

# MENTAL HEALTH CLIENT-LEVEL DATA (CLD) REPORTING PROTOCOL: STATE TRAINING

**NASMHPD Research Institute, Inc. (NRI)**

Sheraton Suites Old Town Alexandria

August 3, 2011

# Memory Lane: How Did We Get Here?

- Early 2007      CMHS commissioned NRI to conduct a client-level data (CLD) reporting pilot
- Fall 2007      Selection of pilot states/Project start-up
- 2008-2009      Implementation of the Pilot
- 2010      Presentation of the CLD **Pilot** results to States
- New DIG Grant announcement requiring State grantees to submit CLD data by 2013
- Technical Assistance** at the DIG Annual Meeting
- Mental Health Client-Level Data Online **Forum** for States to raise their questions and concerns

# Memory Lane: How Did We Get Here? Continued

2011                      Distribution of draft Instruction Manual for  
State review (March)

Consultation with States at the **User Group  
Meetings** (April, May, June)

Presentation of Final Changes on the Protocol  
(June – DIG Annual Meeting)

**TODAY – Aug. 3              State Staff Training on the Final  
Reporting Protocol**

# What's Ahead: Submission Timeline

This shows approximate time periods to complete the specified tasks. However, it is expected that this may vary across states depending on local capacity.

2011

<b>August-September</b>	States develop and complete State Data Crosswalk – Parts 1 and 2; submit to NRI for review
<b>September-October</b>	States prepare and submit test files
<b>September-November</b>	States prepare the complete Basic Client Information (BCI) data file
<b>December 1*</b>	States submit BCI data file and updated Part 2 of the State Data Crosswalk (if necessary)

# What's Ahead: Submission Timeline Continued

This shows approximate time periods to complete the specified tasks. However, it is expected that this may vary across states depending on local capacity and reporting period.

2012

**January – February**

States prepare the complete State Hospital Readmission (SHR) data file

**By March 1**

States submit SHR data file and updated Part 2 of the State Data Crosswalk (if necessary)

**June-November**

States prepare and submit a revised State Data Crosswalk and test files to reflect the reporting of the Criminal Justice Involvement and School Attendance NOMS, and any other changes emanating from either the CMHS or the State information system.

**December 1**

States submit BCI data file with and updated Part 2 of the State Data Crosswalk (if necessary)

# What's Ahead: Submission Timeline Continued

This shows approximate time periods to complete the specified tasks. However, it is expected that this may vary across states depending on local capacity and reporting period.

2013

**January – February**

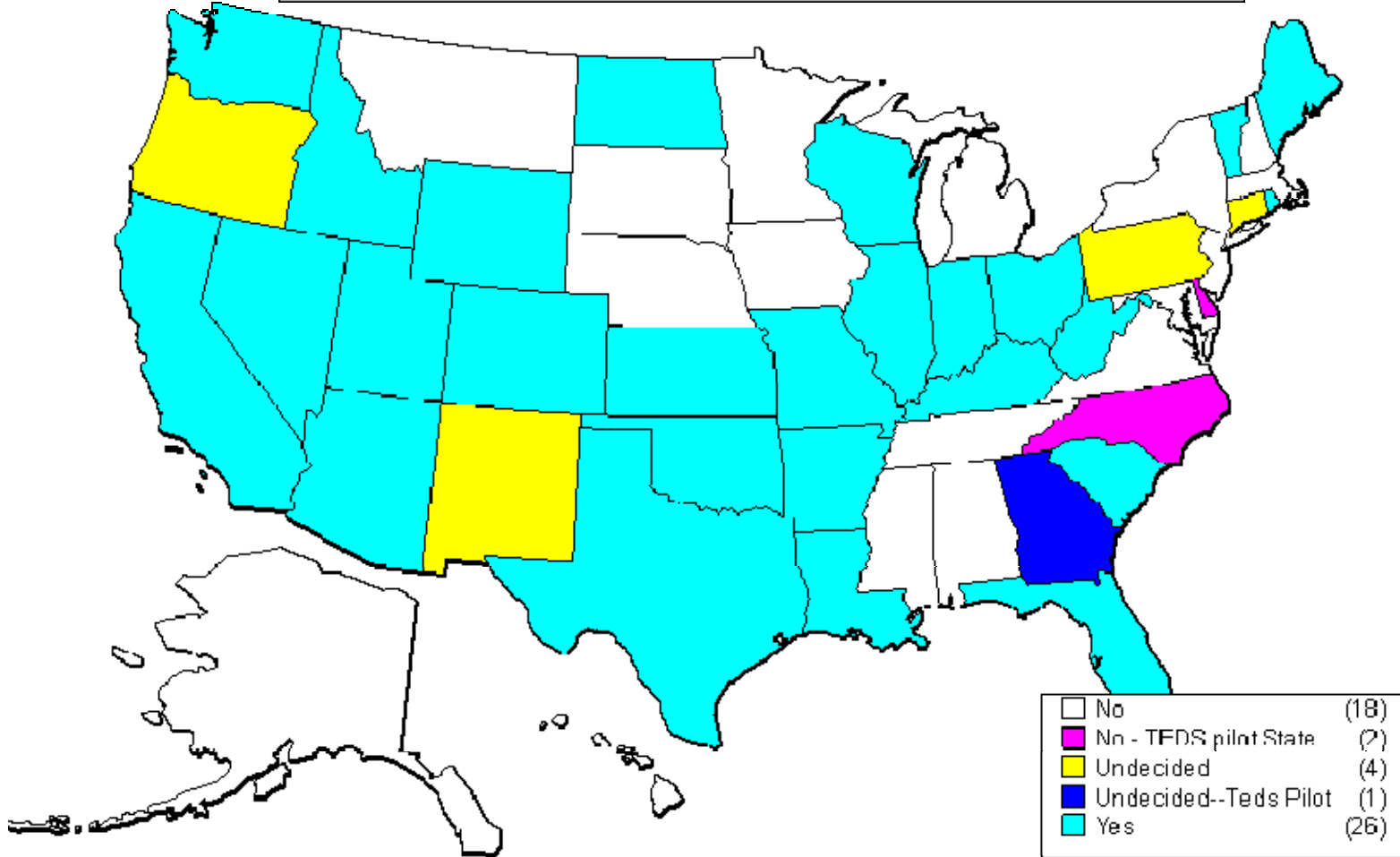
States prepare the complete State Hospital Readmission (SHR) data file

**By March 1**

States submit SHR data file and updated Part 2 of the State Data Crosswalk (if necessary)

**Grant Expectation:** All client-level data for all 5 NOMS from the 2010 DIG State grantees are submitted by the end of Grant period in 2013.

## State Plans to Submit MH DIG CLD in 2011



# Important Concepts and Definitions

# Admission

- **signifies the beginning of mental health service provision provided or funded by the State Mental Health Agency (SMHA) to new clients**
- A new client refers to a person who either
  - (1) has not previously received a service and now started receiving services;
  - (2) had previously received a service and during the reporting period resumed receiving services after being previously discharged or after an extended period of inactivity (no services).

# Discharge

- **Signifies the end of mental health service provision that is provided or funded by the SMHA**
  - **Administrative discharge:** initiated by either the SMHA or the provider due to a client's extended absence from service or loss of contact; or refers to the proxy discharge event using claims/encounter data by States that do not record actual discharges of clients.
  - **(Formal) Discharge:** initiated by the service provider because the client no longer needs further services.

