

Question Number	Question Name	Length	Begin Column	End Column	Possible Outcomes
1	Unit Code	3	1	3	OMH assigned code (from CONCERTS)
2	Site Code	4	4	7	OMH assigned code (from CONCERTS)(Note: Left justify, pad with trailing blanks.)
3a	First Name	30	8	37	Text (Note: Left justify, pad with trailing blanks.)
3b	Last Name	30	38	67	Text (Note: Left justify, pad with trailing blanks.)
4a	Month of Birth	2	68	69	Two digit number (Note: pad single digits with leading zeroes) 99. Unknown
4b	Day of Birth	2	70	71	Two digit number (Note: pad single digits with leading zeroes) 99. Unknown
4c	Year of Birth	4	72	75	Four digit number (Note: cannot be unknown)
5	Sex on Birth Certificate	1	76	76	1. Male 2. Female 3. X (Non-binary) 4. Intersex 9. Unknown
6	Gender	1	77	77	0. Cisgender 1. Transgender Woman 2. Transgender Man 3. Non-Binary 4. Gender Non-Conforming 5. Client didn't answer 9. Unknown
7	Sexual Orientation	1	78	78	1. Straight 2. Lesbian or gay 3. Bisexual 4. Other 5. Client didn't answer 9. Unknown
8a	Hispanic Ethnicity	1	79	79	0. No 1. Yes 9. Unknown
8b	--If Hispanic Yes	1	80	80	1. Cuban 2. Mexican 3. Puerto Rican 4. Dominican 5. Ecuadorian 6. Other 8. Not Applicable 9. Unknown
9a	Race=White?	1	81	81	0. No 1. Yes
9b	Race=Black?/African American	1	82	82	0. No 1. Yes
9h	--If Black/African American Yes	1	83	83	1. African-American 2. Afro-Caribbean 3. African Continent 4. Other Black 8. Not Applicable 9. Unknown
9c	Race=Asian?	1	84	84	0. No 1. Yes
9i	--If Asian/Hawaiian or Pacific Islander is Yes	2	85	86	01. Chinese 02. Japanese 03. Filipino 04. Korean 05. Vietnamese 06. Asian Indian 07. Laotian 08. Cambodian 09. Bangladeshi 10. Hmong 11. Indonesian 12. Malaysian 13. Pakastani 14. Sri Lankan 15. Taiwanese 16. Nepalese 17. Burmese 18. Tibetan 19. Thai 20. Hawaiian 21. Guamanian 22. Samoan 23. Fijan and Tongan 24. Other Asian or Pacific Islander 88. Not Applicable 99. Unknown
9d	Race=American Indian/Alaska Native?	1	87	87	0. No 1. Yes
9e	Race=Native Hawaiian/Other Pacific Islander?	1	88	88	0. No 1. Yes
9f	Race=Other?	1	89	89	0. No 1. Yes
9g	Race=Unknown?	1	90	90	0. No 1. Yes
10	Living Situation (Inpatient, RTF and prison-based programs report residence before admission)	2	91	92	01. Private residence (home, apartment, rooming house, hotel, motel, supported housing, supported SRO, permanent housing programs, transient housing programs, and shelter plus care housing) 02. Inpatient setting or children's Residential Treatment Facility (RTF) 03. OMH Residential Care, Licensed programs, community residence (child or adult), crisis residence, family based treatment, family care, teaching family home, apartment treatment, congregate treatment, apartment support, congregate support, community residence – SRO 04. Adult home (DOH licensed residential program for adults) 05. Agency-operated Boarding Home through DSS/ACS (Foster Home) 06. Institutional setting for youth: OCFS Juvenile Justice Facility 07. Institutional setting for youth: OCFS Residential Treatment Center (RTC) / Qualified Residential Treatment Program (QRTF) 08. Youth community-based residence (OCFS, DSS) 09. Nursing or health-related facility (nursing home, skilled nursing facility) 10. Homeless (Economic hardship "doubled-up", Shelter, Hotel or Motel, Car, Park, Bus Station, Train Station, Campsite, Transitional Housing, or other temporary living situation) 11. Incarcerated 12. Other (e.g., non-OMH residential care such as group home or halfway house) Individualized Residential Alternative (IRA) 99. Unknown
11a	Household Composition= Client lives alone	1	93	93	0. No 1. Yes
11b	Household Composition=Client's child, stepchild, foster child or grandchild	1	94	94	0. No 1. Yes
11c	Household Composition=Client's parent (biological, adoptive, stepparent)	1	95	95	0. No 1. Yes
