

Weekly Tracker

COLUMN	DATA CATEGORIES	DESCRIPTION	SUB-CATEGORIES	NOTES
A	County	County name		
B	REDI	[Completed by REDI team]		
C	REDI	[Completed by REDI team]		
D	Last Name	Client last name		
E	First Name	Client first name		
F	Mid Name	Client middle name		
G	Suffix	Suffix		
H	Alias	If any alias,note here		
I	Date of Birth	Date of Birth on record		
J	SSN	Social Security Number		
K	Gender	Self identified gender	Male, Female, Transgender Male, Transgender Female	No current identifiers for non-binary, non-identified, or other
L	Race	Self-identified race	White, Hispanic or Latino, Black or African American, Asian, American Indian, Native Hawaiian, Unknown	No current identifier for mixed-race
M	Ethnicity	Self-identified ethnic background	Hispanic, Non-Hispanic, Unknown	
N	Language	Self-identified primary spoken language	English, Spanish, Tagalog, Vietnamese, Other or Unknown	
O	Living Situation	Where living at time of arrest.	Homeless [unsheltered, temporary residence such as shelter, living in car or camper], Not Homeless [permanent residence], Unknown	
P	REDI	[Completed by REDI team]		
Q	REDI	[Completed by REDI team]		
R	REDI	[Completed by REDI team]		
S	REDI	[Completed by REDI team]		
T	Case Number	# related to current IST charges, found on ----		
U	CII Number	# related to current IST charges, found on -----		
V	Date IST Commitment	Court Order Finding of IST (1370) [date of]		
W	Temporary Commitment	Court order for temporary commitment in DSH Community Inpatient Facility (CIF) for psychiatric stabilization [date of]		May be temporary commitment at start of diversion program (step up from custody). May be temporary commitment during course of diversion programming (step up from community placement).
X	Temporary - Max Date	Maximum commitment date for temporary Community Inpatient Facility (CIF) order		If ordered by judge at time of temporary commitment order
Y	Commitment Date to Diversion	Court Order to Mental Health Diversion [date of]		
Z	Commitment Date to DSH	Court Order committing client to DSH for competency restoration [date of]		Also known as Placement Hearing date. Will not apply to clients where the judge finds it is Not in the Interest of Justice to restore to competency.
AA	Permanent - Max Date	Maximum term in MHD as ordered by judge. If committed to DSH, no longer than two years post DSH commitment. If not committed to DSH, no longer than 2 years post MH Diversion Order		
AB	Jail Release Date	Released from jail into facility or community placement.		
AC	1001.36 Diversion	Drop down options	Yes; No	Should always be YES
AD	Diversion Start Date	Date services initiated through Mental Health Diversion Program.		County may initiate services while in custody or upon release from custody
AE	Is Participant still in Diversion?	Drop down options	Yes; No	
AF	If No, Reason Diversion Ended	Drop down options	Successful Completion; Max Commitment; New Arrest; Symptoms of MI; Risk of Violence; AWOL; Patient Non-compliant with Treatment (general); Relapse (substances); Other - Please Note	If client is revoked, please choose the option that most directly impacted the decision to revoke diversion services.
AG	Other - Please Note	If "Other - Please Note" is selected for Reason Diversion Ended, add notes to this field as to why diversion ended		
AH	Date Diversion Ended	Court order terminating Mental Health Diversion [date of]		Inclusive of any reason for completion
AI	Date of New Arrest	Date of arrest on new charges while on MHD, misdemeanor or felony		Does not include placement into custody on warrants or probation violations
AJ	Antipsychotic Meds Prescribed in Jail	Drop down options	Yes; No	
AK	Prescribed Medication	Name(s) of antipsychotic and/or mood medications prescribed in jail		
AL	Medication Adherence	Drop down options	No Medication Prescribed; Non-Compliant (0%); Poorly Compliant (<33%); Moderately Compliant (33%-66%); Mostly Compliant (>66%); Fully Compliant (100%)	Information may be requested from EASS or jail mental health services provider
AM	Date of Diversion Suitability Evaluation Submitted	Date suitability report & recommendation submitted to the court		
AN	Date of Structured Risk Assessment	Date conducted		
AO	Name of Structured Risk Assessment	Drop down options	HCR-20v3; START	
AP	Date of Substance Use Disorder Screener	Date conducted		
AQ	Name of Substance Use Disorder Screener	Name of instrument used		
AR	Primary Diagnosis Determined from Evaluation	Drop down options for Primary Diagnosis		DSM 5 Diagnoses by ICD 10 F codes listed in drep down. Start typing diagnosis to prompt by spelling.
AS	Other Diagnoses	Diagnosis determined by county evaluation		
AT	Suitability Evaluation Completed Date	Date report completed & signed by evaluator		