# SMHA 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 for all service types.

# National Outcomes Measures (NOMS)

- **Under the DIG client-level data reporting, the following five of the ten SAMHSA NOMS are reported:**
  - access to services/capacity
  - stability in housing (residential status)
  - 30-day and 180-day state hospital readmission rates
  - employment (adult)/school attendance (child)
  - criminal justice involvement

**\*School Attendance and Criminal Justice Involvement are not reportable in 2011. Standards are currently under review for possible 2012 reporting.**

See the Glossary of Terms and Acronyms  
in the Instruction Manual

# Important Features of the Mental Health Client-Level Data Reporting

# Non-Protected Health Information Data Files

**To observe confidentiality of data and protect consumer privacy:**

- Protected health information are 'translated' to non-PHI
- The use of non-PHI minimizes the risk to the privacy of individuals because the data cannot be used independently or in combination to identify the person

# 12-month reporting period

- **Selection of the reporting period**

- States may choose to use SFY or CY

- Should be consistent with URS reporting period

**Note:** URS Tables 20 and 21 (Readmission NOM) are still due on December 1<sup>st</sup> and current procedure used by States to complete these URS Tables should continue.

- Should use the same period for both client-level data sets

- **Scope**

- All clients who received a service during the reporting period for all:

- treatment settings (community, state hospital, other inpatient, others)
- service types (screening, evaluation, mental health services, support)
- service duration (one-time, short-term, long-term)

- One-State reporting: adults and children information are integrated under one State file

- Inclusions/exclusions criteria (pages 16 and 17 of the Manual)

# Quick Review

## Clients Reported (in):

- Enrolled with the SMHA
  - Have a mental illness (MI) or co-occurring mental illness
  
- Received a service during the reporting period
  - Services provided/funded by programs under the auspices of the SMHA

## Clients Not Reported (out):

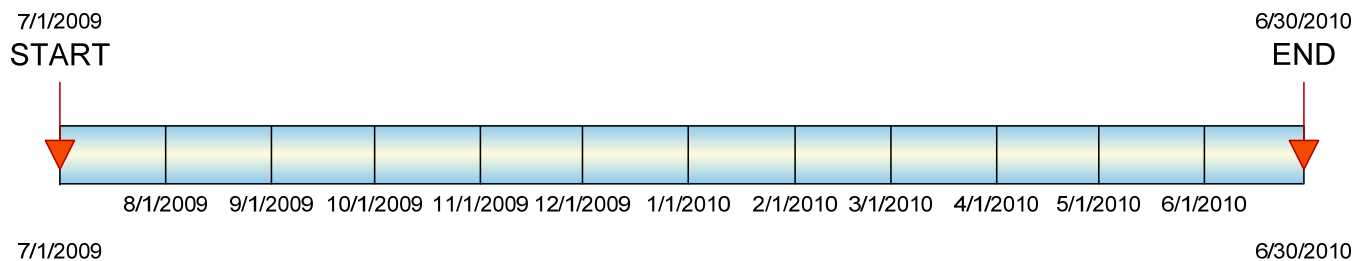
- Not enrolled with the SMHA
- Enrolled but does not have a mental illness (MI) or co-occurring mental illness
  
- May have MI or co-occurring MI but did not receive a service during the reporting period
- May have received a service but NOT from programs under the auspices of the SMHA

# Unduplicated Reporting

- Clients should be unduplicated between children/adult mental health system, across treatment settings (community, state hospital, and other inpatient facilities), and across service providers.
  - If duplication exists (should be kept at a minimum), state should identify where the duplication occurs and report it in the State Data Crosswalk

# Two Important Data Points

- **Start** and **End** of the reporting period
  - Used as reference points for when to report the data:



- Clients are assigned a status at the start:
  - New
  - Continuing
- Client are assigned a status at the end:
  - Continuing
  - Discharged
- Outcomes status are reported 2 times during the reporting period: status at the start and status at the end
  - Employment
  - Residence

# Definition: New Clients

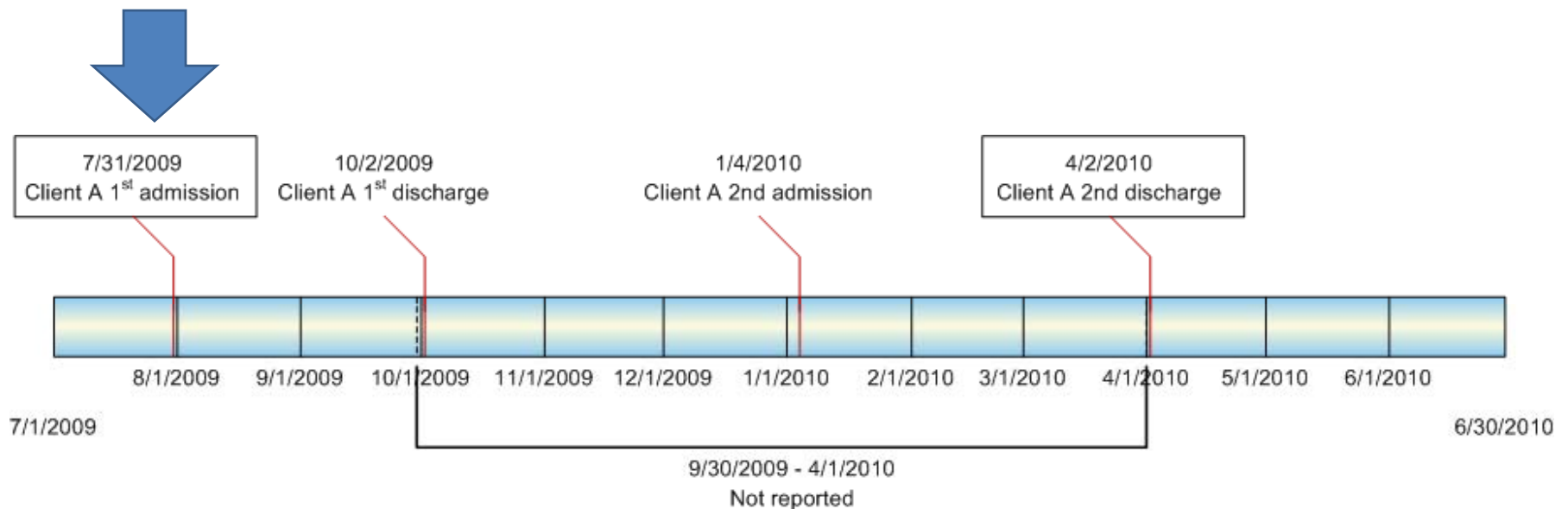
- Clients who either:
  - (1) have not previously received a service and now started receiving services from a program provided or funded by the SMHA;
  - (2) had previously received a service from a program provided or funded by the SMHA and during the reporting period resumed receiving services after being previously discharged or after an extended period of inactivity (no services).

# Definition: Continuing Clients

- Clients already in the SMHA caseload at the start of the reporting period
  - they were admitted prior to the start of the reporting period
  - have not been discharged
  - received a service during the reporting period
- Clients with a 'continuing' status at the end of a reporting period are **expected** to be 'continuing' clients at the start of the next reporting period. See further details.

# Status Reporting: New Clients

- **Status at the start of the reporting period (baseline):**  
**Use data collected at admission.** If there are multiple admission events, use the first admission event.



