

**APPENDIX II**

**State Level Data Reporting Capacity  
Checklist - FY2002 State Reports**

**Revised**

**October 2002**



## State Level Data Reporting Capacity Checklist - FY2002 State Reports

Please complete the following form indicating the capacity of the State Mental Health Authority to report the following data elements.

Data Element	Can the State provide this data element currently? (Yes/No)	IF YES,			IF NO,	
		Using Federal CMHS definitions/categories? (Yes/No)	Using State definitions/categories, if different? (Yes/No)	Does the State collect these data at the individual client level? (Yes/No)	Does the State intend to develop a reporting capacity for this data element? (Yes/No)	If Yes, by when will this capacity be in place? (Calendar Year)
<b>Age</b>						
Age - Community settings						
Age - State hospital/inpatient settings						
Age - Same categories/data elements for both community and inpatient						
<b>Gender</b>						
Gender - Community settings						
Gender - State hospital/inpatient settings						
<b>Race/Ethnicity Categories</b>						
- American Indian or Alaska Native-Community settings						
- American Indian or Alaska Native - State hospital/inpatient settings						
- Asian - Community settings						
- Asian - State hospital/inpatient settings						
-- Black or African American - Community settings						

Data Element	Can the State provide this data element currently? (Yes/No)	IF YES,			IF NO,	
		Using Federal CMHS definitions/categories? (Yes/No)	Using State definitions/categories, if different? (Yes/No)	Does the State collect these data at the individual client level? (Yes/No)	Does the State intend to develop a reporting capacity for this data element? (Yes/No)	If Yes, by when will this capacity be in place? (Calendar Year)
- Black or African America - State hospital/inpatient settings						
- Native Hawaiian or Other Pacific Islander - Community settings						
- Native Hawaiian or Other Pacific Islander - State hospital/inpatient settings						
- White - Community settings						
- White - State hospital/inpatient settings						
- More Than One Race Reported - Community settings						
- More Than One Race Reported - State hospital/inpatient settings						
- Hispanic or Latino Origin - Community settings						
- Hispanic or Latinos Origin - State hospital/inpatient						

**Living Situation Categories**

- Homeless Status of Persons Served in the Community (any point in year)						
- Persons Served - State psychiatric hospitals						
- Persons Served - Other psychiatric hospitals						

Data Element	Can the State provide this data element currently? (Yes/No)	IF YES,			IF NO,	
		Using Federal CMHS definitions/categories? (Yes/No)	Using State definitions/categories, if different? (Yes/No)	Does the State collect these data at the individual client level? (Yes/No)	Does the State intend to develop a reporting capacity for this data element? (Yes/No)	If Yes, by when will this capacity be in place? (Calendar Year)

**Employment Status Categories**

- Full time or part time Competitive Employment						
- Unemployed						
- Not in labor force						

**Patient Funding Support Categories**

- Persons Served Through Medicaid						
- Persons Served Through Other Funding Sources						

**Client Turnover Status Categories**

- State Hospitals - Admissions						
- State Hospital – Discharges						
- State Hospital – Average length of service (ALOS) (discharges)						
- State Hospital – ALOS (residents at end of year)						
- Other Inpatient Settings - Admissions						
- Other Inpatient Settings - Discharges						
- Other Inpatient Settings - ALOS (discharges)						

Data Element	Can the State provide this data element currently? (Yes/No)	IF YES,			IF NO,	
		Using Federal CMHS definitions/categories? (Yes/No)	Using State definitions/categories, if different? (Yes/No)	Does the State collect these data at the individual client level? (Yes/No)	Does the State intend to develop a reporting capacity for this data element? (Yes/No)	If Yes, by when will this capacity be in place? (Calendar Year)
- Other Inpatient Settings - ALOS (residents at end of year)						

**State MH Expenditures Categories**

- State hospital expenditure by source of funding						
- Other 24-hour care expenditure by source of funding						
- Ambulatory/ Non 24-Hour care by source of funding						

**Block Grant Non-Direct Service Expenditure Categories**

- Technical Assistance						
- Planning Council						
- Administration						
- Data collection/ reporting						
- Other Activities						

**Client Evaluation of Care (Consumer Survey) Categories**

Clients reporting about Outcomes - Adults						
Families reporting about Outcomes - Children/Adolescents						
Clients reporting about Access - Adults						

Data Element	Can the State provide this data element currently? (Yes/No)	IF YES,			IF NO,	
		Using Federal CMHS definitions/categories? (Yes/No)	Using State definitions/categories, if different? (Yes/No)	Does the State collect these data at the individual client level? (Yes/No)	Does the State intend to develop a reporting capacity for this data element? (Yes/No)	If Yes, by when will this capacity be in place? (Calendar Year)
Families reporting about Access - Children/A adolescents						
Clients reporting about Quality/ Appropriateness - Adults						
Families reporting about Satisfaction - Children/A adolescents						
Clients reporting about Participation in Treatment Planning - Adults						
Clients reporting about General Satisfaction- Adults						
Family participation in Tx planning – Children/a adolescents						
Family member reporting Cultural Sensitivity – Children/adolescents						
Adult Consumer Survey by Demographic Characteristics						
Children’s Survey by Demographic Characteristics						
<b>Dual Diagnosis Status Categories</b>						
Adults Served Who Had A Diagnosis of Substance Abuse (SA)						
Adults with SMI Served Who Had a Diagnosis of SA						

Data Element	Can the State provide this data element currently? (Yes/No)	IF YES,			IF NO,	
		Using Federal CMHS definitions/categories? (Yes/No)	Using State definitions/categories, if different? (Yes/No)	Does the State collect these data at the individual client level? (Yes/No)	Does the State intend to develop a reporting capacity for this data element? (Yes/No)	If Yes, by when will this capacity be in place? (Calendar Year)
Children Served Who Had a Diagnosis of SA						
Children with SED Served Who Had a Diagnosis of SA						

## State Level Data Reporting Capacity Checklist - Developmental Tables

Please complete the following form indicating the capacity of the State Mental Health Authority to report the following data elements.

Data Element	Can the State provide this data element currently? (Yes/No)	IF YES,			IF NO,	
		Using Federal CMHS provisional definitions/categories? (Yes/No)	Using State definitions/categories, if different? (Yes/No)	Does the State collect these data at the individual client level? (Yes/No)	Does the State intend to develop a reporting capacity for this data element? (Yes/No)	If Yes, by when will this capacity be in place? (Calendar Year)
Operational Definition to Identify Adults with SMI						
Operational Definition to Identify Children with SED						
Living arrangement - child measure of family-like						
Living arrangement- adult measure of living independently						
Living arrangement - other 24-hr residential						
Supported Housing Services						
Supported Employment Services						
Additions - ACT programs						
Additions - New Generation Medications						
Additions - Supported Housing						
Additions - Supported employment						
Additions - Therapeutic foster care						

Data Element	Can the State provide this data element currently? (Yes/No)	IF YES,			IF NO,	
		Using Federal CMHS provisional definitions/categories? (Yes/No)	Using State definitions/categories, if different? (Yes/No)	Does the State collect these data at the individual client level? (Yes/No)	Does the State intend to develop a reporting capacity for this data element? (Yes/No)	If Yes, by when will this capacity be in place? (Calendar Year)
Discharges - ACT programs						
Discharges - New Generation Medications						
Discharges - Supported Housing						
Discharges - Supported employment						
Discharges - Therapeutic foster care						
School attendance - Children's						
Criminal justice involvement - Adults						
Criminal justice involvement - Children						