Mental Health Client-Level Data (MH-CLD)

State Instruction Manual

Version 2.8

Prepared for:

Center for Behavioral Health Statistics and Quality (CBHSQ)
Substance Abuse and Mental Health Services Administration (SAMHSA)
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This manual may be downloaded from the BHSIS Resource Center, https://dasis3.samhsa.gov/brc.

Audience

This manual is intended to assist all state mental health or behavioral health agency staff, including state consultants and/or contractors, involved in the collection, extraction, and submission of the mental health client-level data files.

Originating Office

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NASMHPD Research Institute, Inc. (NRI) under subcontract with Eagle Technologies, Inc.

BHSIS Resource Center (https://dasis3.samhsa.gov/brc)

This website provides federal, state, and other agency partners with contact information and other resources necessary for successful implementation of BHSIS program components. This manual is available for download from this site. All subsequent clarifications or changes issued after the distribution date of this manual may be accessed from this site. To request access to the BHSIS Resource Center, send an email to BHSIS_Helpdesk@eagletechva.com.

MH-CLD Data Submission System (MH-CLD DSS) (https://dasis2.samhsa.gov/dss)

The MH-CLD Data Submission System (DSS) is a web-based data preparation and submission system. The DSS is designed to provide a more interactive and transparent data submission process by minimizing state's and territories' burden in reporting mental health data to SAMHSA.

MH-CLD Project Office

To reach the MH-CLD project staff for technical support, technical assistance, or for questions about this manual send an email to cldta@nri-inc.org.

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SUMMARY OF CHANGES FROM VERSION 2.7 OF THE INSTRUCTION MANUAL

- Updated the Contracting Officer's Representative (COR) and the Alternate Contracting Officer's Representative (ACOR) information.
- Updated guidance for the number of arrests in prior 30 days—at admission or start of the reporting period (C-22) and number of arrests in prior 30 days—at discharge or end of reporting period (C-23).
- Updated corrective action descriptions on the list of edits.
- Editorial changes.

SUMMARY OF CHANGES FROM VERSION 2.6 OF THE INSTRUCTION MANUAL

- Replaced the word "abuse" with "use" throughout the manual wherever applicable.
- Renamed the following data elements:
    - **Previous**: Substance Abuse (SA) Diagnosis **[C-20]**
    - **Update**: Substance Use Diagnosis

    - **Previous**: Substance Abuse Problem **[C-21]**
    - **Update**: Substance Use Problem
- Added guidance for the new MH-CLD Data Submission System (MH-CLD DSS).
- Updated the list of edits.
- Editorial changes.

SUMMARY OF CHANGES FROM VERSION 2.5 OF THE INSTRUCTION MANUAL

- **Overall**
  - Updated language throughout the manual specifying that Mental Health Client-Level Data (MH-CLD) reporting is supported through the Behavioral Health Services Information System (BHSIS) State Agreement, funded by the Substance Abuse and Mental Health Services Administration's Center for Behavioral Health Statistics and Quality (CBHSQ), and administered by Eagle Technologies, Inc.
  - Editorial changes

- **Basic Client Information (BCI)**
  - Added descriptions of validation edits for variables
  - Changed the "gender" variable to "sex" with updated guidance for reporting of transgender clients
  - Added three new optional reporting variables:
    - Types of funding support
    - Mental Health Block Grant funded services
    - Veteran status

- **State Hospital Readmission (SHR)**
  - Added descriptions of validation edits for all variables

- **New Data Edits**
  - "Client treatment status at the start of the reporting period" (C-02): If the client was discharged due to client's death in any previous reporting period, the client cannot be reported in any subsequent reporting period(s).
  - "Number of arrests in prior 30 days—at admission or start of the reporting period" (C-22) and "number of arrests in prior 30 days—at discharge or end of the reporting period" (C-23): If the client is under 10 years old, both C-22 and C-23 fields must be 00 (or 98 (not collected)) if the state does not collect number of arrests.
  - "School grade level" (C-25):
    - If client is under 10 years old, school grade level cannot be reported using codes 7 through 21.
    - If client is under 13 years old, school grade level cannot be reported using codes 16 through 21.
  - "Marital status" (O-01): if client is under 16 years old, code 01 (never married) must be used (if state is reporting this optional variable).
  - "Mental Health Block Grant funded services" (O-4):
    - If O-04 is reported using code 1, then SMI/SED status (C-08) must be reported using either code 1 or 2.

- If O-04 is reported using code 1, then "Service setting status throughout the reporting period" (C-15) cannot be reported using code 00001 (state psychiatric hospital).

- **File Format**

1. Updated BCI record layout (to include the three new optional reporting data elements)

- **Appendices**
    - Deleted Appendix D (*Mapping of Mental Health Data Elements to TEDS Data Elements*). The latest mapping of the MH-CLD and TEDS data element may be accessed from the BRC (https://dasis3.samhsa.gov/brc).

SUMMARY OF CHANGES FROM VERSION 2.4 OF THE INSTRUCTION MANUAL

- **BCI**
  - Updated language throughout the manual specifying that Mental Health Client-Level Data (MH-CLD) reporting is supported through the Behavioral Health Services Information System (BHSIS) State Agreement, funded by the Substance Abuse and Mental Health Services Administration's Center for Behavioral Health Statistics and Quality (CBHSQ), and administered by Synectics for Management Decisions, Inc.'s (Synectics).
  - Diagnostic Code Identifier – added DSM-5 to the list of available diagnostic codes
  - Added minor clarification to the Mental Health Diagnosis data elements reporting guidance

SUMMARY OF CHANGES FROM VERSION 2.3 OF THE INSTRUCTION MANUAL

- **Submission of Test and Production Files**
    - o Updated guidelines for data file submissions
    - o Updated guidelines for resubmitting files
    - o Clarified 'reporting year' under file naming convention
- **Data Submission Process for continuing states**
    - o Updated guidelines for data and crosswalk submissions
- **BCI**
    - o Transaction Type – clarified that the very first submission of the BCI file must use code A for all records for each reporting period and <u>file type</u> (i.e., test and production)
    - o Residential Status At Admission/Start and Residential Status at Discharge/End of the Reporting Period – code 05 updated to include Intermediate Care Facilities
    - o Number of Arrests in Prior 30 Days – At Discharge or End of the Reporting Period – updated guidelines on how to report this data element for clients that have arrest information at time of admission only
    - o School Attendance Status – clarified guidelines on the intent of this data element in regards to Special Education
- **SHR**
    - o Transaction Type – clarified that the very first submission of the SHR file must use code A for all records for each reporting period and <u>file type</u> (i.e., test and production)
    - o Readmission Legal Status changed to Admission Legal Status with updated guidance/ instructions and CLD code 96 (not applicable) has been deactivated
- **Data Edits**
    - o **Modified** BCI Relational Edit #16 to allow the use of CLD code 7 when age is between 3 and 17
    - o **Deleted** SHR Edit 'when Number of Days Elapsed Before Readmission to State Hospital is 998 (that means, there was no subsequent readmission after the last discharge date), Readmission Legal Status field should be 96 (not applicable)'

SUMMARY OF CHANGES FROM VERSION 2.2 OF THE INSTRUCTION MANUAL

- Residential Status at Admission/Start and at Discharge/End of the Reporting Period

  o Provided guidance on how to report children who live in foster homes that are private residences

- Data Edits
  o Updated the list of edits states are required to adopt and run against test and production files prior to submission

SUMMARY OF CHANGES FROM VERSION 2.1 OF THE INSTRUCTION MANUAL

- **Submission of Test and Production Files**
  - o Updated requirement on the implementation/use of data edits contained within this Instruction Manual

- **BCI**
  - o Record Type – code 'C' is no longer active
  - o Transaction Type – New data element
  - o Employment Status at Admission/Start of the Reporting Period <u>and</u> Employment Status at Discharge/End of the Reporting Period – code 54 is no longer active. Code 96 has been changed to 'Not Applicable' and should be used to report children under the age of 16 and hospital patients or residents of other institutions
  - o Residential Status at Admission/Start of the Reporting Period <u>and</u> Residential Status at Discharge/End of the Reporting Period – code 87 is no longer active. Code 07 has been added to report adults (age 18 and older) living in private residence whose living arrangement is not known. Use code 37 to report all children living in private residence
  - o One-Time Service Event Flag changed to One Service Date Flag with updated guidance/ instructions
  - o Number of Arrests in Prior 30 Days – At Admission or Start of the Reporting Period – New data element
  - o Number of Arrests in Prior 30 Days – At Discharge or End of the Reporting Period – New data element
  - o School Attendance Status – New data element
  - o School Grade Level – New data element

- **SHR**
  - o Transaction Type – New data element
  - o Discharge Reason – code 07 updated to include *any* inpatient provider
  - o Number of Days Elapsed Before Readmission to State Hospital – updated guidance
  - o Readmission Legal Status – new code (96) added with updated guidance

- **File Format**
  - o Updated File Naming Convention
  - o Updated Data Resubmission/Correction Policy
  - o Updated Data Processing

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SUMMARY

The primary purpose of this instruction manual is to provide guidance to states for reporting client-level data for the mental health National Outcome Measures (NOMs). The Behavioral Health Services Information System (BHSIS) State Agreement—funded by the Substance Abuse and Mental Health Services Administration's Center for Behavioral Health Statistics and Quality (CBHSQ) and administered by Eagle Technologies, Inc.—supports the building of state capacity to collect and report client-level data that will inform the following five NOMs:

- Increased access to services (service capacity)
- Increased stability in family and living conditions
- Reduced utilization of psychiatric inpatient beds—mental health
- Increased/retained employment (adults) and return to/stay in school (children)
- Decreased criminal justice involvement

Familiarity with the guidelines contained in this manual is essential to ensure that all grantees use consistent reporting formats and data definitions. It is recommended that this manual be provided to all State Mental Health Agency (SMHA) staff and/or contractors involved in data collection, extraction, and submission of the Mental Health Client-Level Data (MH-CLD) files addressed in this manual. States with separate information systems for child mental health and adult mental health must collaborate and provide a single state report.

The general framework for the MH-CLD reporting involves a compilation of the demographic, clinical, and outcomes of persons served by the SMHA within a 12-month window. Persons served include all enrolled clients who received mental health and support services, including screening, assessment, crisis services, and telemedicine from programs provided or funded by the SMHA during the reporting period.

Two data sets—each comprised of two types of records (header and client)—are submitted each reporting period. These two data sets are linkable using a HIPAA-compliant, non-protected health information unique client identifier, which is a key field in both files.

- Basic Client Information (BCI) data set:
  - due on December 1 of each year (if the due date falls on a weekend or federal holiday, the report will be due on the next business day)
- State Hospital Readmission (SHR) data set:
  - due on March 1 of the succeeding year (if the due date falls on a weekend or federal holiday, the report will be due on the next business day)

File submission is a three-step process.
- Step 1: Development and submission of the MH-CLD State Data Crosswalk
- Step 2: Submission of test files
- Step 3: Submission of complete client-level data sets

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INTRODUCTION

Starting with the 2014 Mental Health Client-Level Data (MH-CLD) reporting, the Behavioral Health Services Information System (BHSIS) State Agreement — funded by the Substance Abuse and Mental Health Services Administration's Center for Behavioral Health Statistics and Quality (CBHSQ) and administered by Eagle Technologies, Inc. — supports State Mental Health Agencies' (SMHA) performance development efforts. Building upon the federal and state partnership of the past several years, the BHSIS State Agreement supports building a solid foundation for better use of data to improve mental health service delivery. The agreement supports an array of activities identified by states as essential to building capacity for collecting and reporting of client-level data. These data inform the following five mental health National Outcome Measures (NOMs):

- Increased access to services (service capacity)
- Increased stability in family and living conditions
- Reduced utilization of psychiatric inpatient beds—mental health
- Increased/retained employment (adults) and return to/stay in school (children)
- Decreased criminal justice involvement

The reporting framework discussed in this manual maintains the efforts of the Client-Level Pilot, and reflects SAMHSA's interest in increasing correspondence to the behavioral health model within health care reform. Several factors were taken into consideration in developing the reporting specifications, such as: (1) measures and categories that will continue to be important for SAMHSA, (2) adherence to SAMHSA's Treatment Episode Data Set (TEDS) reporting system as feasible, (3) appropriate reporting of outcomes for mental health consumers, and (4) state comments on the feasibility and burden of reporting specific data elements.

SAMHSA gave careful consideration to the reporting burden on states by limiting the required data elements to only the essential information for NOMs reporting.

Who Should Read and Use This Manual?

This manual should be read by all SMHA staff, including state consultants and/or contractors involved in developing the State Data Crosswalks, collection, extraction, and submission of the client-level data files.

The guidelines included in this manual cover the following important areas in data reporting:
- Reporting framework and scope
- Data dictionary
- File record layout
- Data edits: field and relational edits
- Data file submission protocol, including coding conventions
- State Data Crosswalk instructions
- Test file instructions
- NRI technical support
- Reference documents provided in the appendices
    - Sample Data Edit Reports: BCI and SHR
    - Data Acceptance Summary Report Template
    - Sample State Data Crosswalk

Reporting Framework

The MH-CLD reporting is a 12-month reporting cycle. This means that the SMHA submits information on all enrolled persons who were served by the SMHA within a 12-month period. It is not based on a person's

treatment episode in a similar context used in TEDS. Rather, the reporting framework is interpreted within the context of the SMHA caseload (i.e., persons enrolled with the SMHA who received a service) during the reporting period. The SMHA election of a reporting period is discussed in a separate section.