# Status Reporting: Continuing Clients

- **Status at the start of the reporting period (baseline):  
Use the ‘most recent available’**

## Operational definition

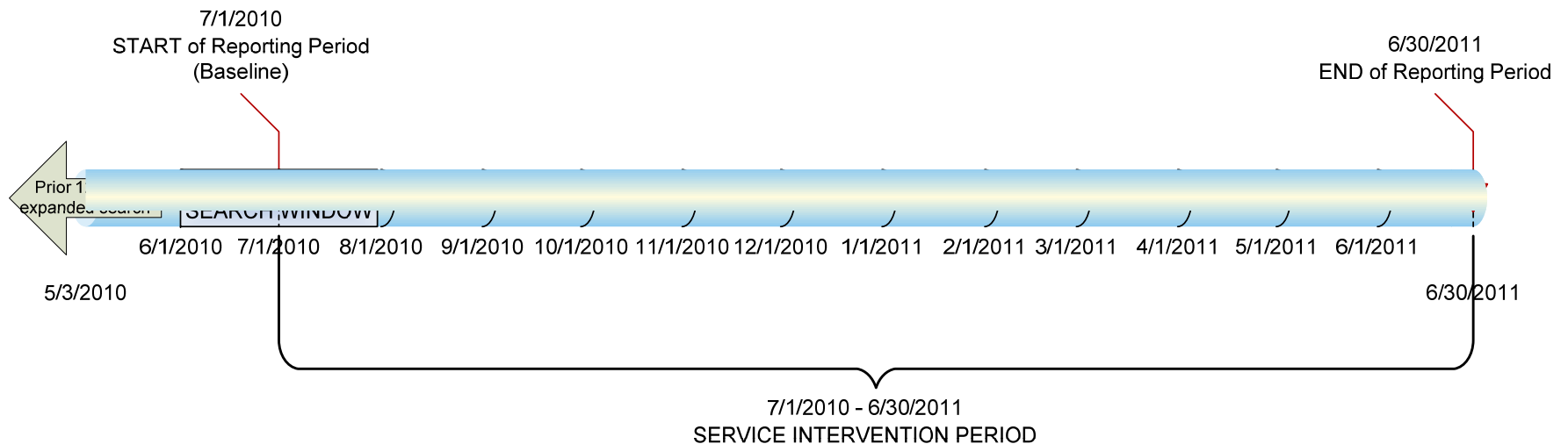
Report the status available on the day closest to the start of the reporting period, within a  $\pm 30$ -day window around the start of the reporting period.

If no status was reported within that  $\pm 30$ -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.’

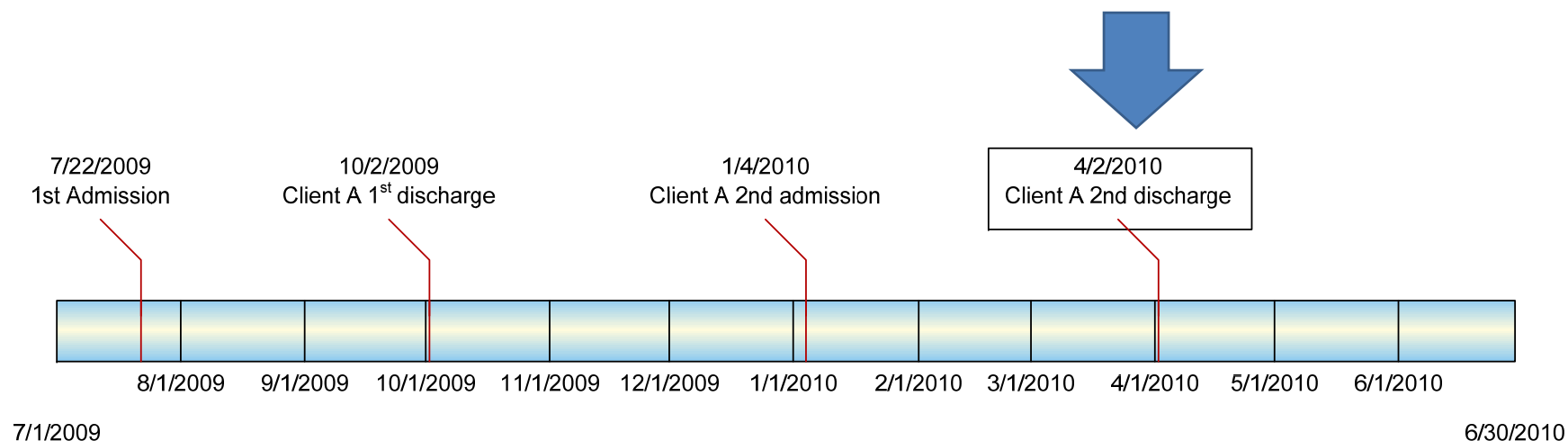
# Status Reporting: Continuing Clients - Illustration

- **Status at the start of the reporting period (baseline): Use data collected using the operational definition of the ‘most recent available’ information.** Choose the closest to the start of the reporting period.



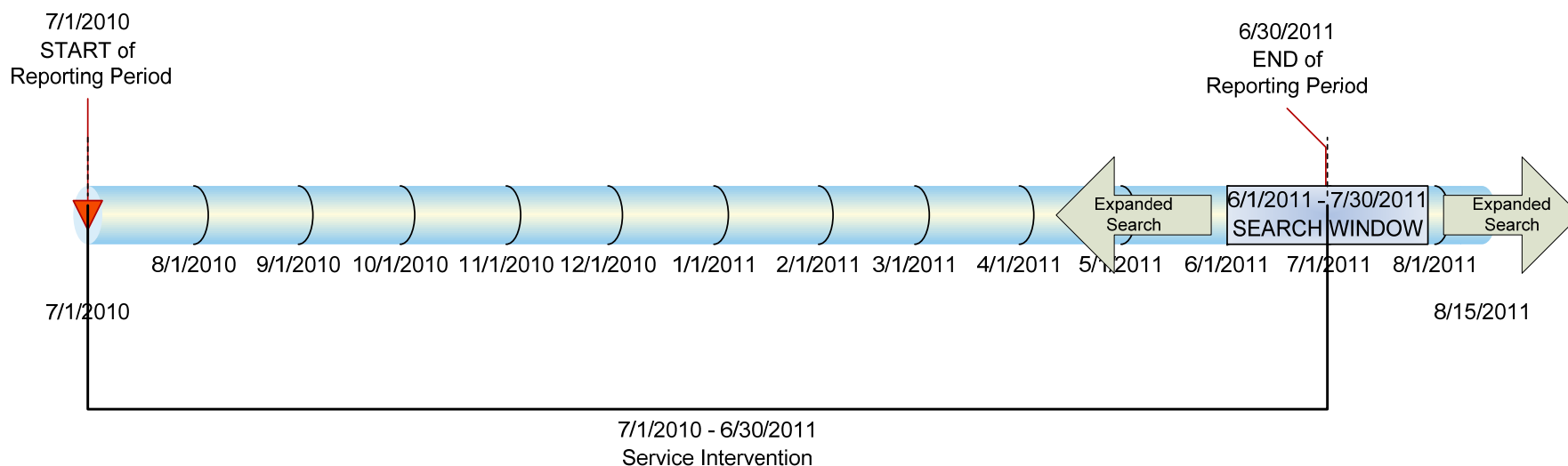
# Status Reporting: Discharged Clients

- **Status at the end of the reporting period: Use data collected at time of discharge.** If not available, report the most recent available.



# Status Reporting: Continuing Clients

- **Status at the end of the reporting period: Use the ‘most recent available’ closest to the end of the reporting period.** Preferably, the expanded search is within the reporting period unless the status outside the reporting period is closest.



# Data Sets

## 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

## 2. State Hospital Readmission (SHR) data set

- due by **March 1st** of the following year



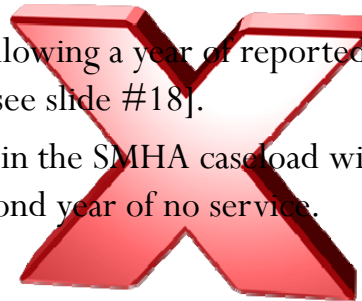
## Recent Change in the Protocol

- Supplemental file:

**A separate file that lists all ‘continuing’ clients from the previous reporting period (e.g. Year 1) who are not included in the succeeding reporting period’s BCI (e.g. Year 2) because they did not receive a service.**

If the client did not receive a service in the next reporting period, complete only the ‘No Service/One-Time Service Event Flag’

- If the client receive a service following a year of reported no service, the client should be considered as New Admission [see slide #18].
- If the client continue to remain in the SMHA caseload with no service, drop the client from reporting in the succeeding second year of no service.



