



# State Profile Highlights

New Information from the National Association of State Mental Health Program Directors Research Institute, Inc (NRI)

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## *Clients Served and the Use of Unique Client Identifiers by State Mental Health Agencies (SMHAs)*

### **MAJOR FINDINGS**

- ◆ **SMHA funded and/or operated mental health services were provided to over 1.5 million Adults with Serious Mental Illnesses (SMI) and Children with Serious Emotional Disturbances (SED) in 1998 (32 states reporting).**
- ◆ **Adults with SMI and Children with SED who received SMHA operated or funded services represented 1.0% of the total population in the reporting States (29 states reporting).**
- ◆ **In 1999, 36 of 45 responding states can track clients' movement between their State Psychiatric Hospitals and Community Services using unique client identifiers.**
- ◆ **42 States report having a unique Client Identifier for a portion of their mental health system**

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State Mental Health Agencies (SMHAs) have been enhancing their information systems to allow either counting or estimating unduplicated clients who are served by state psychiatric hospitals and/or community mental health providers. In 1998, 32 SMHAs reported that 1,140,475 adults with serious mental illness (SMI) and 380,351 children with serious emotional disturbances (SED) received services from programs the SMHA either operated or funded. On average, 1% of the total state's civilian population were classified by the SMHA as having either a SMI or SED and received publicly funded services. It is important to note that each state was asked to use their own state's definitions of SMI and SED, and that state definitions differ from one another and from the federal definitions of SMI and SED.

Most states are using a common "unique client identifier" to count the numbers of clients served by both their state psychiatric hospitals and community mental health providers. Preliminary results from a study of SMHA information systems found that many states have implemented unique client identifier systems which permit tracking treatment of mental health clients. In 1999, eighty (80%) percent (36 of 45 responding) of State Mental Health Agencies have implemented unique client identifiers in their information systems that can track clients between state psychiatric hospitals and community mental health services. In FY 1997, only 59% of states could track clients across systems and in FY 1993, only twenty-four (24) States reported having this capability. The implementation of unique client identifiers across hospital and community mental health systems has been hampered by the structure of most community mental health systems, wherein thousands of local not-for-profit community mental health agencies operate their own information systems. Often, expensive new information systems software and training are required to implement a common identifier across all providers across an entire state.

Eleven (11) additional states report that they have implemented a unique client identifier in a portion of the public mental health system, but that the identifier does not currently cross hospital and community mental health providers. Several of these states are using probability matching techniques to develop scientifically valid estimates of the clients being served.

**The following states reported they use a unique identifier:**

**Across Hospital and Community Services**

(N=31)

Alabama	Alaska	Arizona
Arkansas	California	Delaware
D.C.	Florida	Georgia
Indiana	Kansas	Kentucky
Louisiana	Maryland	Minnesota
Mississippi	Missouri	Nebraska
Nevada	New Hampshire	North Carolina
Ohio	Oklahoma	Oregon
Pennsylvania	Rhode Island	South Carolina
Texas	Utah	Wisconsin
Wyoming		

**In State Hospital Only**

(N=9)

Colorado *	Connecticut
Illinois	Massachusetts
New Jersey	New York
Tennessee	Virginia
Washington	

\* Note: Colorado has unique IDs for hospitals and community programs, however, the IDs are different.

**In Community Programs Only**

(N=3)

Colorado *	New Mexico
South Dakota	

**No Common Unique Identifier**

(N=3)

Iowa	North Dakota* <i>links on name</i>
West Virginia	

**No Response to Survey by 7/31/2000**

(N=6)

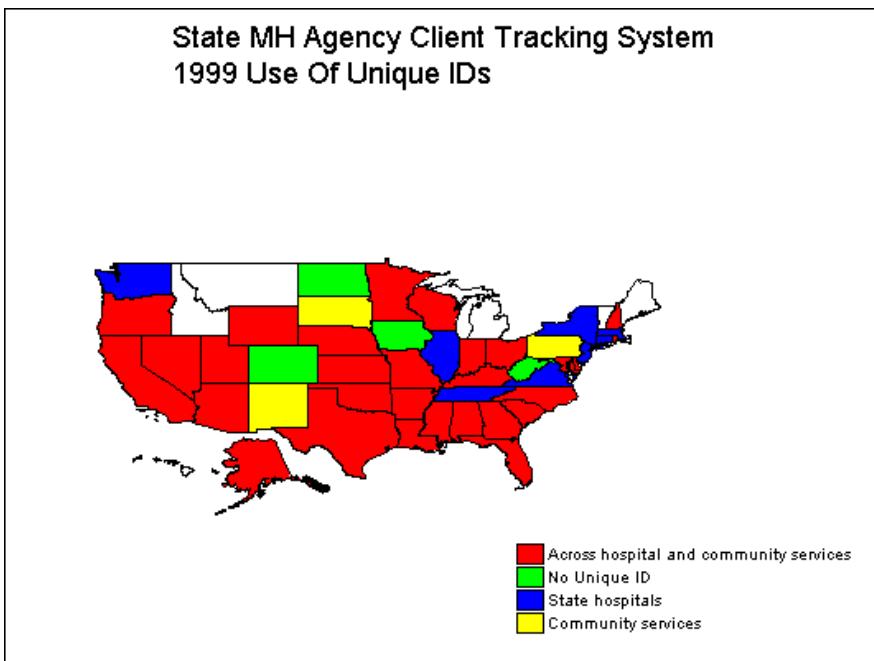
Hawaii	Idaho	Maine
Michigan	Montana	Vermont

**Types of Unique Identifiers Being Utilized:**

The most common form of unique identifier is a “constructed identifier” used by 16 SMHAs (AL, AZ, CO, IL, IN, KS, KY, MN, MO, NH, NJ, NC, OK, RI, TX, and WA). A constructed identifier is based on a client’s characteristics and is generated either manually or by a computer. An example is an identifier that uses a client’s initials and date of birth to create a unique number.

Eleven (11) states report using an “assigned identifier” (AR, DE, DC, GA, NV, NY, OH, OR, SC, TN, WY). Assigned identifiers are usually generated by a computer and are usually sequential. There is no relationship between the identifier number and the items used for its verification or creation.

Ten (10) states report using an “existing identifier” (CA, FL, LA, MD, MS, NE, ND, PA, UT, and WI). Existing identifiers are generated by an outside source such as a social security number or state driver’s license.



The SMHA Profile Highlights are based on preliminary information from 42 SMHAs. The SMHA Profiles data are available via the Internet at [www.nasmhpd.org/nri](http://www.nasmhpd.org/nri). For further information, please contact Robert Shaw (ext.24) or Ted Lutterman (ext. 21) on (703) 739-9333 or via e-mail at [robert.shaw@nasmhpd.org](mailto:robert.shaw@nasmhpd.org) at [ted.lutterman@nasmhpd.org](mailto:ted.lutterman@nasmhpd.org)

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