
Reporting of the Mental Health National Outcome Measures Using Client-Level Data

Instruction Manual

**Prepared for the Substance Abuse and Mental Health Services Administration's
Center for Mental Health Services (CMHS)**

By

NASMHPD Research Institute, Inc.

FINAL VERSION 2.1

10/6/2011

This Instruction Manual contains guidelines for reporting the mental health client-level data that conform to the Confidentiality and Privacy Rules of the Health Insurance Portability and Accountability Act (HIPAA). Compliance is observed through the use of non-Protected Health Information (non-PHI) in data submission. Reported data are used to inform the mental health National Outcome Measures (NOMS) covered under the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services' 2010 Data Infrastructure Grant for Quality Improvement.

NRI TECHNICAL SUPPORT CONTACT INFORMATION

NASMHPD Research Institute, Inc.
3141 Fairview Park Drive, Suite 650
Falls Church, VA 22042
703-738-8160 (P)
703-738-8185 (F)

For technical support or questions, please contact the DIG Client-Level Data Reporting Initiative Technical Team via email: CLDTA@nri-inc.org.

For a list of State questions and guidance provided by NRI, please visit the NRI website: http://www.nri-inc.org/projects/SDICC/urs_forms.cfm.

Table of Contents

SUMMARY	1
GLOSSARY OF TERMS and ACRONYMS	7
INTRODUCTION	10
Who Should Read and Use this Manual?	10
Reporting Framework	11
Reporting Periods.....	14
Scope of Clients Reported.....	14
Data Sets	15
Three-Step Process	16
Compliance with HIPAA Privacy and Confidentiality Rules.....	18
DATA DICTIONARY: BASIC CLIENT INFORMATION (BCI) DATA SET	19
Scope of Data Set	19
File Header	21
Client Record	30
Record Layout	69
DATA DICTIONARY: STATE HOSPITAL READMISSION (SHR) DATA SET	73
Scope of Data Set	73
Header Record	74
Client Record	80
Record Layout	88
STEP 1: STATE DATA CROSSWALK.....	90
STEP 2: PREPARING THE TEST FILES.....	92
STEP 3: SUBMISSION OF COMPLETE DATA SETS.....	93
DATA EDITS	95
Field Edits	95
Relational and System Edits.....	97
APPENDIX A.....	99
Sample Data File Edit Reports.....	99
APPENDIX B.....	104
Sample Data Sets Acceptance Summary Report.....	104
APPENDIX C.....	107
SAMPLE STATE DATA CROSSWALK	107
APPENDIX D.....	120
FREQUENT ERRORS IN DATA FILE SUBMISSION.....	120
APPENDIX E	122
MAPPING OF MENTAL HEALTH DATA ELEMENTS TO TEDS DATA ELEMENTS	122
APPENDIX F	129
MAPPING OF MENTAL HEALTH DATA ELEMENTS TO TRAC DATA ELEMENTS.....	129

List of Tables

Table 1: List of Data Elements in the Basic Client Information (BCI) Data File	3
Table 2: List of Data Elements in the State Hospital Readmission (SHR) Data File.....	6
Table 3: File Header Record Layout	70
Table 4: Client Record Fields Record Layout.....	70
Table 5: File Header Record Layout	89
Table 6: Client Record Fields Record Layout.....	89
Table 7: Fatal and Non-Fatal Field Edits.....	95
Table 8: Fatal and Non-Fatal Relational/System Edits	97

List of Figures

Figure 1: Appropriate Reporting of Outcomes - Example 1.....	12
Figure 2: Appropriate Reporting of Outcomes - Example 2.....	13
Figure 3: Appropriate Reporting of Outcomes - Example 3.....	13
Figure 4: Appropriate Reporting of Outcomes - Example 4.....	13
Figure 5: Three-Step Process in the Submission of Client-Level Data Sets.....	17
Figure 6: Determining Client Treatment Status At the Beginning of Reporting Period Using Claims/Encounter Data - Example	33
Figure 7: Determining Client Treatment Status At the End of Reporting Period Using Claims/Encounter Data - Example	36
Figure 8: Determining Readmissions - An Illustration	73
Figure 9: Illustration of Reporting Readmission Events.....	86

SUMMARY

This Instruction Manual provides guidance to States for reporting client-level data for the mental health National Outcome Measures (NOMS). The Substance Abuse and Mental Health Services Administration's Center for Mental Health Services (CMHS) Data Infrastructure Grants (DIG) support the building of State capacity to collect and report client-level data that will inform the following five NOMS:

- Access to services/Capacity: Number of Persons Served by Demographic Characteristics
- Stability in Housing (Residential Status)
- 30-Day and 180-Day Readmission to State Hospital
- Adult Employment and Children School Attendance/Education
 - *final standards for School Attendance deferred until 2012 reporting*
- Criminal Justice Involvement (*final standards deferred until 2012 reporting*)

Familiarity with the guidelines contained in this Manual is essential to ensure that all grantees use consistent reporting formats and data definitions. It is recommended that this Manual be provided to all State Mental Health Agency (SMHA) staff and/or contractors involved in data collection, extraction, and submission of the DIG client-level data files addressed in this Manual. States with separate information systems for child mental health and adult mental health must collaborate for a single State reporting. Training of the State Information Technology (IT) staff, who are primarily involved in the production of data files for each of the mental health systems, is highly recommended.

The general framework for the mental health client-level data reporting involves a compilation of the demographic, clinical, and outcomes of persons served by the SMHA within a 12-month window. Persons served include all enrolled clients who received mental health and support services, including screening, assessment, crisis services, and telemedicine from programs provided or funded by the SMHA during the reporting period. Typically, States report the 12-month recently completed state fiscal year or calendar year. All persons served by the SMHAs with mental illnesses, including those with co-occurring substance use disorders, intellectual disabilities (formerly referred to as mental retardation) or developmental disabilities are reported.

Two data sets are submitted each reporting period. Each data set is comprised of two types of records: Header record and Client record. These two data sets are linkable using a HIPAA-compliant, non-protected health information unique client identifier, which is a key field in both files.

- Basic Client Information (BCI) data set:
 - due on December 1st of each year
 - Supplemental file – due on December 1st of each year beginning with the State's second year of client level data reporting and thereafter
- State Hospital Readmission (SHR) data set:
 - due on March 1st of the succeeding year

The BCI data file is a master data file of all clients served during the reporting period. Data reported in the BCI data file are used to report all the above-mentioned NOMS except for the State Hospital Readmission NOM. Beginning the second year of State's reporting of client level data, the State may have to submit a supplemental file. This file contains a list of clients with 'continuing' status at the end of the previous reporting period (e.g. Year 1) but who did not receive a service during the current

reporting period (e.g. Year 2). The supplemental file is submitted as a separate file in a format to be provided in the future.

The SHR data file contains the readmission information for all clients discharged from the state hospital during the reporting period (i.e. same reporting period as the BCI). Information from this data file is used with the data reported in the BCI to report the State Hospital Readmission NOM.

File submission is a three-step process. Each step is discussed in detail as a separate section of this Manual.

- Step1: Development of State data crosswalk
- Step 2: Submission of test files
- Step : Submission of complete client-level data sets

Tables 1 and 2 list the data elements for the BCI and SHR data files, respectively. These data elements are categorized as required, optional, and under CMHS review. CMHS is requesting that States work to report these client-level measures as early as year one of the grant period (December 2011) or work toward reporting at the earliest possible time.

Table 1: List of Data Elements in the Basic Client Information (BCI) Data File

(Table does not show data elements reported in the Header Record)

Category	Data Element	Report Status at:		Population Type		Comment
		Admission for new clients or recent available at the start of the reporting period for continuing clients	Discharge or recent available at the end of the reporting period for clients remaining in the SMHA caseload	Community-Based	SH/Other Inpatient	Note: Table legend is at the end of this table
Required						
	Non-PHI					
	Client ID	√		√	√	constructed field
	Age	calculate at midpoint of reporting period		√	√	calculated field
	Client status at start of reporting period	√		√	√	translated Field
	Client status at end of reporting period		√	√	√	translated Field
	Service Setting Status Throughout the Reporting Period	status based on 12-month period		√	√	translated Field
	Demographic					
	Gender		√	√	√	based on most recent available information (see additional guidelines)
	Race		√	√	√	
	Ethnicity		√	√	√	
	Clinical					
	SMI/SED Status		√	√	√	based on most recent available information (see additional guidelines)
	Mental Health Diagnosis – One		√	√	√	
	Mental Health Diagnosis – Two		√	√	√	
	Mental Health Diagnosis – Three		√	√	√	

Category	Data Element	Report Status at:		Population Type		Comment
		Admission for new clients or recent available at the start of the reporting period for continuing clients	Discharge or recent available at the end of the reporting period for clients remaining in the SMHA caseload	Community-Based	SH/Other Inpatient	
	Substance Abuse Diagnosis		√	√	√	
	Substance Use Problem	based on 12-month period		√	√	translated field
	One-Time Service Event Flag	based on 12-month period		√	√	translated field
Required						
	Outcomes					
	Competitive Employment Status (16 yrs old +) at Admission or Start of the Reporting Period	√		√		not reportable for clients in institutional facilities
	Competitive Employment Status (16 yrs old +) at Discharge or End of the Reporting Period		√	√		not reportable for clients in institutional facilities
	Residential Status at Admission or Start of the Reporting Period	√		√	√	
	Residential Status at Discharge or End of the Reporting Period		√	√	√	
	Competitive Employment Status Update Flag		√	√	√	translated field
	Residential Status Update Flag		√	√	√	translated field
	Under Workgroup Discussion					
	Criminal Justice Involvement					deferred until 2012 reporting
	School Attendance/Education					deferred until 2012 reporting

Category	Data Element	Report Status at:		Population Type		Comment
		Admission for new clients or recent available at the start of the reporting period for continuing clients	Discharge or recent available at the end of the reporting period for clients remaining in the SMHA caseload	Community-Based	SH/Other Inpatient	
						Note: Table legend is at the end of this table
Optional						
	GAF or CGAS (DSM Axis V)		√	√	√	voluntary reporting
	Marital Status		√	√	√	voluntary reporting
Under CMHS Review						
	Military Status Health Insurance/Primary Source of Payment Length of Time in Service/Intensity of Service					

Legend:

Calculated field: reported values are derived using a formula.

Constructed field: reported values are created according to a particular method or algorithm.

Deferred reporting: reporting is temporarily delayed. Workgroup recommendations for these measures are expected to be finalized in September 2011.

Translated field: reported values are codified based on other data elements collected by the State.

Voluntary reporting: States with data are encouraged to report.

Table 2: List of Data Elements in the State Hospital Readmission (SHR) Data File
 (Table does not show data elements reported in the Header Record)

Category	Data Element	Report Data for:		Comments
		All Discharged Clients	Discharged Clients with Readmissions	
Required	<i>Discharge and Readmission Information</i>			
	Client ID	√		Use same ID as BCI
	Discharge event sequence number	√		Translated field
	Discharge Reason	√		
	Number of days elapsed before readmission to State hospital	√		Calculated field
	Readmission legal status		√	

Legend:

Calculated field: reported values are derived using a formula.

Translated field: reported values are codified based on other data elements collected by the State.

GLOSSARY OF TERMS and ACRONYMS

Admission – signifies the beginning of mental health service provision to a person with mental illness through programs under the auspices of the State Mental Health Agency (SMHA). This includes new admission (someone who has never received any services from the SMHA) and readmissions (someone who had previously received services from the SMHA, had been discharged, and started receiving services during the reporting period).

Administrative discharge – refers to an official end of service provision under the auspices of the SMHA. Unlike the reason for a formal discharge, an administrative discharge is initiated by either the SMHA or the provider due to a client’s extended absence from service or loss of contact.

BCI – Basic Client Information, which includes information on the client’s demographics (age, gender, race, ethnicity, and marital status), clinical status (SMI/SED status, mental health and substance abuse diagnoses, substance abuse problem, GAF/CGAS score), and outcomes (employment, living situation, criminal justice involvement, education).

BHPMS – Behavioral Health Performance Measurement System is a program within the NASMHPD Research Institute, Inc. (NRI) that receives and processes client level data on patients in participating state psychiatric hospitals to produce performance measures for JCAHO accreditation.

Caseload – refers to all persons who received at least one mental health and/or support service from programs provided or funded by the SMHA during the reporting period. This includes all persons served in all treatment settings.

CGAS –CGAS (Children’s Global Assessment Scale) is a numeric scale (0-100) that measures the global functioning of children under 18 years old. A higher score means higher level of functioning in all areas measured by the instrument. This is reported as Axis V in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

CMHS – Center for Mental Health Services. A Center within the Substance Abuse and Mental Health Services Administration (SAMHSA) under the US Department of Health and Human Services (DHHS) charged to lead Federal efforts to treat mental illnesses by promoting mental health and by preventing the development or worsening of mental illness when possible. Congress created CMHS to bring new hope to adults who have serious mental illnesses and to children with serious emotional disorders. [Source: <http://www.samhsa.gov/about/cmhs.aspx>]

Data extraction – act or process of retrieving data from the SMHA database(s) for the purpose of submitting the required data files according to the prescribed technical specifications.

DIG – Data Infrastructure Grant. Funded by CMHS, the primary goal of this grant is to support the development of SMHA’s capacity in planning, data analysis, performance and outcome measurement, and evaluation for the State Community Mental Health Services Block Grant.

DIG client-level data reporting – a reporting requirement under the new 3-year cycle of the Data Infrastructure Grants awarded by CMHS to States, District of Columbia, and some US Territories on October 1, 2010. Client-level data or person-level data is a limited set of demographic, clinical attributes, and outcomes that are routinely collected by the SMHA in monitoring individuals receiving mental health and support services from programs provided or funded by the SMHA. Submission of the client-level data use non-Protected Health Information to observe and comply with the HIPAA confidentiality and privacy rules.

(Formal) Discharge – as opposed to administrative discharge, is recommended or initiated by the service provider because the client no longer needs further services.

GAF – refers to Global Assessment of Functioning. This is a numeric scale (0-100) that measures the level of functioning of adults (18 years old and above) in the areas of social, occupational, and psychological. A higher score means a higher level of functioning. This is reported as Axis V in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

HIPAA – means Health Insurance Portability and Accountability Act. Enacted by the US Congress in 1996, the Act regulates the use and disclosure of certain information commonly referred to as protected health information (PHI). This includes the person’s health status, medical record, and personal identifying information such as social security number, birth date, address, name, etc.

Intellectual Disabilities – a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. Intellectual disability and mental retardation are two names for the same thing. [Source: http://www.aidd.org/content_104.cfm]

NOMS – refers to SAMHSA’s National Outcome Measures. Under the DIG client-level data reporting, five of the ten SAMHSA NOMS are reported. These are employment (adult)/school attendance (child), stability in housing (residential status), criminal justice involvement, 30-day and 180-day state hospital readmission, and access to services/capacity.

SHR – refers to the State Hospital Readmission data file. It contains all discharge events, except discharges that constitute a transfer within the same facility or for short term acute medical treatment after which the consumer return to continue their State hospital treatment, during the reporting period and records the number of days elapsed following each discharge event and the succeeding readmission to the state hospital. The readmission is measured for 30 and 180 days.

SMHA – means State Mental Health Agency. The State agency that is primarily responsible in the provision and facilitation of publicly funded mental health and support services to children and adults with mental illnesses.

State Data Crosswalk – refers to a document comprised of two parts: (1) one-to-one mapping of State data elements, codes, and categories to the DIG client-level data elements, codes, and categories; and (2) State footnotes or contextual section, which is a free-flowing format that provides context to the reported data. Examples of contextual information captured in this section includes the State operational definition of specific terms (such as employment, serious mental illness, etc.), State data collection protocol that explains duplication, under/over reporting, and timeliness of data, and other considerations that may affect the appropriate interpretation of the State data.

TEDS – refers to SAMHSA’s Center for Substance Abuse Treatment’s Treatment Episode Data Set. It is a compilation of data on substance abuse treatment events (admissions and discharges), that are routinely collected by States in monitoring their individual substance abuse treatment systems. It includes, primarily, information on clients admitted to programs that receive public funds. [Source: DHHS, SAMHSA: TEDS Admission Manual, February 2010]

Test Files –randomly selected file of up to 500 unique client records containing all data elements that are submitted by the States after review of the State Data Crosswalk but prior to the submission of the complete State client-level data files. Test files are submitted for both the BCI and SHR data sets.

URS – Uniform Reporting System. A CMHS data reporting system that collects aggregate data that describe the characteristics of persons served by the SMHA in a given 12-month period, by treatment setting and service types, performance and outcome measures, and indicators that support the use of State’s Community Mental Health Services Block Grant. This reporting system utilizes a standardized reporting of State mental health data.

INTRODUCTION

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services' 2010 State Mental Health Data Infrastructure Grants (DIGs) for Quality Improvement support the State Mental Health Agencies (SMHAs') performance development effort. Building upon the federal and state partnership of the past several years, this new three-year grant cycle supports the building of a solid foundation for better use of data to improve mental health service delivery. The grants support an array of activities identified by State grantees essential to build capacity for collecting and reporting of client-level data that will inform five (5) of the ten National Outcome Measures (NOMS) as enumerated below.

- Access to Service/Capacity: Number of persons Served by Demographic Characteristics
- Stability in Housing (Residential Status)
- 30-Day and 180-Day Readmission to State Hospital
- Adult Employment and Children School Attendance/Education (*final standards for School Attendance deferred until 2012 reporting*)
- Criminal Justice Involvement (*final standards deferred until 2012 reporting*)

The reporting framework discussed in this Manual maintains the efforts of the Client Level Pilot but also reflects SAMHSA's interest in increasing correspondence to the behavioral health model within health care reform. Several factors were taken into consideration in developing the reporting specifications, such as: 1) measures and categories that will continue to be important for SAMHSA, 2) correspondence to SAMHSA's Center for Substance Abuse Treatment's Treatment Episode Data Set (TEDS) reporting system as feasible, while considering appropriate reporting of outcomes for mental health consumers, and 3) State comments on the feasibility and burden of reporting specific data elements.

CMHS gave careful consideration to the reporting burden to States by limiting the required data elements to only the essential information for NOMS reporting and the optional data elements to only two variables. The same process of review is being used for the few additional data elements which are under consideration for future reporting.

As States develop their capacity to report client-level data for the five NOMS, States have to continue to submit URS Tables through the Uniform Reporting System (URS). Please refer to the recent URS Reporting Instructions, which is a separate document.

Who Should Read and Use this Manual?

It is recommended that this Manual be provided to all SMHA staff and/or contractors involved in the collection, extraction, and submission of the client-level data files. Training in the use of this Manual is highly recommended to all SMHA staff primarily responsible in developing the State data crosswalk, data extraction, and data file production.

The guidelines included in this Manual cover the following important areas in data reporting:

- Reporting framework and scope
- Data dictionary
- File record layout
- Data edits: field and relational edits
- Data file submission protocol, including coding conventions
- State data crosswalk instructions
- Test file instructions

- NRI technical support
- Reference documents provided in the appendix
 - Sample Data Edit Reports: BCI and SHR
 - Sample Data Sets Acceptance Summary Report
 - Sample State Data Crosswalk
 - Frequent Errors in Data Submission (based on the Client Level Pilot Experience)
 - Mapping of Mental Health Data Elements with TEDS
 - Mapping of Mental Health Data Elements with TRAC

Reporting Framework

The DIG client-level data reporting is a 12-month reporting cycle. This means that the SMHA submits information on all enrolled persons who were served by the SMHA within a 12-month period. It is not based on a person's treatment episode in a similar context used in TEDS. Rather, the reporting framework is interpreted within the context of the SMHA caseload (i.e., persons enrolled with the SMHA who received a service) during the reporting period. The SMHA election of a reporting period is discussed in a separate section.

The following points are essential for a better understanding of the reporting framework:

1. For every reporting period, the SMHA caseload is comprised of the following:
 - Clients already in the SMHA caseload at the start of the reporting period; and
 - New clients to the SMHA during the reporting period

Only clients in the SMHA caseload who received a service during the reporting period should be reported. Refer to the *Scope of Clients Reported* discussion in this Manual for further guidance.

Clients already in the SMHA caseload at the start of the reporting period, or continuing clients, are those admitted prior to the start of the reporting period that have not been discharged with a service during the reporting period.

A client who was assigned a 'continuing' status at the end of a reporting period is expected in the SMHA caseload at the beginning of the succeeding reporting period. However, in cases where an expected client (continuing from previous year, e.g. Year 1) did not receive a service in the succeeding reporting period (e.g., Year 2) a supplemental file is created. This supplemental file lists all 'continuing' clients from the previous reporting period who are not included in the succeeding reporting period's BCI because they did not receive a service. **The supplemental file is created and submitted beginning on the State's second year of client-level data reporting and thereafter.**

A new client refers to a person who either (1) has not previously received a service and now started receiving services from a program provided or funded by the SMHA; or (2) had previously received a service from a program provided or funded by the SMHA and during the reporting period resumed receiving services after being previously discharged or after an extended period of inactivity (no services).

2. For every reporting period, a beginning and end status for each outcome measure (currently applies only to employment and living situation) are reported as follows:
 - For new clients admitted during the reporting period, report the status collected at admission (use the first admission if the person has several admission events during the reporting period), and their status either upon discharge (if discharged during the reporting period) or the most recent available status at the end of the reporting period (if they remain in the SMHA caseload).

- For continuing clients (clients already in the SMHA caseload at the beginning of the reporting period), report the most recent available status at the beginning of the reporting period, and their status either upon discharge (if discharged during the reporting period) or the most recent available at the end of the reporting period (if they remain in the SMHA caseload).

The 'most recent available status' for outcome measures at the start of the reporting period (applicable for continuing clients) is the status available on the day closest to the start of the reporting period, within a ± 30-day window around the start of the reporting period. If no status was reported within that ± 30-day window, then report the most recent status within the 12 months preceding the start of the reporting period. If the most recent available outcome status is older than 12 months, it should not be reported. Instead, report the status as 'Unknown.'

The same rule applies for the most recent available status for outcome measures at the end of the reporting period (applicable for clients continuing for services in the next year).

Use the code 'Unknown' sparingly. Make sure to search for the most recent available status within the 30 day (or up to the 12-month window) around the start and end of the reporting period before assigning the code 'Unknown.' For example, if the most recent data update closest to the reporting period does not include the client's employment status, use the 'Unknown' code only after a search for the next recent update within the given timeframe did not produce a status.

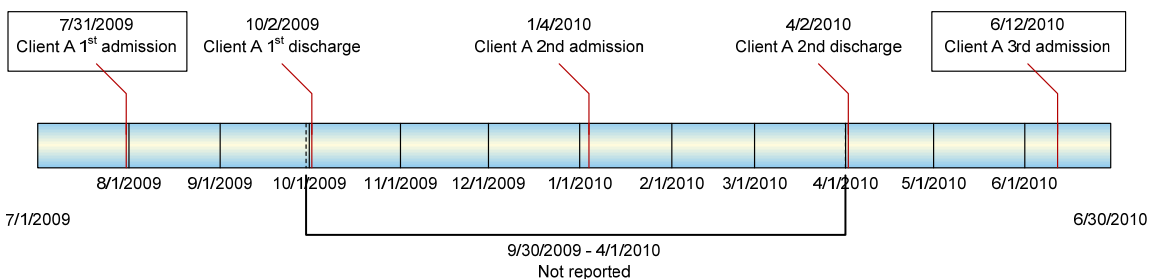
In order to report meaningful outcome measures, States are encouraged to observe best practices in data collection such as: (1) collecting client status at time of discharge; (2) judicious and timely implementation of state discharge policy, including administrative discharges; and (3) consistent and frequent update of client status (consider a quarterly update).

The diagram below shows different scenarios that illustrate appropriate reporting of outcomes. Under the reporting framework discussed above, Client A is reported only once (not 3 times representing each admission) in the data file.

In terms of reporting client A's outcome status (for example, employment), information collected at first admission (7/31/2009) and last admission (6/12/2010) in Example 1 are reported. The last admission data would be considered as the most recent available at the end of the reporting period, unless there is a more recent data update closer to the last day of the reporting period. See Figure 1 below.