# BCI and SHR Data Files are Linkable

- Use the same reporting period
  - If BCI is using July 1 through June 30 reporting period, the SHR must report July 1 through June 30 discharges
- Use the same non-PHI unique client ID
- All clients reported in the SHR data file should have been reported in the BCI data file



## Reportable State Hospital Discharges in the SHR Data File

- **All discharge events are reported, except those that constitute a transfer:**
  - to a different unit or ward within the same facility

or

- to a medical facility (temporary leave) for short term acute medical treatment

Review **Instructions Manual** with all concerned staff

NOTE:  
State reviews and resubmit corrected state data crosswalk

**Step 1**  
Develop and submit State Data Crosswalk

Approval of State Data Crosswalk

NO

YES

NOTE:  
State reviews **Test File Edit Report** and if required resubmit corrected Test Files (see threshold for errors)

**Step 2**  
Submit Test Files

Acceptance of Test Files

NO

YES

NOTE:  
State reviews **Data Sets Acceptance Summary Report** and if needed resubmit corrected data sets (see instructions for data sets resubmission)

**Step 3**  
Submit BCI (Dec. 1) and SHR data sets (Mar 1)

**END OF DATA SUBMISSION**  
(PROCESS REPEATS FROM STEP 2 IF THE STATE DATA CROSSWALK IS NOT MODIFIED)

# 3-Step Reporting Process



QUESTIONS?

## Step 1: Completion of the State Data Crosswalk

# State Data Crosswalk: Why?

- shows the correspondence between the State data elements, codes, and categories with the CLD elements, codes, and categories
- provides context to State data, data collection protocol, and other relevant information
- guides the State extraction of the data and analysis
- potential to save states lots of work by assuring congruence between State and CLD data elements before programming and data extraction are done

# Crosswalk Template

- **Use the provided template and read instructions before completing the form**

(to expedite review, please do not reformat or move things around)

- **There are 2 parts – both should be completed**

- **Part 1:** Congruence between CLD and State data

- Do not leave any data element/category blank. Specify if the data element is 'Not Collected' or if the category is 'Not Used'.

- **Part 2:** The Contextual section/State footnotes

- Complete to the extent possible and submit with Part 1
- Part 2 can be updated with file submission to add data footnotes

## Crosswalk Template Continued

- Any changes to the State data collection protocol or IT system that will affect State reporting of client-level data would require a resubmission of the crosswalk
- One State reporting means one State data crosswalk. If not feasible for States with separate mental health systems for children and adults, submit a separate crosswalk.

# Part 1: Data Correspondence

## Data Correspondence

### Client-Level Reporting Standard

### State Data Coding System

Residential Status - At Discharge or End of the Reporting Period			Living Situation	
01	Homeless	↔	02	Homeless (living in the street)
01	Homeless	↔	13	Homeless Shelter
02	Foster Home/Foster Care	↔	04	Foster Home or Family Sponsor Home
03	Residential Care		03	Boarding Home
03	Residential Care		05	Licensed Home for Adults
03	Residential Care		06	Community Residential
03	Residential Care		07	Residential Home
04	Crisis residence			Not Used
05	Institutional Setting		08	Nursing Home/Physical Rehabilitation
05	Institutional Setting		12	Other Institutional Setting
06	Jail/Correctional Facility		10	Local Jail or Correctional Facility
06	Jail/Correctional Facility		11	State Correctional Facility

## Not Collected Data Element

Case 1: for all population

Client-Level Reporting Standard

<b>C-19</b>	<b>Mental Health Diagnosis--Three</b>	
	XXX.XXXX	Mental Health Diagnosis Code
	999.9996	No Third Diagnosis
	999.9997	Unknown
	999.9998	Not Collected

State Data Coding System

			Not Collected - State collects 2 diagnoses only (primary and secondary)

**Not Collected Data Element**  
Case 2: for certain population

Client-Level Reporting Standard

C-10	Competitive Employment Status (Aged 16+) -- At Discharge or End of the Reporting Period	
	01	Full time
	02	Part time
	14	Homemaker
	96	Younger than 16 years old – excluded from DOL's definition of working age population
	97	Unknown
	98	Not Collected

State Data Coding System

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)	
06	Not in Labor Force: Homemaker	
	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

**Providing explanation to a translated field**

Client-Level Reporting Standard

State Data Coding System

C-11	<b>Competitive Employment Status Update Flag</b>	
	0	No Data Update
	1	Updated Data

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	

## Writing Comments

### Client-Level Reporting Standard

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

### State Data Coding System

	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)
			Not used
	1=yes	Race Black	(check box)
	1=yes	Race White	(check box)
	1=yes	Race Hispanic	(check box)
	-		When multiple race fields are checked
	-		Not used
	-		When none of the race fields is checked
	-		Not used

## Part 2: Contextual Section

## How To Complete Part 2

- Be clear and concise
- Provide all useful information that will help in the analysis of your data
- Provide specific footnotes that would accompany the reporting of State data
- Read instructions provided in the template
- There are 3 subsections:
  - General Notes
  - Specific information identified in the Manual
  - State footnotes

# General Notes

Reporting Item/Data Element	Requested Information	State Comment
<b>General Reporting</b>		
Client duplication	Areas and magnitude of possible client duplication, if any	
Admission/ Discharges	Describe the State definition or concept of admission and discharges	
Data collection or data update schedule	Specify the frequency and types of data regularly updated by the State	
Reporting Limitations	Cite reasons of possible under-reporting of data, if applicable (e.g. clients served by a different child agency were excluded)	
	Cite reporting exclusions observed by the State, if applicable (e.g. outcomes data, specify, are collected only for target population)	
	Cite other reporting limitations	
Other general comments not covered elsewhere		

# Information Identified in the Manual and State Footnotes

**States should add data elements where specific State data footnotes are needed. The data elements specified below require the State to provide explanations. Other footnotes on these data elements may be added.**

Client ID	Cite if non-PHI ID was created for DIG use only or if State is using the existing non-PHI State ID	
	Describe the method used in creating the non-PHI ID	
	Other State footnotes	
Client Status at the End of the Reporting Period	If Code 22 (discharged due to lost contact or administrative discharge) is used, explain the State's administrative discharge policy. Otherwise, cite if the code is used per the CLD claims/encounter data coding guideline.	
	Other State footnotes	



QUESTIONS?

## **STEP 2: TEST FILES**

# Test File Submission

**States are encouraged to implement the data edits in the Manual before submitting the test files**

- Shorter version of the complete data set
- No more than 500 unique client records for BCI file and 10% of overall total discharge events for SHR file
- Should have a good sample of both adults and children data
- Follow the submission protocol
- Both BCI and SHR test files must be submitted during the test phase even though SHR file is due in March

## STEP 3: Submission of Complete Data Sets

# Data File Structure Overview

- Contains header record and client record
- One header record per data file

## **BCI Data File**

- One client record per client
- Fixed length of 88 bytes without optional data reported; fixed length of 145 bytes with optional data reported

## **SHR Data File**

- Could be multiple client records per client
- Discharge episodes should be reported in sequence & in ascending order
- Fixed length of 24 bytes

# File Type

Make sure to change your program to indicate: **'P'** for  
**production** files  
**'T'** for **test** files

This is the **ONLY** way that the data processing system  
can identify the file type.