11d	Household Composition=Client's sibling(s)	1	96	96	0. No 1. Yes

11e	Household Composition=Client's spouse or domestic partner	1	97	97	0. No 1. Yes
11f	Household Composition=Other relatives of client not specified above	1	98	98	0. No 1. Yes
11g	Household Composition=Foster Parent	1	99	99	0. No 1. Yes
11h	Household Composition=Other people unrelated to client	1	100	100	0. No 1. Yes
11i	Household Composition=Unknown	1	101	101	0. No 1. Yes
11j	Household Composition=Not applicable, client is not in a private residence	1	102	102	0. No 1. Yes
12a	Parental Status=No children	1	103	103	0. No 1. Yes
12b	Parental Status=Client has children over 18 yrs old	1	104	104	0. No 1. Yes
12c	Parental Status=Has minor children, in client's custody	1	105	105	0. No 1. Yes
12d	Parental Status=Has minor children, NOT in client's custody	1	106	106	0. No 1. Yes
12e	Parental Status=Expectant Parent	1	107	107	0. No 1. Yes
12f	Parental Status=Unknown	1	108	108	0. No 1. Yes
13	Was Client Homeless in Shelter or on Street at any time within the past 6 months (Economic hardship "doubled-up", Shelter, Hotel or Motel, Car, Park, Bus Station, Train Station, Campsite, Transitional Housing, or other temporary living situation)?	1	109	109	0. No 1. Yes 9. Unknown
14	County of Residence (Inpatient, RTF and prison-based programs report county before admission)	2	110	111	'01' = 'ALBANY' '02' = 'ALLEGANY' '03' = 'BRONX' '04' = 'BROOME' '05' = 'CATTARAUGUS' '06' = 'CAYUGA' '07' = 'CHAUTAUQUA' '08' = 'CHEMUNG' '09' = 'CHENANGO' '10' = 'CLINTON' '11' = 'COLUMBIA' '12' = 'CORTLAND' '13' = 'DELAWARE' '14' = 'DUTCHESS' '15' = 'ERIE' '16' = 'ESSEX' '17' = 'FRANKLIN' '18' = 'FULTON' '19' = 'GENESEE' '20' = 'GREENE' '21' = 'HAMILTON' '22' = 'HERKIMER' '23' = 'JEFFERSON' '24' = 'KINGS' '25' = 'LEWIS' '26' = 'LIVINGSTON' '27' = 'MADISON' '28' = 'MONROE' '29' = 'MONTGOMERY' '30' = 'NASSAU' '31' = 'NEW YORK' '32' = 'NIAGARA' '33' = 'ONEIDA' '34' = 'ONONDAGA' '35' = 'ONTARIO' '36' = 'ORANGE'

				'37' = 'ORLEANS'	
				'38' = 'OSWEGO'	
				'39' = 'OTSEGO'	
				'40' = 'PUTNAM'	
				'41' = 'QUEENS'	
				'42' = 'RENSSELAER'	
				'43' = 'RICHMOND'	
				'44' = 'ROCKLAND'	
				'45' = 'SAINT LAWRENCE'	
				'46' = 'SARATOGA'	
				'47' = 'SCHENECTADY'	
				'48' = 'SCHOHARIE'	
				'49' = 'SCHUYLER'	
				'50' = 'SENECA'	
				'51' = 'STEUBEN'	
				'52' = 'SUFFOLK'	
				'53' = 'SULLIVAN'	
				'54' = 'TIOGA'	
				'55' = 'TOMPKINS'	
				'56' = 'ULSTER'	
				'57' = 'WARREN'	
				'58' = 'WASHINGTON'	
				'59' = 'WAYNE'	
				'60' = 'WESTCHESTER'	
				'61' = 'WYOMING'	
				'62' = 'YATES'	
				'70' = 'NYS, County Unknown'	
				'80' = 'Other State'	
				'90' = 'Other Country'	
				'99' = 'UNKNOWN'	
15	Residence Zip Code (Inpatient and RTF programs report Zip Code before admission)	5	112	116	99999=Unknown 88888=Homeless 77777=Out of State
16	Preferred Language	2	117	118	01. English
					02. Spanish/Spanish Creole
					03. Russian
					04. Mandarin
					05. Cantonese
					06. Fujianese
					07. Other Chinese
					08. French
					09. French/Haitian Creole
					10. Portuguese/Creole
					11. Italian
					12. Polish
					13. Yiddish, Pennsylvania Dutch/Other West Germanic
					14. Hebrew
					15. Arabic
					16. Hindi
					17. Urdu
					18. Other Indic (e.g., Sindhi)
					19. Other Indo-European
					20. African Language
					21. Tagalog
					22. Korean
					23. Vietnamese
					24. Other Asian
					25. Sign Language
					26. Other
					99. Unknown

17a.	What best describes the client's religious and spiritual preferences?	1	119	119	1. I belong to a formal religious group 2. I do not have a formal religion, nor am I a spiritual person 3. I consider myself spiritual, but not religious 9. Unknown