The following points are essential for a better understanding of the reporting framework:
1. For every reporting period, the SMHA caseload is comprised of the following:
   - Clients already in the SMHA caseload at the start of the reporting period; and
   - New clients to the SMHA during the reporting period

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

   Clients already in the SMHA caseload at the start of the reporting period, or continuing clients, are those admitted prior to the start of the reporting period and who are receiving services during the reporting period.

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

2. For every reporting period, a beginning and end status for each outcome measure covered under this client-level data initiative are reported as follows:
   - For new clients admitted during the reporting period, report the status collected at admission (use the first admission if the person has several admission events during the reporting period), and their status either upon discharge (if discharged during the reporting period) or the most recent available status at the end of the reporting period (if they remain in the SMHA caseload).
   - For continuing clients (clients already in the SMHA caseload at the beginning of the reporting period), report the most recent available status at the beginning of the reporting period, and their status either upon discharge (if discharged during the reporting period) or the most recent available status at the end of the reporting period (if they remain in the SMHA caseload).

   The "most recent available status" for outcome measures at the start of the reporting period (applicable for continuing clients) is the status available on the day closest to the start of the reporting period, within a ± 30-day window around the start of the reporting period. If no status was reported within that ± 30-day window, then report the most recent status within the 12 months preceding the start of the reporting period. If the most recent available outcome status is older than 12 months, it should not be reported. Instead, report the status as "unknown." See Figure 1.

Figure 1: Operational Definition of 'Most Recent Available Status' at the Start
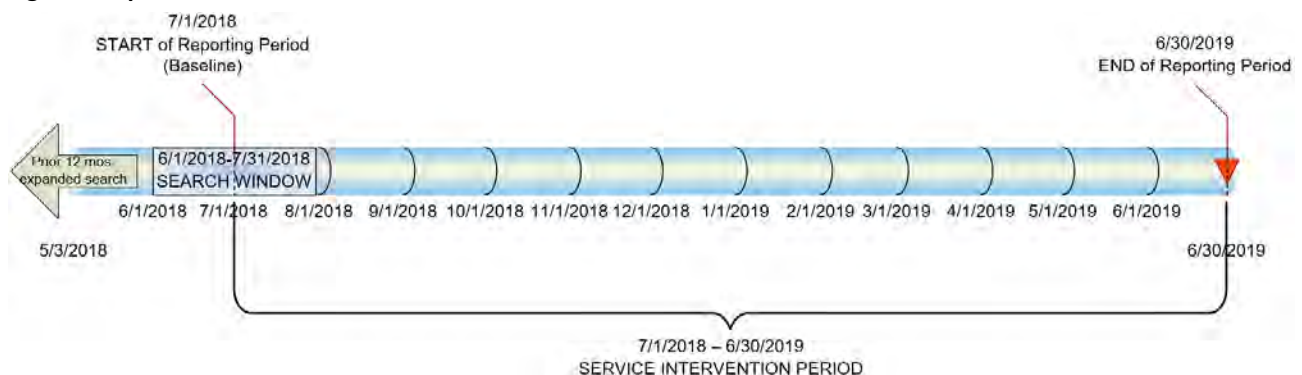
The same rule applies for the most recent available status for outcome measures at the end of the reporting period (applicable for clients continuing for services in the next year). See Figure 2.

Figure 2: Operational Definition of 'Most Recent Available Status' at the End
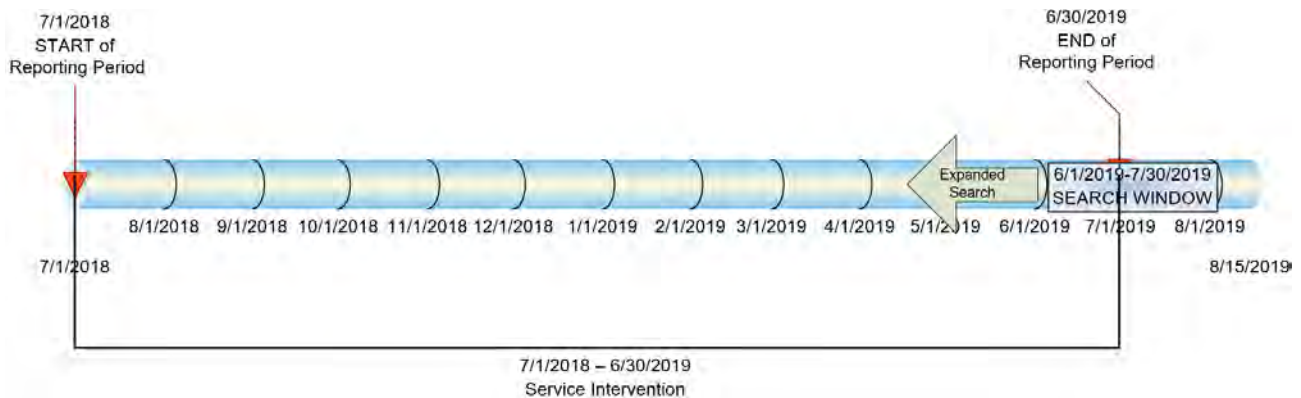
Use the "unknown" code sparingly. Make sure to search for the most recent available status within the 30-day (or up to the 12-month window) around the start and end of the reporting period before assigning the "unknown" code. For example, if the most recent data update closest to the reporting period does not include the client's employment status, use the "unknown" code only after a search for the next recent update within the given timeframe did not produce a result.

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

Figure 3 below shows different scenarios that illustrate appropriate reporting of outcomes.

In terms of reporting Client A's outcome status (for example, employment), information collected at first admission (July 31, 2018) and last admission (June 12, 2019) in Figure 3 are reported. The last admission data would be considered as the most recent available at the end of the reporting period, unless there is a more recent data update closer to the last day of the reporting period.

Figure 3: Appropriate Reporting of Outcomes
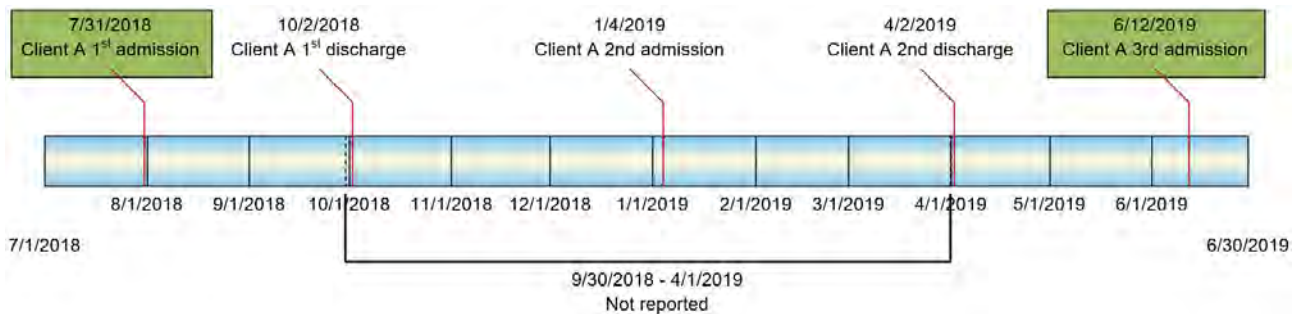
In Figure 4, Client A was admitted on July 31, 2018, and discharged on April 2, 2019. Report the employment status on those two periods—the employment status collected at time of admission (July 31, 2018) and the employment status collected at time of second discharge (April 2, 2019).

Figure 4: Appropriate Reporting of Outcomes
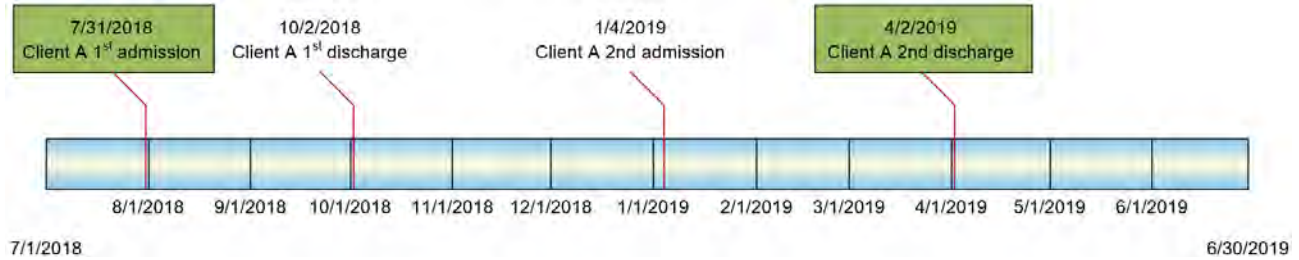
Figure 5 assumes client A is a continuing client at the start of the reporting period. The case also assumes the state conducts a regular monthly data update that takes place every 1st of the month. In this case, the employment status based on the July 1 monthly data update is reported at the start of the reporting period. The employment status at the time of discharge on April 2 is reported at the end of the reporting period. If the discharge data are not available, use the April 1 monthly data update if reported.

Figure 5: Appropriate Reporting of Outcomes
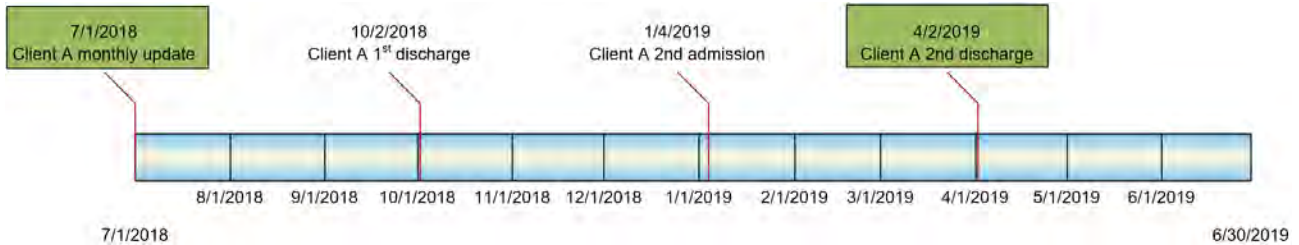
Figure 6 shows how to choose the most recent available status. Client A is a continuing client at the start of the reporting period, July 1, 2018. Report the employment status on June 9, 2018 (rather than the September 10, 2018), because it is closer to July 1, 2018, even though it is outside the reporting period. At the end of the reporting period, report the employment status on June 1, 2019, (rather than March 28, 2019), because June 1 is closer to June 30, which is the end of the reporting period.

Figure 6: Appropriate Reporting of Outcomes
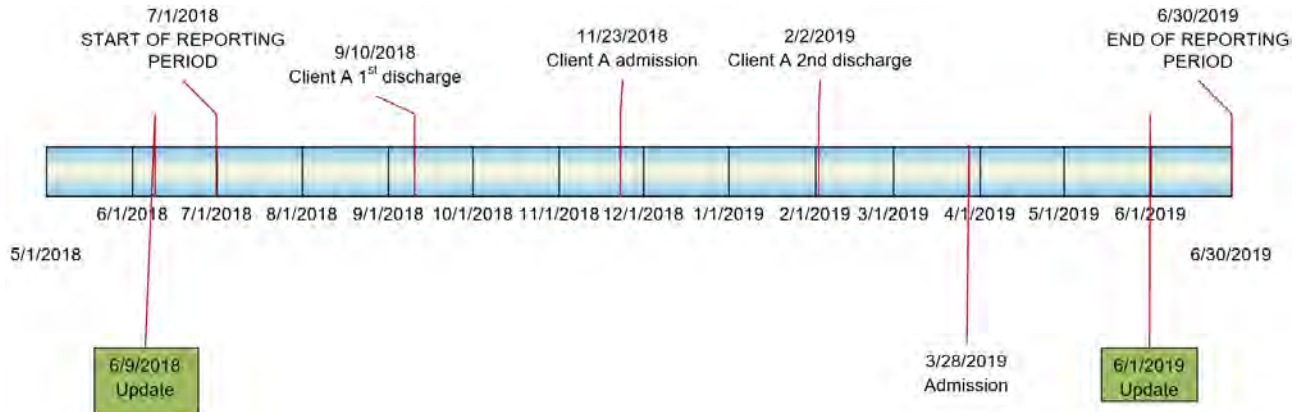
To extend the example in Figure 6, if another update was reported on July 10, report this status (rather than June 1) because it is closer to the end of the reporting period even though it is outside the reporting period.

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

The following measurement periods should be observed:

For new clients admitted and discharged during the reporting period
- Change in outcome is measured from admission (Time 1) to time of discharge (Time 2).

For continuing clients at the beginning and discharged during the reporting period
- Change in outcome is measured from the beginning of reporting period (Time 1) to time of discharge (Time 2).

For new clients who remain in the SMHA caseload at the end of the reporting period
- Change in outcome is measured from admission (Time 1) to end of the reporting period (Time 2).

For continuing clients at the beginning and end of the reporting period
- Change in outcome is measured from the beginning (Time 1) to end (Time 2) of reporting period.