# BASIC CLIENT INFORMATION (BCI) DATA FILE

# BCI File Attributes

- **Considered as the master data file:** contains all clients who received a service under the auspices of the SMHA during the reporting period
  - Regardless of the service setting
    - (i.e. where the service was provided)
  - Regardless of the frequency of service
    - (i.e. number of service events)
  - Regardless of the length of service
    - (i.e. number of days)
  - Regardless of the type of service
    - (i.e. mental health service, screening, evaluation, or support services)
  - Regardless of the client status at the end of the reporting period
    - (i.e. discharged or in service)

# BCI File Attributes Continued

- One record per client
  - Each record is unique to a client
  - Client is unduplicated between the child and adult mental health system, across service providers, and across treatment settings
- Contains both required and optional data elements
- Contains demographic, clinical, and outcome status of all reported clients

# BCI DATA ELEMENTS

# CLIENT ID

- **Only Non-PHI unique client ID is allowed to be used. Encryption of a PHI ID is not adequate to meet the non-PHI condition for reporting.**
- A non-PHI ID should not contain any personal identifying information collected from the individual and identified by HIPAA as protected health information (PHI).

# CLIENT ID Continued

- ID must be unique to an individual
- The State should use the ID in a consistent manner across data files and across reporting periods when reporting the person's information
- The State should maintain a mechanism to re-identify the information to ensure consistent use of ID. This mechanism must be treated as a confidential information and should not be disclosed.

## CLIENT STATUS AT THE START OF THE REPORTING PERIOD

- States may use two markers in assigning client status:
  - Use of admission date or other data fields used to signify the start of service provision (e.g., enrollment date) in combination with a discharge date
  - Use of proxy admission and discharge dates based on coding guidelines applied to claims or encounter data

# CLIENT STATUS AT THE START OF THE REPORTING PERIOD Continued

- **Use of admission date or similar data fields that signify the start of service provision in combination with a discharge date :**
  - Assign the status of 'New client':
    - If the client has no history of service provision and the admission date is within the reporting period; or
    - If the client has history of service provision, a reported discharge date prior to the reporting period (regardless of time elapsed), and a subsequent admission date that falls within the reporting period
  - Assign the status of 'Continuing client':
    - If the client's most recent admission date is prior to the start of the reporting period (regardless of time elapsed) and no discharge date has been reported prior to the start of the reporting period

## CLIENT STATUS AT THE START OF THE REPORTING PERIOD Continued

- **Use of proxy admission and discharge dates applied to claims or encounter data**
  - For States that do not collect admission and discharge data, a coding guideline is provided. However, the State has to undertake a series of steps before this guideline is applied.

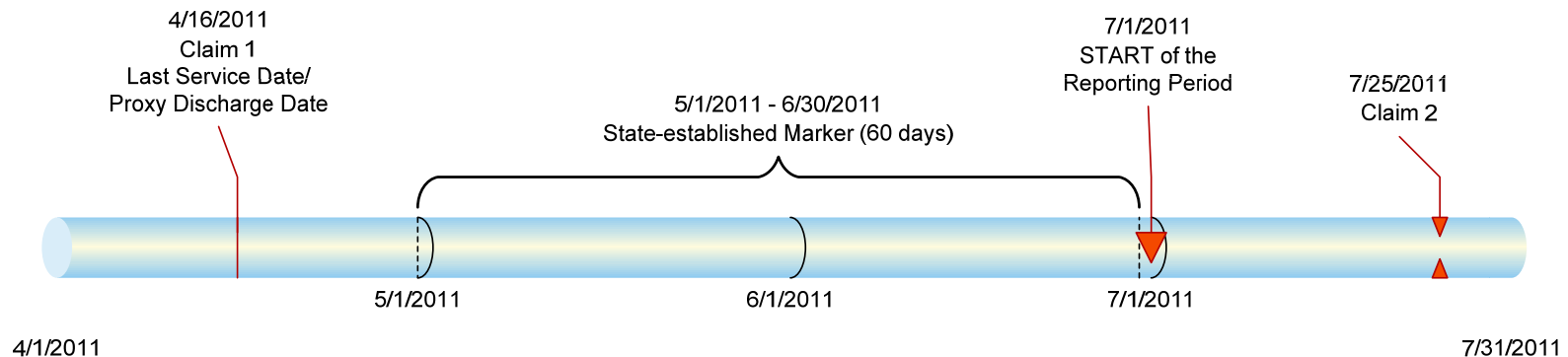
## CLIENT STATUS AT THE START OF THE REPORTING PERIOD Continued

- Step 1: State has to set an operational definition for an admission/discharge marker (XX days). A marker is defined as the reasonable number of days elapsed after the client's last reported service date that a discharge may reasonably be assumed (e.g. no service for 30 days or 90 days).
- Step 2: Assign the last reported service date prior to the reporting period as a proxy discharge date.
- Step 3: With the established marker and a proxy discharge date, apply the following coding guidelines.

# CLIENT STATUS AT THE START OF THE REPORTING PERIOD continued

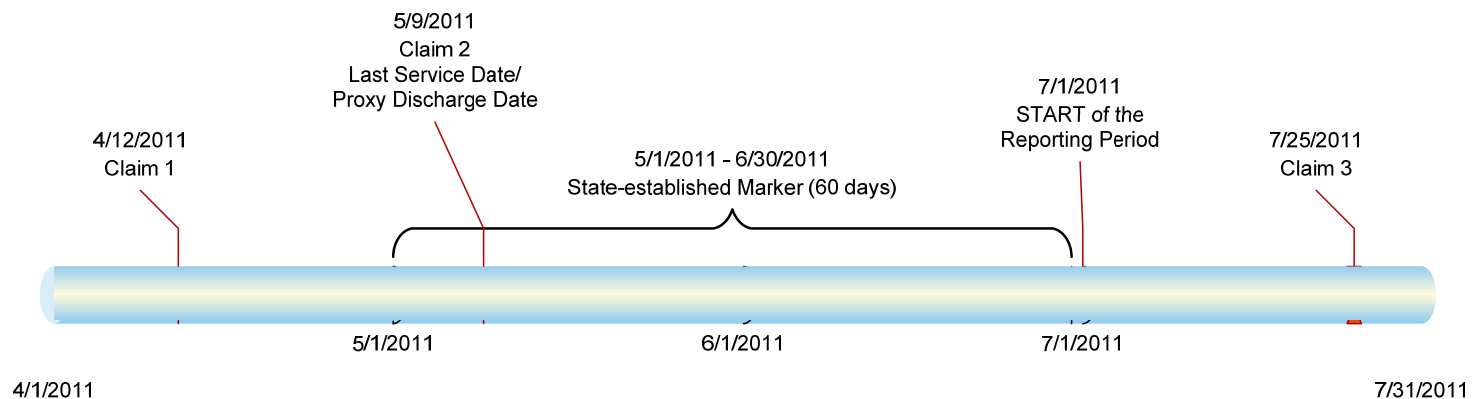
## Coding Guidelines

- **Assign the status of ‘New Client’:**
  - If the proxy discharge date falls outside the established marker (XX days) when applied immediately preceding the start of the reporting period and the client’s next reported service date falls within the reporting period.



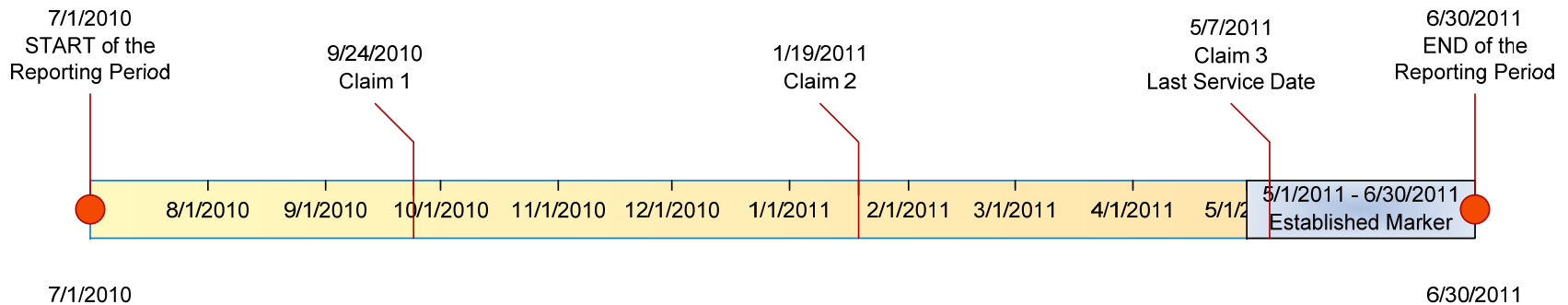
# CLIENT STATUS AT THE START OF THE REPORTING PERIOD continued

- Assign the status of ‘Continuing Client’:
  - If the proxy discharge date falls inside the established marker (XX days) when applied immediately preceding the start of the reporting period and the client’s next reported service date falls within the reporting period.