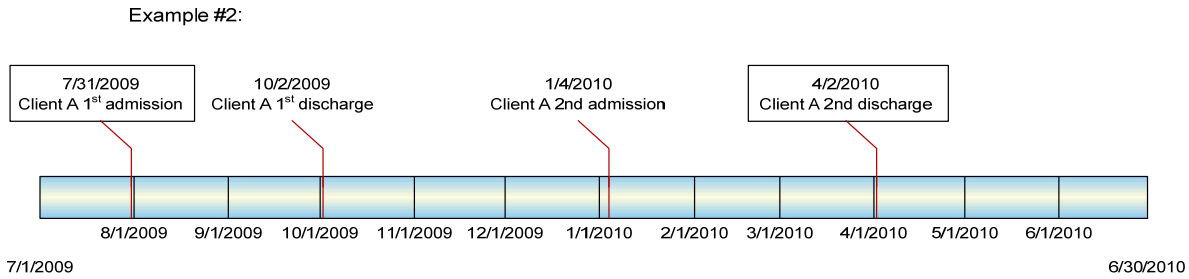
Figure 1: Appropriate Reporting of Outcomes - Example 1

Example #1:



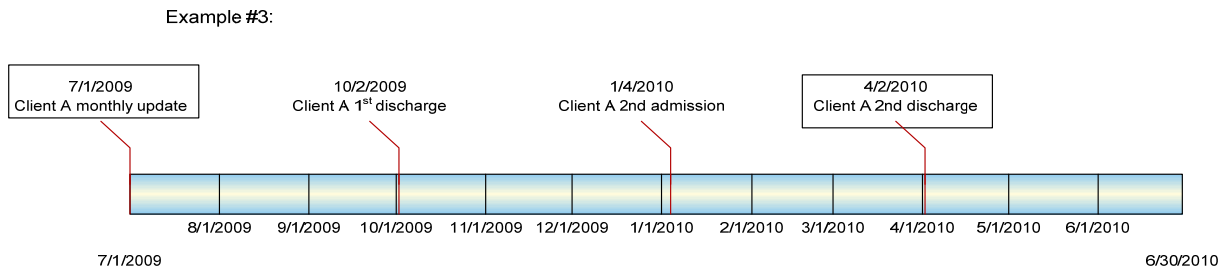
In example 2, Client A was admitted on 7/31/2009 and discharged on 4/2/2010. Report the employment status on those two periods --- the employment status collected at time of admission (7/31/2009) and the employment status collected at time of 2nd discharge (4/2/2010).

Figure 2: Appropriate Reporting of Outcomes - Example 2



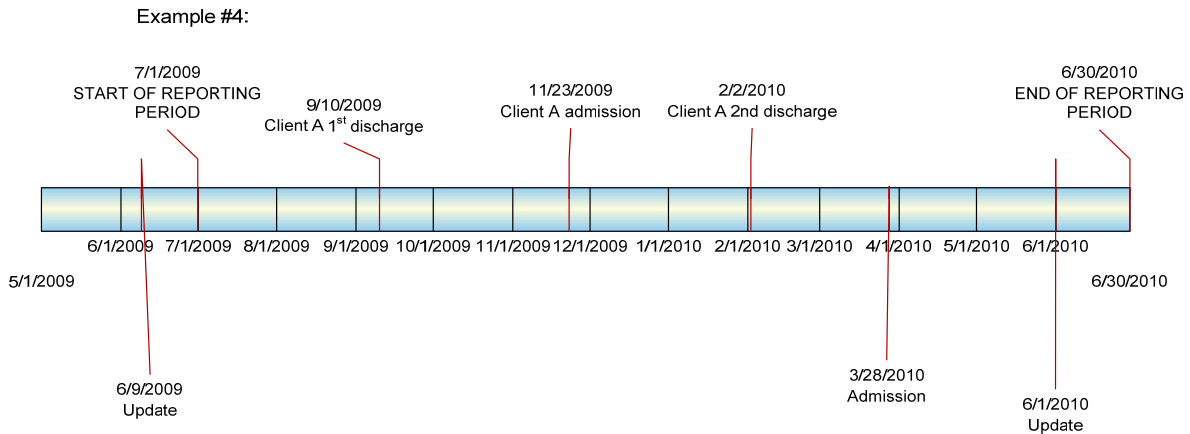
Example 3 assumes Client A as a continuing client at the start of the reporting period. The case also assumes the State conducts a regular monthly data update that takes place every 1st of the month. In this case, the employment status based on the July 1st monthly data update is reported. The employment status at the time of discharge on April 2nd is reported at the end of the reporting period. If the discharge data are not available, use the April 1st monthly data update if reported.

Figure 3: Appropriate Reporting of Outcomes - Example 3



Example 4 shows how to choose the most recent available status. Client A is a continuing client at the start of the reporting period, July 1st. Report the employment status on 6/9 (rather than the 9/10) because it is closer to July 1st (hence more recent) even though it is outside the reporting period. At the end of the reporting period, report the employment status on 6/1 (rather than 3/28) because 6/1 is closer to June 30th, which is the end of the reporting period.

Figure 4: Appropriate Reporting of Outcomes - Example 4



To extend the example above, if another update was reported on July 10, report this status (rather than 6/1) because it is closer to the end of the reporting period even though it is outside the reporting period.

This method of status reporting allows measurement of changes in client outcomes between two data points within the 12-month reporting period. Since all clients reported in the data file received an intervention (in the form of a service), a short-term outcome measurement can feasibly be analyzed.

The following measurement periods may be observed:

For new clients admitted and discharged during the reporting period

- Change in outcome is measured from admission (Time 1) to time of discharge (Time 2)

For continuing clients at the beginning and discharged during the reporting period

- Change in outcome is measured from the beginning of reporting period (Time 1) to time of discharge (Time 2)

For new clients who remains in the caseload at the end of the reporting period

- Change in outcome is measured from admission (Time 1) to end of the reporting period (Time 2)

For continuing clients at the beginning and end of the reporting period

- Change in outcome is measured from the beginning (Time 1) to end (Time 2) of reporting period

Reporting Periods

The 12-month reporting period corresponds to either the state fiscal year (July 1 through June 30, October 1 through September 30, September 1 through August 31 or April 1 through March 31) or calendar year (January 1 through December 31), depending on the SMHA's election of the appropriate period.

It is important to note that States should observe the same reporting period for both the client-level data files and the aggregate data reporting using the URS Tables.

In addition, the same reporting period is used for both the BCI and SHR data files. For example, if the reporting period is a state fiscal year, the SHR data file should contain all clients with at least one discharge event during the reported state fiscal year (States need not switch to a calendar year to report state hospital discharges. This is a modification from the manner URS Tables 20 and 21 are currently reported).

Scope of Clients Reported

Consistent with the URS reporting, the following guidelines should be observed:

- Include all identified persons (children and adults) who received mental health and support services, including screening, assessment, and crisis services from programs provided or funded by the SMHA during the reporting period. Telemedicine services should be counted if they are provided to registered or identified clients.
- Include all persons with mental illness (or co-occurring mental illness) who receive services from programs provided or funded by the SMHA (including persons who also receive services funded by Medicaid and those who have a one-time service event).
- Include all persons in the system for whom the SMHA contracts for services (including persons whose services are funded by Medicaid).
- Include any other persons who are counted as being served by the SMHA or come under the auspices of the state mental health agency system. This includes Medicaid waivers, if the mental health component of the waiver is considered to be part of the SMHA system.

Persons who should not be reported:

- Persons who are in the SMHA caseload but did not receive any mental health or mental health support services from programs funded or provided by the SMHA during the reporting period.

- Persons who just received a telephone contact unless it was a telemedicine service to a registered client. Hotlines calls from anonymous clients should not be counted.
- Persons who only received a Medicaid funded mental health service from a provider who was not part of the SMHA system.
- Persons who only received a service through a private provider or medical provided not funded by the SMHA.
- Persons with only a diagnosis of (or during the reporting period received only specialty services for) substance abuse, intellectual disabilities, or developmental disability.

Data Sets

There are two data sets submitted for each reporting period, with different due dates given below. Each data set is comprised of two types of records: Header record and Client record. The two data sets are linkable using the unique client ID as key field.

1. Basic Client Information (BCI) data set – due on December 1st of each year
 Supplemental file – due on December 1st of each year beginning with the State’s second year of client level data reporting and thereafter
2. State Hospital Readmission (SHR) data set – due by March 1st of the following year

The Client record in the BCI data set contains information for all children and adults who received services from SMHA-funded or SMHA-operated community-based programs, state hospital(s) and/or other psychiatric inpatient facilities during the reporting period. **Each client is reported only once in the data file using a unique client identifier. This means that clients are unduplicated** within a particular service setting, across service settings, and between adult and children mental health systems. For example, a client who received services from a community provider, spent few days at the state hospital, and spent another 30 days at a residential treatment center should have only one record in the BCI (not three). This method looks at the services received by the client during the 12-month reporting period in a continuum rather than looking at them as discrete interventions by treatment setting. The BCI is referred to as the master data file of all clients served by the SMHA during the reporting period.

After the first reporting period, succeeding submission of the BCI data set may potentially be accompanied by a supplemental file. Clients with a ‘continuing’ status at the end of the previous reporting period are expected to continue receiving services in the succeeding reporting period. In a case where a ‘continuing’ client from the previous reporting period did not receive any service during the succeeding reporting period, this person is excluded from the BCI file for the succeeding reporting period. Instead, a supplemental file is created by the State that lists the unique Client ID of all ‘continuing’ clients from the previous reporting period with no service during the succeeding reporting period.

The clients reported in the SHR data file are a subset of the population reported in the BCI data file, i.e. all clients reported in the SHR data file are reported in the BCI. The SHR data file allows multiple records per client corresponding to the client’s total number of discharge events during the reporting period. Discharge events that constitute transfers within the same facility or temporary transfers outside the hospital for acute medical treatment should be excluded from reporting. In addition, the SHR data file reports whether a readmission to the state hospital occurred following each reported discharge event.

The SHR data file is submitted at a later date than the BCI data file. There are two reasons for this delayed submission of the SHR data file. First, it allows the reporting period to remain consistent in both data files. Second, it allows the States to report the 180-day readmission data using a complete 6-month observation period following the end of the reporting period.

Three-Step Process

There are three steps in the submission of the data files (refer to Figure 5)

Step 1: Development of State Data Crosswalk: using a prescribed template, States are to develop and submit, for review, a crosswalk showing the mapping of the SMHA data elements, codes, and categories with the DIG mental health client-level data elements, codes, and categories. If necessary, the States with independent child and adult mental health information systems may submit separate crosswalks. To the extent possible, however, one integrated State Data Crosswalk should be submitted. This document also captures the contextual explanation on the SMHA data characteristics, deviations, recent data changes and anticipated changes in policy and data collection protocol that will affect future data reporting.

Step 2: Submission of test files: approval of the State Data Crosswalk indicates that data extraction can begin. Test files, comprised of no more than 500 records for the BCI or at least 10% of total discharge episodes for the SHR, are generated and submitted to NRI using the prescribed record layout and coding convention. Test files for both the BCI and SHR containing all data elements have to be submitted.

The primary objective for this procedure is to ensure prompt processing of the complete data files by identifying and resolving any potential issues prior to the submission of the complete data files. This is accomplished through checking the conformity of State files with prescribed record format, use of coding conventions, data quality control and verification of State and NRI interface.

Review of test results and file correction: a Test File Data Edit Report is generated showing results of the test. SMHAs are advised to carefully review the report and correct all errors cited in the report. Depending on the types of errors and percentage of records with errors, a revised test file may be requested for resubmission. Under this circumstance, NRI will generate a file that contains all records with errors. This file is being provided only as an alternate reference for States to easily identify records with errors. Note that States have to resubmit the entire test file with corrected records (not the corrected records only).

Step 3: Submission of complete client-level data files: data extraction and submission of the complete client-level data sets may begin upon advisement of the acceptability of the test files. The two data sets are submitted as separate files, each with a different due date, but should be linkable by the unique client ID.

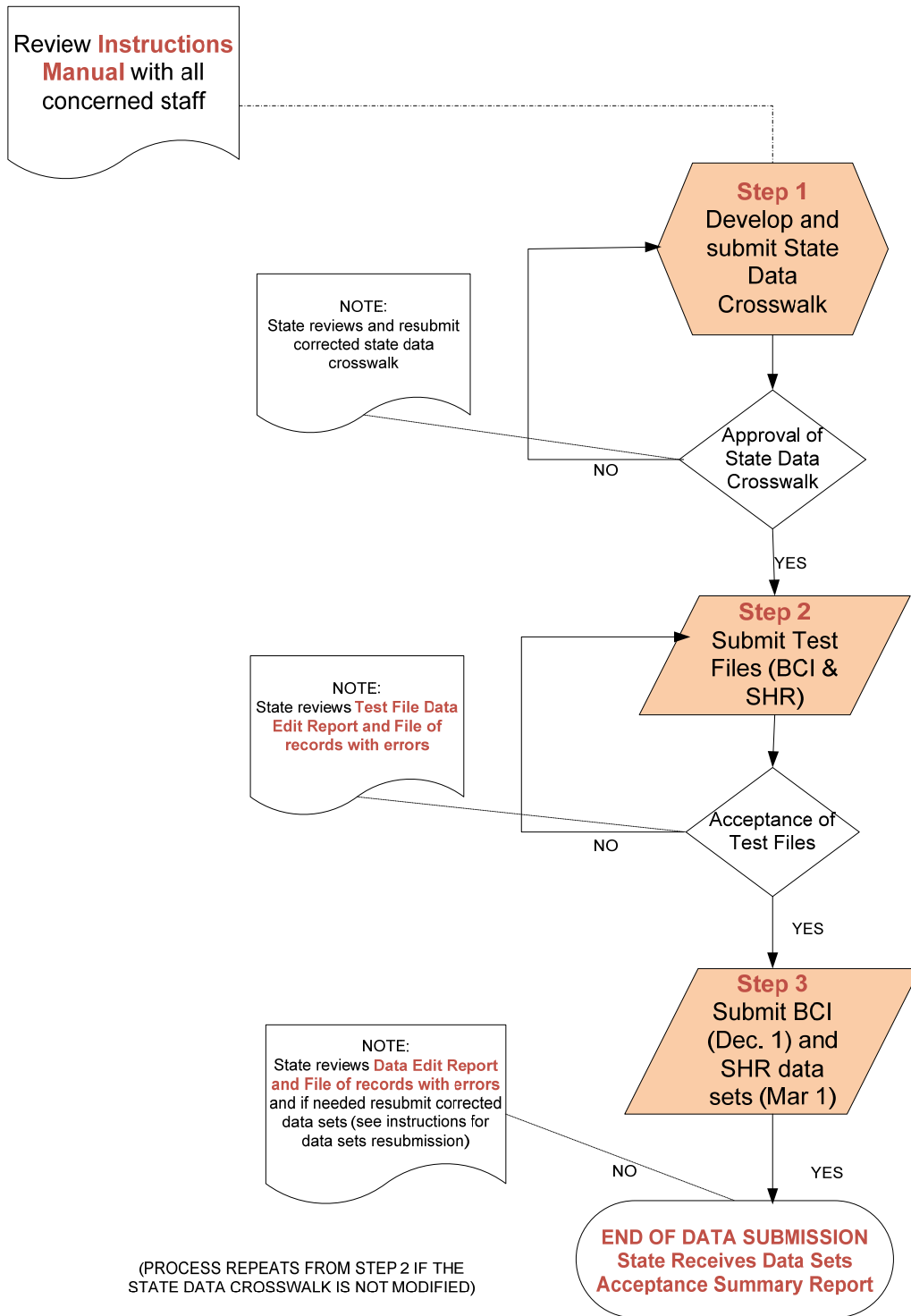
Review of data files: a Data Edit Report is generated after the complete data files have been reviewed against required data edits (field and relational). The report will specify whether the data files are rejected and thereby states have to perform corrective action, or the data files passed all edits and have been accepted. For every file submission, a corresponding Data Edit Report is generated.

In addition to the Data Edit Report, NRI will generate a file that contains all records with errors. This file is being provided only as an alternate reference for State use when correcting the State data file. Note that once corrections are made, the entire State data file must be resubmitted, not only the corrected records.

Issuance of Acceptance Report: a Data Set Acceptance Summary Report is generated upon acceptance of the data files. This report contains a summary and descriptive statistics of the

accepted data files. After the first year of file submission, the Data Set Acceptance Summary Report will show a comparison of the current and the previous year's file profile.

Figure 5: Three-Step Process in the Submission of Client-Level Data Sets



Compliance with HIPAA Privacy and Confidentiality Rules

One of the important features of the mental health client-level data reporting is its use of non-protected health information. No personal identifying information, as defined under the HIPAA rule for Protected Health Information (PHI), is reported in the data files. The succeeding paragraphs give an illustration of how data should be reported to avoid misuse and protect the anonymity of mental health clients.

The client level data files use a unique client ID for reporting the required and optional information on a particular person within and across reporting periods. This ID allows for matching of the BCI data file and the SHR data file on the same as well as succeeding reporting periods. While the client ID is unique to each person, the ID cannot be translated to identify the individual because it does not contain any protected health information such as Social Security number, birth date, and other demographics. In addition, this ID cannot be used by any party except the SMHA to re-identify the client because the re-identification mechanism developed by the State is treated as confidential information that is not submitted to CMHS or NRI. Moreover, data files are encrypted when submitted to NRI.

In addition to the non-PHI client ID, all other data elements identified as PHI in the HIPAA rule of confidentiality are converted into non-PHI. States use the non-PHI format in data submission.

The following are few examples of PHI translation into non-PHI:

- Dates such as birth dates, admission dates, discharge dates, etc.

<u>PHI</u>					<u>Non-PHI</u>
Date of birth	→	→	→	→	Age
SH admission and discharge dates	→	→			Number of elapsed days from date of discharge to date of readmission
- Older population

<u>PHI</u>				<u>Non-PHI</u>
Any person 85 years and older	→	→		Age to be labeled as 85
- Client ID

<u>PHI</u>				<u>Non-PHI</u>
Combination of social security number, birth date, and gender	→	→	→	computer generated, randomly assigned number

DATA DICTIONARY: BASIC CLIENT INFORMATION (BCI) DATA SET

Scope of Data Set

The Basic Client Information (BCI) data set has two components: the Header record and the Client record. Both are discussed in this section.

The BCI data set contains both required and optional data elements on client's demographic, clinical attributes, and outcomes. It is considered as the master data file as it contains information on all children and adults receiving mental health services that are provided under the auspices of the SMHA during the reporting period. Clients who received services from SMHA-funded or SMHA-operated community programs, state hospitals, and/or other psychiatric inpatient facilities are reported in this file.

This is an unduplicated data file, which means each record corresponds to one person who is assigned a unique client identifier. For example, a client who received outpatient services from community-based programs and for a short duration of time also received inpatient services from the state hospital is reported only once in this data set. States that currently cannot unduplicate clients between child and adult mental health systems, across providers, and across treatment settings (community-based, state hospital, and other inpatient facilities) are encouraged to build this capacity prior to reporting any client-level data. If duplication exists, it should be minimal and the State has to report in the State Data Crosswalk such duplication problem, the extent of the problem (if feasible, quantify the extent of the duplication), and explain how the State is building its capacity to address this reporting issue. The State has to clearly specify where duplication exists (e.g. duplication may exist between community-based and state hospital clients or clients transitioning from children mental health system to adult mental health system or the State does not have the capacity to unduplicate all clients served).

The data elements reported for each client record contained in this data file are enumerated below. The reporting of a few data elements is deferred until an operational definition is developed and finalized (expected by 2012 reporting).

- Client ID
- Race
- Gender
- Ethnicity
- Age
- Client Status at Start of Reporting Period
- Client Status at End of Reporting Period
- SMI/SED status
- Mental Health Diagnosis – One
- Mental Health Diagnosis – Two
- Mental Health Diagnosis – Three
- Substance Abuse Diagnosis
- Substance Abuse Problem
- One-time Service Event Flag
- Service Setting Status throughout the Reporting Period
- Employment
 - Employment Status at Admission/Recent Available at the Start of the Reporting Period

- Employment Status at Discharge/Recent Available at the End of the Reporting Period
- Residential Status
 - Residential Status at Admission/Recent Available at the Start of the Reporting Period
 - Residential Status at Discharge/Recent Available at the End of the Reporting Period
- Criminal Justice Involvement (deferred reporting)
- Education (deferred reporting)
- Status Update Flag
 - Status Update Flag – Employment
 - Status Update Flag- Residential Status

Two data elements are optional reporting. This means that if these data elements are currently collected or as data becomes available, States are encouraged to report them.

- Global Assessment Functioning or Children Global Assessment Scale (DSM Axis V)
- Marital Status

Additional data elements are pending CMHS review for future reporting consideration.

- Military Status
- Health Insurance/Primary Source of Payment
- Health Intensity/Length of Time in Service

Supplemental file: After the first year of reporting, a supplemental file may have to be created. This file is submitted with succeeding reporting period's BCI file. In the supplemental file, the unique Client ID of all clients with an end client status of 'continuing' during the previous reporting period who did not receive any mental health services during the succeeding reporting period are listed. These clients **should not** be included in the BCI file for the succeeding reporting year during which they did not receive any mental health services.

File Header

At the beginning of the BCI data file, a header record containing system level data elements identifies the overall information of the State BCI data file.

The header record includes eight data elements, which are, Record Type, Reporting State Code, File Type, Beginning Report Period, Ending Report Period, Client Record Count, Optional Data Elements Report Flag, and Diagnostic Code Identifier. Only one header record is reported per data file.

The succeeding pages describe the composition of the file header.

VARIABLE NAME: **RECORD TYPE**
DESCRIPTION: Identifies the type of record reported.

VALID ENTRIES:

H HEADER RECORD
C CLIENT RECORD

FIELD NUMBER: H-01
FIELD LENGTH: 1
FIELD TYPE: Character
FORMAT: C
CREATED DATE: 3/29/2011
LAST REVISION DATE:

VARIABLE NAME: **FILE TYPE**
DESCRIPTION: Identifies the type of data file.

VALID ENTRIES:

P	PRODUCTION – used for production (complete State data file) submission
T	TEST – used for test file submission

FIELD NUMBER: H-03
FIELD LENGTH: 1
FIELD TYPE: Character
FORMAT: C
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **START OF THE REPORT PERIOD**

DESCRIPTION: Identifies the start year and month of the reporting period for the submitted file.

VALID ENTRIES:

4-DIGIT YEAR FOLLOWED BY THE 2-DIGIT MONTH. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.

FIELD NUMBER: H-04

FIELD LENGTH: 6

FIELD TYPE: Numeric

FORMAT: YYYYMM

CREATED DATE: 3/29/2011

LAST REVISION:

VARIABLE NAME: **END OF THE REPORT PERIOD**

DESCRIPTION: Identifies the end year and month of the reporting period for the submitted file.

VALID ENTRIES:

4-DIGIT YEAR FOLLOWED BY THE 2-DIGIT MONTH. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.

FIELD NUMBER: H-05

FIELD LENGTH: 6

FIELD TYPE: Numeric

FORMAT: YYYYMM

CREATED DATE: 3/29/2011

LAST REVISION DATE:

VARIABLE NAME: **CLIENT RECORD COUNT**

DESCRIPTION: Identifies the total number of client records in the submitted file.

VALID ENTRIES:

UP TO 8 DIGITS

FIELD NUMBER: H-06

FIELD LENGTH: 8

FIELD TYPE: Numeric

FORMAT: #####

CREATED DATE: 3/20/2011

LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **OPTIONAL DATA ELEMENTS REPORT FLAG**

DESCRIPTION: Specifies whether the State reported an optional data element or not.

VALID ENTRIES:

- 1 YES** – State is reporting some or all of the optional data elements
- 2 NO** – State is not reporting any of the optional data elements

FIELD NUMBER: H-07

FIELD LENGTH: 1

FIELD TYPE: Numeric

FORMAT: #

CREATED DATE: 3/29/2011

LAST REVISION DATE:

VARIABLE NAME: **DIAGNOSTIC CODE IDENTIFIER**

DESCRIPTION: Specifies which disease standard classification the State is using to report the client's diagnosis.