Reporting Periods

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

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

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

Scope of Clients Reported

Consistent with the URS reporting, the following guidelines should be observed:
- Include all identified persons (children and adults) who received mental health and support services, including screening, assessment, and crisis services from programs provided or funded by the SMHA during the reporting period. Telemedicine services should be counted if they are provided to registered or identified clients.
- Include all persons with mental illness (or co-occurring mental illness) who receive mental health and support services from programs provided or funded by the SMHA (including persons who receive Medicaid-funded mental health services through the SMHA)
- Include all persons who receive mental health and support services from programs provided or funded by the SMHA, even if it is only a one-time service event.
- Include any other persons who are counted as being served by the SMHA or come under the auspices of the SMHA system. This includes Medicaid waivers, if the mental health component of the waiver is considered to be part of the SMHA system.

Persons who should not be reported:
- Persons who are in the SMHA caseload but did not receive any mental health or mental health support services from programs funded or provided by the SMHA during the reporting period.
- Persons who just received a telephone contact unless it was a telemedicine service to a registered client. Hotlines calls from anonymous clients should not be counted.
- Persons who only received a Medicaid-funded mental health service from a provider who was not part of the SMHA system.

- Persons who only received a service through a private provider or medical provider not funded by the SMHA.
- Persons with only a diagnosis of (or receiving only specialty services for) substance use, intellectual disabilities, or developmental disability.

Data Sets

There are two data sets submitted for each reporting period, the Basic Client Information (BCI) data set and the State Hospital Readmission (SHR) data set. Each data set is comprised of two types of records: A header record and client records. The two data sets are linkable using the unique client ID as a key field.

1. The **BCI data set** contains all clients that received services during the reporting period. It is due on December 1 of each year (if the due date falls on a weekend or federal holiday, the report will be due on the next business day).
     a. Starting with the second year of a state's client-level data reporting, states may need to submit a supplemental file. A client who has a "continuing" treatment status at the end of the reporting period is expected to be reported in the succeeding reporting period. In cases where such a client did not receive any services in the succeeding reporting period and therefore was omitted from reporting, states must submit a supplemental file (Microsoft Excel file) that contains just the client IDs of these clients. NRI will use the client IDs from the supplemental file to change these clients' treatment status at the end of the reporting period they were last reported from "continuing" to "administrative discharge."
2. The **SHR data set** is due by March 1 of the following year ((if the due date falls on a weekend or federal holiday, the report will be due on the next business day).

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

The clients reported in the SHR data file are a subset of the population reported in the BCI data file, i.e. all clients reported in the SHR data file are reported in the BCI. **The SHR data file allows multiple records per client corresponding to the client's total number of discharge events during the reporting period**. Discharge events that constitute transfers within the same facility or temporary transfers outside the hospital for acute medical treatment should be excluded from reporting. In addition, the SHR data file reports whether a readmission to any state hospital (not necessarily a readmission to the discharging state hospital) occurred following each reported discharge event.

The SHR data file is submitted at a later date than the BCI data file to report the 180-day readmission data using a complete 6-month observation period following the end of the reporting period.

Three-Step Data Submission Process

There are three steps in the submission of the data files (refer to Figure 7).

Step 1: **Development and Submission of State Data Crosswalk**: Using a prescribed template, states are to develop and submit, for review, a crosswalk showing the mapping of the SMHA data elements, codes, and categories with the mental health client-level data elements, codes, and categories. This document also captures the contextual explanation on the SMHA data characteristics, deviations, recent data changes and anticipated changes in policy and data collection protocol that will affect future data reporting. States with independent child and adult mental health information systems must submit one integrated crosswalk. It is recommended that staff from both the child and adult mental health systems participate in all trainings and discussions.

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

Prior to submitting test files, all SMHAs should implement and use all data edits listed within this instruction manual.

The primary objective of this procedure is to ensure prompt processing of larger data files by identifying and resolving any potential issues prior to the submission of the production data files. This is accomplished through checking the conformity of state files with prescribed record format, use of coding conventions, data quality control, and verification of state and MH-CLD project office interface.

Important note for states that choose to use the MH-CLD Data Submission System (DSS): It is recommended that each MH-CLD reporting states and territories upload a test file and run validations to ensure there are not systemic issues with file extractions. However, please note that only production files can be submitted to the MH-CLD project office for processing.

Review of test results and file correction: After receipt and processing of a state's test file, a Data Edit Report is generated showing results of the test file. SMHAs are advised to carefully review the report and correct all errors cited in the report. Depending on the types of errors and percentage of records with errors, a revised test file may be requested for resubmission.

Step 3: **Submission of production files**: Data extraction and submission of the production data files may begin upon approval of acceptable test files. Prior to submitting the production files, all SMHAs are required to run all edits listed within this Instruction Manual against the data files.

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

Data submission process for continuing states: States that have submitted and received approval on prior years' test files should proceed to submission of production files for the current reporting year. Any changes and/or revision to previously approved crosswalks should be submitted in conjunction with the production files.

Issuance of Acceptance Report: A Data File Acceptance Summary Report is generated upon acceptance of the BCI and SHR production data files. This report contains a summary and descriptive statistics of the

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

Figure 7: Three-Step Process in the Submission of Client-Level Data Sets
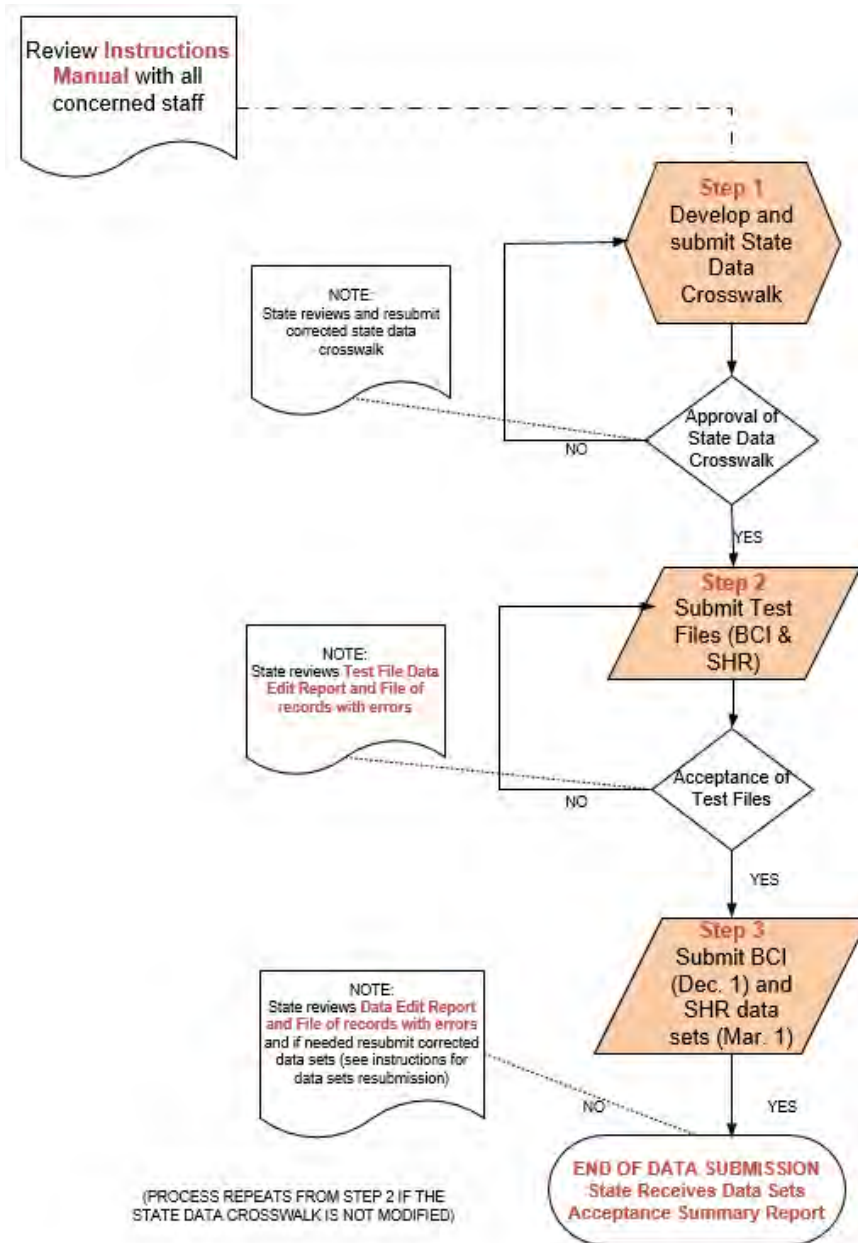
Compliance with HIPAA Privacy and Confidentiality Rules

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

The client-level data files use a unique, non-PHI client ID for reporting the required and optional information on a particular person within and across reporting periods. This ID allows for matching of the BCI data file and the SHR data file on the same, as well as succeeding, reporting periods. While the client ID

is unique to each person, the ID cannot be translated to identify the individual because it does not contain any PHI such as Social Security number, birth date, or other demographics. In addition, this ID cannot be used by any party except the SMHA to re-identify the client because the re-identification mechanism developed by the state is treated as confidential information that is not submitted to SAMHSA or NRI. Moreover, data files must be encrypted when submitted to NRI.

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

The following are few examples of PHI translation into non-PHI:
- Dates such as birth dates, admission dates, discharge dates, etc.

  PHI   Non-PHI

  Date of birth   →   →   →   →   Age

  SH admission and discharge dates →   →   Number of elapsed days from date of discharge to date of readmission

- Older population

  PHI   Non-PHI

  Any person 85 years and older →   →   Age to be labeled as 85

- Client ID

  PHI   Non-PHI

  Combination of social security number, birth date, and sex   →   →   →   computer generated, randomly assigned number

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STEP 1: STATE DATA CROSSWALK

The State Data Crosswalk has two parts and both should be completed.

Part 1 shows the mapping of the state data elements, codes, and categories corresponding with those prescribed in this Instruction Manual. This will serve as a reference to ensure consistent state reporting over time thereby it is important to keep it updated. It will also provide insight on the congruence between the state data collection protocol and the SAMHSA client-level data reporting requirements.

Part 2 collects state data notes, definitions, state data collection protocol, and other contextual information essential to better understand the reporting capacity of the state. The information will be used to build the technical assistance needs of the state to meet the SAMHSA reporting requirements. This will also capture specific state data footnotes that would accompany any future state-specific presentation and/or data reporting.

A State Data Crosswalk template (a separate file) is provided. To facilitate the review of the crosswalk, states should use the template provided by NRI. The template includes instructions to complete the crosswalk and the contextual information requested.

Complete review of the crosswalk is necessary before any data files are submitted to the NRI. Note that changes to the crosswalk may arise in the process of data extraction and data file review. If such situation occurs, take the following steps: (1) discuss the potential change with NRI, (2) make the necessary changes to the crosswalk, and (3) submit the revised crosswalk with the file submission. A crosswalk becomes final only after the complete BCI and SHR data sets have been accepted.

Crosswalk Submission Process for continuing states: Any changes and/or revisions to previously approved crosswalks should be submitted in conjunction with the production files.

STEP 2: PREPARING THE TEST FILES

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

It is recommended that test files for both the BCI and SHR data sets be submitted prior to full extraction of the respective production data files.

Important note for states that choose to use the MH-CLD Data Submission System (DSS): it is recommended that each MH-CLD reporting state and territory upload a test file and run validations to ensure that there are no systemic issues with the file extractions. However, please note that only production files can be submitted to the MH-CLD project office for processing.

The BCI test files should include up to 500 randomly selected unique client records containing all data elements in the BCI data set. For the State Hospital Readmission test data file, use at least 10% of the overall total discharge events containing all data elements in the SHR data set. Do not submit the complete client records data file (equivalent to the state's production file) as a test file because it takes longer review time.

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

The key to remember in preparing the test files is to have the State Data Crosswalk completed and reviewed first. The approved crosswalk and the Instruction Manual should be used to guide your data extraction process. Test files do not have to be error-free to proceed to the next phase of data set submission. States will be advised by NRI when the production file can be submitted, notwithstanding the errors found in the test files.

States are required to <u>use the data edits</u> contained in this Manual before submitting the test files.

Data Submission Process for continuing states: For states that have submitted and received approval on prior years' test files should proceed to submission of production files for the current reporting year.

STEP 3: SUBMISSION OF COMPLETE DATA SETS

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

Data files can be submitted as MH-CLD fixed-length ASCII flat format or a non-fixed length file format. For non-fixed-length file formats, please refer to the **MH-CLD Data Submission System (MH-CLD DSS)** section of this Manual.

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

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

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

No fields except optional fields can be blank. Please note that if a state is reporting at least one of the optional data elements, then the remaining optional data elements cannot be blank. Under this situation, states should use the 'not collected' code for the optional data elements that are not reported. Each record must have the length as specified in the record layout. For the client records in the BCI data file, when states report only the required data elements, the record should stop at the last required data element.

The supplemental files must be in Microsoft Excel and contain only the client ID of clients whose treatment status at the end of the previous reporting period is 'continuing' but who did not receive any services in the current reporting period (and therefore were excluded in the current reporting).

