

Data Elements for the Organization Data Set		
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	<p>The category that best characterizes its general type:</p> <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 Number of the Director	Area code, 7-digit number, extension	Yes
Locations of Directly Operated Service Sites and Program	The address of each site directly operated by the organization and an indication of its program elements.	Yes

Elements		
Type of Ownership or Control	<p>For profit (individual, partnership or corporation, state-local government, state government, county or city government, district/regional authority)</p> <p>Not-for-profit (religious organizations, Federal government,</p> <p>Other</p>	Yes
University or College Affiliation	<p>Various affiliations exist with universities or colleges:</p> <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)	<p>Operating revenue and support: first- and third-party revenue (includes client fee payments, insurance payments, Medicare, Medicaid)</p> <p>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)</p> <p>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.)</p> <p>Total revenue and support</p>	No
Number of Hours of Operation Scheduled Per Week	Number, rounded to nearest whole hour, usually scheduled each week.	Yes
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>	No

	<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 	
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 Staffed by Type of Service	The number of beds set up and staffed by type of service at the end of the reporting year.	Partial
Number of Consumers Days or Units Provided By Type of Service	The number of consumer days provided by types of service during the reporting year.	Partial

(link to encounter data set)		
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 • Respite residential services • Foster care <p>Program for Assertive Community Trial (PACI) or Continuous Treatment Team Program (CTTP)</p>	