VALID ENTRIES:

- 1 DSM-IV**
- 2 ICD-9**
- 3 ICD-10**

GUIDELINES: Use one disease standard classification consistently during the reporting period.
States that use both DSM and ICD codes should choose only one disease standard classification in reporting diagnosis in the BCI data file. Whenever necessary, the State has to perform code conversion to ensure consistent reporting of codes under one disease standard classification.

FIELD NUMBER: H-08
FIELD LENGTH: 1
FIELD TYPE: Numeric
FORMAT: #
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

Client Record

The succeeding pages provide the coding convention and reporting guidelines for each data element reported in the Basic Client Information Data Set.

VARIABLE NAME: **CLIENT IDENTIFIER**
DESCRIPTION: A non-PHI identifier (ID) that is assigned to a person served by the SMHA.

VALID ENTRIES:
AN IDENTIFIER USING 1 TO 15 ALPHANUMERIC CHARACTERS

GUIDELINES: States may use an existing state unique client ID (which applies to Medicaid ID) provided it does not contain any personal identifying information listed as HIPAA protected health information such as Social Security number, birth date, etc. This ID cannot be reassigned to a different person at any time. Consistent use of the ID in both the BCI and SHR data sets is important. The same client ID should be used whenever information of the same person is reported in succeeding reporting periods.

State use of existing state unique client ID containing protected health information, including demographic information collected from a person, is not allowed. Under this circumstance, a unique client ID for the specific use of the DIG client-level data reporting has to be constructed using a method elected by the state. An example of a non-PHI unique client ID is using a computer-generated random number.

A unique client ID should not contain information about the person and it should not be capable of being translated to identify the individual. State maintains a mechanism for re-identification such as a document that crosswalk the constructed DIG unique client ID to the State ID of the person. The purpose of re-identification is to ensure the consistent use of the ID for future reporting of information for the same person. The mechanism for re-identification is treated as confidential information and kept in a secured place in the State. It is not to be disclosed to either CMHS or NRI at any time.

If the State's unique ID is less than 15 characters, fill gap with blank spaces.

FIELD NUMBER: C-01
FIELD LENGTH: 15
FIELD TYPE: Alphanumeric
FORMAT: XXXXXXXXXXXXXXXX
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **CLIENT TREATMENT STATUS AT THE START OF THE REPORTING PERIOD**

DESCRIPTION: Indicates whether the client is already in the SMHA caseload at the start of the reporting period ('continuing') or a new admission. This status is essential in conducting subgroup analysis. Since admissions and discharges are generally accepted time intervals that signify the start and end of a clinical event, they are therefore selected as markers for outcome determination.

VALID ENTRIES:

- 1 NEW CLIENT** – new admission during the reporting period. Admission happened on the first day of the reporting period or thereafter
- 2 CONTINUING CLIENT** – a person in the SMHA caseload (i.e. has not been discharged) at the start of the reporting period. Admission date should have occurred at least a day prior to the start of the reporting period.

GUIDELINES: This is a translated field. Use a client's admission date or in its absence, the service date, to code the client status as new or continuing.

If the SMHA does not record admissions and discharges at the State level, use the admission and discharge data from service providers. Looking at the admission dates across providers from whom the individual received services in chronological order with the earliest date first, code 'new client' if the earliest admission date falls at the start of the reporting period or thereafter. Code 'continuing client' if the client has an admission date prior to the start of the reporting period and no discharge event has been reported between the admission date and the start of the reporting period.

A client who was discharged a day prior to the start of the reporting period and admitted the next day (which is the start of the reporting period) should be considered as 'new client'.

NOTE FOR STATES USING CLAIMS OR ENCOUNTER DATA THAT DO NOT HAVE EXISTING ADMISSIONS AND DISCHARGE RULES: These States have to develop an operational definition to code client status at the start of the reporting period. The intent is not to require States to administratively close cases but only to establish the same frame of reference consistent with the concept of admissions and discharges explained in the preceding paragraphs. The operational definition established by the State has to be described in the contextual section of the State Data Crosswalk.

In order to code a client status at the start of the reporting period, the State should establish an operational definition for a time marker (XX days) from the client's last date of service prior to the start of the reporting period. This is essential in setting a criterion on when to apply a proxy discharge date. The State should always use the last client contact (last date of service) as the proxy discharge date.

This marker may be formulated using different approaches, among which are the following:

1. Use an analysis of the distribution of clients by the interval between service dates. Adopt the interval with the highest cumulative percentage of clients.
2. Use the established State practice/policy on periodic clinical review or assessment of clients.

3. Discuss with State program administrators or area experts a reasonable time interval that the State should use for operational definition.
4. Use the State practice/policy on medication management, i.e. for how long does a person stay on medication management without receiving any other service including an office visit? This length of time can be used as the interval between services. However, a caveat should be observed when using this interval. A factor the State should consider with this element is the percentage of clients who are simply on medication management and not receiving any other services. If the percentage is small, this may not be a reasonable time interval to use as it does not represent the majority of the SMHA clients.

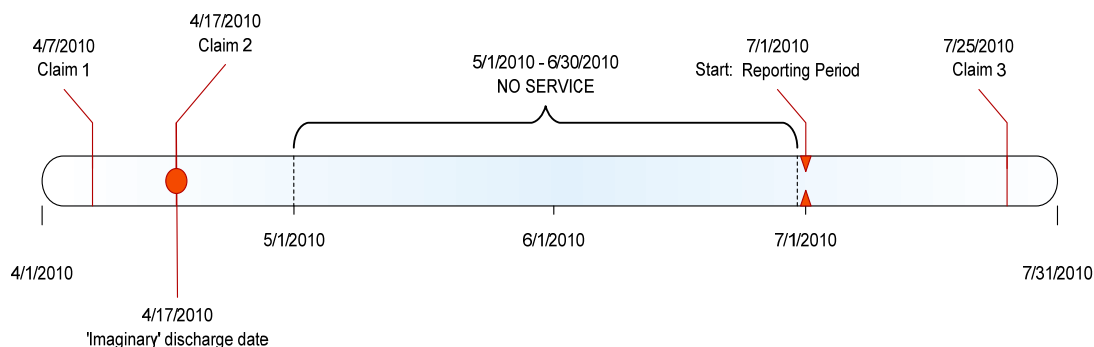
For example, the State chose a marker of 60 days. The State should use the last contact date (i.e. last service date) as the proxy discharge date and not the last day of service plus 60 days.

Once the State has established the marker (XX days) and the proxy discharge date, the next step is to apply the following coding guidelines:

- If the discharge date falls XX days or over prior to the start of the reporting period, and if the client has:
 - Succeeding service dates during the reporting period, the client status is 'new client'
 - No service date that falls within the reporting period, the client is not reported in the data file
- If the last service date prior to the start of the reporting period is less than XX days, and if the client has:
 - Succeeding service date during the reporting period, the client status is 'continuing'
 - No service that falls within the reporting period, the client is not reported

See the figure 6 below using a marker of 60 days.

Figure 6: Determining Client Treatment Status At the Beginning of Reporting Period Using Claims/Encounter Data - Example



Using a 60 day marker: the client is presumed discharged on 4/17/2010 (proxy discharge date). Since the client received another service on 7/25/2010, which falls within the reporting period starting 7/1/2010, the client is reported with a start status of 'New Client'

FIELD NUMBER: C-02

FIELD LENGTH: 1
FIELD TYPE: Numeric
FORMAT: #
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME **CLIENT TREATMENT STATUS AT THE END OF THE REPORTING PERIOD**
DESCRIPTION Indicates client status at the end of the reporting period.

VALID ENTRIES

- 01 CONTINUING CLIENT** (remains in the SMHA caseload at the of the reporting period)
- 12 DISCHARGED WITH TREATMENT COMPLETED**
- 22 DISCHARGED DUE TO LOST CONTACT/ADMINISTRATIVE DISCHARGE**
- 32 DISCHARGED TO CORRECTIONS, JAIL**
- 42 DISCHARGED DUE TO DEATH OF CLIENT**
- 52 AGED OUT**
- 62 DISCHARGED DUE TO OTHER SPECIFIED REASONS**
- 72 DISCHARGED, REASON UNKNOWN**
- 82 DISCHARGED, REASON NOT COLLECTED**

GUIDELINES: This is a translated field. Use a client’s discharge date to code the client status as discharged or continuing.

There is no unknown or not collected client status. Note that codes 72 and 82 carry a discharge status for the client but signify the discharge reason is either unknown or not collected, respectively.

A client has a ‘continuing’ status if the person has not yet been discharged or disenrolled from the SMHA at the end of the reporting period.

States that do not have admission and discharge data at the state level (i.e. admission and discharge events are reported by service provider) use ‘Continuing’ if the person has an admission in (at least) one service provider with no discharge date at the end of the reporting period.

A client who received a service during the reporting period and died during the reporting period should be included in the file, with the appropriate demographic, clinical information, and most recent available employment and residential statuses prior to the client’s death. Use code 42 as the client’s status at the end of the reporting period.

Use code 22 for administrative discharges. When this code is used, explain in the State Data Crosswalk the state administrative discharge policy.

Use code 52 for children who are no longer eligible to receive services from the children mental health system because they have reached the age limit (typically upon reaching 18 years of age or up to 22 years old) and cannot be tracked as enrolled in the adult mental health system.

Use code 62 for a discharged client with discharge reason not in the provided selection above.

Use code 72 for a discharged client whose record does not reflect an acceptable value (assuming the state collects discharge reasons), unless exempt from reporting (use code 82).

Use code 82 for all discharged clients if the state does not collect the reason for discharge or per state policy, this data element is not collected for a certain

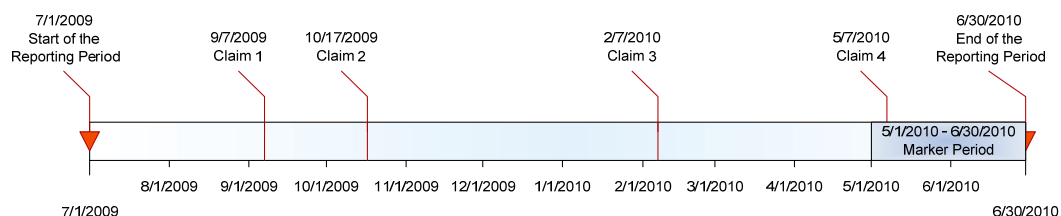
population. Use code 82 (not code 72) if the particular record belongs to the population exempt in the state policy from reporting this data element.

Explain in the State Data Crosswalk the state operational definition of admission and discharge.

For States using claims/encounter data, the same process established for coding clients at the start of the reporting period should be used for coding clients at the end of the reporting period. The same time marker (XX days) is used.

For example, if the established time marker is 60 days, code the client 'continuing' at the end of the reporting period if the last service date is within 60 days prior to the end of the reporting period. The client is discharged (use Code 22 only except in case of death), if the proxy discharge (i.e. last service) date is \geq 60 days prior to the end of the reporting period. This is illustrated in the figure 7 below.

Figure 7: Determining Client Treatment Status At the End of Reporting Period Using Claims/Encounter Data - Example



Using a 60-day marker: If the last service is Claim 4: Client is 'continuing' at the end of the reporting period
If the last service is Claim 3: Client is 'discharged' at the end of the reporting period

FIELD NUMBER: C-03
FIELD LENGTH: 2
FIELD TYPE: Numeric
FORMAT: ##
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME **GENDER**
DESCRIPTION Identifies the client’s most recent reported sex at the end of the reporting period.

VALID ENTRIES

1	MALE
2	FEMALE
7	UNKNOWN
8	NOT COLLECTED

GUIDELINES: States that collect transgender as an option have to report the data as follows:
Transgender man (female sex at birth but identifies as male) - code as Male
Transgender woman (male sex at birth but identifies as female) - code as Female
If the gender of a client changes during the reporting period, report the most recent available information.
Use code 7 (Unknown) if the State collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 8).
Use code 8 (Not Collected) if the State does not collect these data or per State policy, this data element is not collected for a certain population. Use code 8 (not code 7) if the particular record belongs to the population exempt in the State policy from reporting this data element.

FIELD NUMBER: C-04
FIELD LENGTH: 1
FIELD TYPE: Numeric
FORMAT: #
CREATED DATE: 3/29/2011
LAST REVISION DATE:

VARIABLE NAME **AGE**
DESCRIPTION Calculated from the client's date of birth at midpoint of the State's elected reporting period.

VALID ENTRIES

ANY NUMBER UP TO 85

97 UNKNOWN

98 NOT COLLECTED

GUIDELINES: Age is a calculated field. Use the client's date of birth (collected by the State) to calculate age.

Age is calculated at midpoint of the State's elected reporting period. Do not round up age. For example, if the calculated age is 13 and 8 months, report only 13. Use the specified date for calculation:

December 31 – if the 12-month reporting period starts July 1

February 28 – if the 12-month reporting period starts September 1

March 31 – if the 12-month reporting period starts October 1

June 30 – if the 12-month reporting period starts January 1

September 30 – if the 12-month reporting period starts April 1

If the reported date of birth of a client changes during the reporting period, use the most recent available information in calculating age.

Code all clients 85 years and older as 85.

Use code 97 (unknown) if the State collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).

Use code 98 (not collected) if the State does not collect these data or per State policy, this data element is not collected for a certain population. Use code 98 (not code 97) if the particular record belong to the population exempt in the State policy from reporting this data element.

FIELD NUMBER: C-05
FIELD LENGTH: 2
FIELD TYPE: Numeric
FORMAT: ##
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME**RACE****DESCRIPTION**

Specifies the client's most recent reported race at the end of the reporting period.

VALID ENTRIES:

02 AMERICAN INDIAN AND ALASKA NATIVE – origins in any of the original people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment.

03 ASIAN OR PACIFIC ISLANDER (TEMPORARY CODE) – origins in any of the original people of the Far East, the Indian Subcontinent, Southeast Asia or the Pacific Islands,

13 ASIAN – origins in any of the following people of the Far East, the Indian Subcontinent, or Southeast Asia, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, and Vietnam.

23 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER – origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

04 BLACK OR AFRICAN AMERICAN – origins in any of the Black racial groups of Africa.

05 WHITE – origins in any of the original people of Europe, North Africa or the Middle East.

20 SOME OTHER RACE ALONE – use this category for instances in which the client does not identify with any category above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories (do not use this category for clients indicating multiple or mixed races).

21 TWO OR MORE RACES – use this code when the State data system allows multiple race selection and more than one race is indicated (see guidelines).

22 HISPANIC (TEMPORARY CODE) – use this category when the State collects Hispanic as a race.

97 UNKNOWN

98 NOT COLLECTED

GUIDELINES:

Temporary codes 03 and 22 are provided for use by the States that have not fully adopted the OMB guidelines in collecting race information. All concerned States are expected to build capacity to use the prescribed categories in future reporting.

If the State is not using the data collection method recommended by OMB (i.e. State is using different race categories, or is not using a self-identification method, or limits the number of race categories a person can select), explain the method used to collect the data (addressing areas where it deviated from the OMB guidelines).

States that can separate "Asian" and "Native Hawaiian or other Pacific Islander" should use codes 13 and 23, respectively. States that cannot make the separation should use the temporary code 03 and work towards building the capacity to use the prescribed categories. Once a State begins using code 13 and 23, code 03 should no longer be used by that State.

For States that collect "Other Race" or allow clients to specify a single race not provided in the selection categories, use code 20 (Some Other Race alone). Note

that this category should not be used if the client is indicating multiple or mixed race.

For States that collect “Hispanic” as a race, use the temporary code 22 (Hispanic) and work towards building the capacity to use the prescribed categories.

In cases where the method of collecting race information differs between community programs and state hospital, or where the race reported differs between data systems, State should resolve the issue in accordance to the State business rule in resolving data quality issues.

States may use the following guidelines in the absence of a State business rule or to supplement an existing one:

1. Use the most recent race reported if variation in a person’s race was reported by the same provider across time
2. Use the most frequently reported race if variation in a person’s race was reported by different providers across time

Use code 97 (Unknown) if the State collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).

Use code 98 (Not Collected) if the State does not collect these data or per State policy this data element is not collected for a certain population. Use code 98 (not code 97) if the particular record belongs to the population exempt in the State policy from reporting this data element.

Rule for reporting multiple races: States are advised to follow the OMB Guidelines for collecting racial and ethnic information. When a client selects two or more race categories, use code 21 (two or more races).

Do not combine the race and ethnicity (e.g., Hispanic origin) information provided by the client to classify the person as ‘multiple race’. Code 21 cannot be used in this situation.

For further reading on the implementation of the OMB Guidelines regarding the reporting of race, please see the latest publication by the National Academy of Sciences, http://www.nap.edu/catalog.php?record_id=12696.

FIELD NUMBER: C-06
FIELD LENGTH: 2
FIELD TYPE: Numeric
FORMAT: ##
CREATED DATE: 3/29/2011
LAST REVISION DATE 7/26/2011

VARIABLE NAME: **ETHNICITY**

DESCRIPTION: Identifies whether or not the client is of Hispanic or Latino origin. Report most recent available information for ethnicity at the end of the reporting period.

VALID ENTRIES:

- 01 HISPANIC ORIGIN regardless of race**
- 11 PUERTO RICAN (OPTIONAL)** – of Puerto Rican origin regardless of race.
- 12 MEXICAN (OPTIONAL)** – of Mexican origin regardless of race.
- 13 CUBAN (OPTIONAL)** – of Cuban origin regardless of race.
- 14 OTHER SPECIFIC HISPANIC (OPTIONAL)** – of known Central or South American or any other Spanish cultural origin (including Spain), other than Puerto Rican, Mexican or Cuban, regardless of race.
- 02 NOT OF HISPANIC ORIGIN**
- 97 UNKNOWN**
- 98 NOT COLLECTED**

GUIDELINES:

If the 2-question format for race/ethnicity data collection method is not used by the State, explain in the State data crosswalk the method used in collecting information on ethnicity.

If the State collects Hispanic as a racial category and the State does not use a separate question for ethnicity, use code 98 (not collected). Do not translate the Hispanic race to report ethnicity.

Codes 11, 12, 13, and 14 are optional reporting. If available, States are encouraged to report using appropriate codes.

If the ethnicity of a client changes during the reporting period, report the most recent available information.

Use code 97 (Unknown) if the State collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).

Use code 98 (Not Collected) if the State does not collect these data or per State policy, this data element is not collected for a certain population. Use code 98 (not code 97) if the particular record belongs to the population exempt in the State policy from reporting this data element.

For further reading on the implementation of the OMB Guidelines regarding the reporting of ethnicity, please see the latest publication by the National Academy of Sciences, http://www.nap.edu/catalog.php?record_id=12696.

FIELD NUMBER: C-07
FIELD LENGTH: 2
FIELD TYPE: Numeric
FORMAT: ##
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **SMI/SED STATUS**

DESCRIPTION: Indicates whether the client has serious mental illness (SMI) or serious emotional disturbance (SED) using the State definition. Use the most recent available status at the end of the reporting period.

VALID ENTRIES:

- 1 SMI**
- 2 SED**
- 3 AT RISK FOR SED (OPTIONAL)**
- 4 NOT SMI OR SED**
- 7 UNKNOWN**
- 8 NOT COLLECTED**

GUIDELINES: State definition of SMI and SED should be reported in the contextual section of the State Data Crosswalk. Specify if the State provides mental health services only to persons with seriously persistent mental illness (SPMI), serious mental illness (SMI), any person with mental illness, all or any combination. Similarly, specify if the State provides mental health services to children with SED only, children with emotional disturbance, or both.

Code 3 is optional reporting. If available, States are encouraged to report the most recent SED status of the client. If code 3 is used, cite the State operational definition of 'At risk for SED' in the State Data Crosswalk.

Use code 4 (Not SMI or SED) if the client has not been found eligible for SMI or SED services.

Use code 7 (Unknown) for client undergoing evaluation for SMI or SED eligibility pending any decision.

Use code 7 (Unknown) if the State collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 8).

Use code 8 (Not Collected) if the State does not collect these data or per State policy this data element is not collected for a certain population. Use code 8 (not code 7) if the particular record belongs to the population exempt in the State policy from reporting this data element.

FIELD NUMBER: C-08

FIELD LENGTH: 1

FIELD TYPE: Numeric

FORMAT: #

CREATED DATE: 3/29/2011

LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **COMPETITIVE EMPLOYMENT STATUS (AGED 16+) – AT ADMISSION OR START OF THE REPORTING PERIOD**

DESCRIPTION: Specifies the client's employment status at admission (for new clients) or the most recent available employment status at the start of the reporting period (for continuing clients). This data element is reported for all clients (16 years old and over) who are in non-institutional setting. Institutional settings include correctional facilities like prison, jail, detention centers, mental health care facilities like state hospitals, other psychiatric inpatient facilities, nursing homes, or other institutions that keep a person, otherwise able, from entering the labor force.

VALID ENTRIES:

- 01 FULL TIME** – use State definition for full time employment
- 02 PART TIME** – use State definition for part time
- 03 UNEMPLOYED** – defined as actively looking for work or laid off from job (and awaiting to be recalled) in the past 30 days
- 05 EMPLOYED – FULL TIME/PART TIME NOT DIFFERENTIATED (TEMPORARY CODE)**

Use the appropriate valid code for the specified classification of a person who is 'Not in the Labor Force,' defined as not employed or not looking for work during the past 30 days

The following codes apply to all clients 16 years old and over with a single status.

See guidelines for coding overlapping status.

- 14 HOMEMAKER**
- 24 STUDENT**
- 34 RETIRED**
- 44 DISABLED**
- 54 HOSPITAL PATIENT OR RESIDENT OF OTHER INSTITUTIONS (e.g., correctional facilities, nursing homes, mental health care facilities, etc.)**
- 64 OTHER REPORTED CLASSIFICATION (e.g. volunteers)**
- 74 SHELTERED/NON-COMPETITIVE EMPLOYMENT**
- 84 NOT IN THE LABOR FORCE, CLASSIFICATION NOT SPECIFIED (TEMPORARY CODE)**
- 96 YOUNGER THAN 16 YEARS OLD – EXCLUDED FROM DOL'S DEFINITION OF WORKING AGE POPULATION**
- 97 UNKNOWN**
- 98 NOT COLLECTED**

GUIDELINES: SMHAs collecting employment status of clients who are 16 and 17 years old can report this information. This reporting protocol is consistent with the US Department of Labor's (DOL) minimum age for non-farm employment without limit on the number of hours worked.

If the employment status of clients who are 16 and 17 years old is not collected by the SMHAs, use code 98 (Not Collected) and report this information together with the State operational definition of employed full time/part time in the contextual

section of the state data crosswalk. Include the SMHA's definitions for unemployed and not in the labor force if different from the definition provided in this Manual.

State definitions are expected to be consistent to the general concept used by the US Department of Labor, as follows:

- People with jobs are *employed*
- People who are jobless, looking for jobs, and available for work are *unemployed*
- People who are neither employed nor unemployed are *not in the labor force*
- Persons not in the labor force combined with those in the civilian labor force (employed and unemployed) constitute the civilian non-institutional population 16 years and over. There is no upper age limit.

Also, if the SMHA reports the employment status of clients on active duty with the armed forces, specify this in the contextual report. The US Department of Labor employment statistics exclude people on active duty with the armed forces.

For more information on how the US Department of Labor collects and reports labor force statistics, see http://www.bls.gov/cps/cps_htgm.htm.

Employment of children under 16 years old may not be reported. Use code 96 for clients under 16 years old, regardless of whether the SMHA collects the employment information or not.

Temporary codes 05 and 84 are provided for use by the States that do not currently collect the type of Employment Status (full-time/part-time) and detailed classifications of Not in the Labor Force. All concerned States are expected to build capacity to use the prescribed categories in future reporting.

Use code 64 (Other Reported Classification) for other classifications of Not in the Labor Force that are collected by the State but not provided as a category in the BCI.

