (mm/dd/yyyy) |       | \*SPC End Date (mm/dd/yyyy) |       |
| \*SPC Delivery Date (mm/yyyy) |       | \*SPC End Reason |     |
| SPC Review Date (mm/yyyy) |       | Service Worker ID |       |
|  |  |
| \*Provider WPI/NPI |       |  |
| \*SPC/Service |       |  |
| \*Unit or Basis of Measurement [ ]  Days [ ]  Hours [ ]  Other | \*Quantity |       |
| \*SPC Start Date (mm/dd/yyyy) |       | \*SPC End Date (mm/dd/yyyy) |       |
| \*SPC Delivery Date (mm/yyyy) |       | \*SPC End Reason |     |
| SPC Review Date (mm/yyyy) |       | Service Worker ID |       |
|  |  |
| \*Provider WPI/NPI |       |  |
| \*SPC/Service |       |  |
| \*Unit or Basis of Measurement [ ]  Days [ ]  Hours [ ]  Other | \*Quantity |       |
| \*SPC Start Date (mm/dd/yyyy) |       | \*SPC End Date (mm/dd/yyyy) |       |
| \*SPC Delivery Date (mm/yyyy) |       | \*SPC End Reason |     |
| SPC Review Date (mm/yyyy) |       | Service Worker ID |       |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| \*First Name  | \*Last Name  | MCI #  | DOB  |
| **CONSUMER STATUS REPORT** (collected at admission, every six months, and discharge) |
| **STATUS TIME FRAME** (check one) |
|  [ ]  Enrollment [ ]  6M [ ]  Yr.1 [ ]  18M [ ]  Yr.2 [ ]  30M [ ]  Yr.3 [ ]  42M [ ]  Yr.4 [ ]  Discharge |
| \*Report Date (mm/dd/yyyy) |       | \*BRC Target Population [ ]  H [ ]  L  |
| \*Employment Status |     |  | \*Living Arrangement |     |  |
| \*Legal/Commitment Status |     |  |  |
| \*Criminal Justice System Involvement (select up to four within the last six months) |
|  [ ]  None | [ ]  Jailed/Imprisoned | [ ]  Unknown |
|  [ ]  On Probation | [ ]  On Parole |  |
|  [ ]  Arrests | [ ]  Juvenile Justice System Contact |  |
| \*Number of Arrests in Past 30 Days |     |  | \* Number of Arrests in Past 6 Months |     |  |
| Psych/Environ Stressors |     |  | Suicide Risk |     |  | Health Status |     |  |
| Daily Activity 1 |     |  | Daily Activity 2 |     |  | Daily Activity 3 |     |  |
|  |  |
| **STATUS TIME FRAME** (check one) |
|  [ ]  Enrollment [ ]  6M [ ]  Yr.1 [ ]  18M [ ]  Yr.2 [ ]  30M [ ]  Yr.3 [ ]  42M [ ]  Yr.4 [ ]  Discharge |
| \*Report Date (mm/dd/yyyy) |       | \*BRC Target Population [ ]  H [ ]  L  |
| \*Employment Status |     |  | \*Living Arrangement |     |  |
| \*Legal/Commitment Status |     |  |  |
| \*Criminal Justice System Involvement (select up to four within the last six months) |
|  [ ]  None | [ ]  Jailed/Imprisoned | [ ]  Unknown |
|  [ ]  On Probation | [ ]  On Parole |  |
|  [ ]  Arrests | [ ]  Juvenile Justice System Contact |  |
| \*Number of Arrests in Past 30 Days |     |  | \* Number of Arrests in Past 6 Months |     |  |
| Psych/Environ Stressors |     |  | Suicide Risk |     |  | Health Status |     |  |
| Daily Activity 1 |     |  | Daily Activity 2 |     |  | Daily Activity 3 |     |  |
|  |  |
| **STATUS TIME FRAME** (check one) |
|  [ ]  Enrollment [ ]  6M [ ]  Yr.1 [ ]  18M [ ]  Yr.2 [ ]  30M [ ]  Yr.3 [ ]  42M [ ]  Yr.4 [ ]  Discharge |
| \*Report Date (mm/dd/yyyy) |       | \*BRC Target Population [ ]  H [ ]  L  |
| \*Employment Status |     |  | \*Living Arrangement |     |  |
| \*Legal/Commitment Status |     |  |  |
| \*Criminal Justice System Involvement (select up to four within the last six months) |
