

Population Data Sources

| General Population Surveys and Responsible Agencies | |
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| Agency | Survey |
| National Institute of Mental Health (NIMH) | Epidemiologic Catchment Area (ECA) Program; Diagnostic Interview Schedule (DIS) |
| National Institute of Mental Health | National Comorbidity Survey (NCS); Composite International Diagnostic Interview (CIDI) |
| National Center for Health Statistics (NCHS) | National Health Interview Survey (NHIS) |
| National Center for Health Statistics | National Health Interview Survey on Disability (NHIS-D) |
| Centers for Disease Control (CDC) | Behavioral Risk Factor Surveillance Survey (BRFSS) |
| Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA) | National Household Survey on Drug Abuse (NHSDA) |
| Centers for Disease Control | Youth Risk Behavior Surveillance Survey (YRBSS) |
| Centers for Disease Control | Fatality Analysis Report System (FARS) |
| Census Bureau | U.S. Census |
| Agency for Health Research & Quality (AHQR) and National Center for Health Statistics | Medical Expenditure Panel Survey (MEPS) |
| Agency for Health Research & Quality | Health Care Cost and Utilization Project (HCUP-3) |
| National Institute of Mental Health | Utilization, Need, Outcomes and Costs for Child and Adolescent Populations (UNOCCAP)—this |

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| survey was developed, but never fielded |
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Data Elements for the Population Data Set

Community demographics

- Gender
- Age
- Ethnicity
- Primary language
- Educational and occupational attainment
- Median income
- Housing arrangements (i.e., vacancy rates, affordability, quality, homelessness)

Community characteristics that would bear on risk for disorders

- Unemployment rates
- Poverty rates
- Proportions of single-parent families
- Rates of violence against persons
- Proportions of youth under age 18 not enrolled in school

Health and mental health characteristics

- Prevalence of a range of physical and mental disorders
- Prevalence of SMI, SED, and SPMI
- Prevalence of restricted activity days, bed disability days, school absence days
- Rates of inpatient and outpatient mh/sa service utilization by payer and provider
- Rates of SSI or SSDI
- Self-ratings of physical and mental health

Access to and use of services

- Number of managed care organizations and other health plans
- Proportion of the population enrolled in each (vs. none) of the plans
- Coverage for behavioral health services
- Provider participation in local health plans
- Proportion of individuals with SMI not accessing treatment

Treatment and prevention services

- Participation of Medicaid providers in behavioral health-related EPSDT
- Rates of involuntary inpatient and outpatient commitment
- Episodes of seclusion and restraint per unit time

Community support

- Presence of advocacy organizations (e.g., NAMI and Federation of Families)
- Availability of support groups for mental health-related problems and issues.

| Data Elements for the Enrollment Data Set | | | |
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| Domain | Data Elements | Definition | Ready for Prototype |
| Unique Identifiers | Sponsor ID | Refers to a unique identification number for the entity who is funding the coverage. This could include a private employer, government, self-pay, union, etc. | No |
| | Plan ID | A unique identification number for the entity that has responsibility for paying the claim. The plan and sponsor may be the same organization. | No |
| | Enrollee Identifier | Unique Identification number for the members of a plan. The enrollee and dependents would each have a unique ID. | No |
| | Primary Health Care Provider ID | Member's physician selected at time of enrollment. Unique ID of Primary Care Physician. | No |
| Member | Eligibility Status | Identifies whether the member is on or eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). | Yes |
| | Date of Birth | Member's birthday. | Yes |
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| | Marital Status | The marital status of the member at time of enrollment (to be updated) using categories compatible with U.S. Census. | Yes |
| | Gender | Sex of member. | Yes |
| | Race | Origins of the member using U.S. census categories. | Yes |
| | Hispanic Origin | Origins of the member using U.S. census categories. | Yes |
| Member Continued | Residence | Zip code (Plan would need full address). | Yes |
| | Living Arrangement | The member's usual living arrangement indicating whether they live alone, with relatives or non-related persons. | Yes |
| | Residential Arrangement | The member's usual residential arrangement which includes on the street or in a shelter, private residence, jail or correctional facility, other residential arrangement or other institutional setting. | Yes |
| | Years of Schooling | Educational level attained at time of admission. | Yes |
| | Employment | Status at time of enrollment using U.S. Census categories. | Yes |
| | Occupational Code | Most recent occupation of member. | Yes |
| | Primary Language | Member identifies language most frequently used in conversation. | No |
| Plan | Date Enrollment Begins | The date on which the member becomes eligible for coverage. | Yes |
| | Date Enrollment Ends | The date on which a member's eligibility for coverage is terminated. | Yes |
| Health Status | Self Reported Health Status | Global measure of health status at time of enrollment using the National | Yes |