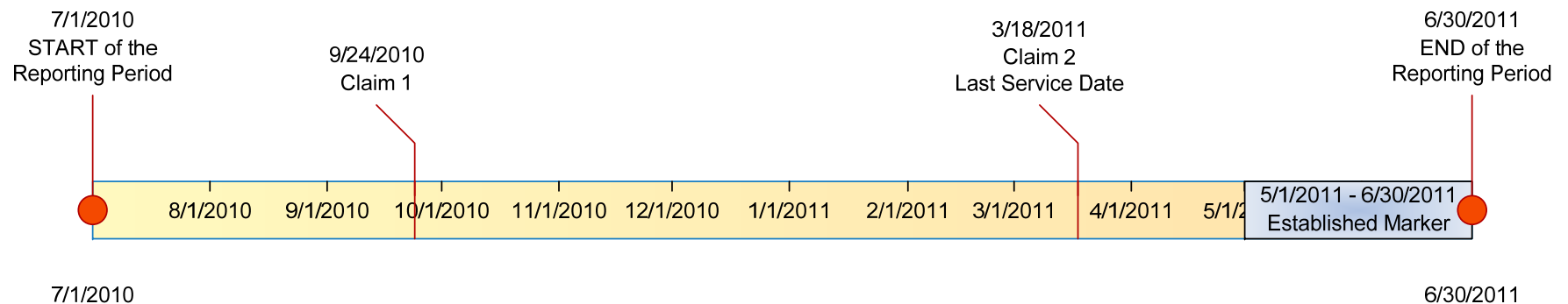
# CLIENT STATUS AT THE END OF THE REPORTING PERIOD

- Apply the established marker for coding clients at the end of the reporting period.
- Assign the status of 'Continuing':
  - If the client's last service date during the reporting period is within the established marker (XX days) when applied prior to the end of the reporting period.



# CLIENT STATUS AT END OF THE REPORTING PERIOD Continued

- Assign the status of 'Discharged':
  - If the client's last service date during the reporting period is outside the established marker (XX days) when applied prior to the end of the reporting period.
  - Use Code 22 (administrative discharge) except for death of a client.



# GENDER

- Transgender male (female at birth but self-identified as male) should be reported as Male
- Transgender female (male at birth but self-identified as female) should be reported as Female
- If the gender of client changes at anytime during the reporting period, report the most recent available information.

# AGE

- It is a calculated field
  - Calculate age at the midpoint of the state's elected reporting period
- Do not round up age
- 85 years and older should be coded as 85 (HIPAA)

# RACE

- ‘Some Other Race Alone’ should not be used indicating a client’s multiple or mixed race
- Do not combine Race and Ethnicity information of a client to report ‘Two or more races’
- Conflicting race of a client is resolved using the following methods:
  - in accordance with the State business rule
  - in the absence of a State business rule or to complement an existing business rule:
    - use the ‘most recent race reported’ if variation of race was reported by the same provider
    - use the ‘most frequently reported race’ if variation of race was reported by multiple providers

# ETHNICITY

- Do not translate 'Hispanic' information if collected as a race category
- Conflicting ethnicity of a client is resolved using the following methods:
  - in accordance to the State business rule
  - in the absence of a State business rule or to complement an existing business rule:
    - use the 'most recent ethnicity reported' if variation of race was reported by the same provider
    - use the 'most frequently reported' ethnicity if variation of race was reported by multiple providers

# SMI/SED STATUS

- Code 7 (unknown) is used when a client is undergoing an evaluation for SMI or SED eligibility pending any decision
- Provide contextual information in Part 2 of the crosswalk for:
  - State definition of SMI and SED
  - Types of clients served such as SPMI, SMI, SED, any person with mental illness, all or any combination

# COMPETITIVE EMPLOYMENT

- **Reporting of employment status has been updated to persons who are 16 years old and over receiving community-based services.**
  - Each person has only one employment status reported at a time
  - Reporting of labor force activity (i.e. employed or unemployed) takes priority over non-labor force activity (applicable to people with overlapping status)

# EMPLOYMENT Continued

Examples (source: [http://www.bls.gov/cps/cps\\_htgm.htm](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.***



Revised

## UPDATE FLAG

- Use code 0 (No Update)
  - 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
- Use code 1 (Update)
  - if a recent provider report was used to report the last known (outcome) status
- Use code 8 (Unknown)
  - **only** if the State cannot apply the operational definition of an ‘update’ as provided in the manual
- Records coded 0 and 8 will be excluded from any change measure analysis.

# UPDATE FLAG Continued

- A status update does not always signify a change in status:

UPDATE  $\neq$  CHANGE in status

- Example: A client who was 'employed' at time of admission and was reported 'employed' at time discharge would have the same code(1) for both time periods. This is a **valid** update.

# RESIDENTIAL STATUS

- All codes are shared by adults and children except for ‘Private Residence with known living arrangement’
  - For **adult** use only:
    - 17 = independent living
    - 27 = dependent living
  - For **child** use only, including 18-22 years old served under the children mental health system:
    - 37 = with family/extended family or
- When private residence living arrangement is unknown, use code 87. This applies to both children and adult clients.

# SERVICE SETTING THROUGHOUT THE REPORTING PERIOD

- This data element represents the place/location where the mental health service was provided not the residence of a client.
- Report all applicable service settings where a client received mental health services during the reporting year (up to 5 settings)



**Revised**

## ONE-TIME SERVICE EVENT FLAG

- Use Code 1 if the client has only one service event throughout the reporting period. The operational definition of service event is:
  - The client received only one service and no other services were reported throughout the reporting period;
  - or
  - The client received multiple services all in one day and no other service dates were reported throughout the reporting period
- Use Code 2 if the client has 2 or more service events throughout the reporting period

# MENTAL HEALTH DIAGNOSIS

- **Report the client's three most recent mental health diagnoses.** Recent means the latest date when the diagnoses were reported.
- The source of mental health diagnoses may come from either of the following:
  - Administrative data as reported by the Clinician
  - Claims data reported at time of service
- Use the appropriate algorithm for determining the three most recent diagnoses consistent with the State's source of diagnosis information

## MENTAL HEALTH DIAGNOSIS Continued

- **If the source of information is administrative data based on the clinician's report, use the following algorithm when the client has more than three most recent mental health diagnoses:**

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.

## MENTAL HEALTH DIAGNOSIS Continued

- If the source of information is claims data, use the following method to report the three most recent mental health diagnoses:
  - Use the 3 most frequently reported diagnoses based on all of the client's service claims data throughout the reporting period

## MENTAL HEALTH DIAGNOSIS Continued

- Regardless of the source of diagnoses information:
  - Mental health and personality disorders should be reported first before 'no diagnosis' or 'deferred diagnosis' or valid V codes unless these are the only diagnoses reported
- Report only the client's current diagnoses during the reporting period

# SUBSTANCE ABUSE DIAGNOSIS

- Report in this data element the client's substance abuse diagnosis.
  - Do not use the Mental Health Diagnosis data elements even if substance abuse ranked in the 3 most recent diagnoses or 3 most frequently reported diagnoses.
- If the client has multiple substance abuse diagnoses, the State should report any one of the most recent diagnoses.
- Report only the substance abuse diagnosis that is current during the reporting period

# SUBSTANCE ABUSE PROBLEM

- **This is the key data element to identify clients with substance abuse problems who may or may not have a substance abuse diagnosis**
  - The information will provide broader definition of co-occurring substance use
- To report this data element, States can use any or a combination of tools currently in use by the State to gather information about the client's substance use disorder.