When clients are engaged in two or more activities (have overlapping status) during the period when their status is collected by the SMHA, use DOL's system of priorities to determine the appropriate employment status. The prioritization rule is, labor force activities (such as working or looking for work) take precedence over non-labor force activities (such as student and homemaker); and working or having a job takes precedence over looking for work.

Examples (source: http://www.bls.gov/cps/cps_htgm.htm)

James Kelly and Elyse Martin attend Jefferson High School. James works after school at the North Star Cafe and Elyse is seeking a part-time job at the same establishment (also after school). James' job takes precedence over his non-labor force activity of going to school, as does Elyse's search for work; therefore, James is counted as employed and Elyse is counted as unemployed.

Last week, Mary Davis, who was working for Stuart Comics, went to the Coastal Video Shop on her lunch hour to be interviewed for a higher paying job. Mary's interview constitutes looking for work, but her work takes priority, and she is counted as employed.

John Walker has a job at the Nuts and Bolts Company, but he didn't go to work last week because of a strike at the plant. Last Thursday, he went to the Screw and Washer Factory to see about a temporary job until the strike terminates. John was "with a job but not at work" due to an industrial dispute, which takes priority over looking for work; therefore, he is counted as employed.

Use code 01, 02, or 05 if the client is employed and a student; or employed and retired.

Use code 03 if the client is a student and actively searching for work (includes sending out resumes, visiting unemployment centers, interviewing, etc.)

Use code 54 for clients in jail, prison, or receiving services from inpatient setting. Clients who received services from community-based setting and were in an inpatient setting at the time of scheduled data update or in an inpatient setting throughout the reporting period should use code 54 instead of code 97. Employment status of clients in institutions under the justice system is not reportable. To remain consistent with the US DOL, only employment status of persons who are non-institutionalized should be reported.

Use code 96 for all clients younger than 16 years old. They are excluded in the reporting of competitive employment status as they are outside the US Department of Labor's definition of working age population

Use code 97 (Unknown) if the state collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).

Use code 98 (Not Collected) if the state does not collect employment status data for 16 and 17 years old and/or per state policy this data element is not collected for certain population (e.g., non-priority population).

FIELD NUMBER: C-09
FIELD LENGTH: 2
FIELD TYPE: Numeric
FORMAT: ##
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **COMPETITIVE EMPLOYMENT STATUS (AGED 16+) – AT DISCHARGE OR END OF THE REPORTING PERIOD**

DESCRIPTION: Specifies the client's employment status at discharge (for discharged clients) or the most recent available employment status at the end of the reporting period (for continuing clients). This data element is reported for all clients (16 years old and over) who are in non-institutional setting. Institutional settings include correctional facilities like prison, jail, detention centers, mental health care facilities like state hospitals, other psychiatric inpatient facilities, nursing homes, or other institutions that keep a person, otherwise able, from entering the labor force.

VALID ENTRIES:

- 01 FULL TIME** – use State definition for full time employment
- 02 PART TIME** – use State definition for part time
- 03 UNEMPLOYED** – defined as actively looking for work or laid off from job (and awaiting to be recalled) in the past 30 days
- 05 EMPLOYED – FULL TIME/PART TIME NOT DIFFERENTIATED (TEMPORARY CODE)**

Use the appropriate valid code for the specified classification of a person who is 'Not in the Labor Force,' defined as not employed or not looking for work during the past 30 days

The following codes apply to all clients 16 years old and over with a single status.

See guidelines for coding overlapping status.

- 14 HOMEMAKER**
- 24 STUDENT**
- 34 RETIRED**
- 44 DISABLED**
- 54 HOSPITAL PATIENT OR RESIDENT OF OTHER INSTITUTIONS (e.g., correctional facilities, nursing homes, mental health care facilities, etc.)**
- 64 OTHER REPORTED CLASSIFICATION (e.g. volunteers)**
- 74 SHELTERED/NON-COMPETITIVE EMPLOYMENT**
- 84 NOT IN THE LABOR FORCE, CLASSIFICATION NOT SPECIFIED (TEMPORARY CODE)**
- 96 YOUNGER THAN 16 YEARS OLD – EXCLUDED FROM DOL'S DEFINITION OF WORKING AGE POPULATION**
- 97 UNKNOWN**
- 98 NOT COLLECTED**

GUIDELINES: SMHAs collecting employment status of clients who are 16 and 17 years old can report this information. This reporting protocol is consistent with the US Department of Labor's (DOL) minimum age for non-farm employment without limit on the number of hours worked.

If the employment status of clients who are 16 and 17 years old is not collected by the SMHAs, use code 98 (Not Collected) and report this information together with the State operational definition of employed full time/part time in the contextual

section of the state data crosswalk. Include the SMHA's definitions for unemployed and not in the labor force if different from the definition provided in this Manual.

State definitions are expected to be consistent to the general concept used by the US Department of Labor, as follows:

- People with jobs are *employed*
- People who are jobless, looking for jobs, and available for work are *unemployed*
- People who are neither employed nor unemployed are *not in the labor force*
- Persons not in the labor force combined with those in the civilian labor force (employed and unemployed) constitute the civilian non-institutional population 16 years and over. There is no upper age limit.

Also, if the SMHA reports the employment status of clients on active duty with the armed forces, specify this in the contextual report. The US Department of Labor employment statistics exclude people on active duty with the armed forces.

For more information on how the US Department of Labor collects and reports labor force statistics, see http://www.bls.gov/cps/cps_htgm.htm.

Employment of children under 16 years old may not be reported. Use code 96 for clients under 16 years old, regardless of whether the SMHA collects the employment information or not.

Temporary codes 05 and 84 are provided for use by the States that do not currently collect the type of Employment Status (full-time/part-time) and detailed classifications of Not in the Labor Force. All concerned States are expected to build capacity to use the prescribed categories in future reporting.

Use code 64 (Other Reported Classification) for other classifications of Not in the Labor Force that are collected by the State but not provided as a category in the BCI.

When clients are engaged in two or more activities (have overlapping status) during the period when their status is collected by the SMHA, use DOL's system of priorities to determine the appropriate employment status. The prioritization rule is, labor force activities (such as working or looking for work) take precedence over non-labor force activities (such as student and homemaker); and working or having a job takes precedence over looking for work.

Examples (source: http://www.bls.gov/cps/cps_htgm.htm)

James Kelly and Elyse Martin attend Jefferson High School. James works after school at the North Star Cafe and Elyse is seeking a part-time job at the same establishment (also after school). James' job takes precedence over his non-labor force activity of going to school, as does Elyse's search for work; therefore, James is counted as employed and Elyse is counted as unemployed.

Last week, Mary Davis, who was working for Stuart Comics, went to the Coastal Video Shop on her lunch hour to be interviewed for a higher paying job. Mary's interview constitutes looking for work, but her work takes priority, and she is counted as employed.

John Walker has a job at the Nuts and Bolts Company, but he didn't go to work last week because of a strike at the plant. Last Thursday, he went to the Screw and Washer Factory to see about a temporary job until the strike terminates. John was "with a job but not at work" due to an industrial dispute, which takes priority over looking for work; therefore, he is counted as employed.

Use code 01, 02, or 05 if the client is employed and a student; or employed and retired.

Use code 03 if the client is a student and actively searching for work (includes sending out resumes, visiting unemployment centers, interviewing, etc.)

Use code 54 for clients in jail, prison, or receiving services from inpatient setting. Clients who received services from community-based setting and were in an inpatient setting at the time of scheduled data update or in an inpatient setting throughout the reporting period should use code 54 instead of code 97. Employment status of clients in institutions under the justice system is not reportable. To remain consistent with the US DOL, only employment status of persons who are non-institutionalized should be reported.

Use code 96 for all clients younger than 16 years old. They are excluded in the reporting of competitive employment status as they are outside the US Department of Labor's definition of working age population

Use code 97 (Unknown) if the state collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).

Use code 98 (Not Collected) if the state does not collect employment status data for 16 and 17 years old and/or per state policy this data element is not collected for certain population (e.g., non-priority population).

FIELD NUMBER: C-10
FIELD LENGTH: 2
FIELD TYPE: Numeric
FORMAT: ##
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **COMPETITIVE EMPLOYMENT STATUS UPDATE FLAG**

DESCRIPTION: Specifies whether the employment status reported at discharge or end of the reporting period in (C-10) is an update of the status reported at time of admission or start of the reporting period in (C-9). An update means the employment status reported in C-10 came from the most recent report received from the provider regarding the client's employment status.

VALID ENTRIES:

- 0 DATA REPORTED IN C-10 IS NOT AN UPDATE FOR DATA REPORTED IN C-9**
- 1 DATA REPORTED IN C-10 IS AN UPDATE FOR DATA REPORTED IN C-9**
- 8 UPDATE STATUS UNKNOWN**

GUIDELINES: This is a translated field by comparing the dates of the data source. C-10 submission date is more recent than C-9. If available, States may use other data elements or procedures to determine whether the status reported in C-10 is an update of the status reported in C-9.

A necessary condition in the operational definition of an update is that the source for the status reported in C-10 bears a more recent date than the source for the status reported in C-9. In other words, report an update (code 1) if a recent provider report was used to report the last known employment status (C-10).

A status update does not always signify a change in a person's employment status. An update may show either one of the following:

1. A change in status from C-9 to C-10; or
2. No change in status from C-9 to C-10

The operational definition of No Update is when the status reported in C-9 is carried forward (copied) to C-10 or if the source material (e.g., provider report or data upload date) of the status reported for C-10 is the exact same source material with the same date used to report the status for C-9. In other words, there is no update (code 0) if the provider report used at the start of the reporting period was again used to report the status at the end of the reporting period.

States are requested to use best efforts to specify whether the status reported in C-10 is an update or not. An update does not necessarily represent a different status but it should signify as the most recent status reported to the SMHA. Although it is not required that States attest to the validity of the status update, it is strongly recommended that States take the initiative to verify that providers submit the client's most recent outcome status for a meaningful outcome measurement.

Code 8 (update status unknown) should only be used if the State cannot apply the operational definition of an 'update' as provided in this guideline.

Examples:

- If a State does not keep track of the dates when data are submitted by the providers or if State does not keep history in its database and shows only the most recent status (in which case C-9 and C-10 cannot be differentiated) then use code 8 (update status unknown).
- If a State's data update policy is every 6 months, a client who is admitted to the system 2 months before the end of the reporting period may not have

an update. In this case, use code 0 (no update); not code 8 (update status unknown).

If Codes 0 and/or 8 are used, explain the reason in the State Data Crosswalk.

Records with Codes 0 and 8 will automatically be excluded from any change measure analysis of the specific outcome.

FIELD NUMBER: C-11
FIELD LENGTH: 1
FIELD TYPE: Numeric
FORMAT: #
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **RESIDENTIAL STATUS – AT ADMISSION OR START OF THE REPORTING PERIOD**

DESCRIPTION: Specifies client's residential status at time of admission (new clients) or start of the reporting period (continuing clients).

VALID ENTRIES:

Use the following valid codes for adults:

- 01 HOMELESS** – person has no fixed address; includes homeless, shelters
- 02 FOSTER HOME** – defined as a home licensed by a county or State department to provide foster care to adults
- 03 RESIDENTIAL CARE** – individual resides in a residential care facility. This level of care may include a group home, therapeutic group home, board and care, residential treatment, or rehabilitation center, or agency-operated residential care facilities
- 04 CRISIS RESIDENCE** – a time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning
- 05 INSTITUTIONAL SETTING** – individual resides in an institutional care facility with care provided on a 24 hour, 7 days a week basis. This level of care may include skilled nursing/ intermediate care facility, nursing homes, institute of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, veterans' affairs hospital, or state hospital.
- 06 JAIL/CORRECTIONAL FACILITY** – individual resides in a jail and/or correctional facility with care provided on a 24 hour, 7 days a week basis. This level of care may include a jail, correctional facility, detention centers, and prison.

Use either of the following two codes for clients living in a Private Residence (defined as a house, apartment, or other similar dwellings) with known living arrangement:

- 17 PRIVATE RESIDENCE-INDEPENDENT LIVING** – this category describes clients living independently in a private residence and capable of self-care. It includes clients who live independently with case management support or with supported housing supports. This category also includes clients who are largely independent and choose to live with others for reasons not related to mental illness. They may live with friends, spouse, or other family members. The reasons for shared housing could include personal choice related to culture and/or financial considerations
 - 27 PRIVATE RESIDENCE-DEPENDENT LIVING** – clients living in a house, apartment, or other similar dwellings and are heavily dependent on others for assistance in living in this situation
 - 87 PRIVATE RESIDENCE, LIVING ARRANGEMENT NOT AVAILABLE**
- 08 OTHER RESIDENTIAL STATUS**
 - 97 UNKNOWN**
 - 98 NOT COLLECTED**

Use the following valid codes for children:

- 01 HOMELESS** – child has no fixed address; includes homeless, shelters
- 02 FOSTER HOME/FOSTER CARE** – a foster home is licensed by a county or State department to provide foster care to children and adolescents. This includes therapeutic foster care facilities. Therapeutic foster care is a service that provides treatment for troubled children within private homes of trained families
- 03 RESIDENTIAL CARE** – individual resides in a residential care facility. This level of care may include a group home, therapeutic group home, board and care, residential treatment, or rehabilitation center, or agency-operated residential care facilities
- 04 CRISIS RESIDENCE** – a time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning
- 05 INSTITUTIONAL SETTING** – individual resides in an institutional care facility with care provided on a 24 hour, 7 days a week basis. This level of care may include intermediate care facility, institutes of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, or state hospital
- 06 JAIL/CORRECTIONAL FACILITY** – individual resides in a jail and/or correctional facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a jail, correctional facility, detention centers, prisons, youth authority facility, juvenile hall, boot camp, or boys' ranch

Use the following code for children living in a Private Residence with known Living Arrangement:

- 37 WITH FAMILY/EXTENDED FAMILY OR NON-RELATIVE**
- 87 PRIVATE RESIDENCE LIVING ARRANGEMENT NOT AVAILABLE**
- 08 OTHER RESIDENTIAL STATUS**
- 97 UNKNOWN**
- 98 NOT COLLECTED**

GUIDELINES: Use code 87 if the State collects only private residence but not the type of living arrangement.

Residential status codes for children and adults are basically the same except for Private Residence with known Living Arrangement. Use appropriate codes.

Use code 97 (Unknown) if the State collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).

Use code 98 (Not Collected) if the State does not collect these data or per State policy, this data element is not collected for a certain population. Use code 98 (not code 97) if the particular record belongs to the population exempt in the State policy from reporting this data element.

FIELD NUMBER: C-12
FIELD LENGTH: 2
FIELD TYPE: Numeric

FORMAT: ##
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **RESIDENTIAL STATUS – AT DISCHARGE OR END OF REPORTING PERIOD**

DESCRIPTION: Specifies client's residential status at time of discharge or end of reporting period (continuing clients).

VALID ENTRIES:

Use the following valid codes for adults:

- 01 HOMELESS** – person has no fixed address; includes homeless, shelters
- 02 FOSTER HOME** – defined as a home licensed by a county or State department to provide foster care to adults
- 03 RESIDENTIAL CARE** – individual resides in a residential care facility. This level of care may include a group home, therapeutic group home, board and care, residential treatment, or rehabilitation center, or agency-operated residential care facilities
- 04 CRISIS RESIDENCE** – a time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning
- 05 INSTITUTIONAL SETTING** – individual resides in an institutional care facility with care provided on a 24 hour, 7 days a week basis. This level of care may include skilled nursing/ intermediate care facility, nursing homes, institute of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, veterans' affairs hospital, or state hospital.
- 06 JAIL/CORRECTIONAL FACILITY** – individual resides in a jail and/or correctional facility with care provided on a 24 hour, 7 days a week basis. This level of care may include a jail, correctional facility, detention centers, and prison.

Use either of the following two codes for clients living in a Private Residence (defined as a house, apartment, or other similar dwellings) with known living arrangement:

- 17 PRIVATE RESIDENCE-INDEPENDENT LIVING** – this category describes clients living independently in a private residence and capable of self-care. It includes clients who live independently with case management support or with supported housing supports. This category also includes clients who are largely independent and choose to live with others for reasons not related to mental illness. They may live with friends, spouse, or other family members. The reasons for shared housing could include personal choice related to culture and/or financial considerations
 - 27 PRIVATE RESIDENCE-DEPENDENT LIVING** – clients living in a house, apartment, or other similar dwellings and are heavily dependent on others for assistance in living in this situation
 - 87 PRIVATE RESIDENCE, LIVING ARRANGEMENT NOT AVAILABLE**
- 08 OTHER RESIDENTIAL STATUS**
 - 97 UNKNOWN**
 - 98 NOT COLLECTED**

Use the following valid codes for children:

- 01 HOMELESS** – child has no fixed address; includes homeless, shelters
- 02 FOSTER HOME/FOSTER CARE** – a foster home is licensed by a county or State department to provide foster care to children and adolescents. This includes therapeutic foster care facilities. Therapeutic foster care is a service that provides treatment for troubled children within private homes of trained families
- 03 RESIDENTIAL CARE** – individual resides in a residential care facility. This level of care may include a group home, therapeutic group home, board and care, residential treatment, or rehabilitation center, or agency-operated residential care facilities
- 04 CRISIS RESIDENCE** – a time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning
- 05 INSTITUTIONAL SETTING** – individual resides in an institutional care facility with care provided on a 24 hour, 7 days a week basis. This level of care may include intermediate care facility, institutes of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, or state hospital
- 06 JAIL/CORRECTIONAL FACILITY** – individual resides in a jail and/or correctional facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a jail, correctional facility, detention centers, prisons, youth authority facility, juvenile hall, boot camp, or boys' ranch

Use the following code for children living in a Private Residence with known Living Arrangement:

- 37 WITH FAMILY/EXTENDED FAMILY OR NON-RELATIVE**
- 87 PRIVATE RESIDENCE LIVING ARRANGEMENT NOT AVAILABLE**
- 08 OTHER RESIDENTIAL STATUS**
- 97 UNKNOWN**
- 98 NOT COLLECTED**

GUIDELINES: Use code 87 if the State collects only private residence but not the type of living arrangement.

Residential status codes for children and adults are basically the same except for Private Residence with known Living Arrangement. Use appropriate codes.

Use code 97 (Unknown) if the State collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).

Use code 98 (Not Collected) if the State does not collect these data or per State policy, this data element is not collected for a certain population. Use code 98 (not code 97) if the particular record belongs to the population exempt in the State policy from reporting this data element.

FIELD NUMBER: C-13
FIELD LENGTH: 2
FIELD TYPE: Numeric

FORMAT: ##
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **RESIDENTIAL STATUS UPDATE FLAG**

DESCRIPTION: Specifies whether the residential status reported at discharge or end of reporting period in (C-13) is an update of the status reported at time of admission or start of the reporting period (C-12). An update means the employment status reported in C-13 came from the most recent report received from the provider regarding the client's residential status.

VALID ENTRIES

- 0 DATA REPORTED IN C-13 IS NOT AN UPDATE FOR DATA REPORTED IN C-12**
- 1 DATA REPORTED IN C-13 IS AN UPDATE FOR DATA REPORTED IN C-12**
- 8 UPDATE STATUS UNKNOWN**

GUIDELINES: This is a translated field by comparing the dates of the data source. C-13 submission date is more recent than C-12. If available, States may use other data elements or procedures to determine whether the status reported in C-13 is an update of the status reported in C-12.

A necessary condition in the operational definition of an update is that the source for the status reported in C-13 bears a more recent date than the source for the status reported in C-12. In other words, report an update (code 1) if a recent provider report was used to report the last known residential status (C-13).

A status update does not always signify a change in a person's residential status. An update may show either one of the following:

1. A change in status from C-12 to C-13; or
2. No change in status from C-12 to C-13

The operational definition of No Update is when the status reported in C-12 is carried forward (copied) to C-13 or if the source material (e.g., provider report or data upload date) of the status reported for C-12 is the exact same source material with the same date used to report the status for C-13. In other words, there is no update (code 0) if the provider report used at the start of the reporting period was again used to report the status at the end of the reporting period.

States are requested to use best efforts to specify whether the status reported in C-13 is an update or not. An update does not necessarily represent a different status but it should signify as the most recent status reported to the SMHA. Although it is not required that the States attest to the validity of the status update, it is strongly recommended that States take the initiative to verify that providers submit the client's most recent outcome status for a meaningful outcome measurement.

Code 8 (update status unknown) should only be used if the State cannot apply the operational definition of an 'update' as provided in this guideline.

Examples:

- If a State does not keep track of the dates when data are submitted by the providers or if State does not keep history in its database and shows only the most recent status (in which case C-12 and C-13 cannot be differentiated), then use code 8 (update status unknown).
- If a State's data update policy is every 6 months, a client who is admitted to the system 2 months before the end of the reporting period may not have

an update. In this case, use code 0 (no update); not code 8 (update status unknown).

If Codes 0 and/or 8 are used, explain the reason in the State Data Crosswalk.

Records with Codes 0 and 8 will automatically be excluded from any change measure analysis of the specific outcome.

FIELD NUMBER: C-14
FIELD LENGTH: 1
FIELD TYPE: Numeric
FORMAT: #
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **SERVICE SETTING STATUS THROUGHOUT THE REPORTING PERIOD**
DESCRIPTION: Indicates the type of mental health treatment setting(s) from which the client received services throughout the reporting period.

VALID ENTRIES:

- 1 STATE PSYCHIATRIC HOSPITAL** – all SMHA-funded and SMHA-operated organizations operated as hospitals that provide primarily inpatient care to mentally ill persons from a specific geographical area and/or statewide
- 2 SMHA-FUNDED/OPERATED COMMUNITY-BASED PROGRAM** – include community mental health centers (CMHCs), outpatient clinics, partial care organizations, partial hospitalization programs, PACT programs, consumer run programs (including Club Houses and drop-in centers), and all community support programs (CSP)
- 3 RESIDENTIAL TREATMENT CENTER** – an organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth primarily 17 year old and younger. Some adults also utilize RTC
- 4 OTHER PSYCHIATRIC INPATIENT** – a private provider or medical provider licensed and/or contracted through the SMHA
- 5 INSTITUTIONS UNDER THE JUSTICE SYSTEM** – mental health services provided in a jail, prison, juvenile detention center, etc.

GUIDELINES: This is a translated field. Using service location information from claims or encounter data, report up to 5 service settings. Each setting is reported only once.

Note that this data element refers to the place where services were provided and not particularly the residence of the client. For example, a person who received services in jail and in the community will be reported using codes 5 and 1; and may be reported under a residential status of private residence.

FIELD NUMBER: C-15
FIELD LENGTH: 5
FIELD TYPE: Numeric
FORMAT: #####
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **ONE-TIME SERVICE EVENT FLAG**

DESCRIPTION: Identifies clients who were provided service(s) by the SMHA only once during the reporting period.

VALID ENTRIES:

- 1 ONE-TIME SERVICE – client had a one-time service event throughout the reporting period**
- 2 CLIENT HAD MULTIPLE REPORTED SERVICE EVENTS DURING THE REPORTING PERIOD**

GUIDELINES: It specifies whether a client had a one-time (code 1) or multiple (code 2) service events during the reporting period.

A client who had a one-time service event means the person may have received one or several types of services on the same day (i.e. same service date) but that no other service dates were reported on the client during the reporting period.

FIELD NUMBER: C-16

FIELD LENGTH: 1

FIELD TYPE: NUMERIC

FORMAT: #

CREATED DATE: 3/29/2011

LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **MENTAL HEALTH DIAGNOSIS – ONE**

DESCRIPTION: Specifies the client's current mental health diagnoses during the reporting period.

VALID ENTRIES:

DSM-IV codes, ICD-9 or ICD-10

(XXX.XXXX) (XXX.XXX-) (XXX.XX--) (XXX.X---) (XXX.- ---) (XXX- --- -) WHERE – REPRESENTS A BLANK

999.9997 UNKNOWN

999.9998 NOT COLLECTED

GUIDELINES: Valid entries generally will have 3 characters and a decimal point followed by 1 or 2 characters when ICD-9 or DSM IV codes are used. If a valid code has fewer than 5 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

Valid entries generally will have 3 characters and a decimal point followed by 1-4 characters when ICD-10 codes are used. If a valid code has fewer than 7 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

States are allowed to report the three most recent mental health diagnoses current during the reporting period. Most recent is defined by the date when the diagnosis was reported. The sequence of reporting does not matter. While some clients may have four or more mental health diagnoses, based on the pilot experience, however, the majority of clients have only one to three mental health diagnoses from Axes I and II combined.