Monthly Service Tracker

COLUMN	DATA CATEGORIES	DATA SUBCATEGORIES	DESCRIPTION
A	EMPTY	Field is prepopulated, do not enter data	Leave blank
B	Program County	Field is prepopulated, do not enter data	County
C	(REDI)	Field is prepopulated, do not enter data	[Completed by REDI team]
D	(REDI)	Field is prepopulated, do not enter data	[Completed by REDI team]
E	Last Name	Field is prepopulated, do not enter data	Last Name of Client
F	First Name	Field is prepopulated, do not enter data	First Name of Client
G	Date of Birth	Field is prepopulated, do not enter data	Date of Birth of Client
H	Date of IST Commitment	Field is prepopulated, do not enter data	Date Committed to DSH pursuant to PC1370
I	Treatment Category - Case Management Intervention		Linkage & Referrals to Services and Resources
J	Type of Treatment	Case Management: Behavioral Health Services	Linkage or referrals to external medication management, case management, therapy, etc
J	Type of Treatment	Case Management: Benefits	Linkage to medical or social services benefits
J	Type of Treatment	Case Management: Community Outreach	Linkage to community services for socialization or rehabilitation (i.e. senior center, wellness center)
J	Type of Treatment	Case Management: Crisis Support	Linkage or referrals to crisis services(i.e. hotlines, warmlines, etc)
J	Type of Treatment	Case Management: Cultural Services	Linkage or referrals to cultural organizations or events (i.e.. faith based, affinity groups, etc)
J	Type of Treatment	Case Management: Family Services	Linkage or referrals to support family systems (i.e. couples counseling, child reunification, management of CPS or APS matters)
J	Type of Treatment	Case Management: Food Resources	Linkage or referral to food access or support (i.e. local food banks, meals on wheels)
J	Type of Treatment	Case Management: Housing Assistance	Linkage or referrals to housing & housing services (i.e. residential placements, shelter plus care)
J	Type of Treatment	Case Management: Legal Support or Services	Linkage or referrals to legal services or advice centers
J	Type of Treatment	Case Management: Medical Services	Linkage or referrals to primary or specialty medical services
J	Type of Treatment	Case Management: Recovery SUD Services	Linkage or referrals to services for substance recovery and/or co-occurring treatment services
J	Type of Treatment	Case Management: Transportation Services	Linkage or referrals to transportation support or services
J	Type of Treatment	Case Management: Vocational Educational Services	Linkage or referrals to vocational and educational support or services
I	Treatment Category - Outpatient Mental Health Services		Behavioral Health / Therapeutic services provided by clinical staff in support of managing mental health symptoms and associated behaviors
J	Type of Treatment	Outpatient: Other Day Treatment / Partial Hospitalization	Intensive Outpatient Program (IOP), Day Treatment programs
J	Type of Treatment	Outpatient: Medication Support	Psychiatric Service & medication management (Psychiatrist, Nurse Practitioners, Case Manager follow ups)
J	Type of Treatment	Outpatient: Group Therapy	Group Therapy facilitated by clinical or rehabilitation staff - process oriented, skills based, psychoeducational
J	Type of Treatment	Outpatient: Individual Therapy	Individual Therapy
I	Treatment Category - Substance Use Disorder Treatment		SUD Treatment & Interventions
J	Type of Treatment	SUD Treatment: Inpatient Detox	Admission for acute withdrawal and detoxification support
J	Type of Treatment	SUD Treatment: Residential SA Treatment	Unlocked, residential treatment focused on Substance Use and Recovery
J	Type of Treatment	SUD Treatment: Outpatient SA Treatment	Outpatient Substance Use and Recovery services - groups, targeted individual therapy
J	Type of Treatment	SUD Treatment: AA/NA/SMART	Fellowship group, peer led substance recovery support groups
J	Type of Treatment	SUD Treatment: Psychosocial Rehab for Co-Occuring	Treatment interventions specifically targeting Co-Occurring substance use and mental health diagnoses
I	Treatment Category - Other Types Of Treatment		Socialization & Rehabilitative Services provided by non-clinical staff
J	Type of Treatment	Other Treatment: Faith Based	Faith based support groups, individual interventions, community events
J	Type of Treatment	Other Treatment: Family Support / PsychoEd	Family support services, including education re MI and MI systems of care, referrals to family organizations
J	Type of Treatment	Other Treatment: Peer Support	Peer led/facilitated interventions
J	Type of Treatment	Other Treatment: Vocational Support	Vocational & Educational services
I	Treatment Category - Crisis Services		Crisis Interventions & Response
J	Type of Treatment	Crisis Services: Crisis Call Center	Call to 911, 988, or other number for consultation or support
J	Type of Treatment	Crisis Services: Mobile Crisis Team	Response by local MCT to assess or intervene
J	Type of Treatment	Crisis Services: Crisis Stabilization Unit	Admission to CSU for assessment and placement [under 24 hours]
J	Type of Treatment	Crisis Services: Emergency Department	Admission to ED for assessment and placement [under 24 hours]
K	Treatment Dates (for services)		Date of Service *May enter more than one service per day. **May enter multiple Treatment Categories or Treatment Types per client. Entering new category does not erase previously entered category. List of accounted services can be viewed in specific tabs at bottom of spreadsheet.
L	Treatment Count (for services)		[calculated by REDI]
M	M - Prescribed Medication		Drop Down Options: Yes; No; LAI
N	M - Medication Adherence		Drop Down Options: No Medication Prescribed; Non-Compliant (0%); Poorly Compliant (<33%); Moderately Compliant (33%-66%); Mostly Compliant (>66%); Fully Compliant (100%)
O	M - Name of Medication		Name of psychotropic medication prescribed
P	M - Date of Medication Prescribed		Start date of psychotropic medication prescribed
Q	SUD Treatment - Medication		Drop Down Options: Yes; No
R	SUD Treatment - Medication Name		Name of Medication prescribed for substance use disorder