|  [ ]  None | [ ]  Jailed/Imprisoned | [ ]  Unknown |
|  [ ]  On Probation | [ ]  On Parole |  |
|  [ ]  Arrests | [ ]  Juvenile Justice System Contact |  |
| \*Number of Arrests in Past 30 Days |     |  | \* Number of Arrests in Past 6 Months |     |  |
| Psych/Environ Stressors |     |  | Suicide Risk |     |  | Health Status |     |  |
| Daily Activity 1 |     |  | Daily Activity 2 |     |  | Daily Activity 3 |     |  |
|  |  |
| **STATUS TIME FRAME** (check one) |
|  [ ]  Enrollment [ ]  6M [ ]  Yr.1 [ ]  18M [ ]  Yr.2 [ ]  30M [ ]  Yr.3 [ ]  42M [ ]  Yr.4 [ ]  Discharge |
| \*Report Date (mm/dd/yyyy) |       | \*BRC Target Population [ ]  H [ ]  L  |
| \*Employment Status |     |  | \*Living Arrangement |     |  |
| \*Legal/Commitment Status |     |  |  |
| \*Criminal Justice System Involvement (select up to four within the last six months) |
|  [ ]  None | [ ]  Jailed/Imprisoned | [ ]  Unknown |
|  [ ]  On Probation | [ ]  On Parole |  |
|  [ ]  Arrests | [ ]  Juvenile Justice System Contact |  |
| \*Number of Arrests in Past 30 Days |     |  | \* Number of Arrests in Past 6 Months |     |  |
| Psych/Environ Stressors |     |  | Suicide Risk |     |  | Health Status |     |  |
| Daily Activity 1 |     |  | Daily Activity 2 |     |  | Daily Activity 3 |     |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| \*First Name  | \*Last Name  | MCI #  | DOB  |
| **ADDITIONAL DATA FROM COORDINATED SERVICE TEAMS (CST)** (collected throughout a child’s CST enrollment) |
|  |
| **CST PROGRAM INFORMATION**  |
| CST Program Enrollment Date |       | CST Program Discharge Date |       |
| CST Program Discharge Reason |       |
|  |
| **CST LIVING ARRANGEMENTS** Instructions: Record all living arrangements while the child is enrolled in the CST. No gaps in dates should exist between the end of one living arrangement and the start of another. |
| Living Arrangement Type |       | Living Arrangement Start Date |       | Living Arrangement End Date |       |
| Living Arrangement Type |       | Living Arrangement Start Date |       | Living Arrangement End Date |       |
| Living Arrangement Type |       | Living Arrangement Start Date |       | Living Arrangement End Date |       |
| Living Arrangement Type |       | Living Arrangement Start Date |       | Living Arrangement End Date |       |
| Living Arrangement Type |       | Living Arrangement Start Date |       | Living Arrangement End Date |       |
| Living Arrangement Type |       | Living Arrangement Start Date |       | Living Arrangement End Date |       |
| Living Arrangement Type |       | Living Arrangement Start Date |       | Living Arrangement End Date |       |
| Living Arrangement Type |       | Living Arrangement Start Date |       | Living Arrangement End Date |       |
| Living Arrangement Type |       | Living Arrangement Start Date |       | Living Arrangement End Date |       |
| Living Arrangement Type |       | Living Arrangement Start Date |       | Living Arrangement End Date |       |

The Child and Adolescent Needs and Strengths (CANS) assessment items are required to be entered into PPS as well for all children enrolled in CSTs. CSTs use a separate CANS score sheet from which this data can be entered.