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| | | Health Interview Survey (five category rating from excellent to poor). | |
| Health Status Continued | Functional Status | Global rating of the member's overall abilities to care for self. | No |
| | Disenrollment Reason | Primary reason for member discontinuing coverage. | No |
| | Cause of Death | Cause of death to include suicide, accident or other (to be determined). | No |

Data Elements for Encounter Data Set

| Domain | Data Element | Definition | Ready for Prototype |
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| Unique Identifiers | Plan Identifier | A unique identification number for the entity that has responsibility for paying the claim. The plan and sponsor may be the same organization. | No |
| | Enrollee Identifier | The unique identification number for the members of a plan. The enrollee and dependents would each have a unique ID. | No |
| | Provider Specialty Type | Identification of the provider's professional classification or specialty (e.g., physician, psychiatrist, psychologist, master level therapist, peer counselor). | No |
| | Facility Identifier | If services are rendered in an organization (e.g., the provider is employed by an organization that holds the contract with the plan, hospital, etc.), this is a unique ID that identifies the facility. | No |
| Service | Claim Identification or Transaction Number | The unique identification number assigned to the transaction. | Yes |

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| | Date of Service | The date the service is delivered to member. | Yes |
| | Date Service Begins | The date the service started (e.g., hospital admission date, partial care start date, first outpatient visit in an episode of care). | Yes |
| Service Continued | Date Service Ends | The date the service terminated (e.g., hospital discharge date, partial care stop date, last outpatient visit in an episode of care). | Yes |
| | Admission Date (Inpatient) | The start date for inpatient services. | Yes |
| | Discharge Date (Inpatient) | The discharge date for inpatient services. | Yes |
| | Duration of Service | The actual time in hours and minutes provider was involved in the encounter. | Yes |
| | Type of Service | The codes for services delivered by the provider. This might include a subset of codes that describe treatment in detail (e.g. individual supportive psychotherapy, cognitive-behavioral group therapy). | Partial |
| | Provider Identifier | The code that uniquely identifies the service provider for this encounter (may be more than one). | No |
| | Service Location | The place of service delivery. | Partial |
| | Medications Prescribed | The data will include prescription(s), unit/dose, refill number using coding recommended in HIPAA standards: National Council for Prescription Drug Programs (NCPDP). | Partial |
| | Disposition/ Discharge Status | The chief reason for termination or discharge and the recommendation of the provider at the end of the | Partial |

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| | | encounter (e.g., further treatment needed). | |
| | Discontinuation Date | The date the provider terminates the client from treatment. | Yes |
| Member | Principal Diagnosis | The diagnosis chiefly responsible for admission of the member (inpatient) or for seeking the service (outpatient). | Partial |
| | Primary Diagnosis | The diagnosis that is responsible for the majority of the care given to the member or the resources used in the care (inpatient and outpatient). Primary and principal diagnosis may often be identical. | Partial |
| | Other Diagnosis | Other diagnoses that coexist or develop subsequently that may affect the treatment received or length of stay. NCVHS recommends coding for onset prior to admission (yes or no). | Partial |
| | Legal Status | The member's legal status with regard to the encounter (e.g., involuntary civil or criminal commitment, voluntary admission). | Yes |
| Cost | Total Charge | The total charges for the encounter (this should reflect the total cost of the encounter). | Yes |
| | Member Co-pay | The amount of payment covered by the member. | Yes |
| | Payment Method | Method of payments (pmpm, case rate, fee for service, etc.) | Yes |
| | Plan Pay | The amount of payment expected to be covered by the plan for fee for service charges. | Yes |