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

<Data set Type><State Code>_<reporting year>_<month><date><year>.TXT where
- <Dataset Type> is "BCI" for Basic Client Information data set, and "SHR" for State Hospital Readmission data set
- <State Code> is the two character abbreviation of the state name
- <reporting year> is the two digits of the reporting year (the year the CLD is officially due, for example, data due December 1, 2019 = **19**)
- <month> is the two digits of the submission month to NRI
- <date> is the two digits of the submission date to NRI
- <year> is the four digits of the submission year to NRI

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

Example: BCI data file submission from Virginia on December 1, 2019 for FY 2019 would be named **BCIVA_19_12012019.TXT**, which will be zipped as **BCIVA_19_12012019.ZIP** before submission.

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

Submission Schedule: The BCI data file is due by December 1 of each year, and the SHR data file is submitted after the BCI by March 1 of the following year.

Starting with the second year of a state's client-level data reporting, states may need to submit a supplemental file. A client whose treatment status at the end of the reporting period is 'continuing' is expected to be reported in the succeeding reporting period. In cases where such client did not receive any services in the current reporting period and therefore was omitted from [the current] reporting, states must submit a supplemental file that contains just the client IDs of these clients along with their current BCI file. NRI will use the client IDs from the supplemental file to change these clients' treatment status at the end of the previous reporting period from 'continuing' to 'administrative discharge'. However, if a state is making changes to the prior year's production file, the resubmission file must contain all changes, including those clients that would have been included in a supplemental file (change client treatment status at the end of the reporting period from 'continuing' to 'administrative discharge').

Data Resubmission and Correction Policy: States are required to resubmit the data files until all edits have been passed or accepted by NRI upon consultation. To efficiently process changes, states should submit a file containing **only** the records that need corrective action using the appropriate Transaction Type code(s).

It is important to note that test files and production files are separate and independently processed. Any initial submission for each file type should use "A" as a transaction type code. Succeeding resubmissions within each file type should be accompanied by a corresponding change in the Transaction Type code depending on the action required i.e., add, delete, or change.

All resubmissions must follow the same record layout and submission protocols. When submitting a state file, both the Header record and the Client record must be submitted in one file. If a state wants to delete records from previously processed BCI or SHR files, submit a file that contains the Header record and client records containing only the transaction type code (D) and client ID to be deleted.

When/if the BCI file is changed after a state's SHR file has been accepted, NRI will automatically perform a relational edit check between the BCI and SHR files to ensure all SHR clients are included in the BCI data set.

In the event the state needs to correct or change previously approved data files i.e. previous year's approved production files, the state should submit only the records that need to be changed or deleted. Use Transaction Type code 'D' or 'C' depending on the required action. Use Transaction Type code 'A' only if new records not included in the previously approved production files have to be added.

Data Processing: When NRI receives the data file submission from the states, NRI staff will review and process the data files for errors. Data file processing will stop immediately when a fatal error occurs in the header record, therefore, no data edit review will be conducted. In these situations, the edit report that will be sent to the state will not contain any of the field and relational edits.

When each data file (i.e., BCI and SHR) is accepted as final, NRI staff will e-mail the state an Acceptance Report, which summarizes the data file profile, and cross-year comparisons when applicable.

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DATA DICTIONARY: BASIC CLIENT INFORMATION (BCI) DATA SET

Scope of Data Set

The BCI data set contains both required and optional data elements on clients' demographic, clinical attributes, and outcomes. It is considered as the master data file as it contains information on all children and adults receiving mental health services that are provided under the auspices of the SMHA during the reporting period. Clients who received services from SMHA-funded or SMHA-operated community programs, state hospitals, other psychiatric inpatient facilities, residential treatment centers, and/or institutions under the justice system (jails/prisons) are reported in this file. This means that clients who received mental health and support services in multiple settings or in one treatment setting (whether discharged or continuing services) during the reporting period are all appended into one state BCI data file.

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

The data elements reported for each client record contained in this data file are enumerated below.

- Transaction type
- Client ID
- Race
- Sex
- Ethnicity
- Age
- Client treatment status at start of reporting period
- Client treatment status at end of reporting period
- SMI/SED status
- Mental health diagnosis – One
- Mental health diagnosis – Two
- Mental health diagnosis – Three
- Substance use diagnosis
- Substance use problem
- One service date flag
- Service setting status throughout the reporting period
- Employment
  - o Employment status at admission/recent available at the start of the reporting period

- o Employment status at discharge/recent available at the end of the reporting period
- Residential status
  - o Residential status at admission/recent available at the start of the reporting period
  - o Residential status at discharge/recent available at the end of the reporting period
- Criminal justice involvement
  - o Number of arrests in prior 30 days – at admission/recent available at the start of the reporting period
  - o Number of arrests in prior 30 days – at discharge/recent available at the end of the reporting period
- Education
  - o School attendance status
  - o School grade level
- Status update flag
  - o Status update flag – Employment
  - o Status update flag – Residential status

Five data elements are optional reporting. If these data elements are currently collected or as data becomes available, states are encouraged to report them.

- Global Assessment Functioning or Children's Global Assessment Scale (DSM-IV-TR, Axis V)
- Marital status
- Type of funding support
- Mental Health Block Grant (MHBG) funded services
- Veteran status

File Header

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

The header record includes eight data elements, which are: record type, reporting state code, file type, start of reporting period, end of reporting period, client record count, optional data elements report flag, and diagnostic code identifier. Only one header record is reported per data file. Note: The header record and the client record should be submitted together as one data file.

The succeeding pages describe the composition of the file header.

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

VALID ENTRIES:	
	H HEADER RECORD

VALIDATION EDITS:	If this field is blank or contains an invalid value, the entire file will be rejected and a fatal data edit violation error will be generated.
	If the very first record in the BCI data file is not the Header Record, the entire file will be rejected and a fatal data edit violation will be generated.

GUIDELINES:	Use code H

FIELD NUMBER:	H-01
FIELD LENGTH:	1
FIELD TYPE:	Character
FORMAT:	C
CREATED DATE:	3/29/2011
LAST REVISION DATE:	5/31/2017

VARIABLE NAME:	**REPORTING STATE CODE**
DESCRIPTION:	Identifies the reporting state.

VALID ENTRIES:

TWO-CHARACTER STATE ABBREVIATION

VALIDATION EDITS: If this field is blank or contains an invalid value, the entire file will be rejected and a fatal data edit violation error will be generated.

For states using MH-CLD DSS: If the two digit state code does not match the state name of the logged in user, the entire file will be rejected and a fatal data edit violation error will be generated.

For all other states: If the two digit code in the header record does not match the two digit code in the file name, the entire file will be rejected and a fatal data edit violation error will be generated.

GUIDELINES: Report the two-character state/territory code.

FIELD NUMBER: H-02
FIELD LENGTH: 2
FIELD TYPE: Character
FORMAT: CC
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/18/2019

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

VALID ENTRIES:		
	P	**PRODUCTION** – used for production (complete state data file) submission
	T	**TEST** – used for test file submission

VALIDATION EDITS:	If this field is blank or contains an invalid value, the entire file will be rejected and a fatal data edit violation error will be generated.
GUIDELINES:	When submitting test files, use code T and when submitting production files, use code P.

FIELD NUMBER:	H-03
FIELD LENGTH:	1
FIELD TYPE:	Character
FORMAT:	C
CREATED DATE:	3/29/2011
LAST REVISION DATE:	5/31/2017

VARIABLE NAME:	**START OF THE REPORT PERIOD**
DESCRIPTION:	Identifies the start year and month of the reporting period for the submitted file.

VALIDATION EDITS: If this field is blank or contains an invalid value, the entire file will be rejected and a fatal data edit violation error will be generated.

For continuing states, if the start of the reporting period is not exactly one year after the previous start of the reporting period (same month), the entire file will be rejected and a fatal data edit violation error will be generated.

GUIDELINES: The numeric format for months 1-9 must have a leading 0.

FIELD NUMBER: H-04
FIELD LENGTH: 6
FIELD TYPE: Numeric
FORMAT: YYYYMM
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/18/2019

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

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

VALID ENTRIES:

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

VALIDATION EDITS: If this field is blank or contains an invalid value, the entire file will be rejected and a fatal data edit violation error will be generated.

If the reported 'end of the report period' is not greater than the reported 'start of the reporting period,' the entire file will be rejected and a fatal data edit violation error will be generated.

For continuing states, if the end of the reporting period is not exactly one year after the previous end of the reporting period (same month), the entire file will be rejected and a fatal data edit violation error will be generated.

GUIDELINES: The numeric format for months 1-9 must have a leading 0.

FIELD NUMBER: H-05
FIELD LENGTH: 6
FIELD TYPE: Numeric
FORMAT: YYYYMM
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/18/2019

VARIABLE NAME: **CLIENT RECORD COUNT**

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

VALID ENTRIES:

UP TO 8 DIGITS

VALIDATION EDITS: If this field is blank or if the actual number of client records included differs from what is reported in this field, the entire file will be rejected and a fatal data edit violation error will be generated.

If the actual number of client records included in the BCI file does not match the number reported for this variable, the entire file will be rejected and fatal data edit violation error will be generated.

GUIDELINES: The client record count must be padded with 0s when the number of client records reported is less than 8 digits.

FIELD NUMBER: H-06
FIELD LENGTH: 8
FIELD TYPE: Numeric
FORMAT: ########
CREATED DATE: 3/20/2011
LAST REVISION DATE: 5/31/2017

VARIABLE NAME:	**OPTIONAL DATA ELEMENTS REPORT FLAG**
DESCRIPTION:	Specifies whether the state reported an optional data element or not.

VALID ENTRIES:		
	1	**YES** – state is reporting some or all of the optional data elements
	2	**NO** – state is not reporting any of the optional data elements

VALIDATION EDITS:	If this field is blank or contains an invalid value, the entire file will be rejected and a fatal data edit violation error will be generated.
GUIDELINES:	If the state is reporting one or more of the optional data elements, use code 1 and if not reporting any of the optional data elements, use code 2.

FIELD NUMBER: H-07
FIELD LENGTH: 1
FIELD TYPE: Numeric
FORMAT: #
CREATED DATE: 3/29/2011
LAST REVISION DATE: 5/31/2017

VARIABLE NAME:	**DIAGNOSTIC CODE IDENTIFIER**
DESCRIPTION:	Specifies which disease standard classification the State is using to report the client's diagnosis.

VALID ENTRIES:	
1	**DSM-IV**
2	**ICD-9**
3	**ICD-10**
4	**DSM-5**

VALIDATION EDITS:	If this field is blank or contains an invalid value, the entire file will be rejected and a fatal data edit violation error will be generated.
GUIDELINES:	Use one disease standard classification consistently during the reporting period.
	States that use both DSM and ICD codes should choose only one disease standard classification in reporting diagnosis in the BCI data file. Whenever necessary, the state must perform code conversion to ensure consistent reporting of codes using one disease standard classification.

FIELD NUMBER:	H-08
FIELD LENGTH:	1
FIELD TYPE:	Numeric
FORMAT:	#
CREATED DATE:	3/29/2011
LAST REVISION DATE:	5/31/2017

Client Record

The succeeding pages provide the coding convention and reporting guidelines for each data element reported in the BCI data set.

VARIABLE NAME:	**TRANSACTION TYPE**
DESCRIPTION:	Identifies whether the record adds information to the client-level database for a reporting period, changes an existing record in the database for a reporting period, or deletes an existing record from the database for a reporting period.

VALID ENTRIES:

A	**ADD**	
C	**CHANGE**	
D	**DELETE**	

VALIDATION EDITS:	If this field is blank or contains an invalid value, the client record will be rejected and a fatal data edit violation error will be generated.
	If the client ID of an A (Add) record matches the client ID of an existing record for the reporting period, the A record will be rejected as a duplicate and a fatal data edit violation error will be generated.
	If the client ID of a C (change) or D (delete) record does not match the client ID of an existing record for the reporting period, the C and D records will be rejected and a fatal data edit violation error will be generated.
GUIDELINES:	Use code A when submitting records to be added to the client-level database, code C when submitting changes to records that are already in the client-level database, and D to delete a record from the client-level database.
	For each reporting period and file type (test file or production file), the very first submission of the BCI file must use code A for all records. For subsequent (re)submission of BCI files for the reporting period, states may use any of the valid codes that are applicable.
	Important note: for transaction types A and C, each record in the BCI file must contain all data elements as specified in the record layout.

FIELD NUMBER:	C-00
FIELD LENGTH:	1
FIELD TYPE:	Character
FORMAT:	C
CREATED DATE:	4/18/2012
LAST REVISION DATE:	7/18/2019

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

VALID ENTRIES:

AN IDENTIFIER USING 1 TO 15 ALPHANUMERIC CHARACTERS

VALIDATION EDITS: If this field is blank the record will be rejected and a fatal data edit violation error will be generated.

Client IDs included in the BCI file must be unique per transaction type and reporting period or the duplicate record will be rejected and a fatal data edit violation error will be generated.

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

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

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

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

FIELD NUMBER: C-01
FIELD LENGTH: 15
FIELD TYPE: Alphanumeric
FORMAT: XXXXXXXXXXXXXXX
CREATED DATE: 3/29/2011
LAST REVISION DATE: 5/31/2017

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

VALID ENTRIES:

1 **NEW CLIENT** – new admission during the reporting period. Admission happened on the first day of the reporting period or thereafter

2 **CONTINUING CLIENT** – a person in the SMHA caseload (i.e. has not been discharged) at the start of the reporting period. Admission date should have occurred at least a day prior to the start of the reporting period

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *9 (Invalid Data)* and a non-fatal data edit violation error will be generated.