Substance abuse diagnosis should be reported in the designated data element.

If the client has more than three most recent mental health diagnoses, use the algorithm below. Use this if the diagnoses are collected through administrative method (i.e. based on the clinician's evaluation of the person and reported in the client's case record):

1. Report the primary and secondary diagnoses (if available)

If the State does not classify diagnosis into primary/secondary; then

2. Report all diagnoses in Axis I (clinical disorders) first followed by diagnosis in Axis II (personality disorders and mental retardation) unless a personality disorder in Axis II was labeled as primary diagnosis, then it should be reported first;

If primary/secondary labels and Axis classifications (I and II) are not used by the State, then

3. Report by chronological order starting from the diagnosis that appears on top of the list or first cited in the clinician's report.

If the State is using claims/encounter data for reporting diagnoses, report this in the State Data Crosswalk and use the following algorithm.

- Use the three most frequently reported diagnoses in the client's service claims/encounters data throughout the reporting period

States should also observe the following rule in reporting the most recent 3 diagnoses relative to 'No diagnosis or condition' for Axis I or Axis II (V71.09) or deferred diagnosis (799.9), and other V codes:

- Mental health and personality disorder codes should be given priority in reporting over no diagnosis, deferred diagnosis and other V codes unless they are the only diagnoses on record.

Use code 999.9997 (Unknown) if the State collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98). Note: V-codes are valid values.

Use code 999.9998 (Not Collected) if the State does not collect these data or per State policy, this data element is not collected for a certain population. Use code 999.9998 (not code 999.9997) if the particular record belongs to the population exempt in the State policy from reporting this data element.

FIELD NUMBER: C-17
FIELD LENGTH: 8
FIELD TYPE: Alpha Numeric
FORMAT: ###.####
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **MENTAL HEALTH DIAGNOSIS – TWO**

DESCRIPTION: Specifies the client’s current mental health diagnoses during the reporting period.

VALID ENTRIES:

DSM-IV codes, ICD-9 or ICD-10

(XXX.XXXX) (XXX.XXX-) (XXX.XX--) (XXX.X---) (XXX.- ---) (XXX- --- -) WHERE – REPRESENTS A BLANK

999.9996 NO SECOND DIAGNOSIS

999.9997 UNKNOWN

999.9998 NOT COLLECTED

GUIDELINES: Use code 999.9996 (No Second Diagnosis) if the client has only one diagnosis, which has been reported in C-17.

Use code 999.9997 (Unknown) if the State collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 999.9998).

Use code 999.9998 (Not Collected) if the State does not collect these data (i.e. State collects no more than one diagnosis) or per State policy, this data element is not collected for a certain population. Use code 999.9998 (not code 999.9997) if the particular record belongs to the population exempt in the State policy from reporting this data element.

FIELD NUMBER: C-18

FIELD LENGTH: 8

FIELD TYPE: Alpha Numeric

FORMAT: ###.####

CREATED DATE: 3/29/2011

LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **MENTAL HEALTH DIAGNOSIS – THREE**

DESCRIPTION: Specifies the client’s current mental health diagnoses during the reporting period.

VALID ENTRIES:

DSM-IV codes, ICD-9 or ICD-10

(XXX.XXXX) (XXX.XXX-) (XXX.XX--) (XXX.X---) (XXX.- ---) (XXX- --- -) WHERE – REPRESENTS A BLANK

999.9996 NO THIRD DIAGNOSIS

999.9997 UNKNOWN

999.9998 NOT COLLECTED

GUIDELINES: Use code 999.9996 (No Third Diagnosis) if the client has only two diagnoses, which have been reported in C-17 and C-18.

Use code 999.9997 (Unknown) if the State collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 999.9998).

Use code 999.9998 (Not Collected) if the State does not collect these data (i.e. State collects no more than one diagnosis) or per State policy this data element is not collected for a certain population. Use code 999.9998 (not code 999.9997) if the particular record belongs to the population exempt in the State policy from reporting this data element.

FIELD NUMBER: C-19

FIELD LENGTH: 8

FIELD TYPE: Alphanumeric

FORMAT: ###.####

CREATED DATE: 3/29/2011

LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **SUBSTANCE ABUSE (SA) DIAGNOSIS**

DESCRIPTION: Specifies the client's current substance abuse diagnosis during the reporting period. The State should report the most recent substance abuse diagnosis.

VALID ENTRIES:

DSM-IV codes, ICD-9 or ICD-10

(XXX.XX) (XXX.X-) (XXX.- -) (XXX- - -) WHERE – REPRESENTS A BLANK

999.9996 NO SUBSTANCE ABUSE DIAGNOSIS

999.9997 UNKNOWN

999.9998 NOT COLLECTED

GUIDELINES: States are allowed to report only one substance abuse diagnosis. The information will be used to identify whether a co-occurring substance use disorder exists.

The State decides which SA diagnosis to report if a client has multiple SA diagnoses. Preference is to report the most recent diagnosis.

States should only report a substance use diagnosis that remains current during the reporting period.

Use code 999.9997 (Unknown) if the State collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (code 999.9998).

Use code 999.9998 (Not Collected) if the State does not collect these data or per State policy, this data element is not collected for a certain population. Use code 999.9998 (not code 999.9997) if the particular record belongs to the population exempt in the State policy from reporting this data element.

FIELD NUMBER: C-20

FIELD LENGTH: 8

FIELD TYPE: Alphanumeric

FORMAT: ###.####

CREATED DATE: 3/29/2011

LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **SUBSTANCE ABUSE PROBLEM**

DESCRIPTION: Specifies the client's substance abuse problem based on a substance abuse diagnosis and/or using other identification method such as substance abuse screening results, enrollment in a substance abuse program, or substance abuse survey.

VALID ENTRIES:

- 1 YES – clients has substance abuse diagnosis or problem**
- 2 NO – client has no substance abuse diagnosis or problem**
- 7 UNKNOWN**
- 8 NOT COLLECTED**

GUIDELINES: In order to fully identify the extent of co-occurring substance abuse problem among persons with mental illness, this data element is provided to allow alternative methods used by states other than or in addition to reporting substance abuse diagnosis.

Cite in the State Data Crosswalk the method used by the State to identify co-occurring substance abuse problem.

If a substance abuse diagnosis is reported in C-20, this data element should use code 1. However, the reverse is not true. A code 1 in this data element is still valid even if code 999.9996 (No SA diagnosis) is reported in C-20.

Use code 7 (Unknown) if the State collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 8).

Use code 8 (not collected) if the State does not collect substance abuse diagnosis and does not use other methods of substance abuse problem identification, or per State policy this data element is not collected for a certain population. Use code 8 (not code 7) if the particular record belongs to the population exempt in the State policy from reporting this data element.

FIELD NUMBER: C-21

FIELD LENGTH: 1

FIELD TYPE: Numeric

FORMAT: #

CREATED DATE: 3/29/2011

LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **MARITAL STATUS (OPTIONAL REPORTING)**

DESCRIPTION: Identifies the client's marital status.

VALID ENTRIES:

- 01 NEVER MARRIED** – includes clients who are single or whose only marriage was annulled
- 02 MARRIED/LIVING AS A COUPLE** – includes married couples, those living together as married, living with partners, or cohabitating
- 03 SEPARATED** – includes those legally separated or otherwise absent from spouse because of marital discord
- 04 DIVORCED**
- 05 WIDOWED**
- 97 UNKNOWN**
- 98 NOT COLLECTED**

GUIDELINES: Report marital status at time of discharge or the most recent available status at the end of the reporting period.

Use code 97 (Unknown) if the State collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).

Use code 98 (Not Collected) if the State does not collect these data or per State policy, this data element is not collected for a certain population. Use code 98 (not code 97) if the particular record belongs to the population exempt in the State policy from reporting this data element.

Cite in the State Data Crosswalk if this data element is currently not collected. If the State is collecting these data but decided not to report, cite reason for not reporting, and use code 98.

FIELD NUMBER: O-01
FIELD LENGTH: 2
FIELD TYPE: NUMERIC
FORMAT: ##
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **GLOBAL ASSESSMENT OF FUNCTIONING (ADULTS)/CHILDREN'S GLOBAL ASSESSMENT SCALE (OPTIONAL REPORTING)**

DESCRIPTION: Specifies the client's last known Global Assessment of Functioning (GAF) or Children's Global Assessment scale (CGAS) score as reported in Axis V of the DSM.

VALID ENTRIES

0-100	GAF/CGAS SCORE
997	UNKNOWN
998	NOT COLLECTED

GUIDELINES: Report only if the State is using the GAF/CGAS. Report client's score at time of discharge or the most recent available status at the end of the reporting period.

Use code 997 (Unknown) if the State collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 998).

Use code 998 (Not Collected) if the State does not collect these data or per State policy, this data element is not collected for a certain population. Use code 998 (not code 997) if the particular record belongs to the population exempt in the State policy from reporting this data element.

Cite in the State Data Crosswalk if this data element is currently not collected. If the State is collecting these data but decided not to report, cite reason for not reporting, and use code 998.

Cite, in the State Data Crosswalk, if the State uses other functioning instrument/tool in lieu of or in addition to GAF/CGAS.

FIELD NUMBER: O-02
FIELD LENGTH: 3
FIELD TYPE: Numeric
FORMAT: ###
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

Record Layout

The succeeding pages provide the Basic Client Information record layout.

Table 3: File Header Record Layout

HEADER RECORD FIELDS - ONE HEADER RECORD REQUIRED FOR EACH STATE FILE					
FIELD NAME	FIELD NBR	START	END	FORMAT	BRIEF DESCRIPTION
Record Type	H-01	1	1	X(1)	Must be a valid code ('H')
FILLER	N/A	2	11	X(10)	Filler – spaces for future use
Reporting State Code	H-02	12	13	X(2)	Indicate the reporting State abbreviation
File Type	H-03	14	14	X(1)	Indicates the type of data, i.e. Test or Production
Start of the Report Period	H-04	15	20	N(6)	Identifies the start year and month of the reporting period for the submission file
End of the Report Period	H-05	21	26	N(6)	Identifies the end year and month of the reporting period for the submission file
Client Record Count	H-06	27	34	N(8)	Identifies the number of Client Records submitted in this file
Optional Data Element Report Flag	H-07	35	35	N(1)	Identifies whether the State reports optional data element(s)
Diagnostic Code Identifier	H-08	36	36	N(1)	Identifies the type of diagnosis code standard (disease standard classification) the State uses for reporting

Table 4: Client Record Fields Record Layout

CLIENT RECORD FIELDS - REQUIRED FOR EACH CLIENT RECORD					
FIELD NAME	FIELD NBR	START	END	FORMAT	BRIEF DESCRIPTION
Client Identifier	C-01	1	15	X(15)	Unique Identifier of the client
Filler	NA	16	18	X(3)	Spaces for future use
Client Status At the Start of the Reporting Period	C-02	19	19	N(1)	Identifies client's status at the start of reporting period
Client Status At the End of the Reporting Period	C-03	20	21	N(2)	Identifies client's status at the end of reporting period
Gender	C-04	22	22	N(1)	Identifies the gender of the client.
Age	C-05	23	24	N(2)	Identifies the age of the client calculated at midpoint of the reporting period
Race	C-06	25	26	N(2)	Identifies the race of the client.
Ethnicity	C-07	27	28	N(2)	Identifies whether the client is of Hispanic origin or not

CLIENT RECORD FIELDS - REQUIRED FOR EACH CLIENT RECORD

FIELD NAME	FIELD NBR	START	END	FORMAT	BRIEF DESCRIPTION
SMI/SED Status	C-08	29	29	N(1)	Identifies whether the client has SED or SMI status. Report most recent information at end of the reporting period.
Competitive Employment Status (aged 16+) at admission or start of the reporting period	C-09	30	31	N(2)	Identifies the client's employment status at admission or most recent available information at the start of the reporting period
Competitive Employment Status (aged 16+) at discharge or end of the reporting period	C-10	32	33	N(2)	Identifies the client's competitive employment status at discharge or most recent available information at the end of the reporting period
Competitive Employment Status Update Flag	C-11	34	34	N(1)	Identifies whether the client's reported employment status in C-10 is an update of C-9
Residential Status – at admission or start of the reporting period	C-12	35	36	N(2)	Identifies client's residential status at admission or most recent available information at the start of the reporting period
Residential Status – at discharge or end of the reporting period	C-13	37	38	N(2)	Identifies client's residential status at discharge or most recent available information at the end of the reporting period
Residential Status Update Flag	C-14	39	39	N(1)	Identifies whether the client's reported residential status in C-13 is an update of C-12
Service Setting Status Throughout the Reporting Period	C-15	40	44	N(5)	Identifies all settings from which the client received services throughout the reporting period
One-Time Service Event Flag	C-16	45	45	N(1)	Indicates whether the client has a one-time service event during the reporting period
Filler	NA	46	55	X(10)	Spaces for future use
Mental Health Diagnosis -- One	C-17	56	63	X(8)	Identifies client's MH Diagnosis. Report most recent information at end of the reporting period
Mental Health Diagnosis -- Two	C-18	64	71	X(8)	Identifies client's MH Diagnosis, if a second diagnosis is available. Report most recent information at end of the reporting period
Mental Health Diagnosis -- Three	C-19	72	79	X(8)	Identifies client's MH diagnosis, if a third diagnosis is available. Report most recent information at end of the reporting period

CLIENT RECORD FIELDS - REQUIRED FOR EACH CLIENT RECORD					
FIELD NAME	FIELD NBR	START	END	FORMAT	BRIEF DESCRIPTION
Substance Abuse Diagnosis	C-20	80	87	X(8)	Identifies client's substance abuse diagnosis. Report most recent information at end of the reporting period
Substance Abuse Problem	C-21	88	88	N(1)	Indicates whether the client has substance abuse problem based on either the diagnosis or other methods used by the state. Report most recent information at end of the reporting period
FILLER	NA	89	140	X(52)	Filler – spaces for future use
CLIENT RECORD FIELDS - OPTIONAL REPORTING					
Marital Status	O-01	141	142	N(2)	Identifies the marital status of the client
Functional Status (GAF/CGAS)	O-02	143	145	N(3)	Identifies the client's GAF/CGAS score

DATA DICTIONARY: STATE HOSPITAL READMISSION (SHR) DATA SET

Scope of Data Set

The State Hospital Readmission (SHR) Data Set contains all clients who were discharged from State Hospital during the reporting period, except discharges that constitute a transfer to a different unit/ward or legal status within the same facility (note: the reporting period is the same as that of the BCI data set). This data set will be used primarily to calculate the 30-day and 180-day State Hospital Readmission Rate NOM.

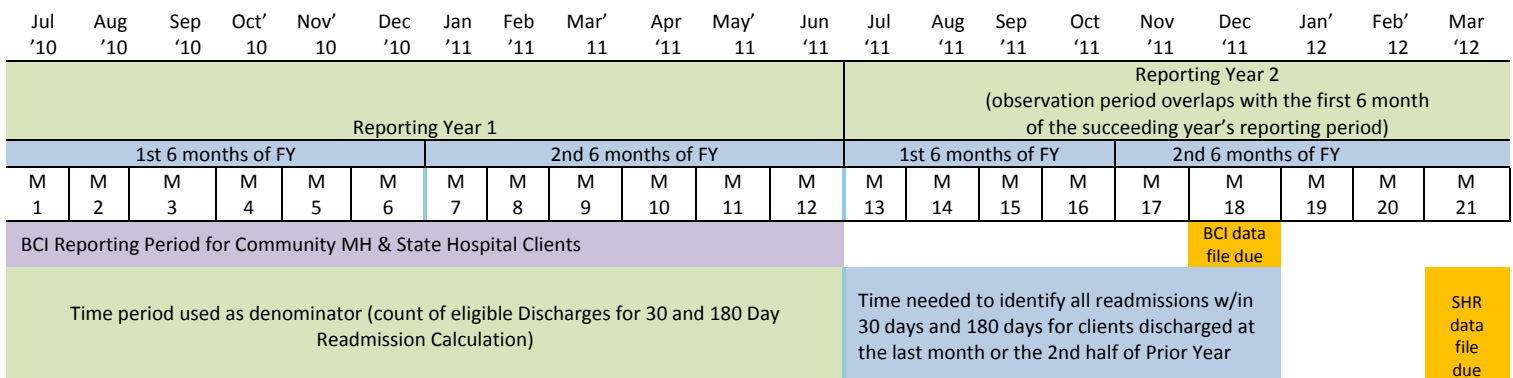
It is important to note that all clients discharged from the State hospital during the reporting period, regardless of reason, are reported in the BCI data file due on December 1st. They are again reported in the SHR data file due on March 1st of the following year (or 30 days after the 180-day observation period following the end of the State’s reporting period). Clients who have a single discharge event during the reporting period and this event constitute transfers within the same facility should not be reported in the SHR data file. However, if a client has multiple discharge events during the reporting period and one of these constitutes a transfer within the same facility, the client is reported in the SHR data file but the discharge event that constitute a transfer is excluded in the discharge sequence. Clients who need acute medical treatment and are temporarily transferred to an acute medical facility and then return to the State hospital **should not** be included in the SHR data set if the State treats these episodes as temporary transfers. If the State’s policy requires clients who are transferred for acute medical care be “discharged” from the State hospital and then be “readmitted” when they return to the State hospital, use the appropriate Discharge Reason code (clients who are discharged to receive acute medical treatment will not be included in the 30/180 day readmission NOM calculation).

Given a later data file submission due date, States can now report the 180-day readmission data using a complete 18-month observation period (or 6 months after the end of the reporting period) while observing the same reporting period as the BCI.

The data file contains one header record and as many client records as to be reported. The header record includes the following data elements: Reporting State Code, File Type, Beginning Report Period, Ending Report Period, and Client Record Count.

The client record in this data set includes Client Identifier, Discharge Sequence Number, Discharge Reason, Number of Days Elapsed Before Readmission to State Hospital, and Readmission Legal Status.

Figure 8: Determining Readmissions - An Illustration



Header Record

The succeeding pages comprise the file header for the State Hospital Discharge Data Set.

VARIABLE NAME: **REPORTING STATE CODE (HEADER)**

DESCRIPTION: Identifies the reporting state.

VALID ENTRIES:

TWO-CHARACTER STATE ABBREVIATION

FIELD NUMBER: H-01
FIELD LENGTH: 2
FIELD TYPE: CHARACTER
FORMAT: CC
CREATED DATE: 3/29/2011
LAST REVISION DATE:

VARIABLE NAME: **FILE TYPE (HEADER)**
DESCRIPTION: Identifies the type of data file.

VALID ENTRIES:

P PRODUCTION – used for production (complete State data file) submission
T TEST – used for test file submission

FIELD NUMBER: H-02
FIELD LENGTH: 1
FIELD TYPE: CHARACTER
FORMAT: C
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **START OF THE REPORTING PERIOD (HEADER)**

DESCRIPTION: Identifies the start of year and month of the reporting period for the submitted file.

VALID ENTRIES:

4-DIGIT YEAR FOLLOWED BY THE 2-DIGIT MONTH. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT

GUIDELINES: Should be the same start data as the BCI data file.

FIELD NUMBER: H-03

FIELD LENGTH: 6

FIELD TYPE: NUMERIC

FORMAT: YYYYMM

CREATED DATE: 3/29/2011

LAST REVISION DATE:

VARIABLE NAME: **END OF THE REPORT PERIOD (HEADER)**

DESCRIPTION: Identifies the end year and month of the reporting period for the submitted file.

VALID ENTRIES:

4-DIGIT YEAR FOLLOWED BY THE 2-DIGIT MONTH. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT

GUIDELINES: Should be the same end date as in the BCI data file.

FIELD NUMBER: H-04

FIELD LENGTH: 6

FIELD TYPE: NUMERIC

FORMAT: YYYYMM

CREATED DATE: 3/29/2011

LAST REVISION DATE:

VARIABLE NAME: **CLIENT RECORD COUNT (HEADER)**

DESCRIPTION: Specifies the total number of client records in the submission file.

VALID ENTRIES:

UP TO 8 DIGITS

FIELD NUMBER: H-05

FIELD LENGTH: 8

FIELD TYPE: NUMERIC

FORMAT: #####

CREATED DATE: 3/29/2011

LAST REVISION DATE:

Client Record

The succeeding pages provide the coding convention and reporting guidelines for each data element in the State Hospital Readmission Data Set.

VARIABLE NAME: **CLIENT IDENTIFIER**
DESCRIPTION: A unique non-PHI client identifier assigned by the State to the client whose information is reported in the BCI and SHR data files.

VALID ENTRIES: **AN IDENTIFIER USING 1 TO 15 ALPHANUMERIC CHARACTERS**

GUIDELINES: The same unique client identifier as used in the BCI. This ID is the key field used to link the BCI and SHR data files.

FIELD NUMBER: R-01
FIELD LENGTH: 15
FIELD TYPE: ALPHANUMERIC
FORMAT: XXXXXXXXXXXXXXXX
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **DISCHARGE SEQUENCE NUMBER**

DESCRIPTION: A chronological numbering of the client's discharge episode starting from 1 for the earliest discharge even during the reporting period and thereafter.

VALID ENTRIES:

UP TO 2 DIGITS

GUIDELINES: The Discharge Sequence Number is a counting number for reporting the client's discharge events during the 12-month reporting period.

Discharge sequence number for each client starts with 1 corresponding to the earliest discharge event, followed by 2 for the next discharge event, and thereafter.

For example, Client A has the following admission and discharge events in the state hospital. The discharge sequence number is used as follows:

<u>Admission</u>	<u>Discharge</u>	<u>Discharge Sequence #</u>
5, 2010	August 15, 2010	1
October 1, 2010	December 10, 2010	2
February 12, 2011	April 1, 2011	3

Discharge events that constitute a transfer within the same hospital are excluded from this sequence and should not be included as discharges in the SHR file.

FIELD NUMBER: R-02

FIELD LENGTH: 2

FIELD TYPE: NUMERIC

FORMAT: ##

CREATED DATE: 3/29/2011

LAST REVISION DATE:

VARIABLE NAME: **DISCHARGE REASON**

DESCRIPTION: Identifies the reason for discharge from the State psychiatric hospital.

VALID ENTRIES:

- 01 COMPLETED STATE HOSPITAL INPATIENT TREATMENT**
- 02 RELEASED BY OR TO COURTS**
- 03 LEFT AGAINST MEDICAL ADVISE/ELOPED OR FAILED TO RETURN FROM LEAVE/NON COMPLIANCE WITH TREATMENT AND/OR POLICY**
- 04 CLIENT CHOICE**
- 05 EXTENDED PLACEMENT**
- 06 DEATH**
- 07 DISCHARGED TO OTHER PSYCHIATRIC INPATIENT PROVIDER**
- 08 DISCHARGED TO AN ACUTE MEDICAL FACILITY FOR MEDICAL SERVICES**
- 09 DISCHARGED REASON NOT CLASSIFIED ELSEWHERE**
- 97 UNKNOWN**
- 98 NOT COLLECTED**

GUIDELINES: Code 01 (completed inpatient treatment) should be used when the clinical determination at discharge is completed/no further inpatient mental health or substance abuse treatment is recommended.

When the clinical decision is that further inpatient care is recommended, but the client returns to court to await a decision or the court issues a discharge, Code 02 (released by or to courts) should be used.

Code 03 includes a number of reasons a consumer may have left a State psychiatric hospital prior to when the medical staff determined inpatient treatment was no longer required.

Extended Placement (code 05) – a client is released by the hospital to be followed in the community with a set of treatment and supervision requirements. The hospital maintains a level of responsibility for the client. The client’s release can be revoked for failure to comply with the treatment and supervision requirements and re-hospitalized without going through an admission process. The client may reside at a private residence or at a treatment facility (e.g. group home). The duration of the placement is expected to be 60 days or more before a final discharge order would go into effect.

