

DSH – Pre-trial Felony Mental Health Diversion
DSH Diversion Outcomes Data Dictionary - Services

SSN	Social security number – 9-digit social security number (no dashes)
YEAR	Year – Current calendar year
FYQTR	Fiscal year quarter – Select one: <ul style="list-style-type: none"> • Q1: July 1 – September 30 • Q2: October 1 – December 31 • Q3: January 1 – March 30 • Q4: April 1 – June 30
REPDAT	Date report/data was prepared MM/DD/YYYY
INDIV	Is the participant still in diversion? <ul style="list-style-type: none"> • No • Yes
DATEDEND	Date diversion ended MM/DD/YYYY
REASDEND	Reason diversion ended <ul style="list-style-type: none"> • Successful completion • Termination due to re-arrest • Termination because of mental illness • Termination because of risk of danger • Termination due to AWOL • Termination due to patient refusing medications • Termination for other reason
OREASEND	If other, what is the reason
DATREARR	If arrested, date of re-arrest MM/DD/YYYY

SECTION FOR SERVICES PROVIDED IN REPORTING PERIOD

CASEM	Case management intervention <ul style="list-style-type: none"> • Forensic Assertive Community Treatment (FACT) • Full service partnership • Legal/criminal justice support • Other case management for mental health
NUMCASEM	Number of case management services provided in reporting period for each service type

HOSP	Psychiatric inpatient hospitalization (includes Psychiatric Health Facility or PHF)? <ul style="list-style-type: none"> • No • Yes
DOAHOSP	Date of admission to hospital MM/DD/YYYY
DODCHOSP	Date of discharge from hospital MM/DD/YYYY
RESTX	Residential treatment <ul style="list-style-type: none"> • Crisis residential facility • Adult residential treatment facility
DOARES	Date of admission to residential treatment MM/DD/YYYY
DODCRES	Date of discharge from residential treatment MM/DD/YYYY
HOUSE	Supportive housing <ul style="list-style-type: none"> • Board and care • Room and board • Sober Living Environment • Supportive Family Housing • Other Supportive Housing
DOAHOUSE	Date of entry into supportive housing MM/DD/YYYY
DODCHOUSE	Date of exit from supportive housing MM/DD/YYYY
OPTMHTX	Outpatient mental health services <ul style="list-style-type: none"> • Day treatment/Partial hospitalization • Medication support • Group therapy • Individual therapy
NOPTMHTX	Number of outpatient mental health services provided in current reporting period for each service type
MEDTX	Was participant prescribed an antipsychotic? <ul style="list-style-type: none"> • No • Yes
MEDINJ	Is the antipsychotic medication a long-acting injectable? <ul style="list-style-type: none"> • No • Yes
MEDNAME	Name of antipsychotic

OTHMEDTX	Was participant prescribed either/both of the following medications? <ul style="list-style-type: none"> • Mood stabilizer • Antidepressant • Both • Neither (or leave blank)
SUBSTTX	Substance use disorder treatment <ul style="list-style-type: none"> • Inpatient/detox • Residential SA treatment • Outpatient SA treatment • AA/NA
DOASATX	Date of admission to inpatient/residential SA treatment MM/DD/YYYY
DODCSATX	Date of discharge from inpatient/residential SA treatment M/DD/YYYY
NSATX	If not residential, number of contacts in reporting period for each type SA treatment
MEDSA	Was participant prescribed medication for substance abuse? (e.g. Naltrexone) <ul style="list-style-type: none"> • No • Yes
MEDSANAME	Name of substance abuse medication
OTHERTX	Other types of treatment provided <ul style="list-style-type: none"> • Faith based • Family support/psychoeducational • Peer support • Vocational support
NOTHTX	Number of contacts in reporting period for other treatment for each service type (if known)
CRISIS	Any crisis services provided <ul style="list-style-type: none"> • Crisis call center • Mobile crisis team • Crisis Stabilization • Emergency Department (non-medical)
NCRISIS	Number of crisis contacts in reporting period
OCRISIS	Describe other crisis services
OSERVICE	Describe other treatment services not provided in this list