17b.	Religious Affiliation	2	120	121	01. Protestant (Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Reformed, Church of Christ, etc.) 02. Roman Catholic (Catholic) 03. Orthodox (Greek, Russian, or some other orthodox church) 04. Mormon (Church of Jesus Christ of Latter-day Saints/LDS) 05. Other Christian 06. Judaism (Jewish) 07. Islam (Muslim) 08. Buddhism 09. Hinduism 10. Agnosticism 11. Atheism 12. Other 88. Not Applicable 99. Unknown
18	Does client have prior or current active U.S. military service?	1	122	122	0. No 1. Yes 9. Unknown
19	Employment Status	1	123	123	1. Employed (Competitive or Self-employed) 2. Other employment 3. Non-paid work position (volunteer) 4. Unemployed and looking for work 5. Not In Labor Force: unemployed but not looking for work, retired, homemaker, student, incarcerated, or psychiatric inpatient, underage of employment/ below working age 9. Unknown
20	If employed, what are the client's usual hours worked per week?	1	124	124	1. 1-14 hours 2. 15-34 hours 3. 35 hours or more 8. Not Applicable 9. Unknown
21	Has client attended school (in person or virtual), home tutoring or received education instruction at any time in the past three months?	1	125	125	0. No 1. Yes 9. Unknown
22	Education Level	2	126	127	00. No formal education 01. Pre-Kindergarten 02. Kindergarten 03. First grade 04. Second grade 05. Third grade 06. Fourth grade 07. Fifth grade 08. Sixth grade 09. Seventh grade 10. Eighth grade 11. Ninth grade 12. 10th grade 13. 11th grade 14. 12th grade, no diploma 15. High school diploma or GED 16. Vocational and/or trade school 17. Some college, no degree 18. Associate's degree 19. Bachelor's degree 20. Graduate degree 21. Other

					99. Unknown
23	Does the child have an IEP for special education services through the school district's Committee on Special Education?	1	128	128	0. No 1. Yes 8. Not Applicable 9. Unknown
24a	Disability or Disorder=Mental Illness or Emotional Disturbance	1	129	129	0. No 1. Yes 9. Unknown
24b	Disability or Disorder=Intellectual Disability and Developmental Disability	1	130	130	0. No 1. Yes 9. Unknown
24c	Disability or Disorder=Autism Spectrum Disorder	1	131	131	0. No 1. Yes 9. Unknown
24d	Disability or Disorder=Other Developmental Disability	1	132	132	0. No 1. Yes 9. Unknown
24e	Disability or Disorder=Alcohol Use Disorder	1	133	133	0. No 1. Yes 9. Unknown
24f	Disability or Disorder=Drug/Substance Related Disorder	1	134	134	0. No 1. Yes 9. Unknown
24g	Disability or Disorder=Tobacco Use Disorder	1	135	135	0. No 1. Yes 9. Unknown
24h	Disability or Disorder=Opioid Related Disorder	1	136	136	0. No 1. Yes 9. Unknown
24i	Disability or Disorder=Other Substance Use Disorders	1	137	137	0. No 1. Yes 9. Unknown
24j	Disability or Disorder=Mobility Impairment	1	138	138	0. No 1. Yes 9. Unknown
24k	Disability or Disorder=Hearing Impairment	1	139	139	0. No 1. Yes 9. Unknown
24l	Disability or Disorder=Visual Impairment	1	140	140	0. No 1. Yes 9. Unknown
24m	Disability or Disorder=Speech Impairment	1	141	141	0. No 1. Yes 9. Unknown
24n	Disability or Disorder=Major Neurocognitive Disorder (dementia) of any subtype	1	142	142	0. No 1. Yes 9. Unknown
25a	COVID-19: Has the client ever had a positive COVID-19 virus test?	1	143	143	0. No 1. Yes 9. Unknown
25b	COVID-19: Has the client had COVID-19 illness (i.e., COVID-19 symptoms)?	1	144	144	0. No 1. Yes 9. Unknown
25c	COVID-19: Has the client received a COVID-19 vaccination?	1	145	145	0. No 1. Yes 9. Unknown
25d	COVID-19: Has the client received a COVID-19 booster in the last 12 months	1	146	146	0. No 1. Yes 9. Unknown
26a	Chronic Medical Condition ("CMC")=Hyperlipidemia (high blood fat/High Cholesterol)	1	147	147	0. No 1. Yes 9. Unknown
26b	CMC=High Blood Pressure	1	148	148	0. No 1. Yes 9. Unknown
26c	CMC=Diabetes	1	149	149	0. No 1. Yes 9. Unknown
26d	CMC=Obesity [based on BMI*or Unknown]	1	150	150	0. No 1. Yes 9. Unknown
26e	CMC=Coronary Vascular Disease	1	151	151	0. No 1. Yes 9. Unknown