Examples:

- Substance abuse diagnosis
- Substance abuse screening tool
- Substance abuse checklist
- Other alternative methods

# MARITAL STATUS

- **Optional reporting**

# GAF/CGAS

- **Optional Reporting**

# STATE HOSPITAL READMISSION DATA FILE

## SHR Data File Attributes

- Clients may have multiple discharges in the SHR file, i.e. each discharge event generates one record.
- Do **not** report discharge events that constitute a transfer:
  - when a client is transferred within the same State Hospital (i.e., to a different unit of the hospital)
  - when a client is transferred (not discharged) to a medical facility to receive short-term medical treatment
- The SHR submission date provides the States the ability to track all discharged client's readmission within 180 days.

	Jul '10	Aug '10	Sep '10	Oct '10	Nov '10	Dec '10	Jan '11	Feb '11	Mar '11	Apr '11	May '11	Jun '11	Jul '11	Aug '11	Sep '11	Oct '11	Nov '11	Dec '11	Jan '12	Feb '12	Mar '12			
	Reporting Year 1													Reporting Year 2 (observation period overlaps with the first 6 month of the succeeding year's reporting period)										
	1st 6 months of FY						2nd 6 months of FY						1st 6 months of FY						2nd 6 months of FY					
	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12	M 13	M 14	M 15	M 16	M 17	M 18	M 19	M 20	M 21			
	BCI Reporting Period in Year 1 for Community MH & State Hospital Clients													BCI File due to CMHS										
	Time period used as denominator (count of eligible Discharges for 180 Day Readmission Calculation)												(OBSERVATION PERIOD) Time needed to identify all readmissions w/in 30 days or 180 days for clients discharged at the last month or the 2nd half of Prior Year						SHDR File due to CMHS					

# SHR DATA ELEMENTS

# SHR CLIENT ID

- The same unique client ID used in the BCI

# SHR DISCHARGE SEQUENCE NUMBER

- A chronological numbering of the discharge episodes for each client during the reporting period.

<u>Admission</u>	<u>Discharge</u>	<u>Discharge Sequence #</u>
July 5, 2010	August 15, 2010	1
October 1, 2010	December 10, 2010	2
February 12, 2011	April 1, 2011	3
April 5, 2011		X [Transfer to another unit of the State Hospital]

## SHR NUMBER OF DAYS ELAPSED BEFORE READMISSION

- This is a calculated field. The number of days elapsed is equivalent to the number of days between the discharge date and the subsequent (re)admission date.
- Same day discharge and readmission should be reported as 0 day elapsed.
- A readmission within 24 hours (spills over to the next day) should be reported as 0 day elapsed.
- Use code 998 if the client is not readmitted.

# SHR NUMBER OF DAYS ELAPSED BEFORE READMISSION Continued

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.					

# READMISSION LEGAL STATUS

- **The following codes are used to categorize non-forensic clients:**

- 01 Voluntary- self
- 02 Voluntary – others (by guardian, parents, etc.)
- 03 Involuntary – Civil

- The following codes are used to categorize forensic clients:

- 04 Involuntary – Criminal
- 05 Involuntary – Juvenile Justice
- 06 Involuntary – Civil – Sexual



**Revised**

# SH DISCHARGE REASON

## Final categories

- 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 Dicharged to an acute medical facility for medical services
- 97 UNKNOWN
- 98 NOT COLLECTED

- Most of the categories are aligned with the BHPMS Discharge Clinical Status

# Strategies to Ensure Consistent Reporting Between Data Sets and Across Time

# Strategies:

- Between data sets:
  - Linking of the BCI and SHR data files
- Across time:
  - Review of the supplemental file beginning the second year of the State's client-level data reporting
    - Accounts for all clients with a 'continuing' status at the end of the reporting period as
  - Data Sets Acceptance Report (see Appendix B of the Manual)
  - Data Edits



QUESTIONS

# Submission Protocol

# File Format

Files must be ASCII text files with fixed length and delimited.

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.

No fields except optional fields are allowed to be blank. Each record must have the length as specified in the record layout.

See the manual for details on the specific record lengths.

# Numeric and Alphanumeric Fields

Numeric fields are **right justified** and padded with zeros, when necessary.

Alphanumeric/Character fields are **left justified** and padded with blank spaces, when necessary.

## Optional Fields

For the client records in the BCI data file, when states only have the required data elements to report, the record length is 88. If any of the optional fields are reported, the record length is 145.

If any optional data element is reported, all optional data elements must have valid codes (do not leave blank). The State populates the optional data element with available State data; and the other data element with 'Not Collected'.

# Labeling Files for Submission

- <Dataset Type><State Code>\_<month><date><year>.TXT
- THUS for California, submitting the BCI on December 1, 2011 the file name would be  
**BCICA\_12012011.TXT**

Large file should be zipped, the zipped file should have the same name as the data files.

# Submitting Files

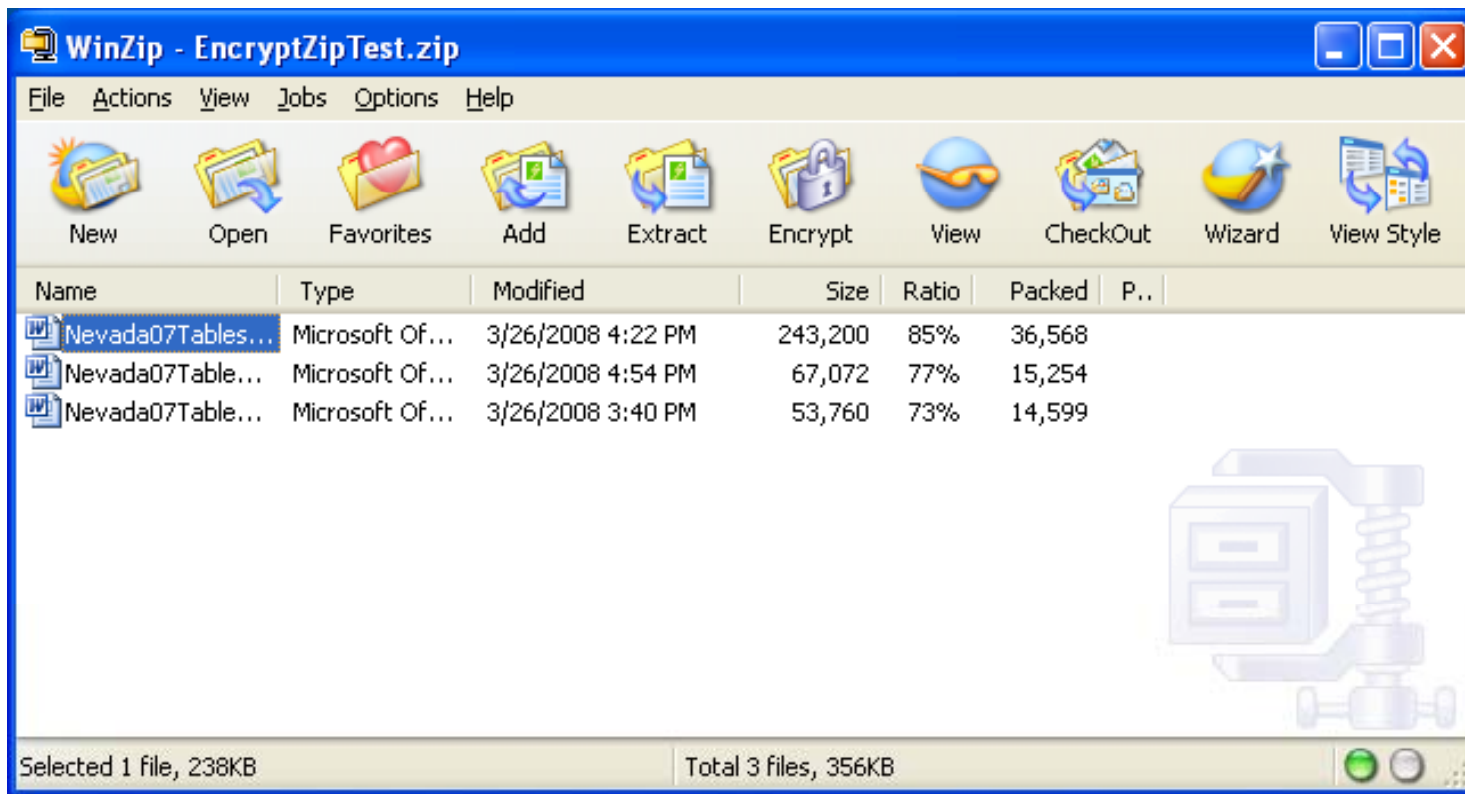
- Files should be encrypted and can be submitted by:
  - FTP (secure site – FTP site address to be provided)
  - CD/DVD (encrypted)
  - THUMB DRIVE (encrypted)
  - EMAIL ATTACHMENT (encrypted/secure)