| Data Elements for the Financial Data Set | | | |
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| Domain | Data Elements | Definition | Ready for Prototype |
| Unique Identifiers | Payer or sponsor identifier | Unique identification number for the entity who is funding (providing payment for) the coverage. This could include a private employer, government (Medicare, Medicaid), self-pay, union, etc. | No |
| | Payee identifier | Unique identification number for the entity who receives payment for the service delivered. | No |
| | Organization identifier(s) | Unique identification numbers for all entities involved in the financial transactions | No |
| | Individual covered by payment identifier | Unique identification number for the consumer. | Yes |
| Person-level Data Elements | Consumer copayment | An out-of-pocket payment made by or charged to the consumer at the time of visit or discharge. | Yes* |
| | Consumer payment towards deductible | Total copayments made that are counted toward a deductible. Once a deductible amount is met, copayments generally decline or are zero. | Yes* |
| | Third party payment | Payment made by an insurer or other payer (e.g., Medicaid). | Yes* |
| *dollar amount | | | |
| Person-level Data Elements Continued | Method of third party payment (if any) | Describes the financial incentives: fee-for-service, salary, capitation, case rate, DRG, per diem are the principal examples. | No |
| | Compensation | This is different from method of | Yes |

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| | method | third party payment if the clinician does not contract directly with the third party – e.g., is in a group practice. | |
| | Date of payment | Date on which claim or prospective payment is made. | Yes |
| | Time period covered by payment (e.g., capitation payments often cover one month) | Dates over which payment is intended to cover average costs (if fee-for-service, then point in time). | Yes |
| Organization-level Data Elements | Current assets | <ul style="list-style-type: none"> • Cash—funds on hand and in the organization’s bank account • Marketable securities—holdings of short-term notes, stocks, and bonds held for their return and which can be readily sold • Accounts receivable—amounts owed to the organization • Allowance for doubtful accounts (bad debts—an estimate of the amount of accounts receivables that will not be collected) • Other current assets—current assets other than cash and accounts receivable that are to be converted into cash within a year, e.g., inventories and prepaid items such as rent and insurance | No |
| Organization-level Data Elements, Continued | Non-current assets | <p>Unlike current assets, non-current assets are not expected to be converted into cash within a year.</p> <ul style="list-style-type: none"> • Furniture and equipment—tangible assets other than buildings and land owned by the organization and | No |

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| | | <p>used in the course of business, depreciated over time</p> <ul style="list-style-type: none"> • Buildings—those being purchased or already owned by the organization and used in the bourse of business, depreciated over time • Land—land such as building sites, used in the course of business and which is being purchased or owned by the organization, not depreciated • Other non-current assets—all non-current assets other than land, buildings, furniture, and equipment used in the course of business, such as long-term investments, franchises, and other intangible assets | |
| | Total assets | The total of all current and non-current assets as a dollar value. | No |
| | Current liabilities | A dollar value for the debts that require payment within a year (wages payable, accounts payable, interest payable, etc.) | No |
| | Non-current liabilities | A dollar value for the long-term obligations to be paid beyond a year (mortgages, bonds payable, notes payable, etc.) | No |
| Organization-level Data Elements, Continued | Total liabilities | The total of current and non-current liabilities as a dollar value. | No |
| | Operating revenue and support: first and third-party revenue by program element | <p>A dollar figure for each category should be provided for each program element operated by the organization.</p> <ul style="list-style-type: none"> • Consumer revenue (revenue earned from the | No |

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| | | <p>delivery of services paid by the consumer or a responsible party other than third party payers)</p> <ul style="list-style-type: none"> • Insurance revenue, including CHAMPUS (revenue paid by an insurance carrier for services delivered) • Medicare revenue • Medicaid revenue (Federal and State) • Total first- and third-party revenue by program element | |
| | Operating revenue and support: all other sources | <p>A dollar figure for all categories should be provided for each program element operated by the organization.</p> <ul style="list-style-type: none"> • State mental health agency support • Other State agency support • Federal Block Grant support • Other Federal support • Municipality, county, and other local support • Other operating revenue and support | No |
| Organization-level Data Elements Continued | Non-operating revenue | <p>A dollar amount for the income the organization receives that is not related to the delivery of mental health services (investments such as interest, business income, capital gains, gifts and contributions of cash or liquid assets, bequests and charitable contributions, and research support).</p> | No |
| | Total revenue and support | The sum of operating and non-operating revenue and support as a dollar value. | No |
| | In-kind contributions | The estimated dollar value of benefits received by an | No |