In some States, these extended placements are referred to as “conditional release.” Conditional release is generally defined as an involuntary outpatient commitment order upon release from hospitalization. The majority of clients on conditional release were admitted to the hospital under a forensic commitment. Conditional release events can be reported under this discharge type code. Alternatively, clients on conditional release can be reported on leave status for each month of the release. [Source: BHPMS]

Code 08 should be used only by States that by policy have to discharge clients who are temporarily transferred to an acute medical facility to receive medical services. States that keep track of transfers to medical facilities as administrative leave instead of discharges should not report these events.

Use code 97 (unknown) if the State collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).

Use code 98 (not collected) if the State does not collect this data or per State policy, this data element is not collected for a certain population. Use code 98 (not 97) if the particular record belongs to the population exempt in the State policy from reporting this data element.

FIELD NUMBER: R-03
FIELD LENGTH: 2
FIELD TYPE: NUMERIC
FORMAT: ##
CREATED DATE: 3/29/2011
LAST REVISION DATE: 10/6/2011

VARIABLE NAME: **NUMBER OF DAYS ELAPSED BEFORE READMISSION TO STATE HOSPITAL**
DESCRIPTION: Specifies the number of days elapsed from the last discharge date to subsequent readmission date to the State hospital.

VALID ENTRIES:

UP TO 3 DIGITS

998 If readmission even did not occur after a discharge event

GUIDELINES: Readmission is defined as new admission following a discharge event.
The number of days elapsed is equivalent to the number of days between the last discharge date and the subsequent (re)admission date.
Same day discharge and readmission should be reported as 0 day elapsed. Similarly, a readmission within 24 hours of discharge is reported as 0 day elapsed.
The 30-day readmission requires discharged clients to be followed for a new admission to the State hospital within 30 days post discharge. The 180-day readmission requires discharged clients to be followed for a new admission to the State hospital within 180 days post discharge. Thus, a total of 18-month State hospital admission and discharge data is necessary to report the 30-day and 180-day State Hospital Readmission Rate NOM.

Examples for counting elapsed days:

Scenario: State hospital discharges during fiscal year 2011 (July 1, 2010 to June 30, 2011).

EXAMPLE 1: a client is discharged on December 29, 2010 and is readmitted 3 months later, on March 29, 2011. The number of days elapsed before readmission is 91 days.

EXAMPLE 2: a client is discharged on October 29, 2010 in the morning and is readmitted that evening (also on October 29, 2010). Report 0 day elapsed time before readmission.

EXAMPLE 3: a client is discharged on October 29, 2010 and is not readmitted during the 6 months after discharge. Use code 998.

EXAMPLE 4: a client is discharged on October 29, 2010 and is readmitted 9 months later, on June 30, 2011. Report 214 days elapsed time before readmission.

EXAMPLE 5: a client is discharged on October 29, 2010 and is readmitted 3 months later, on March 29, 2011 (as in example 1 above). Report 91 days of elapsed time before readmission. This client is discharged from this second hospital stay on April 30, 2011 and then readmitted again on December 15, 2011. Do not report this readmission episode because it is outside the 180-day follow-up or observation period since April 30th.

Figure 9: Illustration of Reporting Readmission Events

		Reporting Period												Observation Period					
		July '10	Aug '10	Sept '10	Oct '10	Nov '10	Dec '10	Jan '11	Feb '11	Mar '11	Apr '11	May '11	June '11	July '11	Aug '11	Sept '11	Oct '11	Nov '11	Dec '11
Client	Admit	7/1			10/5					3/4									
A	Discharge		8/15					1/15					6/3						
Discharge Sequence #		1				2				3									
Calculation of Number of Days Elapsed Before Readmission		count# of days from 8/15 to 10/5				count# of days from 1/15 to 3/4				use code 998 for no readmission following 6/3 discharge event									
Client	Admit	7/3 (pm)				11/1				3/1					8/1			11/1	
B	Discharge	7/3 (am)		9/10				1/31				6/20			9/10				
Discharge Sequence #		1	2			3				4									
Calculation of Number of Days Elapsed Before Readmission		report 0 days	count# days from 9/10 to 11/1			count# of days from 1/31 to 3/1				count# of days from 6/20 to 8/1									
													use only the first admission event in the observation period for calculation.						

FIELD NUMBER: R-04
 FIELD LENGTH: 3
 FIELD TYPE: NUMBER
 FORMAT: ###
 CREATED DATE: 3/29/2011
 LAST REVISION DATE: 7/26/2011

VARIABLE NAME: **READMISSION LEGAL STATUS**

DESCRIPTION: Identifies the client's legal status at the time of readmission (new admission) to the State hospital.

VALID ENTRIES:

- 01 VOLUNTARY - self**
- 02 VOLUNTARY – others (by guardian, parents, etc.)**
- 03 INVOLUNTARY – Civil**
- 04 INVOLUNTARY – Criminal**
- 05 INVOLUNTARY – Juvenile Justice**
- 06 INVOLUNTARY – Civil – Sexual**
- 97 UNKNOWN**
- 98 NOT COLLECTED**

GUIDELINES:

Code 03 (involuntary – civil) describes individuals who may be committed for dangerousness due to mental illness.

Use code 04 (involuntary criminal) for juvenile clients who are adjudicated as adults.

Use code 06 (Involuntary-sexual) for clients civilly committed under laws that are referred to as 'sexual predator' laws in some States. This differs from code 03 (Involuntary-civil).

Codes 01 (Voluntary-self), 02 (voluntary-others), and 03 (involuntary-civil) are classified as non-forensic while codes 04, 05, and 06 are forensic.

Use code 97 (Unknown) if the State collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).

Use code 98 (Not Collected) if the State does not collect these data or per State policy, this data element is not collected for a certain population. Use code 98 (not code 97) if the particular record belongs to the population exempt in the State policy from reporting this data element.

FIELD NUMBER: R-05
FIELD LENGTH: 2
FIELD TYPE: NUMERIC
FORMAT: ##
CREATED DATE: 3/29/2011
LAST REVISION DATE:

Record Layout

The succeeding pages provide the State Hospital Discharge record layout.

Table 5: File Header Record Layout

HEADER RECORD FIELDS - MUST BE THE FIRST RECORD IN THE SUBMISSION FILE					
FIELD NAME	FIELD NBR	START	END	FORMAT	BRIEF DESCRIPTION
Reporting State Code	H-01	1	2	X(2)	Two character State abbreviation code
File Type	H-02	3	3	X(1)	Identifies whether the data file is Test file or Production file
Start of the Report Period	H-03	4	9	N(6)	Identifies the start year and month of the reporting period
End of the Report Period	H-04	10	15	N(6)	Identifies the end year and month of the reporting
Client Record Count	H-05	16	23	N(8)	Identifies the total number of client records submitted in this file

Table 6: Client Record Fields Record Layout

CLIENT RECORD FIELDS					
FIELD NAME	FIELD NBR	START	END	FORMAT	BRIEF DESCRIPTION
Client Identifier	R-01	1	15	X(15)	Unique client identifier that matches the client ID in the BCI.
Discharge Sequence Number	R-02	16	17	N(2)	Provides a chronological numbering of the client's discharge events during the reporting period
Discharge Reason	R-03	18	19	N(2)	Identifies the reason for the client's discharge from the State hospital
Number of Days Elapsed Before Readmission to State Hospital	R-04	20	22	N(3)	Identifies the number of days between the last discharge date and the subsequent (re)admission date to the State hospital
Readmission Legal Status	R-05	23	24	N(2)	Identifies the legal status of the client at readmission to the State hospital

STEP 1: STATE DATA CROSSWALK

The State Data Crosswalk has two parts and both should be completed. Part 1 shows the mapping of the State data elements, codes, and categories corresponding with those prescribed in this Instruction Manual. This will serve as a reference to ensure consistent State reporting over time thereby it is important to keep it updated. It will also provide insights on the congruence between the State data collection protocol and the CMHS client-level data reporting requirements. Part 2 collects State data notes, definitions, State data collection protocol, and other contextual information essential to better understand the reporting capacity of the State. The information will be used to build the technical assistance needs of the State to meet the CMHS reporting requirements. This will also capture specific State data footnotes that would accompany any future State-specific presentation/reporting.

A Data Crosswalk template (a separate file) is provided to States for use. To facilitate review of the crosswalk, States should use the template provided by NRI. The template includes instructions to complete the crosswalk and the contextual information requested. To the extent possible, States should submit one crosswalk that integrates the reporting of children and adults data. Where it is not possible, a separate data crosswalk may be developed for children and adults mental health information systems.

Please take note of the following guidelines in the completion of the crosswalk:

If a data element is not collected by the State, report 'Not Collected' under the comment column of the State Data that corresponds to the data element name in the DIG client-level data column. Cite any plans and/or time lines that the State has in place to collect this data element in the contextual section of the crosswalk (Part 2).

If the State does not use a particular category within a specific data element, report 'not used' in the comment column of the crosswalk under State Data. For example, under the Employment Status, homemaker is a classification within the 'Not in the Labor Force' status. If homemaker is not used by the State as a classification for Not in the Labor Force, write "not used" across homemaker under the State Data column. Repeat this for all applicable categories.

If a data element is collected only for certain population, cite this under the comment column of the State Data and/or in the contextual section (Part 2). Specify for which population this data element is collected and/or not collected. If an estimated percentage of collected/nor collected data is available, include this information.

If the data element is a translated field, cite briefly the translation method/procedure used. For example, Client Status at the Start of the Reporting Period = cite under the comment section of the State Data "new client = admission date is after the start of the reporting period."

If the data element is a calculated field, cite briefly the formula used. For example, "age is calculated as of December 31, 2010."

If the data element is a constructed field, which is the case of the unique client ID, explain briefly in Part 2 of the crosswalk the method used to generate the ID. For example, "computer-generated random number was generated and assigned to each client. A confidential data file of all the clients' DIG ID and State ID was developed to guide future reporting."

If the data element is an optional data element, cite if such data element is “not collected” by the State or “currently collected but the State decided not to report the data due to...” The explanation for not reporting may be written in Part 2 of the crosswalk.

State Footnotes for CLD Reports: Additional State data footnotes deemed important by the State to include in State-specific output reports/tables from CLD should be reported in the contextual section (Part 2) of the State Data Crosswalk. These notes may be in addition to the information already specified in the Manual requested of the States. For example, if your State only collects employment data for adults aged 21 to 55, submit a note that say “In State X, competitive employment status is only collected for adults aged 21 to 55.”

STEP 2: PREPARING THE TEST FILES

Test files are shortened versions of the client-level data sets to test the State's capacity to generate client level data files based on the prescribed record layout and coding convention. This procedure will also identify potential data submission problems or issues that may arise from the State and the NRI interface.

It is recommended that test files for both the BCI and SHR data sets be submitted prior to full extraction of the respective data files. Since the BCI is due before the SHR data set, the test file for the BCI may be submitted first. The SHR data set may follow at a later time.

Test files should include up to 500 randomly selected unique client records containing all data elements in the data dictionary of the relevant data set. For the State Hospital Readmission test data file, use at least 10% of the overall total discharge events. Submission of the complete client records data file as a test file is not encouraged.

Remember to follow the submission protocol described in the next section. The procedure to submit the test files follows the same procedure as submitting the complete data sets.

The key to remember in preparing the test files is to have the State Data Crosswalk completed and reviewed first. The approved crosswalk and the Instruction Manual should be used to guide your data extraction process.

States are strongly encouraged to use the data edits in this Manual before submitting the test files.

STEP 3: SUBMISSION OF COMPLETE DATA SETS

The adults and children records should be reported as one State data file for each data set. For States with separate adults and children mental health systems, it is recommended that a procedure to integrate the records should be developed first before attempting to put the records together. In particular, the procedure to generate the non-PHI unique client ID for adults should be consistent with the procedure used for children. The expectation is for the two systems to have the same level of training and participation in the production of the data sets. A similar level of collaboration is expected with the State hospital in cases where the data extraction is conducted independently by the State hospital staff.

File Formats: Data files are ASCII flat files, must be encrypted, and large files should be zipped before submission. The data file is fixed-length delimited; do not use a comma as delimiter.

ASCII flat files have each record represented by a single line terminated by an end-of-line indicator. The standard ASCII end-of-line indicator is a carriage return, line feed. An end-of-line marker is optional. Other specifications are:

Record	A single line terminated by an end-of-line indicator with each field in a specified column
Field	Fixed length in columns as specified in Data Dictionary
Alphanumeric/Character fields	Left-justified and filled with blank spaces.
Numeric Fields	Right-justified and filled with zeros.

No fields except optional fields are allowed to be blank. Each record must have the length as specified in the record layout. For the client records in the BCI data file, when States only have the required data elements to report, the record length should be 88; otherwise, the record length should be 145.

Naming Conventions: The naming convention for data files is as follows:

<Dataset Type><State Code>_<month><date><year>.TXT where

- <Dataset Type> is “BCI” for Basic Client Information data set, and “SHR” for State Hospital Readmission data set
- <State Code> is two character abbreviation of the State name
- <month> is a two digit of the submission month
- <date> is the two digits of the submission date
- <year> is the four digits of the submission year

Before submission, all large-size TXT data files should be zipped to reduce file size using the same naming convention.

Example: BCI data file submission from Virginia on December 1st, 2011 would be named **BCIVA_12012011.TXT**, which will be zipped as **BCIVA_12012011.ZIP** before submission.

Submission Methods: States may submit data files via the FTP using the NRI-assigned user name and password that will be provided later. Other alternate data submission methods include burning a CD/DVD or as an e-mail attachment with State-assigned password. Regardless of the submission method used, States should encrypt the files using an encryption level set by the States. States should provide NRI the necessary password to open the encrypted file.

Submission Schedule: The BCI data file is due annually by December 1st of each year; and the SHR data file is submitted after the BCI which is on March 1st of the following year.

Data Resubmission and Correction Policy: After the files are reviewed, a Data Edit Report will be issued. In addition, NRI will generate a file that contains all records with errors. This file is being provided only as a reference for States when correcting the State data file.

In the event the State needs to correct or update previous submission of a data file, the State is required to resubmit the entire data file to NRI. The NRI data system automatically replaces the existing stored State data with the new file. There is no history kept on the NRI database except for the accepted files each reporting period. When BCI data file is resubmitted, the State must also resubmit the SHR data file so that data integrity between the two data sets can be assured. Re-linking of the two data files will be conducted.

Data Processing: When NRI receives the data file submission from the States, NRI staff will review and process the data files for errors. Feedback is provided to the States via e-mail in a data edit report for each submitted data file.

Data file with fatal errors will be returned to the submitting State and will require a resubmission of a corrected data file. All data files have to meet the zero-error tolerance for non-fatal field and system errors while non-fatal relational edits will be processed as invalid values.

The NRI will be available to review the process and results with State staff. A time line will be set in which NRI staff will be available to assist the States for a timely data correction and data file resubmission.

When both BCI and SHR data files pass the data system edits, NRI staff will email the State an Acceptance Report, which summarizes the submission statistics, data file profile, and cross-year comparisons when applicable.

DATA EDITS

States are strongly encouraged to adopt the recommended edits. Prior to submission of any data file, including the test files, States are advised to run the file against these data edits and correct any errors that the file may contain. To the extent possible, State data files are preferred to be error-free to avoid and/or minimize data file resubmissions.

Data edits for the BCI file and the SHR data file are provided below. These edits check for Field, Relational, and System errors. These are two levels of errors: Fatal (F) and Non-Fatal (N).

- Fatal errors will cause the data file or the data record to be rejected
- Non-fatal errors will be processed with error data field(s) being treated as invalid

Field Edits

Table 7: Fatal and Non-Fatal Field Edits

Edit No.	F or N	Field Name	Required On	Edit Criteria
All Data Sets				
1	F	All required fields	All records	Must not be blank
Basic Client Information Data Elements				
1	F	Record Type	All records	Must be a valid code ('H', 'C')
2	N/A	Filler	Header record	Any information in this field will be ignored
3	F	Reporting State Code	Header record	Must be a valid State abbreviation code
4	F	File Type	Header record	Must be a valid code ('P', 'T')
5	F	Start of Reporting Period	Header record	Must be date format as YYYYMM
6	F	End of Reporting Period	Header record	Must be date format as YYYYMM
7	F	Client Record Count	Header record	If less than eight digits in length, right-justified and filled with zeros, must match the total client records in the data file
8	F	Client Identifier	Client record	Must be alphanumeric
9	N	Client Status At the start of Reporting Period	Client record	Must be a valid code (see this field for valid codes)
10	N	Client Status At the End of Reporting Period	Client record	Must be a valid code (see this field for valid codes)
11	N	Gender	Client record	Must be a valid code (see this field for valid codes)
12	N	Age	Client record	If less than two digits in length, right-justified and filled with zeros. Number must be equal or less than 85

Edit No.	F or N	Field Name	Required On	Edit Criteria
13	N	Race	Client record	Must be a valid code (see this field for valid codes)
14	N	Ethnicity	Client record	Must be a valid code (see this field for valid codes)
15	N	SMI/SED Status	Client record	Must be a valid code (see this field for valid codes)
16	N	Competitive Employment Status (Aged 16+) – At Admission or Start of Reporting Period	Client record	Must be a valid code (see this field for valid codes)
17	N	Competitive Employment Status (Aged 16+)– At Discharge or End of Reporting Period	Client record	Must be a valid code (see this field for valid codes)
18	N	Competitive Employment Status Update Flag	Client record	Must be a valid code (see this field for valid codes)
19	N	Residential Status – At Admission or Start of Reporting Period	Client record	Must be a valid code (see this field for valid codes)
20	N	Residential Status – At Discharge or End of Reporting Period	Client record	Must be a valid code (see this field for valid codes)
21	N	Residential Status Update Flag	Client record	Must be a valid code (see this field for valid codes)
22	N	Service Setting Status Throughout the Reporting Period	Client record	Must be a valid code (see this field for valid codes)
23	N	One Time Service Event Flag	Client record	Must be a valid code (see this field for valid codes)
24	N	Mental Health Diagnosis - One	Client record	Must be a valid code (see this field for valid codes)
25	N	Mental Health Diagnosis - Two	Client record	Must be a valid code (see this field for valid codes)
26	N	Mental Health Diagnosis - Three	Client record	Must be a valid code (see this field for valid codes)
27	N	Substance Abuse Diagnosis	Client record	Must be a valid code (see this field for valid codes)
28	N	Substance Abuse Problem	Client record	Must be a valid code (see this field for valid codes)
29	N	Marital Status	Client record	Must be a valid code (see this field for valid codes)
30	N	GAF/CGAS	Client record	Must be a valid code (see this field for valid codes)
State Hospital Readmission Data Elements				
1	F	Reporting State Code	Header record	Must be a valid State abbreviation code
2	F	Client Record Count	Header record	If less than eight digits in length, right-justified and filled with zeros
3	F	File Type	Header record	Must be a valid code ('P', 'T')

Edit No.	F or N	Field Name	Required On	Edit Criteria
4	N	Discharge Sequence Number	Discharge Episode	Must start with 01 for each client
5	N	Discharge Reason	Discharge Episode	Must be the valid code (see this field for valid codes)
6	N	Number of Days Elapsed Before Readmission to State Hospital	Discharge Episode	Must be the valid code (see this field for valid codes)
7	N	Readmission Legal Status	Discharge Episode	Must be the valid code (see this field for valid codes)

Relational and System Edits

Table 8: Fatal and Non-Fatal Relational/System Edits

Edit No.	F or N	Edit Criteria
All Data Sets		
1	F	Only one Header record shall be submitted per State data file.
2	F	Error in any field of the Header record will cause the whole data file be rejected.
3	F	Each record must be of length as specified.
Basic Client Information Data Set		
1	F	Only one Client record per unique Client Identifier can be submitted per State data file.
2	F	End of Report Period must be greater than Start of Report Period.
3	F	Actual client records in the State data file must match the number in Client Record Count field.
4	N	SMI/SED Status field cannot use codes 2 and 3 for client over 21(>21), and cannot use code 1 for client under 18; can use any code for client with age 18-21.
5	N	Competitive Employment Status field (for both At Admission and Most Recent Available) must be 96 when Age field value is less than 16.
6	N	Residential Status fields (both C-12 and C-13) cannot use code 37 for clients over 21; and cannot use codes 17 and 27 for clients with age under 18; can use any codes for clients with age 18-21.
7	N	When Competitive Employment Status Update Flag field is 0, the Competitive Employment Status-At Admission or Start of Reporting Period field and the Competitive Employment Status – At Discharge or End of Reporting Period field must have the same value.
8	N	When Residential Status Update Flag field is 0, the Residential Status-At Admission or Start of the Reporting Period field and the Residential Status – At Discharge or End of Reporting Period field must have the same value.
9	N	When Substance Abuse Diagnosis field has valid code other than 999.9996 or 999.9997 or 99.9998 Substance Abuse Problem field must be 1.
10	N	When Mental Health Diagnosis – One field has code 999.9998 Mental Health Diagnosis – Two field and Mental Health Diagnosis – Three field must be 999.9998.

Edit No.	F or N	Edit Criteria
11	N	When Mental Health Diagnosis – Two field has code 999.9996 Mental Health Diagnosis – Three field must be 999.9996.
Applies in Year 2 onwards	N	When Client Treatment Status At End of Reporting Period field is '01' (continuing client) in prior reporting year, the Client Treatment Status At the Start of Reporting Period field must be '2' (Continuing client).
Applies in Year 2 onwards	N	When Client Treatment status At the End of Reporting Period field is not '01' (Discharged Client) in the prior year and the client comes back in current year, his/her Client Treatment Status At the Start of Reporting Period field must be '1' (New Client).
State Hospital Readmission Data Set		
1	F	End of Reporting Period must be greater than Start of Reporting Period.
2	F	Client in SHR data set must be in BCI data set as well.
3	N	When Discharge Reason is '06' (Death), the Number of Days Elapsed Before Readmitted to State Hospital field must be '998'.
4	N	When Number of Days Elapsed Before Readmission to State Hospital is 998 (that means, there was no subsequent readmission after the last discharged date), Readmission Legal Status field should be 98.

