

EASA Data Entry Guide-Short Version

Domain	EASA forms	Definitions and Instructions
Demos: County, Name, Prime#, Clientid#	R,I,O	The Prime# is the OHP id number, if the youth doesn't have one it can be left blank.
Referral Date, Year and Quarter	R	This date is the date the agency received the first call, email or other contact about the youth being a part of the EASA program.
Demos: Date of Birth, Race, Ethnicity, Gender, Primary Language,	R	The Primary Language is the language the youth is most comfortable talking in, if multiple choose Other and write in the details.
Living Situation	R, I,O	
Referral Completer	R	
How learned about EASA?	R	If multiple choose the one that occurred at the earliest point in time.
Referent: Is this first referral	R	The Referent is the person making the referral, is this the first time they have referred a youth to the EASA Program?
Screening setting and natural supports involved	R	
Screening outcome, date and reason	R	The decision date is the date when the decision was made to accept the youth into the EASA program
Duration of Untreated Psychosis	R	Fill in at least one box and be as specific as possible
Where directed to if screened out	R	
Date Admitted to TX	I	This date is the date youth officially begins the EASA program.
Demos: Country of Origin, Years in USA	I	
Natural supports involved in treatment	I	
Insurance Status (all if multiple)	I,O	
Education: Last grade completed	I,O	
Education: Milestones, Status, Type, Accommodations, Impact of Symptoms, Future	I,O	If multiple status or types during the quarter choose the first option that is listed, full over part, etc.
Employment: Life time history	I,O	
Employment: Weeks		This can be Competitive, Sheltered, or Volunteer. Count the week if worked any amount of time, even a very small amount.

Employment: Status, Type	I,O	If multiple status or types during the quarter choose the first option that is listed, full over part, competitive over sheltered, etc.
Employment: Impact of symptoms on employment	I,O	
Legal Involvement: prior three months, symptoms related	I,O	
Psychiatric Hospitalizations, type, hospital type, dates	I,O	Any hospitalization that involves a minor (under 18) is an involuntary hospitalization.
Axis I Diagnosis	O	Please enter the code without decimal points, for example enter ICD-10 code F10.23 (Alcohol Withdrawal) as "F1023". If there is a letter as part of the code (ex: Z9119) the letter is in UPPER CASE. If diagnosis is not determined at time of data entry, use ICD-10 code R69 – Illness Unspecified. These are the same rules MOTS follows. Include any alcohol and/or drug related diagnoses.
PCP involvement	O	
Medications and How consistently taking	O	
VR status	O	
Disability status	O	
Services: Change in primary counselor in the past three months ,Types received	O	
Discharge information: reason and date, transition plan, last service date	O	These are goals set by the program not the youth
Education and Outreach data	E	

R=Referral, I=Intake, O=Outcome Review, E=Education and Outreach

Answer Intake questions about the three months prior to the date the youth entered the EASA Program

Answer Outcome Review questions about the review quarter, QTR1=Jan-March, QTR2=April-Jun, QTR3= July-Sept, QTR4= Oct-Dec