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| | and volunteers | organization where no funds are exchanged (examples include the fair market value minus actual rent for a building or value of staff assigned to the organization by other entities who are on the payroll of those entities). | |
| | Operating expenses by program element | Expenses related to the delivery of mental health services broken out by program element. Operating expenses include rent, salaries, supplies, insurance, and utilities. | No |
| | Non-operating expenses | A dollar amount for the expenses of the organization that is not related to the delivery of mental health services (e.g. interest on loans). | No |
| Organization-level Data Elements Continued | Total expenses | The sum of operating and non-operating expenses as a dollar value. | No |

Data Elements for the Human Resources Data Set

| Data Element | Definition | Ready for Prototype |
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| Social Security Number * | Social Security Number | Yes |
| Unique Provider Identification Number * | Unique Provider Identification Number (UPIN) assigned by the Health Care Financing Agency for use in submitting Medicare and Medicaid bills | No |
| Staff Unique Identifier + | For all staff. A unique identifier that corresponds to a staff member independent of the organization reporting. May be the same as the Provider ID. | No |
| Date of Birth * + | Staff member's date of birth (mm/dd/yyyy) | Yes |
| Sex * + | Staff member's gender (male/female) | Yes |

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| Race and Ethnicity * + | <p>The US Census Definition (all that apply)</p> <ul style="list-style-type: none"> • African-American or Black • American Indian or Alaskan Native • Asian or Pacific Islander • Hispanic • White • Other (specify) <p>If Hispanic:</p> <ul style="list-style-type: none"> • Mexican American • Puerto Rican • Other Hispanic (specify) | Yes |
| Primary Professional Identification * + | <p>Self-selected category that best reflects the major discipline, training, or profession for which staff member has been trained or hired (rank all that apply)</p> <ul style="list-style-type: none"> • Activity therapist (e.g., art, music, dance, recreational, or occupational therapist) • Counselor (e.g., clinical mental health, rehabilitation, school, substance abuse, vocational counselor) • Marriage and family therapist • Nurse (other than a psychiatric nurse) • Physician (other than a psychiatrist) • Psychiatric nurse • Psychiatrist • Psychologist (e.g., clinical, counseling) • Psychosocial rehabilitation specialist • School psychologist • Social worker • Sociologist (e.g., applied or clinical) • Other mental health professional (specify) <p>Leginski et al., 1989 include: mental health worker with less than a bachelor degree; schoolteacher; public, hospital, or business management/administration; speech therapist; dietician; pharmacist or assistant; dentist or dental assistant; other physical health professional or assistant; medical records administrator or technician; other worker (support, maintenance, administration).</p> | Partial |
| Employment Primary Professional | Whether staff member is employed in the primary professional discipline ranked #1 in each of primary setting and secondary setting | Yes |

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| Discipline * | | |
| Degrees Earned * + | <p>Although question formats may vary, the minimum data elements should include type of degree, field of degree, year of receipt, and the institution awarding the degree.</p> <ul style="list-style-type: none"> • Doctorate (e.g., MD, PhD, ScD, JD, EdD, DO) • Master's Baccalaureate • Less than baccalaureate (e.g., AA or RN) • Other (specify) <p>Pion et al., 1998 include the field of the degree (e.g., clinical psychology, social work or sociology), year degree was degree awarded, and name of the institution awarding the degree (Name, City, State/Province, Country, Name of Dpt)</p> <p>Leginski et al., 1989 include education level: less than high school diploma or GED, high school diploma or GED, some college, associate degree, bachelor degree</p> | Partial |
| Credentials for Practice * + | <p>Whether staff member is currently licensed, registered, or certified to practice in his/her profession by one or more of the 50 states, the District of Columbia, or US territories.</p> <p>Pion et al., 1998 asks respondents to indicate the specialties of the current licensure, registration, or certification, the states in which they are valid (e.g., clinical psychology, school counseling, or occupational therapy), to be specific, and not to use initials or abbreviations:</p> <ul style="list-style-type: none"> • Licensure (specialty/state(s)) • Board certification (MDs only) (specialty/state(s)) • Other certification (specialty/state(s)) • Other registration (specialty/state(s)) <p>Pion et al., 1998 also asks respondents to indicate any additional practice-related credentials and the full name of the credentialing body (e.g., Diplomate in Clinical Psychology by the American Board of Professional Psychology).</p> | Partial |
| Employment | Staff member's current employment status | Yes |