APPENDIX A

Sample Data File Edit Reports

Sample Basic Client Information Dataset Data Edit Report

State: XX

Page 1 of 2

Report Timestamp: 4/1/2011 11:19:51AM

Data File Name: ---- 2/13/2009 11:44:47 AM
 Data File Processed Date: ---- CLPDE_02072009.TXT
 Data File Type: ---- Test
 For Report Period: ---- 7/1/2007 to 6/30/2008
 Data File Acceptance Status: ---- Did not pass; corrections needed

File Summary For Current Submission											
Records Tested	Duplicate Records	Fields Tested	Field Fatal Errors		Field Non-Fatal Errors		RS Edits	RS Fatal Errors		RS Non-Fatal Errors	
			Number	Ratio	Number	Ratio		Number	Ratio	Number	Ratio
11,828	0	248,388	0	0.00%	20	0.01%	189,253	0	0.00%	4	0.00%

Field Data Edit Statistics for Current Submission					
Data Element Name	Number Tested	Number Passed	Number Failed	Error Ratio	Error Occurred in Line#(**)
Record Type	11828	11828	0	0	
Client Identifier	11828	11828	0	0	
Client Treatment Status at the Start of the Reporting Period	11828	11828	0	0	
Client Treatment Status at the End of the Reporting Period	11828	11828	0	0	
Gender	11828	11828	0	0	
Age	11828	11828	0	0	
Race	11828	11828	0	0	
Ethnicity	11828	11828	0	0	
SMI/SED Status	11828	11828	0	0	
Competitive Employment Status (Aged 16+) -- At Admission or Start of the Reporting Period	11828	11838	0	0	
Competitive Employment Status (Aged 16+) -- At Discharge or End of Reporting Period	11828	11820	8	0	2763, 3530, 3748, 4859, 6651, 7293, 8317, 8632
Competitive Employment Status Update Flag	11828	11821	7	0	2587, 3254, 486, 7463, 7658, 7662, 8137
Residential Status -- At Admission or Start of the Reporting Period	11828	11828	0	0	
Residential Status -- At Discharge or End of the Reporting Period	11828	11828	0	0	
Residential Status Update Flag	11828	11828	0	0	

Basic Client Information Dataset Data Edit Report

Report Timestamp: 4/1/2011
11:19:51AM

State: XX

Page 2 of 2

Data Element Name	Number Tested	Number Passed	Number Failed	Error Ratio	Error Occurred in Line#(**)
Service Setting Status Throughout the Reporting Period	11828	11828	0	0	
MH Diagnosis -- One	11828	11828	0	0	
MH Diagnosis -- Two	11828	11823	5	0	1001, 1256, 1893, 2008, 7845
MH Diagnosis -- Three	11828	11828	0	0	
Substance Abuse Diagnosis	11828	11828	0	0	
Substance Abuse Problem	11828	11828	0	0	
Marital Status	11828	11828	0	0	

Relational Data Edit Statistics for Current Submission

Relational Data Edit	Number Tested	Number Passed	Number Failed	Error Ratio	Error Occurred in Line#(**)
State name in the data file name must match the State Code field	11828	11828	0		
First record must be header record	11828	11828	0		
Each record must have correct record length	11828	11828	0		
Ending Period must be greater than Beginning Report Period	11828	11828	0		
Number of total client records must match Client Record Count field	11828	11828	0		
Each client detail record must be unique	11828	11828	0		
SMI/SED Status must match the Age Range in Age field	11828	11828	0		
Competitive Employment Status Field must match Age field	11828	11825	3		PR0000601744, PR0001831949, PR0001932387
Same DSM-IV code should not appear twice in MH Diagnosis field	11828	11827	1		683634
Residential Status field must match the Age field	11828	11828	0		

Data Error Statistics Over Time (all submissions so far per reporting period)

Submission #	Field Name	Processed Time	Error Code	Error Description	Field Error Count
1	CLPXX_12232008.TXT	12/30/2008 3:56:13PM	903	Incorrect record length	1
2	CLPXX_12312008.TXT	12/31/2008 03:55:49PM	905	Incorrect client count	1
3	CLPXX_02072009.TXT	2/13/2009 11:44:47AM	101	Invalid field value	20
		2/12/2009 11:44:47AM	201	Incorrect Employment Status coding by client's age	3
		2/12/2009 11:44:47AM	203	Duplicate DSM-IV code	1

****This field only holds up to 2000 characters.**

Sample State Hospital Discharge Dataset Data Edit Report

State: XX

Page 1 of 1

Report Timestamp: 4/1/2011 11:20:30 AM

Data File Name: ---- 2/13/2009 11:49:58 AM
 Data File Processed
 Date: ---- SHDE_02072009.txt
 Data File Type: ---- Test
 For Report Period: ---- 7/1/2007 to 12/30/2007
 Data File Acceptance Status: ---- Did not pass; corrections needed

File Summary For Current Submission

Records Tested	Duplicate Records	Fields Tested	Field Fatal Errors		Field Non-Fatal Errors		RS Edits	RS Fatal Errors		RS Non-Fatal Errors	
			Number	Ratio	Number	Ratio		Number	Ratio	Number	Ratio
9,037	0	45,185	0	0.00%	7	0.02%	27,116	8	0.03%	15	0.06%

Field Data Edit Statistics for Current Submission

Data Element Name	Number Tested	Number Passed	Number Failed	Error Ratio	Error Occurred in Line#(**)
Client Identifier	9037	9037	0	0	
Discharge Sequence Number	9037	9030	7	0	123, 967, 1023, 1123, 1456, 2345, 2367
Discharge Reason	9037	9037	0	0	
Number of Days Elapsed Before Readmission to State Hospital	9037	9037	0	0	
Readmission Legal Status	9037	9037	0	0	

Relational Data Edit Statistics for Current Submission

Relational Data Edit	Number Tested	Number Passed	Number Failed	Error Ratio	Error Occurred in Line#(**)
State name in the data file name must match the State Code field	9037	9037	0		
First record must be header record	9037	9037	0		
Each record must have correct record length	9037	9037	0		
Ending Period must be greater than Beginning Report Period	9037	9037	0		
Number of total client records must match Client Record Count field	9037	9037	0		
Each client detail record must be unique	9037	9037	0		
Client must already exist in Basic Client Information Dataset	9037	9029	8		13,23,29,145,1789,2156,5689,1245
Number of Days Elapsed before Readmission to State Hospital must be 0 when discharge reason is death	9037	9032	5		PR0000018925,PR0000019121,PR0000046745,PR0000046952,PR0000047085

State Hospital Discharge Dataset Data Edit Report

State: XX

Page 2 of 2

Report Timestamp: 4/1/2011 11:20:30 AM

When there is no readmission for discharge episode, Readmission Legal Status must be 98

9037 9027 10

PR0000000425,PR0000000450,PR0000000763,
PR0000000814,PR0000001241,PR0000001878,
PR0000001895,PR0000001895,PR0000001932,
PR0000001960

Data Error Statistics Over Time (all submissions so far per reporting period)

Submission #	Field Name	Processed Time	Error Code	Error Description	Field Error Count
1	SHXX_01062009.TXT	1/15/2009 4:56:19PM	101	Invalid Field Value	1563
		1/15/2009 04:56:19PM	300	No matching client id	2364
2	SHXX_01282009.TXT	1/29/2009 10:26:14PM	903	Incorrect record length	1
		2/13/2009 11:08:36AM	101	Invalid Field Value	1557
3	SHDE_02072009.txt	2/13/2009 11:08:36AM	300	No matching client id	2728
		2/13/2009 11:08:36AM	301	Incorrect number of days prior to readmission	3396
		2/13/2009 11:08:36AM	302	Incorrect Readmission Legal Status code for no readmission	2710
		2/13/2009 11:49:59AM	101	Invalid Field Value	7
4	SHDE_02072009.txt	2/13/2009 11:49:59AM	300	No matching client id	8
		2/13/2009 11:49:59AM	301	Incorrect number of days prior to readmission	5
		2/13/2009 11:49:59AM	302	Incorrect Readmission Legal Status code for no readmission	10
		2/13/2009 11:49:59AM	302	Incorrect Readmission Legal Status code for no readmission	10

**** This field only holds up to 2000 characters**

APPENDIX B

Sample Data Sets Acceptance Summary Report

Acceptance Summary Report

State: XX

Page 1 of 2

Report Timestamp:

Data File Name: Basic Client Information Data file
 Data File Submission Date: xx/xx/xx
 Data File Processed Date: xx/xx/xx
 Data File Type: P
 For Report Period: xx/xx/xx to xx/xx/xx
 Data File Acceptance Status: Accepted with no errors

File Summary for Current Submission

BCI DATA FILE

records have been processed with ## duplicate records

Overall State Client Profile:

Current Submission		Previous Submission	
Count	% to Total	Count	% to Total

Total served by gender:

Male

Female

Children Served (younger than 18 yrs old)

With SED

Adults served (18 and older)

With SMI

Clients with one service only

Clients with recent update on employment

Clients with recent update on residential status

Optional elements:

Marital Status

GAF

CGAS

Data File Name: State Hospital Readmission Data file
 Data File Submission Date: xx/xx/xx
 Data File Processed Date: xx/xx/xx
 Data File Type: P
 For Report Period: xx/xx/xx to xx/xx/xx
 Data File Acceptance Status: Accepted with no errors

File Summary for Current Submission

SHR DATA FILE

have been processed with ## duplicate records

Overall State Client Profile:

	Current Submission		Previous Submission	
	Count	% to Total	Count	% to Total
Discharges				
Unique clients				
Episodes				
Readmissions				
None				
Zero (same day)				
Legal Status				
Forensic				
Non-Forensic				

APPENDIX C

SAMPLE STATE DATA CROSSWALK

Client Level Data Project Data		
CLD #	Code	Data Item Description
	12	Discharged with Treatment Completed
	22	Discharged due to lost contact/ administrative discharge
	32	Discharged to corrections, jail
	42	Discharged due to death of client
	42	Discharged due to death of client
	42	Discharged due to death of client
	42	Discharged due to death of client
	42	Discharged due to death of client
	42	Discharged due to death of client
	42	Discharged due to death of client
	42	Discharged due to death of client
	52	Aged out
	62	Discharged Due To Other Specified Reasons
	62	Discharged Due To Other Specified Reasons
	62	Discharged Due To Other Specified Reasons
	72	Discharged, Reason Unknown
	72	Discharged, Reason Unknown
	82	Discharged, Reason Not Collected
C-04	Gender	
	1	Male
	1	Male
	2	Female
	2	Female
	7	Unknown
	8	Not Collected
C-05	Age	
	<=85	

State Data			State Comment
State #	State Code	Data Item Description	
	2	Treatment Completed (planned discharge by mutual agreement)	
	4	Treatment Not Completed, Client decision (AMA, No Show), Unable to locate client	
	8	Client discharged by/to Court or Jail	
	7	Death - Natural Causes	
	9	Death - Accident	
	10	Death - Suicide	
	11	Death - Murder	
	12	Death - Terminal Illness	
	13	Death - Other	
	14	Death - Unknown	
			Not used
	3	Treatment not completed, agency decision	
	5	Transfer to alternative program	
	6	Client Moved	
	96	Not Applicable	
	97	Unknown	
	98	Not Collected	
	Sex		
	01	Male	
	04	Transgender Female to Male	
	02	Female	
	03	Transgender Male to Female	
	97	Unknown	
	98	Not Collected	
	Date of Birth		
	-	Determined by Date of Birth	

Client Level Data Project Data		
CLD #	Code	Data Item Description
	97	Unknown
	98	Not Collected
C-06	Race	
	02	American Indian and Alaska Native
	13	Asian
	23	Native Hawaiian or Other Pacific Islander
	03	Asian or Pacific Islander
	04	Black or African American
	05	White
	20	Some Other Race Alone
	21	Two or More Races
	22	Hispanic
	97	Unknown
	98	Not Collected
C-07	Ethnicity	
	01	Hispanic Origin
	11	Puerto Rican
	12	Mexican
	13	Cuban
	14	Other Specific Hispanic
	02	Not of Hispanic Origin
	97	Unknown
	98	Not Collected

State Data			State Comment
State #	State Code	Data Item Description	
	-		When the DOB field is blank
	-		Not used
	Race		Self-report; client is allowed to check all applicable boxes
	1=yes	Race Indian	(check box)
	1=yes	Race Asian	(check box)
	1=yes	Hawaiian Pacific Islander	(check box)
	1=yes	Not collected	(check box)
	1=yes	Race Black	(check box)
	1=yes	Race White	(check box)
	1=yes	Race Other: Describe: Arab	(check box)
	-		When multiple race fields are checked
	-		Not used
	-		When none of the race fields is checked
	-		Not used
	Ethnicity		
	1=Yes	Hispanic/Latino	
			Not used
	-		Not used
	-		Not used
	-		Not used
	2=No	Hispanic/Latino	
	-		When none of the fields is checked
	-		Not used

Client Level Data Project Data		
CLD #	Code	Data Item Description
C-08	SMI/SED Status	
	1	SMI
	2	SED
	3	At risk for SED
	4	Not SMI or SED
	7	Unknown
	8	Not Collected
C-09	Competitive Employment Status (Aged 16+) - - At Admission or Start of the Reporting Period	
	01	Full time
	02	Part time
	03	Unemployed
	14	Homemaker
	24	Student
	34	Retired
	44	Disabled

State Data			State Comment
State #	State Code	Data Item Description	
		SMI/SED	information derived from two separate databases
	1=Yes	SMI	adult MH database has SMI flag checked 'yes'
	1=Yes	SED	children MH database has SED flag checked 'yes'
	-		Not used
	2=No	SMI/SED	adult or children MH databases have SMI or SED flag checked 'no'
			blank field in adult or children MH databases
			Not used
		Employment Status	Collected only for adult (18 yrs and older) priority clients (i.e., SMI)
	01	Employed Full Time (35 hours a week or more; includes Armed Forces)	
	02	Employed Part Time (less than 35 hours a week)	
	03	Unemployed: Consumer is unemployed at the time of admission, but seeking employment	
	06	Not in Labor Force: Homemaker	
	07	Not in Labor Force: Student/Job Training Program	
	08	Not in Labor Force: Retired	
	09	Not in Labor Force: Disabled	

Client Level Data Project Data		
CLD #	Code	Data Item Description
	54	Hospital Patient or Resident of Other Institutions
	64	Other Reported Classification
	74	Sheltered/Non-Competitive employment
	74	Sheltered/Non-Competitive employment
	84	Not in labor force, classification not specified
	05	Employed
	96	Younger than 16 years old – excluded from DOL’s definition of working age population
	97	Unknown
	98	Not Collected
C-10	Competitive Employment Status (Aged 16+) - - At Discharge or End of the Reporting Period	
	01	Full time
	02	Part time
	03	Unemployed
	14	Homemaker

State Data			State Comment
State #	State Code	Data Item Description	
	10	Not in Labor Force: Resident/Inmate of Institution	
	11	Not in Labor Force-Other: Unemployed and not seeking employment	
	12	Employment Program: Include persons in transitional & supported employment settings	
	13	Not in Labor Force: Sheltered employment settings	
	-		
	-		
		Age of client is <16	
	97	Unknown	If blank field for adult (18 yrs and older) priority clients (i.e., SMI)
	98	Not Collected	For non-priority clients and all 16-17 years old
	Employment Status		Collected only for adult (18 yrs and older) priority clients (i.e., SMI)
	01	Employed Full Time (35 hours a week or more; includes Armed Forces)	
	02	Employed Part Time (less than 35 hours a week)	
	03	Unemployed: Consumer is unemployed at the time of admission, but seeking employment	
	06	Not in Labor Force: Homemaker	

Client Level Data Project Data		
CLD #	Code	Data Item Description
	24	Student
	34	Retired
	44	Disabled
	54	Hospital Patient or Resident of Other Institutions
	64	Other Reported Classification
	74	Sheltered/Non-Competitive employment
	74	Sheltered/Non-Competitive employment
	84	Not in labor force, classification not specified
	05	Employed
	96	Younger than 16 years old – excluded from DOL’s definition of working age population
	97	Unknown
	98	Not Collected
C-11	Competitive Employment Status Update Flag	
	0	No Data Update
	1	Updated Data
	8	Update status unknown

State Data			State Comment
State #	State Code	Data Item Description	
	07	Not in Labor Force: Student/Job Training Program	
	08	Not in Labor Force: Retired	
	09	Not in Labor Force: Disabled	
	10	Not in Labor Force: Resident/Inmate of Institution	
	11	Not in Labor Force-Other: Unemployed and not seeking employment	
	12	Employment Program: Include persons in transitional & supported employment settings	
	13	Not in Labor Force: Sheltered employment settings	
	-		
	-		
		Age of client <16	
	97	Unknown	If blank field for adult (18 yrs and older) priority clients (i.e., SMI)
	98	Not Collected	For non-priority clients and all 16-17 years old
	Translated Field		
	-	if data submission date of C-10 status = data submission date of C-9	
	-	if data submission date of C-10 status > data submission date of C-9	
			Not used

Client Level Data Project Data		
CLD #	Code	Data Item Description
C-12	Residential Status - At Admission or Start of the Reporting Period	
	01	Homeless
	01	Homeless
	02	Foster Home/Foster Care
	03	Residential Care
	03	Residential Care
	03	Residential Care
	03	Residential Care
	04	Crisis residence
	05	Institutional Setting
	05	Institutional Setting
	05	Institutional Setting
	06	Jail/Correctional Facility
	06	Jail/Correctional Facility
	06	Jail/Correctional Facility
	17	Private Residence -- Independent Living
	27	Private Residence -- Dependent Living
	37	With family/extended family or with non-relative
	87	Private Residence, Living Arrangement Not Available
	08	Other Residential Status
	97	Unknown
	97	Unknown
	98	Not Collected

State Data			State Comment
State #	State Code	Data Item Description	
	Living Situation		
	02	Shelter	
	13	Homeless or Homeless Shelter	
	04	Foster Home or Family Sponsor Home	
	03	Boarding Home	
	05	Lic. Home for Adults	
	06	Community Residential	
	07	Residential Treatment/Alcohol and Drug Rehabilitation	
			Not used
	08	Nursing Home/Physical Rehabilitation	
	09	Inpatient Care	
	12	Other Institutional Setting	
	10	Local Jail or Correctional Facility	
	11	State Correctional Facility	
	14	Juvenile Detention Center	
	-		Not used
	-		Not used
	15	Living with family/extended family or with non-relative (< Age 18)	
	01	Private Residence (>=Age 18)	
	-		Not used
	96	Not Applicable	
	97	Unknown	
	98	Not Collected	

Client Level Data Project Data		
CLD #	Code	Data Item Description
C-13	Residential Status - At Discharge or End of the Reporting Period	
	01	Homeless
	01	Homeless
	02	Foster Home/Foster Care
	03	Residential Care
	03	Residential Care
	03	Residential Care
	03	Residential Care
	04	Crisis residence
	05	Institutional Setting
	05	Institutional Setting
	05	Institutional Setting
	06	Jail/Correctional Facility
	06	Jail/Correctional Facility
	06	Jail/Correctional Facility
	17	Private Residence -- Independent Living
	27	Private Residence -- Dependent Living
	37	With family/extended family or with non-relative
	87	Private Residence, Living Arrangement Not Available
	08	Other Residential Status
	97	Unknown
	97	Unknown
	98	Not Collected

State Data			State Comment
State #	State Code	Data Item Description	
	Living Situation		
	02	Shelter	
	13	Homeless or Homeless Shelter	
	04	Foster Home or Family Sponsor Home	
	03	Boarding Home	
	05	Lic. Home for Adults	
	06	Community Residential	
	07	Residential Treatment/Alcohol and Drug Rehabilitation	
			Not used
	08	Nursing Home/Physical Rehabilitation	
	09	Inpatient Care	
	12	Other Institutional Setting	
	10	Local Jail or Correctional Facility	
	11	State Correctional Facility	
	14	Juvenile Detention Center	
	-		Not used
	-		Not used
	15	Living with family or extended family or with non-relative (< Age 18)	
	01	Private Residence (>=Age 18)	
	-		Not used
	96	Not Applicable	
	97	Unknown	
	98	Not Collected	

Client Level Data Project Data		
CLD #	Code	Data Item Description
C-14	Residential Status Update Flag	
	0	No Data Update
	1	Updated Data
	8	Update Status Unknown
C-15	Service Setting Status Throughout the Reporting Period	
	1	State Psychiatric Hospital
	1	State Psychiatric Hospital
	2	SMHA-Funded/Operated Community-Based Program
	3	Residential Treatment Center
	4	Other Psychiatric Inpatient
	5	Institutions under the Justice System
C-16	One-Time Service Flag	
	1	One-Time Service (client had one-time service event throughout the reporting period)
	2	Client had multiple service events during the reporting period
C-17	Mental Health Diagnosis--One	
	XXX.XXXX	DSM-IV, ICD-p or ICD-10 Mental Health Diagnosis Code
	999.9997	Unknown
	999.9998	Not Collected
C-18	Mental Health Diagnosis--Two	

State Data			State Comment
State #	State Code	Data Item Description	
		Translated Field	
	-	if data submission date of C-13 status = data submission date of C-12	
	-	if data submission date of C-13 status > data submission date of C-12	
			Not used
	Agency Code		
	100	State Hospital	
	200	State Hospital	
	300	All other Agencies i.e. PACT, CMHC, Outpatient Clinics	
	110	Residential Treatment Center for Children	
	120	Inpatient (Level of Care)	
	130	Jail	
			Derived from claims
			1 claim or several claims with same service date filed during the reporting period
			>1 claim
			Axis I Prim
	XXX.XXX	DSM IV code	
			If blank field
			Not used
			Axis I or II Sec

Client Level Data Project Data		
CLD #	Code	Data Item Description
	02	Married/Living as couple
	03	Separated
	04	Divorced
	05	Widowed
	97	Unknown
	98	Not Collected
O-02	Global Assessment of Functioning (adults)/Children's Global Assessment Scale	
	0-100	Specify the level of GAF/CGAS
	997	Unknown
	998	Not Collected
R-03	Discharge Reason	
	01	Completed State Hospital Inpatient Treatment
	02	Released by or to Courts
	03	Left Against Medical Advise/Eloped or Failed to Return from Leave/Non Compliance with Treatment and/or Policy
	04	Client Choice
	05	Extended Placement
	06	Death
	07	Discharged to Other Psychiatric Inpatient Provider
	08	Discharged to an Acute Medical Facility for Medical Services
	09	Discharged, Reason not Classified
	97	Unknown
	98	Not Collected
R-05	Readmission Legal Status	

State Data			State Comment
State #	State Code	Data Item Description	
	05	Living as Married	
	06	Separated	
	03	Divorced	
	04	Widowed	
	97	Unknown	
	98	Not Collected	
	GAF (adult)/CGAS (child)		
	0-100	GAF/CGAS	
	-	Unknown	blank field
			Not used
	Discharge Clinical Status and Primary Referral at Discharge		Crosswalks with the BHPMS data elements
	01	BHPMS Discharge Clinical Status	
	03	BHPMS Discharge Clinical Status	
	04, 05, 07	BHPMS Discharge Clinical Status	
	12	BHPMS Discharge Clinical Status	
	11	BHPMS Discharge Clinical Status	
	06	BHPMS Discharge Clinical Status	
	13, 21	BHPMS Discharge Clinical Status code 13 and Primary Referral at Discharge code 21	
		BHPMS Discharge Clinical Status code 13 and Primary Referral at Discharge code 22	
	-	-	Not used
	97		Blank field
	98	Not Collected	Not Used
	Legal Status		

Client Level Data Project Data			State Data			State Comment
CLD #	Code	Data Item Description	State #	State Code	Data Item Description	
	01	Voluntary- self		-	-	Not used
	02	Voluntary – others (by guardian, parents, etc.)		-	-	Not used
	03	Involuntary – Civil		1	Involuntary -- Civil	
	04	Involuntary – Criminal		2	Involuntary -- Criminal	
	05	Involuntary – Juvenile Justice		-	-	Not used
	06	Involuntary – Civil – Sexual		3	Sexual Offender	
	97	Unknown		7	Unknown	
	98	Not Collected		8	Not Collected	

APPENDIX D

FREQUENT ERRORS IN DATA FILE SUBMISSION (BASED ON CLIENT LEVEL PILOT PROJECT EXPERIENCE)

Common Mistakes in Client-Level Data Reporting

5 Common mistakes in reporting	Year 1 (# of states)	Year 2 (# of states)
Record length (fatal error)	5	3
Client record count (fatal error)	5	3
Duplicates (diagnosis codes)	7	4
Relational edits	9	9
SH discharge sequence number	4	3

- **Problems in BCI data file:**

1. Incorrect record length – caused by failure to pad spaces/zeros when the field value length is less than the defined length. Problem was resolved by working with the State to implement the required record layout.
2. Service Setting Status Throughout the Reporting Period --- caused by failure to pad zeros or use the appropriate justification (e.g., entries were left justified when the data field calls for right justification). Problem was resolved by working with the State to implement the prescribed reporting convention.
3. SMI/SED and Age relational data edits (e.g., a 54 year old consumer with SED status) – Problem was resolved by working with the State to implement the required coding convention.
4. Employment Status and Age relational data edits (e.g. Age=04 and EmployStatus=64 (Other)) – Problem was resolved by working with the State to implement the required coding convention.
5. Invalid AXIS codes – caused by failure to match all five digits of the reported DSM IV codes to the NRI Table of DSM Codes. Problem was resolved by adjusting the edit statement to check for a one-to-one matching of the first four digits of the code instead of all five digits of the code.
6. Same DSM-IV code appears twice in different MH Diagnosis fields.

- **Problems in SH data file:**

1. Wrong data entry for SH flag (e.g., consumers in the State Hospital/Consumer Survey data files with no BCI but has the flag checked indicating they can be found in both files).
2. Relational edit: number of days prior to readmission and Cause of Discharge (e.g. number of days prior to readmission should be zero if Cause of Discharge is death). Problem was resolved by working with the State to implement the required coding convention.
3. Relational edit: legal status for consumers and number of days prior to readmission (e.g. if the number of days prior to readmission is zero (meaning, no readmission after discharge), the legal status for readmission should be 98 (not available). Problem was resolved by working with the State to implement the required coding convention.