Psychiatric Inpatient - Hospitalized

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I	Hospitalized - Psychiatric Inpatient			
	Type of Hospital	Psychiatric Inpatient: Local Hospital	Crisis Hospitalization [over 24 hours]	
	Type of Hospital	Psychiatric Inpatient: DSH CIF	Temporary Step-up for psychiatric stabilization	
J	H - Admission Date		Date admitted	
K	H - Discharge Date		Date discharged	

Psychiatric Residential Treatment

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I	Psychiatric Residential Treatment Facility		
	Type of Facility	Residential Treatment Facility: Crisis Residential	Unlocked, step down from hospitalization or jail [or, in some cases step-up to avert hospitalization]
	Type of Facility	Residential Treatment Facility: Adult Residential Treatment	Unlocked, treatment services provided within facility [not solely SUD related]
J	PRT - Admission Date		Date admitted
K	PRT - Discharge Date		Date discharged

Supportive Housing

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I	Supportive Housing		
	Type of Housing	Supportive Housing: Board and Care	licensed Board & Care
	Type of Housing	Supportive Housing: Room and Board	unlicensed Room and Board
	Type of Housing	Supportive Housing: Sober Living Environment	Sober Living Environment
	Type of Housing	Supportive Housing: Supportive Family Housing	Family residence, with onsite or case management support
	Type of Housing	Supportive Housing: Other Supportive Housing	i.e. Independent Living, Shelter plus Care
J	SH - Admission Date		Date admitted
K	SH - Discharge Date		Date discharged