Starting with the second year of a state's MH-CLD reporting:

1. If a client was 'continuing' at the end of the previous reporting period, then the client must be 'continuing' at the start of the current reporting period or a non-fatal data edit violation error will be generated.
2. If a client was 'discharged' at the end of the previous reporting period, then the client must be reported as a 'new' client at the start of the current reporting period or a non-fatal data edit violation error will be generated.
3. If a client was 'discharged due to death of client' in previous reporting period, then the client cannot be reported in any subsequent reporting periods or a non-fatal data edit violation error will be generated.

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

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

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

NOTE FOR STATES USING CLAIMS OR ENCOUNTER DATA THAT DO NOT HAVE EXISTING ADMISSIONS AND DISCHARGE RULES: These states must develop an operational definition to code client status at the start of the reporting period. The intent is not to require states to administratively close cases but only to establish the same frame of reference consistent with the framework of admissions and discharges explained in the preceding paragraphs. The operational definition

established by the state must be described in the contextual section of the state Data Crosswalk.

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

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

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

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

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

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

- If the last service date prior to the start of the reporting period is less than XX days, and if the client has:
  o Succeeding service date during the reporting period, the client status is 'continuing'
  o No service that falls within the reporting period, the client is not reported

See Figure 8 below using a marker of 60 days.

Figure 8: Determining Client Treatment Status at the Beginning of the Reporting Period Using Claims/Encounter Data — Example
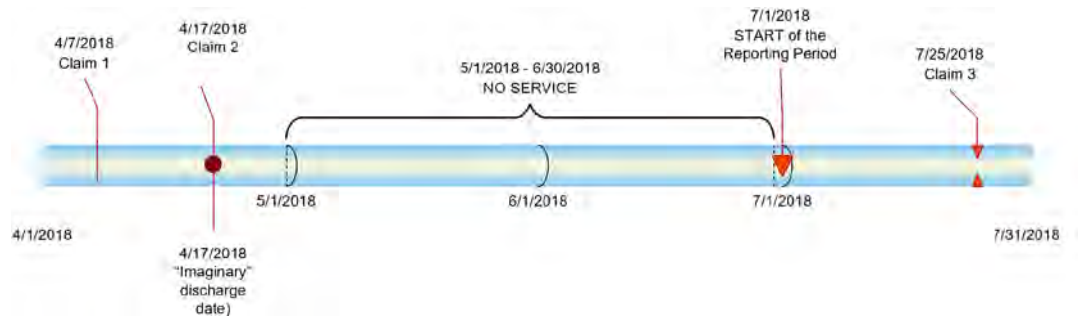
The client is presumed discharged on 4/17/2018 (proxy discharge date). Since the client received another service on 7/25/2018, which falls within the reporting period starting 7/1/2018, the client is reported with a start status of 'New Client'

FIELD NUMBER: C-02
FIELD LENGTH: 1
FIELD TYPE: Numeric
FORMAT: #
CREATED DATE: 3/29/2011
LAST REVISION DATE: 5/31/2017

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

VALID ENTRIES:

01   **CONTINUING CLIENT** (remains in the SMHA caseload at the end of the reporting period)

12   **DISCHARGED WITH TREATMENT COMPLETED**

22   **DISCHARGED DUE TO LOST CONTACT/ADMINISTRATIVE DISCHARGE**

32   **DISCHARGED TO CORRECTIONS, JAIL**

42   **DISCHARGED DUE TO DEATH OF CLIENT**

52   **AGED OUT**

62   **DISCHARGED DUE TO OTHER SPECIFIED REASONS**

72   **DISCHARGED, REASON UNKNOWN**

82   **DISCHARGED, REASON NOT COLLECTED**

VALIDATION EDITS: If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.

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

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

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

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

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

Use code 22 for administrative discharges. When this code is used, an explanation of the state's administrative discharge policy or operational definition of administrative discharge must be provided in the State Data Crosswalk.

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

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

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

Use code 82 for all discharged clients if the state does not collect the reason for discharge or per state policy, this data element is not collected for a certain population. Use code 82 (not code 72) if the particular record belongs to the population exempt in the state policy from reporting this data element.

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

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

For example, if the established time marker is 60 days, code the client 'continuing' at the end of the reporting period if the last service date is within 60 days prior to the end of the reporting period. The client is discharged if the proxy discharge (i.e. last service) date is >= 60 days prior to the end of the reporting period. Since the operational definition of administrative discharge is used, the applicable code is 22. This is illustrated in Figure 9 below.

Figure 9: Determining Client Treatment Status at the End of the Reporting Period Using Claims/Encounter Data — Example
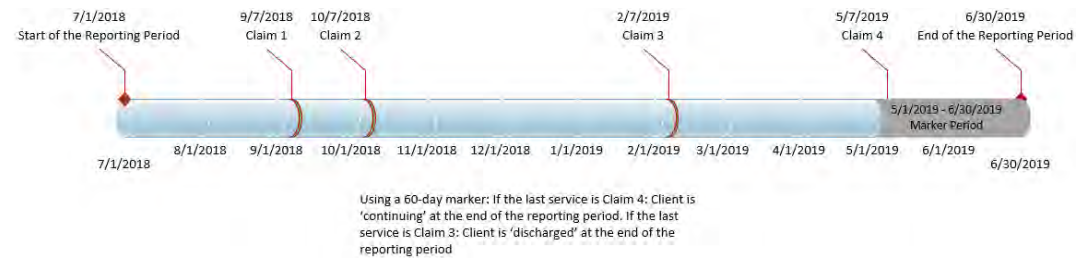
FIELD NUMBER:	C-03
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
CREATED DATE:	3/29/2011
LAST REVISION DATE:	5/31/2017

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

VALID ENTRIES	
	1 MALE
	2 FEMALE
	7 UNKNOWN
	8 NOT COLLECTED

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *9 (Invalid Data)* and a non-fatal data edit violation error will be generated.
	Starting with the second year of a state's MH-CLD reporting, sex should remain the same for a client or a non-fatal data edit violation error will be generated.
GUIDELINES:	Per OMB guidance, sex is defined as biologic sex. States that collect transgender as an option must report the data as follows:
	Transgender male (designated female at birth but identifies as male) - code as 2 Female
	Transgender female (designated male at birth but identifies as female) - code as 1 Male
	If the sex of a client changes during the reporting period, report the most recent available information.
	Use code 7 (Unknown) if the state collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 8).
	Use code 8 (Not Collected) if the state does not collect this data or per state policy, this data element is not collected for a certain population. Use code 8 (not code 7) if the particular record belongs to the population exempt in the state policy from reporting this data element.

FIELD NUMBER:	C-04
FIELD LENGTH:	1
FIELD TYPE:	Numeric
FORMAT:	#
CREATED DATE:	3/29/2011
LAST REVISION DATE:	5/31/2017

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

VALID ENTRIES	
	ANY NUMBER UP TO 85
	97 UNKNOWN
	98 NOT COLLECTED

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.
	Starting with the second year of a state's MH-CLD reporting, age should either remain the same or change by +1 only or a non-fatal data edit violation error will be generated.
GUIDELINES:	Age is a calculated field. Use the client's date of birth (collected by the state) to calculate age.
	Age is calculated at midpoint of the state's elected reporting period. Do not round up age. For example, if the calculated age is 13 and 8 months, report only 13. When the client's calculated age is less than 12 months, report age as zero.
	Use the specified date for calculation:
	December 31 – if the 12-month reporting period starts July 1
	February 28 – if the 12-month reporting period starts September 1
	March 31 – if the 12-month reporting period starts October 1
	June 30 – if the 12-month reporting period starts January 1
	September 30 – if the 12-month reporting period starts April 1
	If the reported date of birth of a client changes during the reporting period, use the most recent available information in calculating age.
	Code all clients 85 years and older as 85.
	Use code 97 (unknown) if the state collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).
	Use code 98 (not collected) if the state does not collect these data or per state policy, this data element is not collected for a certain population. Use code 98 (not code 97) if the particular record belongs to the population exempt in the state policy from reporting this data element.

FIELD NUMBER:	C-05
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
CREATED DATE:	3/29/2011
LAST REVISION DATE:	5/31/2017

VARIABLE NAME	**RACE**
DESCRIPTION	Specifies the client's most recent reported race at the end of the reporting period.

VALID ENTRIES:

02 **AMERICAN INDIAN OR ALASKA NATIVE** – a person having origins in any of the original people of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.

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

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

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

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

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

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

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

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

97 **UNKNOWN**

98 **NOT COLLECTED**

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.
	Starting with the second year of a state's MH-CLD reporting, race should remain the same for a client or a non-fatal data edit violation error will be generated.
GUIDELINES:	Temporary codes 03 and 22 are provided for use by states that have not fully adopted the OMB guidelines in collecting race information. All concerned states are expected to build capacity to use the prescribed categories in future reporting.
	If the state is not using the data collection method recommended by OMB (i.e. state is using different race categories, or is not using a self-identification method, or limits the number of race categories a person can select), explain the method used to collect the data (addressing areas where it deviated from the OMB guidelines) in the State Crosswalk.

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

For states that collect "Other Race" or allow clients to specify a single race different from the OMB racial categories, use code 20 (Some Other Race alone). Note that this category should not be used if the client is indicating multiple or mixed race.

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

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

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

1. Use the most recent race reported if variation in a person's race was reported by the same provider across time

2. Use the most frequently reported race if variation in a person's race was reported by different providers across time

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

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

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

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

FIELD NUMBER:	C-06
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
CREATED DATE:	3/29/2011
LAST REVISION DATE	5/31/2017

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

VALID ENTRIES:

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

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.
	Starting with the second year of a state's MH-CLD reporting, ethnicity should remain the same for a client or a non-fatal data edit violation error will be generated. Exception: ethnicity may change from code 01 to any of the detailed optional ethnicity codes.
GUIDELINES:	If the 2-question format for race/ethnicity data collection method is not used by the state, explain in the state data crosswalk the method used in collecting information on ethnicity.
	If the state collects Hispanic as a racial category and the state does not use a separate question for ethnicity, use code 98 (not collected). Do not translate the Hispanic race to report ethnicity.
	Codes 11, 12, 13, and 14 are optional reporting. If available, states are encouraged to report using appropriate codes.
	If the ethnicity of a client changes during the reporting period, report the most recent available information.
	Use code 97 (Unknown) if the state collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).
	Use code 98 (Not Collected) if the state does not collect these data or per state policy, this data element is not collected for a certain population. Use code 98 (not code 97) if the particular record belongs to the population exempt in the state policy from reporting this data element.
FIELD NUMBER:	C-07
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
CREATED DATE:	3/29/2011
LAST REVISION DATE:	5/31/2017

VARIABLE NAME: **SMI/SED STATUS**

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

VALID ENTRIES:

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

VALIDATION EDITS: If this field is blank or contains an invalid value, the value will be changed to *9 (Invalid Data)* and a non-fatal data edit violation error will be generated.

When client's age is 17 years or younger, code 1 cannot be used or a non-fatal data edit violation error will be generated.

When client's age is 18 years or older, codes 2 and 3 cannot be used or a non-fatal data edit violation error will be generated. Exception: codes 2 or 3 may be used for young adults, 18-21 years old, who are protected under the IDEA and continue to receive mental health services from the state's children mental health system.

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

Code 3 is optional reporting. If used, cite the state operational definition of 'At risk for SED' in the State Data Crosswalk.

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

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

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

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

FIELD NUMBER: C-08
FIELD LENGTH: 1
FIELD TYPE: Numeric

FORMAT: #
CREATED DATE: 3/29/2011
LAST REVISION DATE: 5/31/2017

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

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

VALID ENTRIES:

01 **FULL TIME** – use state definition for full time employment; includes members of the Armed Forces, and clients in full-time Supported Employment

02 **PART TIME** – use state definition for part time; includes clients in part-time Supported Employment

03 **UNEMPLOYED** – defined as actively looking for work or laid off from job (and awaiting to be recalled) in the past 30 days

05 **EMPLOYED – FULL TIME/PART TIME NOT DIFFERENTIATED (TEMPORARY CODE)**

Use the appropriate valid code for the specified classification of a person who is 'Not in the Labor Force,' defined as not employed and not actively looking for work during the past 30 days (i.e. people not interested to work or people who have been discouraged to look for work).

14 **HOMEMAKER**

24 **STUDENT**

34 **RETIRED**

44 **DISABLED**

64 **OTHER REPORTED CLASSIFICATION** (e.g. volunteers)

74 **SHELTERED/NON-COMPETITIVE EMPLOYMENT**

84 **NOT IN THE LABOR FORCE, CLASSIFICATION NOT SPECIFIED (TEMPORARY CODE)**

96 **NOT APPLICABLE**

97 **UNKNOWN**

98 **NOT COLLECTED**

VALIDATION EDITS: If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.

If client's age is under 16 or client received services in state hospital and/or institutions under the justice system only, code 96 (not applicable) must be used or a non-fatal data edit violation error will be generated.

If a client is 16 years or older and did not receive services in a state hospital and/or institutions under the justice system, code 96 (not applicable) cannot be used or a non-fatal data edit violation error will be generated.