APPENDIX E

MAPPING OF MENTAL HEALTH DATA ELEMENTS TO TEDS DATA ELEMENTS

CLD and TEDS Crosswalk

CLD Item Number	CLDP Data Element	TEDS tem Number	TEDS Data Element
Data Elements for Current Reporting			
C-01	Client Identifier	MDS_2	Client ID
-	15 Alphanumeric characters	-	15 Alphanumeric characters
C-02	Client Treatment Status At the Start of the Reporting Period	MDS_4	Client Transaction Type (a reported record in the Admission Data Set)
1	New Client	A	Admission
2	Continuing Client	T	Transfer/Change in Service
C-03	Client Treatment Status At the End of the Reporting Period		A reported record in the Discharge Data Set
01	Continuing Client	-	-
12	Discharged with Treatment Completed	-	-
22	Discharged Due to Lost Contact/Administrative Discharge	-	-
32	Discharged To Correction, Jail	-	-
42	Discharged Due to Death of Client	-	-
52	Aged Out	-	-
62	Discharged Due to Other Specified Reasons	-	-
72	Discharged, Reason Unknown	-	-
82	Discharged, Reason Not Collected	-	-
C-04	Gender	MDS_9	Sex
1	Male (includes transgendered male)	1	Male
2	Female (includes transgendered female)	2	Female
7	Unknown	7	Unknown
8	Not Collected	8	Not Collected
C-05	Age (calculated field)	MDS_8	Date of Birth
0-85	Age should be <=85	MMDDYYYY	Date of Birth
97	Unknown	01010007	Unknown
98	Not Collected	01010008	Not Collected
C-06	Race	MDS_10	Race
02	American Indian and Alaska Native	01	Alaska Native
02	American Indian and Alaska Native	02	American Indian (Other than Alaska Native)
03	Asian or Pacific Islander (temporary code)	03	Asian or Pacific Islander
04	Black or African American	04	Black or African American
05	White	05	White
13	Asian	13	Asian
20	Some Other Race Alone	20	Other Single Race
21	Two Or More Races	21	Two or More Races
22	Hispanic (temporary code)	-	-
23	Native Hawaiian or Other Pacific Islander	23	Native Hawaiian or Other Pacific Islander

CLD and TEDS Crosswalk

97	Unknown	97	Unknown
98	Not Collected	98	Not Collected
C-07	Ethnicity	MDS_11	Ethnicity
01	Hispanic Origin Regardless of Race	06	Hispanic-Specific Origin not specified
02	Not Of Hispanic Origin	05	Not of Hispanic Origin
11	Puerto Rican (optional)	01	Puerto Rican
12	Mexican (optional)	02	Mexican
13	Cuban (optional)	03	Cuban
14	Other Specific Hispanic (optional)	04	Other Specific Hispanic
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected
C-08	SMI/SED Status	-	Not Collected
1	SMI	-	-
2	SED	-	-
3	At Risk for SED (Optional)	-	-
4	Not SMI or SED	-	-
7	Unknown	-	-
8	Not Collected	-	-
C-09	Competitive Employment Status (aged 16+) at admission or start of the reporting period	MDS_13	Employment Status
01	Full Time	01	Full Time
02	Part Time	02	Part Time
03	Unemployed	03	Unemployed
05	Employed -- Full time/Part time not differentiated (temporary code)	-	-
84	Not In Labor Force, Classification Not Specified	04	Not in Labor Force
96	Younger Than 16 Years Old - Excluded from DOL's Definition of Working Age Population	-	-
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected
C-09	Competitive Employment Status (aged 16+) at admission or start of the reporting period (continuation)	SUSD_12	Detailed Not In Labor Force
14	Homemaker	01	Homemaker
24	Student	02	Student
34	Retired	03	Retired
44	Disabled	04	Disabled
54	Hospital Patient or Resident of Other Institutions (e.g., Correctional Facilities, Nursing Homes, Mental Health Care Facilities, etc.)	05	Inmate of Institution
64	Other Reported Classification (e.g. volunteers)	06	Other
74	Sheltered/Non-Competitive Employment	-	-
C-10	Competitive Employment Status (aged 16+) at discharge or end of the reporting period	DIS_24	Employment Status At Discharge

CLD and TEDS Crosswalk

01	Full Time	01	Full Time
02	Part Time	02	Part Time
03	Unemployed	03	Unemployed
05	Employed -- Full time/Part time not differentiated (temporary code)	-	-
84	Not In Labor Force, Classification Not Specified	04	Not in Labor Force
96	Younger Than 16 Years Old - Excluded from DOL's Definition of Working Age Population	-	-
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected
C-10	Competitive Employment Status (aged 16+) at discharge or end of the reporting period (continuation)	DIS_25	Detailed Not In Labor Force At Discharge
14	Homemaker	01	Homemaker
24	Student	02	Student
34	Retired	03	Retired
44	Disabled	04	Disabled
54	Hospital Patient or Resident of Other Institutions (e.g., Correctional Facilities, Nursing Homes, Mental Health Care Facilities, etc.)	05	Inmate of Institution
64	Other Reported Classification (e.g. volunteers)	06	Other
74	Sheltered/Non-Competitive Employment	-	-
C-11	Competitive Employment Status Update Flag	-	Not Collected
0	No Update	-	-
1	Updated	-	-
8	Unknown	-	-
C-12	Residential Status – at admission or start of the reporting period	SUDS_8	Living Arrangements
01	Homeless	01	Homeless
02	Foster Home/Foster Care	02	Dependent Living
03	Residential Care	02	Dependent Living
04	Crisis Residence	02	Dependent Living
05	Institutional Setting	02	Dependent Living
06	Jail/Correctional Facility	02	Dependent Living
08	Other Residential Status	-	-
17	Private Residence, Independent Living (adult use only)	02	Independent Living
27	Private Residence, Dependent Living (adult use only)	03	Dependent Living
37	With Family/Extended Family or With Non-Relative (for children use only, and 18-21 years old served under Children Mental Health)	03	Dependent Living
87	Private Residence, Living Arrangement Not Specified	-	-
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected
C-13	Residential Status – at discharge or end of the reporting period	DIS_23	Living Arrangements At Discharge

CLD and TEDS Crosswalk

01	Homeless	01	Homeless
02	Foster Home/Foster Care	02	Dependent Living
03	Residential Care	02	Dependent Living
04	Crisis Residence	02	Dependent Living
05	Institutional Setting	02	Dependent Living
06	Jail/Correctional Facility	02	Dependent Living
08	Other Residential Status	-	-
17	Private Residence, Independent Living	02	Independent Living
27	Private Residence, Dependent Living	03	Dependent Living
37	With Family/Extended Family or With Non-Relative	03	Dependent Living
87	Private Residence, Arrangement Not Specified	-	-
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected
C-14	Residential Status Update Flag	-	Not Collected
0	No Update	-	-
1	Updated	-	-
8	Unknown	-	-
C-15	Service Setting Status Throughout the Reporting Period	MDS_18	Type of Services
1	State Psychiatric Hospital	01	Detox, hospital inpatient
2	SMHA Funded/Operated Community-Based Program	06	Ambulatory, Intensive Outpatient
2	SMHA Funded/Operated Community-Based Program	07	Ambulatory, Non-Intensive Outpatient
2	SMHA Funded/Operated Community-Based Program	08	Ambulatory, Detox
3	Residential Treatment Center	04	Rehabilitation/Residential – short term
3	Residential Treatment Center	05	Rehabilitation/Residential – long term
3	Residential Treatment Center	02	Detox, 24-hour service, free standing residential
4	Other Psychiatric Inpatient	03	Rehabilitation/Residential - Hospital
5	Institutions Under the Justice System	-	-
C-16	One Time Service Event Flag	-	Not Collected
1	One-Time Service during the Reporting Period	-	-
2	Multiple Services during the Reporting Period	-	-
C-17	Mental Health Diagnosis -- One	-	Psychiatric Problem in addition to alcohol or drug problem
DX	Valid MH code (DSM-IV, ICD-9, ICD-10 Codes)	1	Yes
-	-	2	No
999.9997	Unknown	7	Unknown
999.9998	Not Collected	8	Not Collected
C-18	Mental Health Diagnosis -- Two	-	Not Collected
DX	Valid MH code (DSM-IV, ICD-9, ICD-10 Codes)	-	-
999.9996	No Second MH DX	-	-

CLD and TEDS Crosswalk

999.9997	Unknown	-	-
999.9998	Not Collected	-	-
C-19	Mental Health Diagnosis -- Three	-	Not Collected
DX	Valid MH code (DSM-IV, ICD-9, ICD-10 Codes)	-	-
999.9996	No Third MH DX	-	-
999.9997	Unknown	-	-
999.9998	Not Collected	-	-
C-20	Substance Abuse Diagnosis	SUDS_4	DSM Diagnosis (of substance abuse problem)
DX	Valid SA Code (DSM-IV, ICD-9, ICD-10 Codes)	DX	Valid SA Code (DSM-IV (preferred), DSM III)
999.9996	No Substance Abuse DX	-	-
999.9997	Unknown	999.97	Unknown
999.9998	Not Collected	999.98	Not Collected
C-21	Substance Abuse Problem	MDS_14	Substance Problem Code: Primary (A), Secondary (B), and Tertiary (C)
1	Yes		Reported with detailed drug codes (SUDS_1,2,3), by age of first use (MDS_17 A,B,C), by route (MDS_15 A,B,C), and frequency of use (MDS_16 A,B,C)
2	No	01	None
7	Unknown	97	Unknown
8	Not Collected	98	Not Collected
O-01	Marital Status	SUDS_14	Marital Status
01	Never Married	01	Never Married
02	Married/Living as a couple	02	Now Married
03	Separated	03	Separated
04	Divorced	04	Divorced
05	Widowed	05	Widowed
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected
O-02	GLOBAL ASSESSMENT OF FUNCTIONING (GAF/CGAS)	-	Not Collected
0-100	GAF/CGAS Score	-	-
997	Unknown	-	-
998	Not Collected	-	-
R-03	Discharge Reason	DIS_10	Reason for Discharge, Transfer, Or Discontinuance
01	Completed State Hospital Inpatient Treatment	01	Treatment Completed
02	Released by or to Courts	-	-
03	Left against Medical Advise/Eloped or Failed to Return from Leave/ Noncompliance with Treatment and/or Policy	02	Left Against Professional Advice
04	Client Choice	-	-
05	Extended Placement	-	-
06	Death	06	Death

CLD and TEDS Crosswalk

07	Discharged to Other Psychiatric Inpatient Provider	04	Transferred to another substance abuse treatment program or facility
07	Discharged to Other Psychiatric Inpatient Provider	14	Transferred to another substance abuse treatment program or facility, but did not report
08	Discharged to an Acute Medical Facility for Medical Services		
97	Unknown	08	Unknown
98	Not Collected	-	-
R-05	SH Readmission Legal Status	-	Not Collected
01	Voluntary--Self	-	-
02	Voluntary--Others (by guardian, parents, etc.)	-	-
03	Involuntary (Civil)	-	-
04	Involuntary--Criminal	-	-
05	Involuntary--Juvenile Justice	-	-
06	Involuntary -- Civil-Sexual	-	-
97	Unknown	-	-
98	Not Collected	-	-

APPENDIX F

MAPPING OF MENTAL HEALTH DATA ELEMENTS TO TRAC DATA ELEMENTS

CLD and TRAC Crosswalk

CLD Item Number	CLDP Data Element	TRAC Item Number	TRAC Data Element
Data Elements for Current Reporting			
C-01	Client Identifier		
	- 15 Alphanumeric characters	-	Consumer ID
		-	11 characters
C-02	Client Treatment Status At the Beginning of the Reporting Period	-	Not Collected
	1 New Client		
	2 Continuing Client		
C-03	Client Treatment Status At the End of the Reporting Period	-	Not Collected
	01 Continuing Client		
	12 Discharged with Treatment Completed		
	22 Discharged Due to Lost Contact		
	32 Discharged To Correction, Jail		
	42 Discharged Due to Death of Client		
	52 Discharged With Other Reason		
	62 Age Out		
	72 Discharged, Reason Unknown		
	82 Discharged, Reason Not Collected		
C-04	Gender	A1	Gender
	1 Male (includes transgendered male)		- Male
	1 Male (includes transgendered male)		- Transgender
	2 Female (includes transgendered female)		- Transgender
	2 Female (includes transgendered female)		- Female
	- -		- Others, specify
	7 Unknown		- Refused
	8 Not Collected		- -
C-05	Age (calculated field)	A4	Date of Birth
	0-85 Age should be <=85		- Date of Birth
	97 Unknown		- Refused
	98 Not Collected		- -
C-06	Race	A3	Race
	02 American Indian And Alaska Native		- Alaska Native
	02 American Indian And Alaska Native		- American Indian
	03 Asian or Pacific Islander (temporary code)		- -

CLD and TRAC Crosswalk

04	Black or African American		-	Black or African American
05	White		-	White
13	Asian		-	Asian
20	Some Other Race Alone		-	-
21	Two Or More Races		-	-
22	Hispanic (temporary code)		-	-
23	Native Hawaiian or Other Pacific Islander		-	Native Hawaiian or Other Pacific Islander
97	Unknown		-	Refused
98	Not Collected		-	-
C-07	Ethnicity	A2		Ethnicity
01	Hispanic Origin Regardless of Race		-	Yes
02	Not Of Hispanic Origin		-	No
97	Unknown		-	Refused
98	Not Collected		-	-
C-07	Ethnicity (continuation)	A2a		Ethnicity (continuation: If ethnicity is Hispanic origin, cite specific ethnic group)
11	Puerto Rican (optional)		-	Puerto Rican
12	Mexican (optional)		-	Mexican
13	Cuban (optional)		-	Cuban
14	Other Specific Hispanic (optional)		-	Central American
14	Other Specific Hispanic (optional)		-	South American
14	Other Specific Hispanic (optional)		-	Dominican
14	Other Specific Hispanic (optional)		-	Other (Specify)
C-08	SMI/SED Status		-	Not Collected
1	SMI		-	-
2	SED		-	-
3	At Risk for SED (Optional)		-	-
4	Not SMI or SED		-	-
7	Unknown		-	-
8	Not Collected		-	-
C-09	Competitive Employment Status (aged 16+) at admission or start of the reporting period	D3		Employment (Adult Only)
01	Full Time		-	Employed Full Time (35+ hours per week, or would have been)
02	Part Time		-	Employed Part Time
03	Unemployed		-	Unemployed, Looking for Work
05	Employed -- Full time/Part time not differentiated (temporary code)		-	-
14	Homemaker		-	-

CLD and TRAC Crosswalk

24	Student	-	-
34	Retired	-	Unemployed, Retired
44	Disabled	-	Unemployed, Disabled
54	Hospital Patient or Resident of Other Institutions (e.g., Correctional Facilities, Nursing Homes, Mental Health Care Facilities, etc.)	-	-
64	Other Reported Classification (e.g. volunteers)	-	Other(Specify)
64	Other Reported Classification (e.g. volunteers)	-	Unemployed, Volunteer Work
74	Sheltered/Non-Competitive Employment	-	-
84	Not In Labor Force, Classification Not Specified (temporary code)	-	Unemployed, Not Looking for Work
96	Younger Than 16 Years Old - Excluded from DOL's Definition of Working Age Population	-	-
97	Unknown	-	Refused
97	Unknown	-	Don't Know
98	Not Collected	-	-
C-10	Competitive Employment Status (aged 16+) at discharge or end of the reporting period	D3	Employment (Adult Only)
01	Full Time	-	Employed Full Time (35+ hours per week, or would have been)
02	Part Time	-	Employed Part Time
03	Unemployed	-	Unemployed, Looking for Work
05	Employed -- Full time/Part time not differentiated (temporary code)	-	-
14	Homemaker	-	-
24	Student	-	-
34	Retired	-	Unemployed, Retired
44	Disabled	-	Unemployed, Disabled
54	Hospital Patient or Resident of Other Institutions (e.g., Correctional Facilities, Nursing Homes, Mental Health Care Facilities, etc.)	-	-
64	Other Reported Classification (e.g. volunteers)	-	Other (Specify)
64	Other Reported Classification (e.g. volunteers)	-	Unemployed, Volunteer Work
74	Sheltered/Non-Competitive Employment	-	-
84	Not In Labor Force, Classification Not Specified (temporary code)	-	Unemployed, Not Looking for Work
97	Unknown	-	Refused
97	Unknown	-	Don't Know
98	Not Collected	-	-
C-11	Competitive Employment Status Update Flag	-	Not Collected
0	No Update	-	-
1	Updated	-	-
8	Unknown	-	-
C-12	Residential Status – at admission or start of the reporting period	C2	Stability in Housing - Living Place
01	Homeless	-	Homeless (Shelter, Street/Outdoors, Park)

CLD and TRAC Crosswalk

02 Foster Home/Foster Care	- Foster Care (Specialized Therapeutic Treatment)
03 Residential Care	- Group Home
03 Residential Care	- Transitional Living Facility
04 Crisis Residence	- -
05 Institutional Setting	- Nursing Home (Adult)
05 Institutional Setting	- VA Hospital (Adult)
05 Institutional Setting	- Veteran's Home (Adult)
05 Institutional Setting	- Hospital (Medical)
05 Institutional Setting	- Hospital(Psychiatric)
06 Jail/Correctional Facility	- Correctional Facility (Juvenile Detention Center/Jail/Prison)
08 Other Residential Status	- Detoxification/Inpatient or Residential Substance Abuse Treatment Facility
08 Other Residential Status	- Other Housed (Specify)
17 Private Residence, Independent Living (adult use only)	- Owned or Rented House, Apartment, Trailer, or Room (Adult)
17 Private Residence, Independent Living (adult use only)	- Military Base (Adult)
27 Private Residence, Dependent Living (adult use only)	- Someone Else's House, Apartment, Trailer, or Room(Adult)
37 With Family/Extended Family or With Non-Relative (for children use only, and 18-21 years old served under Children Mental Health)	- Caregiver's Owned or Rented House, Apartment, Trailer, or Room (Child)
37 With Family/Extended Family or With Non-Relative (for children use only, and 18-21 years old served under Children Mental Health)	- Someone Else's House, Apartment, Trailer, or Room (Child)
37 With Family/Extended Family or With Non-Relative (for children use only, and 18-21 years old served under Children Mental Health)	- Independent Owned or Rented House, Apartment, Trailer or Room (Child)
87 Private Residence, Living Arrangement Not Available	- -
97 Unknown	- Refused
97 Unknown	- Don't Know
98 Not Collected	- -

C-13 Residential Status – at discharge or end of the reporting period C2

Stability in Housing - Living Place

01 Homeless	- Homeless (Shelter, Street/Outdoors, Park)
02 Foster Home/Foster Care	- Foster Care (Specialized Therapeutic Treatment)
03 Residential Care	- Group Home
03 Residential Care	- Transitional Living Facility
04 Crisis Residence	- -
05 Institutional Setting	- Nursing Home (Adult)
05 Institutional Setting	- VA Hospital (Adult)
05 Institutional Setting	- Veteran's Home (Adult)
05 Institutional Setting	- Hospital (Medical)
05 Institutional Setting	- Hospital(Psychiatric)
06 Jail/Correctional Facility	- Correctional Facility (Juvenile Detention Center/Jail/Prison)
08 Other Residential Status	- Detox/Inpatient or Residential Substance Abuse Treatment Facility

CLD and TRAC Crosswalk

08	Other Residential Status	- Other Housed (Specify)
17	Private Residence, Independent Living (adult use only)	- Owned or Rented House, Apartment, Trailer, or Room (Adult)
17	Private Residence, Independent Living (adult use only)	- Military Base (Adult)
27	Private Residence, Dependent Living (adult use only)	- Someone Else's House, Apartment, Trailer, or Room(Adult)
37	With Family/Extended Family or With Non-Relative (for children use only, and 18-21 years old served under Children Mental Health)	- Caregiver's Owned or Rented House, Apartment, Trailer, or Room (Child)
37	With Family/Extended Family or With Non-Relative (for children use only, and 18-21 years old served under Children Mental Health)	- Someone Else's House, Apartment, Trailer, or Room (Child)
37	With Family/Extended Family or With Non-Relative (for children use only, and 18-21 years old served under Children Mental Health)	- Independent Owned or Rented House, Apartment, Trailer or Room (Child)
87	Private Residence, Living Arrangement Not Available	- -
97	Unknown	- Refused
97	Unknown	- Don't Know
98	Not Collected	- -
C-14	Residential Status Update Flag	- Not Collected
0	No Update	- -
1	Updated	- -
8	Unknown	- -
C-15	Service Setting Status Throughout the Reporting Period	- Not Collected
1	State Psychiatric Hospital	- -
2	SMHA Funded/Operated Community-Based Program	- -
3	Residential Treatment Center	- -
4	Other Psychiatric Inpatient	- -
5	Institutions Under the Justice System	- -
C-16	One Time Service Event Flag	- Not Collected
1	One-Time Service during the Reporting Period	- -
2	Multiple Services during the Reporting Period	- -
C-17	Mental Health Diagnosis -- One	- Not Collected
DX	Valid MH code (DSM-IV, ICD-9, ICD-10 Codes)	- -
999.9997	Unknown	- -
999.9998	Not Collected	- -
C-18	Mental Health Diagnosis -- Two	- Not Collected
DX	Valid MH code (DSM-IV, ICD-9, ICD-10 Codes)	- -
999.9996	No Second MH DX	- -
999.9997	Unknown	- -

CLD and TRAC Crosswalk

999.9998	Not Collected	-	-
C-19	Mental Health Diagnosis -- Three	-	Not Collected
	DX Valid MH code (DSM-IV, ICD-9, ICD-10 Codes)	-	-
999.9996	No Third MH DX	-	-
999.9997	Unknown	-	-
999.9998	Not Collected	-	-
C-20	Substance Abuse Diagnosis	-	Not Collected
	DX Valid SA code (DSM-IV, ICD-9, ICD-10 Codes)	-	-
999.9996	No Substance Abuse DX	-	-
999.9997	Unknown	-	-
999.9998	Not Collected	-	-
C-21	Substance Abuse Problem	-	Not Collected
1	Yes	-	-
2	No	-	-
7	Unknown	-	-
8	Not Collected	-	-
O-01	Marital Status	-	Not Collected
01	Never Married	-	-
02	Married/Living as a couple	-	-
03	Separated	-	-
04	Divorced	-	-
05	Widowed	-	-
97	Unknown	-	-
98	Not Collected	-	-
O-02	GLOBAL ASSESSMENT OF FUNCTIONING (GAF/CGAS)	-	GAF/CGAS
0-100	GAF/CGAS Score	0-100	GAF/CGAS Score (optional)
997	Unknown	-	-
998	Not Collected	-	-
R-03	Discharge Reason	J2	Clinical Discharge Status
01	Completed State Hospital Inpatient Treatment	-	Mutually Agreed Cessation of Treatment
02	Released by or to Courts	-	-
03	Left Against Medical Advice/Eloped or Failed to Return from Leave/ Noncompliance with Treatment and/or Policy	-	-

CLD and TRAC Crosswalk

04	Client Choice	- -
05	Extended Placement	- -
06	Death	- Death
07	Discharged to Other Psychiatric Inpatient Provider	- -
08	Discharged to an Acute Medical Facility for Medical Services	- -
97	Unknown	- No Contact Within 90 Days of Last Encounter
97	Unknown	- Other(Specify)
98	Not Collected	- -
R-05	SH Readmission Legal Status	- Not Collected
01	Voluntary--Self	- -
02	Voluntary--Others (by guardian, parents, etc.)	- -
03	Involuntary--Civil	- -
04	Involuntary--Criminal	- -
05	Involuntary--Juvenile Justice	- -
06	Involuntary -- Civil-Sexual	- -
97	Unknown	- -
98	Not Collected	- -