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| Status * + | <p>(check one):</p> <ul style="list-style-type: none"> • Employed (by an organization or individual or self-employed) • Student (trainee, intern, resident, postdoctoral fellow, other trainee) • Retired and not employed (if self-employed, do not answer) • Not currently employed • Other (specify) <p>Leginski et al., 1989 suggest, in addition, the following:</p> <ul style="list-style-type: none"> • Salaried, payroll (full- or part-time) • Paid under contractual arrangement • Volunteer • Attending <p>Pion et al., 1998 also ask:</p> <p>If not employed: is respondent currently looking for work? (yes/no)</p> <p>If employed: what are the number of hours per week respondent typically works for pay? [If time period is atypical due to illness, vacation, or other circumstances, typical hours worked per week are reported]</p> <p>If employed: is respondent currently seeking employment in addition to current job or position? (yes/no)</p> | |
| Number of Separate Paid Positions * | <p>Number of different employment positions currently held (e.g., if respondent works part-time in a drug abuse clinic and also has a part-time independent practice, this should be reported as two positions. If respondent has two different job titles such as Associate Professor and Director of the Student Counseling Center, these are also two separate positions.)</p> | Yes |
| Employment Setting(s) * | <p>From the list below, the category that best describes the employment setting of the respondent's primary and secondary paid positions:</p> <ul style="list-style-type: none"> • Academic setting (universities, 4- and 2-year colleges, professional schools) | Yes |

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| | <ul style="list-style-type: none"> • Hospitals, including public, for-profit, and nonprofit (general, psychiatric, rehabilitation, other specialty population hospitals) • Other residential health care settings (nursing homes, residential treatment centers, group homes, half-way houses, rehabilitation settings, other transitional settings) • Clinics, rehabilitation, and other outpatient settings (community mental health centers, freestanding mental health outpatient clinics, health maintenance organizations, specialized health service clinics such as substance abuse or pain clinics, other ambulatory health or mental health settings, freestanding rehabilitation agencies) • Home health agency • Individual independent practice • Group independent practice • Other (business and industry, schools and school systems, criminal justice systems, Federal, State, and local agencies, other social service agencies, other settings not mentioned above) • Number of hours worked in last typical work week | |
| <p>Work Activities *</p> | <p>Total number of hours that respondent worked in primary paid position, and total number of hours worked in all paid positions combined.</p> <p>For the past week, number of hours spent in specific work activities in primary paid position and in all of positions combined:</p> <ul style="list-style-type: none"> • Direct care (diagnostic assessment, evaluation, medication prescription and management, treatment) • Clinical supervision of staff and trainees • Clinical/community consultation and prevention (not involving direct care) • Educational activities (teaching or courses or professional workshops, curriculum development, course evaluation) • Management and administration (policy or program development and review, personnel administration, recruiting, | <p>Yes</p> |

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| | <p>budgeting)</p> <ul style="list-style-type: none"> • Research (basic and applied) • Other activity not mentioned above (e.g., scholarly writing) <p>Typical work week? (yes/no)</p> <ul style="list-style-type: none"> • If no, number of hours worked in primary position in a typical week | |
| Zip Code(s) Service Settings* | First 5 digits of zip code of residence and primary and secondary paid positions as well as for services provided in other settings | Yes |
| Relationship to Employer(s) * | <p>Financial arrangement to employer(s) for primary and secondary positions:</p> <ul style="list-style-type: none"> • An employee of an organization (e.g., responsible through a supervisor for attaining company goals; paid by company resources) • Self-employed (including group independent practice association, and private practice, consulting) <p>Percentage from the following payment arrangements:</p> <ul style="list-style-type: none"> • Fee for service (i.e., a bill is submitted for each service provided) • Fee for service with a withholding (i.e., a portion of fee is withheld and paid only at end of year based on some type of performance criteria) • Fixed rate per case (i.e., a set amount of dollars for each consumer treated without regard to intensity or length of treatment; services are not reimbursed separately) • Capitation payment (i.e., a payment based on the population of consumers for whom respondent or organization has agreed to provide services if services are needed) • Consumer self-pay • Salary • Other (specify) | |
| Involvement in Managed Care Arrangements | Number of affiliations respondent has with each of the following types of managed care arrangements (in any setting); whether any | Yes |

