

MH Adult Uniform Assessment (CARE-UA)

Field Name	Type	Contents
LAST NAME	R	Person's last name.
SUFFIX	O	Person's last name suffix. (e.g., Jr, Sr, II)
FIRST NAME	R	Person's first name.
MIDDLE NAME	O	Person's middle name.
CLIENT ID	O	Person's statewide identification number.
LOCAL CASE NUMBER	R	Person's local case number.
COMPONENT	R	Component code.
ASSESSMENT DATE	R	Date of the person's assessment. MMDDYYYY format.
TIME	O/R	Time of the person's assessment. HHMM/P format.
ACTION ADD	O/R	You must check this box if data is to be added to CARE.
ACTION CHANGE	O/R	You must check this box if data is a change to data already in CARE.
ACTION DELETE	O/R	You must check this box if data is to be deleted from CARE.
<u>Brief Psychiatric Rating Scale (BPRS)</u>		
BPRS DATE	R	Date of the Brief Psychiatric Rating Scale (BPRS).
SCORES	O/R	Scores for the 24 BPRS items as 1 through 7 or N (Not Applicable). Required for state hospitals.
TOTAL	O/R	BPRS total score.
REASON	O/R	1 = Initial, 2 = Interim, 3 = Discharge. Required for detail reporting.
<u>Multnomah Community Ability (CA) Scale</u>		
FUNCTIONING	R	Person's score on the Functioning element of the Multnomah CA Scale.
ADJUSTMENT TO LIVING	R	Person's score on the Adjustment to Living element of the Multnomah CA Scale.
SOCIAL COMPETENCE	R	Person's score on the Social Competence element of the Multnomah CA Scale.
COMMUNITY/COMPLIANCE	R	Person's score on the Community/Compliance element of the Multnomah CA Scale.
TOTAL SUM OF MULTNOMAH SCORES	R	Total sum of all elements of the Multnomah Community Ability scores.
DATE (MMDDYYYY format)	R	Date of the Multnomah Community Ability Scale total scores.
LEVEL OF NEED	O/R	Level of need determined for the person. Required for community-based assessments.
DATE (MMDDYYYY format)	O/R	Date of the Level of Need determination. Required for community-based assessments.
<u>Community Assessment</u>		
RESIDENTIAL	R	Person's score on the Residential element of the Community Assessment.
PAID EMPLOYMENT A	R	Person's score on the Paid Employment A element of the Community Assessment.
PAID EMPLOYMENT B	R	Person's score on the Paid Employment B element of the Community Assessment.
PRIMARY FINANCIAL SUPPORT	R	Person's score on the Primary Financial Support element of the Community Assessment.
LEGAL		
TOTAL ARRESTS IN LAST 3 MONTHS	R	Total number of arrests the person has had in the last 3 months.
PRISON/JAIL NIGHTS IN LAST 3 MONTHS	R	Number of prison/jail nights the person has had in the last 3 months.
PRISON/JAIL EPISODES IN LAST 3 MONTHS	R	Number of prison/jail episodes the person has had in the last 3 months.
HAS INDIVIDUAL BEEN ON PAROLE/PROBATION OVER LAST 3 MONTHS? (Yes/No)	R	Y (Yes) of N (No) to indicate if the person has been on parole/probation over the last 3 months.
VICTIMIZATION	O	Indicates none <i>or</i> the number of times the person has been victimized.
DATE (MMDDYYYY format)	R	Date of the Community Assessment.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.