26f	CMC=Cerebrovascular Disease	1	152	152	0. No 1. Yes 9. Unknown
26g	CMC=Other Cardiac Condition	1	153	153	0. No 1. Yes 9. Unknown
26h	CMC=Pulmonary (Chronic Obstructive Pulmonary Disease (Emphysema), Asthma)	1	154	154	0. No 1. Yes 9. Unknown
26i	CMC=Major Neurocognitive Disorder (Alzheimer's Disease or dementia) of any subtype	1	155	155	0. No 1. Yes 9. Unknown
26j	CMC=Kidney Disease (dialysis, chronic renal failure, kidney stones)	1	156	156	0. No 1. Yes 9. Unknown
26k	CMC=Liver Disease (Cirrhosis, Hepatitis A/B/C, alcohol-related liver injury)	1	157	157	0. No 1. Yes 9. Unknown
26l	CMC=Endocrine Condition (e.g., hyper- or hypothyroidism; adrenal insufficiency or hypercortisolism; or hyperprolactinemia)	1	158	158	0. No 1. Yes 9. Unknown
26m	CMC=Progressive neurological condition (M.S., Cerebral Palsy, ALS)	1	159	159	0. No 1. Yes 9. Unknown
26n	CMC=Traumatic Brain Injury	1	160	160	0. No 1. Yes 9. Unknown
26o	CMC=Joint and connective tissue disease (Lupus, Rheumatoid arthritis, Osteoporosis, Osteoarthritis)	1	161	161	0. No 1. Yes 9. Unknown
26p	CMC=Cancer	1	162	162	0. No 1. Yes 9. Unknown
26q	CMC=Long COVID-19	1	163	163	0. No 1. Yes 9. Unknown

26r	CMC=Other chronic medical condition(s) not listed above	1	164	164	0. No 1. Yes 9. Unknown
27	In the last 12 months, did client use cannabis (marijuana, weed, pot or hashish) obtained without a recommendation from a medical-cannabis-certified practitioner?	1	165	165	0. No 1. Yes 9. Unknown
28	Has the client received a recommendation to use cannabis (marijuana, weed, pot or hashish) for medical purposes from a medical-cannabis-certified practitioner within the last 12 months?	1	166	166	0. No 1. Yes 9. Unknown
29	In the last 12 months, has the program assessed the client's stage of change?	1	167	167	1. Pre-contemplative 2. Contemplative 3. Preparation 4. Action 5. Maintenance 8. Not Applicable 9. Unknown
30a.	In the last 12 months, did client smoke cigarettes, vape or use tobacco products?	1	168	168	0. No 1. Yes 9. Unknown
30b.	Did client receive a medication for treatment of tobacco use disorder (e.g. varenicline, bupropion, nicotine replacement therapy) from this program in the past year?	1	169	169	0. No 1. Yes 9. Unknown
30c.	Did client receive counseling or psychotherapy for treatment of tobacco use disorder from this program in the past year?	1	170	170	0. No 1. Yes 9. Unknown
31a	In the last 12 months, did client receive any medications for Alcohol Use Disorder (e.g., naltrexone, acamprosate, disulfiram) from this program?	1	171	171	0. No 1. Yes 9. Unknown
31b.	In the last 12 months, did the client receive any psychotherapy or counseling for alcohol use disorder from this program?	1	172	172	0. No 1. Yes 9. Unknown
32a	In the last 12 months, did client receive any medications for opioid use disorder (e.g., long-acting naltrexone, buprenorphine) from this program?	1	173	173	0. No 1. Yes 9. Unknown
32b.	In the last 12 months, did the client receive any counseling or psychotherapy for opioid use disorder from this program?	1	174	174	0. No 1. Yes 9. Unknown
33	In the last 12 months, did client receive any treatment for any other Addiction Disorder from this program?	1	175	175	0. No 1. Yes 9. Unknown
34	In the last 12 months, was the client screened for Hepatitis C?	1	176	176	0. No 1. Yes 9. Unknown
35	In the past 12 months, did the client have any thoughts of killing themselves?	1	177	177	0. No 1. Yes 9. Unknown
36	In the past 12 months, did the client have a suicide attempt?	1	178	178	0. No 1. Yes 9. Unknown
37	Does client have a Serious Mental Illness/Serious Emotional Disturbance?	1	179	179	0. No 1. Yes 9. Unknown
38	Primary Psychiatric Diagnosis ID	6	180	185	Use 6-digit diagnosis reference code provided in separate crosswalk document to indicate appropriate Diagnosis Code/Label.