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| * | <p>income is received from each of these arrangements. Includes both being a salaried provider in a centralized health maintenance organization (HMO) and contracting with a behavioral healthcare firm that supplies referrals under a reduced fee for service arrangement and also carries out utilization review of cases:</p> <ul style="list-style-type: none"> • As a salaried staff member of an HMO which is responsible for both general and behavioral healthcare • As a salaried staff member of an HMO responsible solely for behavioral healthcare • As a member of a group practice that is a contracted network provider to an HMO • As a member of a group practice that is a contracted network provider to a behavioral healthcare firm • As an independent practitioner who is a contracted network provider to an HMO • As an independent practitioner who is a contracted network provider to a behavioral healthcare firm • Other types of managed care arrangements (specify) | |
| Source(s) of Payment for Provision of Direct Services * | <p>Funding sources that consumers may use to pay for direct services (all that apply) and percentage of reimbursement from each source:</p> <ul style="list-style-type: none"> • CHAMPUS (Civilian Health and Medical Provider of the United States) • Medicaid • Medicaid which is HMO • Medicaid which is another managed care network (e.g., PPO, POS) • All other Medicaid • Medicare • Medicare which is HMO • Medicare which is PPO • Other Federal funding • State, county, or city funds • Private fee-for-service/individual's insurance plan (e.g., major medical plan such as Blue Cross/Blue Shield or Aetna without a preferred provider arrangement or HMO; may include utilization review) • Preferred provider private insurance plan • HMO, private insurance plan (not Medicare or Medicaid HMO) | Yes |

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| | <ul style="list-style-type: none"> • Consumer's own funds (out-of-pocket dollars from client or family) <p>Other (specify)</p> | |
| Provision of Direct Services to Special Populations * | <p>Total number of consumers treated by respondent during most recent typical week of practice.</p> <p>Percentage of consumers with certain characteristics to whom respondent provided direct services during the last typical week:</p> <ul style="list-style-type: none"> • Children (individuals aged 10 years or younger) • Adolescents (individuals aged 11-17 years) • Adults (individuals aged 18-64 years) • Elderly (individuals aged 65 years and older) • Individuals • Couples • Groups • Families (parents, relatives, and/or children as a unit) • Community prevention services • African-American or Black • American Indian or Alaskan Native • Asian-American or Pacific Islander • Hispanic (Cuban, Mexican American, Puerto Rican, or other Hispanic) • White • Other (specify) • Male • Female | Yes |
| Provision of Direct Services to Special Populations Continued | <p>Using DSM-IV diagnostic categories, provision of services during the most recent typical week to consumers with any of the following disorders (all that apply):</p> <ul style="list-style-type: none"> • Adjustment problems, family and/or relationship problems, or academic problems • Affective disorders (bipolar disorder, major depression) • Anxiety disorders • Dually diagnosed individuals (i.e., individuals with a mental health and substance abuse diagnosis, a mental | |

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| | <p>health and mental retardation diagnosis, or a mental retardation and substance abuse diagnosis)</p> <ul style="list-style-type: none"> • Mental retardation and other developmental disorders • Organic brain disorders and syndromes • Personality disorders (borderline disorders, antisocial disorders) • Schizophrenia or other major psychoses • Substance abuse (alcohol abuse or dependency, drug abuse) • Disorders usually first diagnosed in infancy, childhood, or adolescence (other than mental retardation or developmental disabilities) • Other mental health problems not listed above • Other general health problems (specify) <ul style="list-style-type: none"> • Unable to specify | |
| Languages Other than English ** | <p>Whether staff member can provide direct services to consumers in any language other than English (yes/no/specify)</p> <p>Pion et al., 1998 includes the percentage of consumers to whom respondent provided direct services that required use of languages other than English in the past time period</p> | Yes |
| Staff Separation Date + | If applicable, the month during which the relationship or affiliation between the individual and the organization was terminated | Yes |
| Country of Highest Degree | Name of Country | |
| Private Practice Maintained | The individual maintains a private practice in this profession (yes/no/not applicable). | |
| University or college Affiliation | The individual is affiliated with a university or college to teach or conduct research at that institution (yes/no/not applicable). | |
| Participation in Job-related or Career Development Training | The individual has participated in any of the following types of training intended to improve job performance, acquire additional skills, or satisfy a continuing education expectation: | |

