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| **DEPARTMENT OF HEALTH SERVICES**  Division of Care and Treatment Services  F-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) | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | |
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|  | | | | | | | |
| **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 | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **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 | | | | | | |  | | |  | | | | | |  | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | |

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| \*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 | | | |  | | |
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| \*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 | | | |  | | |
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| \*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 | | | |  | | |
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| \*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 | | | |  | | |
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| \*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 | | | | |  | | |  |
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| \*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.