GUIDELINES:

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

If the employment status of clients who are 16 and 17 years old is not collected by the SMHAs, use code 98 (Not Collected) and report this information together with the state operational definition of employed full time/part time in the contextual section of the State Data Crosswalk. Include the SMHA's definitions for unemployed and not in the labor force if different from the definition provided in this Manual.

State definitions are expected to be consistent with the general concept used by the DOL, as follows:

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

Also, if the SMHA reports the employment status of clients on active duty with the armed forces, specify this in the contextual report.

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

To remain consistent with the DOL, only employment status of persons who are non-institutionalized should be reported.

Use code 96 (Not Applicable) for all clients under the age of 16 (regardless of whether they have a reported employment status) and for clients who received services in an institutional setting throughout the reporting period (e.g., clients in state hospital, other psychiatric inpatient, jail, prison, etc.). Clients who received services from community-based setting, but at the time of scheduled data update were in an inpatient setting should also use code 96 instead of code 97.

Employment status of clients in institutions under the justice system is not reportable.

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

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

Coding of clients with overlapping employment statuses:

When clients are engaged in two or more activities (have overlapping status) during the period when their status is collected by the SMHA, use DOL's system of

priorities to determine the appropriate employment status. The prioritization rule is, labor force activities (such as working or looking for work) take precedence over non-labor force activities (such as student and homemaker); and working or having a job takes precedence over looking for work.

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

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

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

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

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

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

Reporting of a person in an internship program:
The IDEA ceases to apply for young adults once they received their high school diploma. The following rules should be observed in making determination whether the adult client in an internship program should be reported as 'Not in the Labor Force' or 'Employed'.

1. If the internship is a school requirement, whether paid or not, the person should be considered a "student" (NILF).
2. If the internship is not a school requirement, an unpaid position, does not displace regular employees and does not entitle the person for the job at the end of the internship period, then report the person's status as NILF - using code 64 (Other Reported Classification).
3. If the internship is not a school requirement, paid minimum wage and overtime provision, and the employer benefits from the internship through the client's engagement in actual operations of the business and performing productive work, then the person is employed.

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

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

FIELD NUMBER: C-09
FIELD LENGTH: 2
FIELD TYPE: Numeric
FORMAT: ##
CREATED DATE: 3/29/2011
LAST REVISION DATE: 5/31/2017

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

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

VALID ENTRIES:

01 FULL TIME – use state definition for full time employment; includes members of the Armed Forces, and clients in full-time Supported Employment

02 PART TIME – use state definition for part time; includes clients in part-time Supported Employment

03 UNEMPLOYED – defined as actively looking for work or laid off from job (and awaiting to be recalled) in the past 30 days

05 EMPLOYED – FULL TIME/PART TIME NOT DIFFERENTIATED (TEMPORARY CODE)

<u>**Use the appropriate valid code for the specified classification of a person who is 'Not in the Labor Force**,'</u> defined as not employed and not actively looking for work during the past 30 days (i.e. people not interested to work or people who have been discouraged to look for work).

14 HOMEMAKER

24 STUDENT

34 RETIRED

44 DISABLED

64 OTHER REPORTED CLASSIFICATION (e.g. volunteers)

74 SHELTERED/NON-COMPETITIVE EMPLOYMENT

84 NOT IN THE LABOR FORCE, CLASSIFICATION NOT SPECIFIED (TEMPORARY CODE)

96 NOT APPLICABLE

97 UNKNOWN

98 NOT COLLECTED

VALIDATION EDITS: If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.

If client's age is under 16 or client received services in a state hospital and/or institutions under the justice system only, code 96 (not applicable) must be used or a non-fatal data edit violation error will be generated.

If a client is 16 years or older and did not receive services in a state hospital and/or institutions under the justice system, code 96 (not applicable) cannot be used or a non-fatal data edit violation error will be generated.

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

If the employment status of clients who are 16 and 17 years old is not collected by the SMHAs, use code 98 (Not Collected) and report this information together with the state operational definition of employed full time/part time in the contextual section of the State Data Crosswalk. Include the SMHA's definitions for unemployed and not in the labor force if different from the definition provided in this Manual.

State definitions are expected to be consistent to the general concept used by the DOL, as follows:

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

Also, if the SMHA reports the employment status of clients on active duty with the armed forces, specify this in the contextual report.

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

To remain consistent with the DOL, only employment status of persons who are non-institutionalized should be reported.

Use code 96 (Not Applicable) for all clients under the age of 16 (regardless of whether they have a reported employment status) and for clients who received services in an institutional setting throughout the reporting period (e.g. clients in state hospital, other psychiatric inpatient, jail, prison, etc.). Clients who received services from community-based setting, but at the time of scheduled data update were in an inpatient setting should also use code 96 instead of code 97.

Employment status of clients in institutions under the justice system is not reportable.

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

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

Coding of clients with overlapping employment statuses:

When clients are engaged in two or more activities (have overlapping status) during the period when their status is collected by the SMHA, use DOL's system of priorities to determine the appropriate employment status. The prioritization rule

is, labor force activities (such as working or looking for work) take precedence over non-labor force activities (such as student and homemaker); and working or having a job takes precedence over looking for work.

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

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

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

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

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

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

Reporting of a person in an internship program:

The IDEA ceases to apply for young adults once they received their high school diploma. The following rules should be observed in making determination whether the adult client in an internship program should be reported as 'Not in the Labor Force' or 'Employed'.

1. If the internship is a school requirement, whether paid or not, the person should be considered a "student" (NILF).
2. If the internship is not a school requirement, an unpaid position, does not displace regular employees and does not entitle the person for the job at the end of the internship period, then report the person's status as NILF - using code 64 (Other Reported Classification).
3. If the internship is not a school requirement, paid minimum wage and overtime provision, and the employer benefits from the internship through the client's engagement in actual operations of the business and performing productive work, then the person is employed.

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

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

FIELD NUMBER: C-10
FIELD LENGTH: 2
FIELD TYPE: Numeric
FORMAT: ##
CREATED DATE: 3/29/2011
LAST REVISION DATE: 5/31/2017

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

VALID ENTRIES:

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

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *9 (Invalid Data)* and a non-fatal data edit violation error will be generated.
	If both employment status fields (C-09 and C-10) are reported using code 96, then this field must be reported using code 0 or a non-fatal data edit violation error will be generated.
	If the employment status fields (C-09 and C-10) are reported using two different codes, then this field must be reported using code 1 or a non-fatal data edit violation error will be generated.
GUIDELINES:	This is a translated field by comparing the **dates** of the data source. C-10 submission date should be more recent than C-9. States may use other data elements or procedures to determine whether the status reported in C-10 is an update of the status reported in C-9 if dates of the data source are not available. Explain the alternate data element or procedure in Part II of the State Data Crosswalk.
	A necessary condition in the operational definition of an update is that the source for the status reported in C-10 bears a more recent date than the source for the status reported in C-9. In other words, report an update (code 1) if a recent provider report was used to report the last known employment status (C-10).
	A status update does not always signify a change in a person's employment status. An update may show either one of the following:

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

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

Similarly, if a state's data update policy is every 6 months, a client who is admitted to the system 2 months before the end of the reporting period may not have an update. In this case, use code 0 (no update); not code 8 (update status unknown).

Although it is not required that states attest to the validity of the status update, it is strongly recommended that states take the initiative to verify that providers submit the client's most recent outcome status for a meaningful outcome measurement.

Code 8 (update status unknown) should only be used if the state cannot apply the operational definition of an 'update' as provided in this guideline and there is no alternative method.

Examples:

If a state does not keep track of the dates when data are submitted by the providers or if state does not keep history in its database and shows only the most recent status (in which case C-9 and C-10 cannot be differentiated) then use code 8 (update status unknown).

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

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

FIELD NUMBER:	C-11
FIELD LENGTH:	1
FIELD TYPE:	Numeric
FORMAT:	#
CREATED DATE:	3/29/2011
LAST REVISION DATE:	5/31/2017

VARIABLE NAME:	**RESIDENTIAL STATUS – AT ADMISSION OR START OF THE REPORTING PERIOD**
DESCRIPTION:	Specifies client's residential status at time of admission (new clients) or start of the reporting period (continuing clients).

VALID ENTRIES:

01 **HOMELESS** – person has no fixed address; includes homeless, shelters

02 **FOSTER HOME/FOSTER CARE** – individual resides in a foster home. A foster home is a home that is licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This includes therapeutic foster care facilities. Therapeutic foster care is a service that provides treatment for troubled children within private homes of trained families.

03 **RESIDENTIAL CARE** – individual resides in a residential care facility. This level of care may include a group home, therapeutic group home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities.

04 **CRISIS RESIDENCE** – a time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning

05 **INSTITUTIONAL SETTING** – individual resides in an institutional care facility with care provided on a 24 hour, 7 days a week basis. This level of care may include skilled nursing/ intermediate care facility, nursing homes, institute of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, veterans' affairs hospital, state hospital, or Intermediate Care Facilities/MR.

06 **JAIL/CORRECTIONAL FACILITY** – individual resides in a jail and/or correctional facility with care provided on a 24 hour, 7 days a week basis. This includes a jail, correctional facility, detention centers, and prison.

07 **PRIVATE RESIDENCE, living arrangement of adult client not known**

    17 **INDEPENDENT LIVING** – this category describes adult clients living independently in a private residence and capable of self-care. It includes clients who live independently with case management support or with supported housing supports. This category also includes clients who are largely independent and choose to live with others for reasons not related to mental illness. They may live with friends, spouse, or other family members. The reasons for shared housing could include personal choice related to culture and/or financial considerations.

    27 **DEPENDENT LIVING** – adult clients living in a house, apartment, or other similar dwellings and are heavily dependent on others for daily living assistance

37 **PRIVATE RESIDENCE (for children use only)** – use this code for all children living in a private residence regardless of living arrangement.

08 **OTHER RESIDENTIAL STATUS**

97 **UNKNOWN**

98 **NOT COLLECTED**

VALIDATION EDITS: If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.

If client is under the age of 18, code 07, 17, and 27 cannot be used or a non-fatal data edit violation error will be generated.

If client is 18 years or older, code 37 cannot be used or a non-fatal data edit violation error will be generated.

GUIDELINES: Codes 07, 17, and 27 should be used for adult clients only (age 18 and over). Use code 07 if the state collects only private residence but not the type of living arrangement (i.e., dependent or independent).

Children/adults who live in family foster homes and therapeutic foster homes should use code 02 (foster home/foster care) and not private residence (code 37 for children, and codes 07, 17, and 27 for adults).

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

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

FIELD NUMBER: C-12
FIELD LENGTH: 2
FIELD TYPE: Numeric
FORMAT: ##
CREATED DATE: 3/29/2011
LAST REVISION DATE: 5/31/2017

VARIABLE NAME:	**RESIDENTIAL STATUS – AT DISCHARGE OR END OF REPORTING PERIOD**
DESCRIPTION:	Specifies client's residential status at time of discharge or end of reporting period (continuing clients).

VALID ENTRIES:

01   **HOMELESS** – person has no fixed address; includes homeless, shelters

02   **FOSTER HOME/FOSTER CARE** – individual resides in a foster home. A foster home is a home that is licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This includes therapeutic foster care facilities. Therapeutic foster care is a service that provides treatment for troubled children within private homes of trained families.

03   **RESIDENTIAL CARE** – individual resides in a residential care facility. This level of care may include a group home, therapeutic group home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities

04   **CRISIS RESIDENCE** – a time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning

05   **INSTITUTIONAL SETTING** – individual resides in an institutional care facility with care provided on a 24 hour, 7 days a week basis. This level of care may include skilled nursing/ intermediate care facility, nursing homes, institute of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, veterans' affairs hospital, state hospital, or Intermediate Care Facility/MR.

06   **JAIL/CORRECTIONAL FACILITY/OTHER INSTITUTIONS UNDER THE JUSTICE SYSTEM** – individual resides in a jail, correctional facility, detention centers, or other institutions under the justice system with care provided on a 24 hour, 7 days a week basis. This includes a jail, correctional facility, detention centers, and prison.

07   **PRIVATE RESIDENCE, living arrangement of adult client not known**

   17   **INDEPENDENT LIVING** – this category describes adult clients living independently in a private residence and capable of self-care. It includes clients who live independently with case management support or with supported housing supports. This category also includes clients who are largely independent and choose to live with others for reasons not related to mental illness. They may live with friends, spouse, or other family members. The reasons for shared housing could include personal choice related to culture and/or financial considerations.

   27   **DEPENDENT LIVING** – adult clients living in a house, apartment, or other similar dwellings and are heavily dependent on others for daily living assistance

37   **PRIVATE RESIDENCE (for children use only) – use this code for all children living in a private residence regardless of living arrangement.**

08   **OTHER RESIDENTIAL STATUS**

97   **UNKNOWN**

98   **NOT COLLECTED**

VALIDATION EDITS: If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.

If client is under the age of 18, codes 07, 17, and 27 cannot be used or a non-fatal data edit violation error will be generated.

If client is 18 years or older, code 37 cannot be used or a non-fatal data edit violation error will be generated.