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| | <ul style="list-style-type: none"> • In service training, i.e., sponsored by the organization, usually onsite and during work hours • Extracurricular, i.e., sponsored by another organization, usually offsite, and release time from work may or may not be granted • None |
| Income from Organization | Actual or estimated income for annual salary or reimbursement received from this organization, including overtime and bonuses, and excluding fringe benefits. |
| Fringe Benefits Value | Estimated percentage of the person's salary from the organization that the fringe benefits represent. These include contributions to retirement funds, health insurance, or life insurance payments, education benefits, participation in profit sharing, shares of stock, etc. |
| Year of Degree | A 4-digit code for year in which the highest degree was granted. |
| Primary Job Function | <p>The assigned category that best describes the major function the organization expects the person to perform on a day-to-day basis:</p> <ul style="list-style-type: none"> • Direct or adjunctive clinical service • Consultation, education, or prevention • Administration or management • Other job function (all other job functions in organization not covered above) |
| Experience | Prior to current employment or affiliation with the organization, total number of years worked in mental health. (If 6 months or less, round down; if more than 6 months, round up.) |

Sources: Mental Health Statistics Improvement Program, Draft for FN-11

| Data Elements for the Organization Data Set | | |
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| Data Element | Definition | Ready for Prototype |
| Organization Identifier | Federal ID Number or National Provider System ID Number | No |
| Organization Location | P.O. Box number or street number and name, city or town, State, zip-code | Yes |
| Clinician Identifier (link to human resources data set) | Federal ID Number or National Provider System ID Number | No |
| Clinician Location (link to human resources data set) | P.O. Box number or street number and name, city or town, State, zip-code | Yes |
| Type of Facility | The category that best characterizes its general type: <ul style="list-style-type: none"> • Psychiatric hospital • Psychiatric unit of a general hospital • Organization providing residential services • Outpatient mental health clinic • Mental health partial or day hospital • Multi-service mental health organization • Consumer-run mental health organization • FQHC (Federally Qualified Health Clinic) • Other mental health organization | Partial |
| Name of Director | Last name, first name, middle initial, degree. The director of the organization is generally the individual regarded as accountable for the performance of the organization. | Yes |
| Telephone | Area code, 7-digit number, extension | Yes |

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| Number of the Director | | |
| Locations of Directly Operated Service Sites and Program Elements | The address of each site directly operated by the organization and an indication of its program elements. | Yes |
| Type of Ownership or Control | For profit (individual, partnership or corporation, state-local government, state government, county or city government, district/regional authority) Not-for-profit (religious organizations, Federal government, Other | Yes |
| University or College Affiliation | Various affiliations exist with universities or colleges: <ul style="list-style-type: none"> • Operated by a college or university • Offers professional services provided by a college or university • Provides placements for clinical trainees • Operates a clinical training program • None | Yes |
| Total Revenue and Support (link to financial data set) | Operating revenue and support: first- and third-party revenue (includes client fee payments, insurance payments, Medicare, Medicaid) Operating revenue and support: all other sources (includes grants, matches, allocations, appropriations, purchase-of-service agreements, service contracts, etc., from State, Federal, municipal, and other sources) Non-operating revenue and support (includes revenue and support not related to the delivery of mental health services such as gifts, capital gains, interest, research grants, etc.) Total revenue and support | No |
| Number of Hours of Operation | Number, rounded to nearest whole hour, usually scheduled each week. | Yes |

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|--|---|---------|
| Scheduled Per Week | | |
| Relation to the State Mental Health Agency | <p>The relationship the provider has with the state regarding operation and funding.</p> <p>Operated by:</p> <ul style="list-style-type: none"> • State Mental Health (MH) Agency • State agency other than MH • Other than state agency <p>Receives funds:</p> <ul style="list-style-type: none"> • Directly from State MH agency, exclusive of Medicaid • Indirectly from State MH agency through an intermediary • Directly or indirectly from a State agency other than State MH agency, exclusive of Medicaid • Does not receive funds from any State agency, exclusive of Medicaid | No |
| Admissions | Total number of admissions of clients for the reporting year. | Yes |
| Discontinuations | Total number of clients discharged or otherwise leaving the rolls of the organization during the reported year. | Yes |
| Number of Hot-Line Phone Calls | Number of phone calls received by a dedicated telephone line, which is used as a crisis hotline, for emergency counseling, or referral resources for callers with mental health problems, during the reporting year. | Yes |
| Total Full-Time Equivalents by Type of Service | Total number of staff hours attributed to each type of service/program element for the reporting year. | Partial |
| Number of Consumers on Rolls by Type of Service (link to encounter data set) | Total number of consumers on the rolls or census of each type of service directly operated by the organization at the end of the reporting year. | Partial |
| Number of Beds Set Up and | The number of beds set up and staffed by type of service at the end of the reporting year. | Partial |