39	Additional Diagnosis ID	6	186	191	Use 6-digit diagnosis reference code provided in separate crosswalk document to indicate appropriate Diagnosis Code/Label.
40a	Cash Assistance Benefits: SSI (Supplemental Security Income)	1	192	192	0. No 1. Yes 9. Unknown
40b	Cash Assistance Benefits: SSDI (Social Security Disability Insurance)	1	193	193	0. No 1. Yes 9. Unknown
40c	Cash Assistance Benefits: Veteran's disability benefits	1	194	194	0. No 1. Yes 9. Unknown
40d	Cash Assistance Benefits: Veteran's Cash Assistance	1	195	195	0. No 1. Yes 9. Unknown
40e	Cash Assistance Benefits: Public Assistance Cash Program (TANF, Safety Net, etc.)	1	196	196	0. No 1. Yes 9. Unknown

40f	Cash Assistance Benefits: Other Cash Benefits (pension, SSA retirement, other)	1	197	197	0. No 1. Yes 9. Unknown
41a	Health Insurance Coverage=Medicaid	1	198	198	0. No 1. Yes 9. Unknown
41b	-- If YES to 41a, is it Medicaid Managed Care	1	199	199	0. No 1. Yes 8. Not Applicable 9. Unknown
41c	Health Insurance Coverage=Medicare	1	200	200	0. No 1. Yes 9. Unknown
41d	Health Insurance Coverage=Private Insurance	1	201	201	0. No 1. Yes 9. Unknown
41e	Health Insurance Coverage=Child Health Plus	1	202	202	0. No 1. Yes 9. Unknown
41f	Health Insurance Coverage=Other Health Insurance	1	203	203	0. No 1. Yes 9. Unknown
42	Admission Date, Current Episode	8	204	211	8 digit number in MMDDYYYY format (Note: pad single digits with leading zeroes) 77777777= Don't do formal admission paperwork 99999999= Unknown admission date
43	Criminal Justice or Juvenile Justice Status	2	212	213	00. None 01. Criminal Procedure Law (CPL) 330.20 02. Article 10-Sex Offender Management & Treatment (SOMTA) 03. NYS Dept. of Correctional Services Prisoner 04. County/City Jail, Court Detention or Police lockup Prisoner (including CPL 730 and CL 508 referrals) 05. Parolee (adults) 06. Probationer (adults) 07. PINS (Person in Need of Supervision) 08. Adjudicated Juvenile Delinquent or Offender 09. Alternative to Incarceration (ATI) status, Mental Health Court, Court Diversion, Drug Court Treatment 10. Other criminal justice status 99. Unknown whether or not client has a criminal justice or juvenile justice status
44	Date Last Served Before 10/23/2023 by this Program	8	214	221	8 digit number in MMDDYYYY format (Note: pad single digits with leading zeroes) 00000000= Never served before by program 99999999= Unknown date last served
45a	Date of Client Service=Oct 23	1	222	222	0. No 1. Yes
45b	Date of Client Service=Oct 24	1	223	223	0. No 1. Yes
45c	Date of Client Service=Oct 25	1	224	224	0. No 1. Yes
45d	Date of Client Service=Oct 26	1	225	225	0. No 1. Yes
45e	Date of Client Service=Oct 27	1	226	226	0. No 1. Yes
45f	Date of Client Service=Oct 28	1	227	227	0. No 1. Yes
45g	Date of Client Service=Oct 29	1	228	228	0. No 1. Yes