GUIDELINES: Codes 07, 17, and 27 should be used for adult clients only (age 18 and over).Use code 07 if the state collects only private residence but not the type of living arrangement (i.e., dependent or independent).

Children/adults who live in family foster homes and therapeutic foster homes should use code 02 (foster home/foster care) and not private residence (code 37 for children, and codes 07, 17, and 27 for adults).

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

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

FIELD NUMBER: C-13
FIELD LENGTH: 2
FIELD TYPE: Numeric
FORMAT: ##
CREATED DATE: 3/29/2011
LAST REVISION DATE: 5/31/2017

VARIABLE NAME: **RESIDENTIAL STATUS UPDATE FLAG**

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

VALID ENTRIES

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

VALIDATION EDITS: If this field is blank or contains an invalid value, the value will be changed to *9 (Invalid Data)* and a non-fatal data edit violation error will be generated.

If the residential status fields (C-12 and C-13) are reported using two different codes, then this field must be reported using code 1 or a non-fatal data edit violation error will be generated.

GUIDELINES: This is a translated field by comparing the **dates** of the data source. C-13 submission date should be more recent than C-12. States may use other data elements or procedures to determine whether the status reported in C-13 is an update of the status reported in C-12 if dates of the data source are not available. Explain the alternate data element or procedure in Part II of the state data crosswalk.

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

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

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

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

Similarly, if a state's data update policy is every 6 months, a client who is admitted to the system 2 months before the end of the reporting period may not have an update. In this case, use code 0 (no update); not code 8 (update status unknown).

Although it is not required that states attest to the validity of the status update, it is strongly recommended that states take the initiative to verify that providers submit the client's most recent outcome status for a meaningful outcome measurement.

Code 8 (update status unknown) should only be used if the state cannot apply the operational definition of an 'update' as provided in this guideline and there is no alternative method.

Examples:

If a state does not keep track of the dates when data are submitted by the providers or if a state does not keep history in its database and shows only the most recent status (in which case C-12 and C-13 cannot be differentiated) then use code 8 (update status unknown).

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

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

FIELD NUMBER:	C-14
FIELD LENGTH:	1
FIELD TYPE:	Numeric
FORMAT:	#
CREATED DATE:	3/29/2011
LAST REVISION DATE:	5/31/2017

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

VALID ENTRIES:

1. **STATE PSYCHIATRIC HOSPITAL** – all SMHA-funded and SMHA-operated organizations operated as hospitals that provide primarily inpatient care to persons with mental illnesses from a specific geographical area and/or statewide

2. **SMHA-FUNDED/OPERATED COMMUNITY-BASED PROGRAM** – include Community Mental Health Centers (CMHCs), outpatient clinics, partial care organizations, partial hospitalization programs, PACT programs, consumer run programs (including Club Houses and drop-in centers), and all community support programs (CSP)

3. **RESIDENTIAL TREATMENT CENTER** – an organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth, and in some cases, adult care.

4. **OTHER PSYCHIATRIC INPATIENT** – a private provider or medical provider licensed and/or contracted through the SMHA.

5. **INSTITUTIONS UNDER THE JUSTICE SYSTEM** – mental health services provided in a jail, prison, juvenile detention center, etc.

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *99999 (Invalid Data)* and a non-fatal error data edit violation error will be generated.
	If reporting less than 5 service settings, this field must be right justified and padded with 0s or a non-fatal data edit violation error will be generated.
GUIDELINES:	This is a translated filed. Using service location information from claims or encounter data, report up to 5 service settings. Each setting is reported only once.
	Note that this data element refers to the place where services were provided and not particularly the residence of the client. For example, a person who received services in jail and in the community will be reported using codes 5 and 2; and may be reported under a residential status of private residence.

FIELD NUMBER:	C-15
FIELD LENGTH:	5
FIELD TYPE:	Numeric
FORMAT:	#####
CREATED DATE:	3/29/2011
LAST REVISION DATE:	5/31/2017

VARIABLE NAME:	**ONE SERVICE DATE FLAG**
DESCRIPTION:	Identifies clients who were provided service(s) by the SMHA in one day only or multiple days during the reporting period.
VALID ENTRIES:	
	1 ONE SERVICE DATE – client has one service date only throughout the reporting period
	2 MULTIPLE SERVICE DATES – client had more than one service date throughout the reporting period.
VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *9 (Invalid Data)* and a non-fatal data edit violation error will be generated.
GUIDELINES:	A client who had one service date means the person may have received one or several types of services <u>on the same day</u> (i.e. same service date) but that no other service dates were reported on the client during the reporting period.

FIELD NUMBER: C-16
FIELD LENGTH: 1
FIELD TYPE: Numeric
FORMAT: #
CREATED DATE: 3/29/2011
LAST REVISION DATE: 5/31/2017

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

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

VALID ENTRIES:

DSM-IV, DSM-5, ICD-9, or ICD-10 codes

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

999.9997   UNKNOWN

999.9998   NOT COLLECTED

VALIDATION EDITS: If this field is blank or contains an invalid value, the value will be changed to *99999999 (Invalid Data)* and a non-fatal data edit violation error will be generated.

GUIDELINES: Codes that do not map to the selected disease standard classification should be reported as is with an explanation specifying the code, code description, and the corresponding disease standard classification in Part II (contextual information) of the State Data Crosswalk.

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

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

States should report the most recent mental health diagnoses that are current during the reporting period. Most recent is defined by the date when the diagnosis is reported.

States can report up to three mental health diagnoses by completing the Mental Health Diagnosis 1, 2, and 3 data elements in sequential order.

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

Procedure in determining which three mental health diagnoses to report:

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

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

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

2. Conduct your search for diagnostic codes using both Axis I and II. 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 (*note: this method is applicable if using DSM-IV and other earlier editions or if the state continues to use the DSM axial structure*).

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

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

If the state is using claims/encounter data to collect a client's diagnosis, report this in the State Data Crosswalk and use the following algorithm.

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

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

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

Use code 999.9997 (Unknown) if the state collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 999.9998). Note: V/Z-codes are valid values.

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

FIELD NUMBER: C-17
FIELD LENGTH: 8
FIELD TYPE: Alphanumeric
FORMAT: ###.####
CREATED DATE: 3/29/2011
LAST REVISION DATE: 5/31/2017

VARIABLE NAME:	**MENTAL HEALTH DIAGNOSIS – TWO**
DESCRIPTION:	Specifies the client's current mental health diagnoses during the reporting period.

VALID ENTRIES:	
	DSM-IV, DSM-5, ICD-9, or ICD-10 codes
	(XXX.XXXX) (XXX.XXX-) (XXX.XX--) (XXX.X---) (XXX.- ---) (XXX- --- -) WHERE – REPRESENTS A BLANK
	999.9996 NO SECOND DIAGNOSIS
	999.9997 UNKNOWN
	999.9998 NOT COLLECTED

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *99999999 (Invalid Data)* and a non-fatal data edit violation error will be generated.
	If C-17 (mental health diagnosis, one) is reported as 'unknown' (code 999.9997), this field must be either 'unknown' (999.9997) or 'no second diagnosis' (999.9996) or a non-fatal data edit violation error will be generated.

GUIDELINES:	See guidelines under Mental Health Diagnosis – One (C-17).
	Use code 999.9996 (No Second Diagnosis) if the client has only one diagnosis, which has been reported in C-17.
	Use code 999.9997 (Unknown) if the state collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 999.9998).
	Use code 999.9998 (Not Collected) if the state does not collect these data (i.e. state collects no more than one diagnosis) or per state policy, this data element is not collected for a certain population. Use code 999.9998 (not code 999.9997) if the particular record belongs to the population exempt in the state policy from reporting this data element.

FIELD NUMBER:	C-18
FIELD LENGTH:	8
FIELD TYPE:	Alphanumeric
FORMAT:	###.####
CREATED DATE:	3/29/2011
LAST REVISION DATE:	5/31/2017

VARIABLE NAME:	**MENTAL HEALTH DIAGNOSIS – THREE**
DESCRIPTION:	Specifies the client's current mental health diagnoses during the reporting period.

VALID ENTRIES:

DSM-IV, DSM-5, ICD-9, or ICD-10 codes

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

999.9996 NO THIRD DIAGNOSIS

999.9997 UNKNOWN

999.9998 NOT COLLECTED

VALIDATION EDITS:
If this field is blank or contains an invalid value, the value will be changed to *99999999 (Invalid Data)* and a non-fatal data edit violation error will be generated.

If C-17 (mental health diagnosis, one) is reported as 'unknown' (999.9997), this field must be either 'unknown' (999.9997) or 'no second diagnosis' (999.9996) or a non-fatal data edit violation error will be generated.

If C-18 (mental health diagnosis, two) is reported as 'unknown' (999.9997), this field must be either 'unknown' (999.9997) or 'no third diagnosis' (999.9996) or a data edit violation non-fatal error will be generated.

If C-18 (mental health diagnosis, two) is reported as 'no second diagnosis' (999.9996), this field must be 'no third diagnosis' (999.9996) or 'not collected' (999.9998) if the state collects only two diagnostic codes or a non-fatal data edit violation error will be generated

GUIDELINES:
See guidelines under Mental Health Diagnosis – One (C-17).

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

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

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

FIELD NUMBER:	C-19
FIELD LENGTH:	8
FIELD TYPE:	Alphanumeric
FORMAT:	###.####
CREATED DATE:	3/29/2011
LAST REVISION DATE:	5/31/2017

VARIABLE NAME:	**SUBSTANCE USE DIAGNOSIS**
DESCRIPTION:	Specifies the client's substance use diagnosis that is current during the reporting period. The state should report the most recent substance use diagnosis.

VALID ENTRIES:	
	DSM-IV codes, ICD-9 or ICD-10
	(XXX.XX) (XXX.X-) (XXX.- -) (XXX- - -) WHERE – REPRESENTS A BLANK
	999.9996 NO SUBSTANCE USE DIAGNOSIS
	999.9997 UNKNOWN
	999.9998 NOT COLLECTED

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *99999999 (Invalid Data)* and a non-fatal data edit violation error will be generated.

GUIDELINES:	States are allowed to report only one substance use diagnosis. The information will be used only for the purpose of determining if a co-occurring substance use disorder is present.
	The state decides which substance use diagnosis to report if a client has multiple substance use diagnoses. Preference is to report the most recent diagnosis based on the reporting date.
	States should only report a substance use diagnosis that remains current during the reporting period.
	Use code 999.9996 (no substance use diagnosis) if all Axis I and Axis II diagnoses for a client are mental health codes only.
	Use code 999.9997 (Unknown) if the state collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (code 999.9998).
	Use code 999.9998 (Not Collected) if the state does not collect these data or per state policy, this data element is not collected for a certain population. Use code 999.9998 (not code 999.9997) if the particular record belongs to the population exempt in the state policy from reporting this data element.

FIELD NUMBER:	C-20
FIELD LENGTH:	8
FIELD TYPE:	Alphanumeric
FORMAT:	###.####
CREATED DATE:	3/29/2011
LAST REVISION DATE:	11/2/2018

VARIABLE NAME:	**SUBSTANCE USE PROBLEM**
DESCRIPTION:	Specifies the client's substance use problem based on a substance use diagnosis and/or using other identification method such as substance use screening results, enrollment in a substance use program, substance use survey, service claims information, or other related sources of data.

VALID ENTRIES:

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

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *9 (Invalid Data)* and a non-fatal data edit violation error will be generated.
	If a valid substance use diagnostic code (i.e., other than 999.9997 (unknown) or 999.9998 (not collected)) is reported in field C-20 (substance use diagnosis), then this field must be reported using code 1 (yes) or a non-fatal data edit violation error will be generated.
GUIDELINES:	In order to fully identify the extent of co-occurring substance use problem among persons with mental illness, this data element is provided to allow alternative methods used by states other than or in addition to reporting substance use diagnosis.
	Cite in the State Data Crosswalk the method used by the state to identify co-occurring substance use problem.
	If a substance use diagnosis is reported in C-20, this data element should use code 1. However, the reverse is not true. A code 1 in this data element is still valid even if code 999.9996 (No substance use diagnosis) is reported in C-20.
	Use code 7 (Unknown) if the state collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 8).
	Use code 8 (not collected) if the state does not collect substance use diagnosis and does not use other methods of substance use problem identification, or per state policy this data element is not collected for a certain population. Use code 8 (not code 7) if the particular record belongs to the population exempt in the state policy from reporting this data element.
FIELD NUMBER:	C-21
FIELD LENGTH:	1
FIELD TYPE:	Numeric
FORMAT:	#
CREATED DATE:	3/29/2011
LAST REVISION DATE:	11/2/2018

VARIABLE NAME:	**NUMBER OF ARRESTS IN PRIOR 30 DAYS – AT ADMISSION OR START OF THE REPORTING PERIOD**
DESCRIPTION:	Identifies the number of arrests within the 30-days **preceding** admission or the start of the reporting period

VALID ENTRIES:	
	ANY NUMBER UP TO 96
	97 UNKNOWN
	98 NOT COLLECTED

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.
	If client is under age 10, this data element must be reported as 00 or a non-fatal data edit violation error will be generated.