Please be sure to send us the key if you are sending us an encrypted CD/DVD, Thumb drive, or encrypted email attachment, but send it separately.

**We will accept only files that are encrypted or submitted via a secure method.**

# Basic File Encryption

WinZip offers a simple method for encrypting files.



# Basic File Encryption

**Encrypt** ? X

Note: the password will be used to encrypt files now and for other files added to or extracted from the current archive, and will be automatically cleared when the archive is closed.

Enter password:

Re-enter password (for confirmation):

Mask password

Encryption method

Zip 2.0 compatible encryption (portable)

128-Bit AES encryption (strong)

256-Bit AES encryption (stronger)

Information on encryption methods

OK

Cancel

Help

# Resubmission of Files

- For every resubmission of the BCI file, after the submission of the SHR, a data edit will be run comparing the BCI to the SHR to ensure that all clients in the SHR are in the BCI.
  - If the change in the BCI affects the SHR, then the SHR must be resubmitted.
- When updating, appending, or correcting a particular record, you have to resubmit the entire data file.

# Questions

- If you have any questions, first re-read the manual.
- If you are still in doubt, email us at [CLDTA@nri-inc.org](mailto:CLDTA@nri-inc.org).
- Don't despair. Everyone gets fatal errors from time to time, especially at the beginning.

# DATA EDITS

# Data Edits

## Two Types of Edits

- Field edits
- Relational/system edits

## Two Types of Errors

- Fatal error --- processing stops when fatal error is encountered, no data will be saved in the database.
  - Except for Duplicate Record error
- Non-fatal error ---- data will be saved with error flagged

# Data Edits - Highlights

- All data fields must have valid codes
- Each record has strict record length requirement
- Blank data fields are not allowed for required data elements
- Optional data fields can be blank **ONLY** when the State has no optional data to report
- Each BCI record is unique by client id
- Clients in SHR data file must be in BCI file

## Data Edits – Highlights Continued

- Episodes per client must be reported consecutively in the SHR file. Examples:

Correct Reporting		Incorrect Reporting	
Client ID	Discharge Sequence Number	Client ID	Discharge Sequence Number
Client A	01	Client A	01
Client A	02	Client A	02
Client A	03	Client B	01
Client B	01	Client A	03

# Data Edits - Highlights Continued

## Relational Edit Caveats:

- **Certain codes are applicable only to certain age groups**
  - SMI/SED Status vs Age
  - Residential Status vs Age
  - Employment Status vs Age
- Mental Health Diagnosis – One, Two, Three

# Data Edits - Highlights Continued

## Cross Years Edits:

- Two edits on the Client Treatment Status
  - Status as 'Continuing' at the beginning of Y2 → Continuing status at the end of Y1
  - Status as 'New client' at the beginning of Y2 → discharged status at the end of Y1
- Supplemental file may have to be submitted starting from Year 2
  - Contains all clients with end client status as 'Continuing' in the previous report year but did not receive any service in the current report year

**Note: these are the heads-up items starting Year 2**

# Data Edit Report

**Individual data edit report for BCI and SHR files is issued for each submission**

**BCI and SHR edit reports have the same report design**

**Edit report contains four parts**

# Sample Data Edit Report

## Part I: General file information for current submission

BCI\_Data\_Edit\_Report.xls [Compatibility Mode] - Microsoft Excel

Basic Client Information Data Set Data Edit Report

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

State: XX

---

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	Tested	Number	Ratio	Number	Ratio	
11,828	0	248,388	0	0.00%	20	0.01%	189,253	0	0.00%	4	0.00%	

# Sample Data Edit Report Continued

Part II: Details of field data edit errors for current submission ordered by data element

Field Data Edit Statistics for Current Submission						
16	Data Element Name	Number Tested	Number Passed	Number Failed	Error Ratio	Error Occured in Line# (**)
17						
18	Record Type	11828	11828	0	0	
19	Client Identifier	11828	11828	0	0	
20	Client Status At the Beginning of the Reporting Period	11828	11828	0	0	
21	Client Status At the End of the Reporting Period	11828	11828	0	0	
22	Gender	11828	11828	0	0	
23	Age	11828	11828	0	0	
24	Race	11828	11828	0	0	
25	Ethnicity	11828	11828	0	0	
26	Marital Status	11828	11828	0	0	
27	SMI/SED Status	11828	11828	0	0	
28	Competitive Employment Status -At Admission or Start of the Reporting Period	11828	11828	0	0	

# Sample Data Edit Report Continued

## Part III: Details of relational edit errors for current submission

Relational Data Edit Statistics for Current Submission						
Relational Data Edit	Number Tested	Number Passed	Number Failed	Error Ratio	Error Occured in Line/Record# (**)	
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 fields	11828	11827	1		683634	
Residential Status field must match the Age field.	11828	11828	0			

# Sample Data Edit Report Continued

## Part IV: Data Error Statistics Over Time

53	Data Error Statistics Over Time (all so far submissions per reporting period)					
54	Submission #	File Name	Processed Time	Error Code	Error Description	Field Error Count
55	1	CLPXX_12232008.TXT				
56			12/30/2008 03:56:13 PM	903	incorrect record length	1
57	2	CLPXX_12312008.TXT				
58			12/31/2008 03:55:49 PM	905	Incorrect client counts	1
59	3	CLPXX_02072009.TXT				
60			2/13/2009 11:44:47 AM	101	Invalid Field Value	20
61			2/13/2009 11:44:47 AM	201	Incorrect Employment Status coding by client's age	3
62			2/13/2009 11:44:47 AM	203	Duplicate DSM-IV code	1
63						
64						
65	**: This field only holds up to 2000 characters.					
66						

## Data Error File

**A data error file that contains all the original records with errors will be provided with the Data Edit Report**

**Important Note:** the Data Error File can only be used as a reference. The State cannot use this file to correct the records with errors. **The entire State data file must be resubmitted with corrected records.**

# Post-Training Technical Support

Email your questions to: [cldta@nri-inc.org](mailto:cldta@nri-inc.org)

**NASMHPD Research Institute, Inc.**

**3141 Fairview Park Dr. Suite 650**

**Falls Church, Virginia 22042**

**Main Line: 703-738-8160**

**FAX: 703-738-8185**