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|--|--|---------|
| Staffed by Type of Service | | |
| Number of Consumers Days or Units Provided By Type of Service (link to encounter data set) | The number of consumer days provided by types of service during the reporting year. | Partial |
| Types of Services Provided | <p>Intake, Diagnostic, and Screening Services</p> <ul style="list-style-type: none"> • Intake/screening • Diagnostic evaluation • Information and referral services <p>Treatment Services</p> <ul style="list-style-type: none"> • Individual therapy • Family/couple therapy • Group therapy • Collateral services • Electroconvulsive therapy • Medication therapy • Activity therapy • Behavioral therapy • Mobile treatment team • Psychiatric emergency walk-in • Telephone hotline • Substance abuse detoxification • Other substance abuse services <p>Rehabilitation Services</p> <ul style="list-style-type: none"> • Vocational rehabilitation services • Educational services • Psychiatric rehabilitation | Yes |
| Types of Services Provided, Continued | <p>Support Services</p> <ul style="list-style-type: none"> • Case management services • Legal advocacy • Drop-in center • General support • Intensive residential services • Supportive residential services • Housing services | |

| | | |
|--|---|--|
| | <ul style="list-style-type: none"> • Respite residential services • Foster care <p>Program for Assertive Community Trial (PACI) or Continuous Treatment Team Program (CTTP)</p> | |
|--|---|--|

Indicators and Domains for the Performance Indicator and Report Card Data Set

Access

- Timeliness of response
- Penetration rates for specific populations (age, gender, diagnosis, culture)
- Range of services
- Barriers, denials, disenrollment
- Consumers' perceptions of access

Quality/Appropriateness

- Timeless of follow-up after hospitalization
- Availability of services that promote recovery (atypical medications, assertive community treatment [ACT], supported employment, supported housing)
- Availability of consumer choice (provider, plan, treatment, family involvement)
- Access to health services
- Availability of appropriate services/specialists
- Consumers' perceptions of quality/appropriateness

Outcomes

- Reduced severity of problems/symptoms
- Improved functioning
- Employment
- School attendance/performance
- Living situation
- Involvement with the criminal justice system
- Quality of life
- Reduced substance abuse
- Fewer adverse outcomes
- Recovery
- Consumers' perceptions of outcomes

Structure/Plan management

- Cost per unit service
- Cost per consumer
- Administrative costs
- Consumer/family member involvement

Early intervention/Prevention

- Substance abuse screening
- Use of self-help/self-management
- Identification of high risk populations
- Psycho-educational programs

Indicators for the Outcomes Data Set (from the 16-state indicator study)

- Consumer perception of outcomes
- School improvement
- Employment
- Functioning
- Symptom relief
- Adverse outcomes
- Consumer injuries
- Elopement
- Out of home placements
- Health status
- Recovery/hope/personhood
- Reduced substance abuse impairment
- Living situation
- Involvement with the criminal justice system

Next steps for Quality Tools

- Link performance indicators and outcome measures to evidence-based clinical and organizational practices (clinical and system guidelines)
- Develop guidelines for design and implementation of quality tools
- Develop guidelines for appropriate interpretation and reporting of resulting data
- Resolve instrumentation issues regarding special populations, terminology, calibration, and measurement of recovery and personhood
- Develop methods for using data to guide system change and treatment decisions
- Develop education and training for consumers, family members, providers and managers in quality measurement.

Next steps for Clinical Guidelines

- Develop for more disorders and problems in living
- Achieve consensus on which guidelines are the best
- Train clinicians in the use of guidelines
- Design clinical guidelines software
- Create a standard terminology of treatments

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Next Steps for System Guidelines

- Refine definitions and typology
- Search for other prototypical examples
- Use prototypes to write a system guideline
- Field test the system guideline

Next Steps for DS2000+

- Link performance indicators and outcome measures to evidence-based clinical and organizational practices (clinical and system guidelines)
- Develop guidelines for design and implementation of quality tools
- Develop guidelines for appropriate interpretation and reporting of resulting data
- Resolve instrumentation issues regarding special populations, terminology, calibration, and measurement of recovery and personhood
- Develop methods for using data to guide system change and treatment decisions
- Develop education and training for consumers, family members, providers and managers in quality measurement.