GUIDELINES:	Use code 00 for no reported arrests.
	This item is intended to capture the number of times the client was arrested for any cause during the 30-days preceding admission or the 30-days preceding the start of the reporting period. Any formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings at the time of admission or the start of the reporting period. The number of charges for an arrest should **not** be reported in this field—for example, if a client is arrested and charged with disorderly conduct and vandalism (two charges), the number of arrests for this client should be reported as one, not two.
	The use of arrest data from the criminal justice agencies is strongly recommended for ease and more accurate reporting. If the state uses other data collection method that does not allow for accurate measurement (e.g. this question is asked of the client only during assessment conducted semi-annually), the rule of thumb is to always use the most recent available information at the time of the client's admission (for new clients) or start of the reporting period (for continuing clients).
	Use code 97 (Unknown) if the state collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).
	Use code 98 (Not Collected) if the state does not collect these data, or per state policy, this data element is not collected for a certain population. Use code 98 (not code 97) if the particular records belong to the population exempt in the state policy from reporting this data element.

FIELD NUMBER:	C-22
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
CREATED DATE:	10/13/2011
LAST REVISION DATE:	7/18/2019

VARIABLE NAME:	**NUMBER OF ARRESTS IN PRIOR 30 DAYS – AT DISCHARGE OR END OF THE REPORTING PERIOD**
DESCRIPTION:	Identifies the number of arrests within the 30-days **preceding** discharge from treatment services (or the end of the reporting period). If the client is in treatment less than 30-days, use number of arrests during period of treatment.

VALID ENTRIES:

ANY NUMBER UP TO 96

97   UNKNOWN

98   NOT COLLECTED

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.
	If client is under age 10, this data element must be reported as 00 or a non-fatal data edit violation error will be generated.
GUIDELINES:	Use code 00 for no reported arrests.
	This item is intended to capture the number of times the client was arrested for any cause during the 30-days preceding discharge from treatment or 30-days preceding the end of the reporting period. In the event treatment was initiated less than 30-days prior to discharge/end of the reporting period, this item refers to the number of arrests since the treatment was initiated.
	Any formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings at the time of discharge or the end of the reporting period. The number of charges for an arrest should **not** be reported in this field—for example, if a client is arrested and charged with disorderly conduct and vandalism (two charges), the number of arrests for this client should be reported as one, not two.
	The use of arrest data from the criminal justice agencies is strongly recommended for ease and more accurate reporting. If the state uses other data collection method that does not allow for accurate measurement (e.g. this question is asked of the client only during assessment conducted semi-annually), the rule of thumb is to always use the most recent available information at the time of the client's discharge (for discharged clients) or end of the reporting period (for continuing clients).
	Arrest incidents should not be reported twice. Arrest incidents that happened prior to admission and reported in C-22 should be excluded in the count of arrests reported in C-23 even if the incident falls within 30-days prior to the date of discharge or end of the reporting period.
	Unlike the Employment Status and Residential Status data elements, if the client has arrest data only at the time of admission or start of the reporting period, do not reuse the information at the end of the reporting period. Instead, use code 97.
	Use code 97 (Unknown) if the state collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).
	Use code 98 (Not Collected) if the state does not collect these data, or per state policy, this data element is not collected for a certain population. Use code 98 (not

code 97) if the particular records belong to the population exempt in the state policy from reporting this data element.

FIELD NUMBER:	C-23
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
CREATED DATE:	10/13/2011
LAST REVISION DATE:	7/18/2019

VARIABLE NAME: **SCHOOL ATTENDANCE STATUS**

DESCRIPTION: Specifies the school attendance status of school-age children and adolescents at the time of the client's discharge (for discharged clients) or the end of the reporting period (for continuing clients).

VALID ENTRIES:

1	**YES**	– Client has attended school <u>at any time in the past three months</u>
2	**NO**	– Client has not attended school at any time in the past three months
6	**NOT APPLICABLE**	
7	**UNKNOWN**	
8	**NOT COLLECTED**	

VALIDATION EDITS: If this field is blank or contains an invalid value, the value will be changed to *9 (Invalid Data)* and a non-fatal data edit violation error will be generated.

When client's age is between 3 and 17 (inclusive), code 6 cannot be used or a non-fatal data edit violation error will be generated.

If client's age is under 3 years old or 18 years or older, code 6 must be used or a non-fatal data edit violation error will be generated.

GUIDELINES: This question applies only to all school-age children, 3-17 years old, including young adults 18-21 years old who are protected under the Individuals with Disabilities Education Act (IDEA). These young adults are in Special Education Programs and continue to receive mental health services, mostly provided by the state's Children Mental Health system.

It is not the intent of this data element to identify children who are in Special Education. The intent is to ensure reporting of persons who are 18-21 years old who meet the IDEA eligibility criteria.

Unlike employment and residential status, this measure is to be reported only once during the reporting period, either at time of client discharge or at the end of the reporting period if the client has a continuing status.

States are given discretion to plan the routine collection of this information from their clients. For example, a state that updates outcome measures on a monthly basis may not choose to ask this question every month. This state may choose to adopt a routine where this question is asked only once during the three months preceding the end of the state's reporting period and at the time of client's discharge. Always report the most recent available information.

'At any time in the past three months' means at least one day of school attendance in the past three months, counting from the day the information is collected.

'School' includes, but is not limited to, any one of combination of home-schooling, online education, alternative school, vocational school, or regular school (public, private, charter, traditional, military, etc.), at which the child is enrolled in any of the following school grade levels: nursery/pre-school (including Head Start), kindergarten, elementary/middle school (Grades 1-8), high school (Grades 9-12, including General Equivalency Degree or GED), vocational school (including business, technical, secretarial, trade, or correspondence courses which are not

counted as regular school enrollment and are not for recreation or adult education classes), or college/professional degree.

Use code 6 (Not Applicable) for clients who are not of school age: children younger than 3 years old (i.e., birth to two years old) and all persons who have reached the age of 18, except the 18-21 year old clients who are in Special Education and continue to receive services from the Children's Mental Health System. This question does not apply to adults.

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

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

FIELD NUMBER: C-24
FIELD LENGTH: 1
FIELD TYPE: Numeric
FORMAT: #
CREATED DATE: 10/24/2011
LAST REVISION DATE: 5/31/2017

VARIABLE NAME:	**SCHOOL GRADE LEVEL**
DESCRIPTION:	Specifies the school grade level of three sub-populations of clients, as follows:

- Current grade level for school-age children who attended school at any time in the past three months
- Highest grade level completed for school-age children who have not attended school at any time within the past three months
- Highest educational attainment for all adult clients, whether currently in school or not.

VALID ENTRIES:

0	**NO YEARS OF SCHOOLING**
1	**GRADE 1**
2	**GRADE 2**
3	**GRADE 3**
4	**GRADE 4**
5	**GRADE 5**
6	**GRADE 6**
7	**GRADE 7**
8	**GRADE 8**
9	**GRADE 9**
10	**GRADE 10**
11	**GRADE 11**
12	**GRADE 12**
13	**NURSERY SCHOOL, PRE-SCHOOL (INCLUDING HEAD START)**
14	**KINDERGARTEN**
15	**SELF-CONTAINED SPECIAL EDUCATION CLASS (No equivalent grade level)**
16	**VOCATIONAL SCHOOL (see guidelines for definition)**
17	**COLLEGE UNDERGRADUATE FRESHMAN (1st Year)**
18	**COLLEGE UNDERGRADUATE SOPHOMORE (2nd Year)**
19	**COLLEGE UNDERGRADUATE JUNIOR (3rd Year)**
20	**COLLEGE UNDERGRADUATE SENIOR (4th Year)**
21	**GRADUATE OR PROFESSIONAL SCHOOL (e.g., Master's, Doctoral, Medical or Law School)**
97	**UNKNOWN**
98	**NOT COLLECTED**

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.
	If data element C-24 (school attendance status) is reported using code 1 (yes), school grade level cannot be reported using code 0 (no years of schooling) or a non-fatal data edit violation error will be generated.
	If client's age is under 13 years old, codes 16 through 21 cannot be used or a non-fatal data edit violation error will be generated.
	If client's age is under 10 years old, codes 7 through 12 or 16 through 21 cannot be used or a non-fatal data edit violation error will be generated.
GUIDELINES:	Information for this data element should be collected and reported for all clients.
	'School' includes, but is not limited to, any one or combination of home-schooling, online education, alternative school, vocational school, or regular school (public,

private, charter, traditional, military, magnet, independent, parochial, etc.), at which the child is enrolled in any of the following school grade levels: nursery/pre-school (including Head Start), kindergarten, elementary/middle school (Grades 1-8), high school (Grades 9-12, including General Equivalency Degree or GED), vocational school (including business, technical, secretarial, trade, or correspondence courses which are not counted as regular school enrollment and are not for recreation or adult education classes), or college/professional degree.

Unlike employment and residential status, this measure is to be reported only once during the reporting period, either at the time of the client's discharge or at the end of the reporting period if the client is continuing to receive services.

Reporting this information for non-school age children (age <3):

For non-school age children (age <3), use code 0 (no years of schooling).

Reporting this information for school-age children (age 3-17 and 18-21 years old in Special Education):

This data element is linked to the responses provided in C-24 (School Attendance Status) for all school-age children, 3-17 years old, including young adults 18-21 years old who are in the Special Education Program per the Individual's with Disabilities Education Act (IDEA) and continue to receive mental health services from the state's Children Mental Health system.

C-24 should be completed prior to selecting the school grade level in C-25.

If the response in C-24 is yes (code 1), please report the appropriate grade level that the child attended in the past three months. The valid codes are 1 to 17. For exceptional cases, higher codes may apply.

If the information is collected at the time when the school year just ended, report the recent school grade level completed (not the grade level the child is advancing to in the next school year).

If the response in C-24 is no (code 2), please report the appropriate school grade level the child has completed. The valid codes are from 0 to 17. For exceptional cases, higher codes may apply.

For children who are home-schooled or children in Special Education but have been mainstreamed in regular school grades, please report the equivalent grade level.

Use code 15 (Self-Contained Special Education) for children in a special education class that does not have an equivalent school grade level.

Code 13 (Nursery school/pre-school, including Head Start) is used typically for children ages 3-4 years old (but may also apply to older children) who meet the following definition of nursery school/pre-school. Use code 0 (no years of schooling) for children 3-4 years old who do not meet this definition.

"A nursery school is defined as a group or class that is organized to provide educational experiences for children during the year or years preceding kindergarten. It includes instruction as an important and integral phase of its program of child care. Private homes in which essentially custodial care is provided are not considered nursery schools. Children attending nursery school are classified as attending during either part of the day or the full day. Part-day attendance

refers to those who attend either in the morning or in the afternoon, but not both. Full-day attendance refers to those who attend in both the morning and the afternoon. Children enrolled in *Head Start* programs or similar programs sponsored by local agencies to provide preschool education to young children are counted under nursery school" (*The American Community Survey (ACS))*.

<u>Reporting this information for adults</u>:

A person who had reached the age of 18 prior to collecting this information should report the last grade completed, unless they meet the exception criteria for young adults.

Report the highest educational attainment completed for all adults 18 years and older (except the 18-21 young adults in Special Education and receiving mental health services from the Children Mental Health System) whether they are currently in school or not. All selection codes may apply.

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

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

FIELD NUMBER:	C-25
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
CREATED DATE:	10/24/2011
LAST REVISION DATE:	5/31/2017

VARIABLE NAME:	**MARITAL STATUS (OPTIONAL REPORTING)**
DESCRIPTION:	Identifies the client's marital status.

VALID ENTRIES:

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

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.
	If the client is under 16 years old and any code other than 01 (never married) is used a non-fatal error will be generated.
GUIDELINES:	Report marital status at the time of discharge or the most recent available status at the end of the reporting period.
	Use code 97 (Unknown) if the state collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).
	Use code 98 (Not Collected) if the state does not collect these data or per state policy, this data element is not collected for a certain population. Use code 98 (not code 97) if the particular record belongs to the population exempt in the state policy from reporting this data element.
	Cite in the State Data Crosswalk if this data element is currently not collected. If the state is collecting these data but decided not to report, cite reason for not reporting, and use code 98.

FIELD NUMBER:	O-01
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
CREATED DATE:	3/29/2011
LAST REVISION DATE:	5/31/2017

VARIABLE NAME:	**GLOBAL ASSESSMENT OF FUNCTIONING (ADULTS)/CHILDREN'S GLOBAL ASSESSMENT SCALE (OPTIONAL REPORTING)**
DESCRIPTION:	Specifies the client's last known Global Assessment of Functioning (GAF) or Children's Global Assessment scale (CGAS) score as reported in Axis V of the DSM.

VALID ENTRIES

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

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *999 (Invalid Data)* and a non-fatal data edit violation error will be generated.
GUIDELINES:	Report only if the state is using the GAF/CGAS. Report client's score at the time of discharge or the most recent available status at the end of the reporting period.
	Use code 997 (Unknown) if the state collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 998).
	Use code 998 (Not Collected) if the state does not collect these data or per state policy, this data element is not collected for a certain population. Use code 998 (not code 997) if the particular record belongs to the population exempt in the state policy from reporting this data element.
	Cite in the State Data Crosswalk if this data element is currently not collected. If the state is collecting these data but decided not to report, cite reason for not reporting, and use code 998.
	Cite, in the State Data Crosswalk, if the state uses other functioning instrument/ tool in lieu of or in addition to GAF/CGAS.

FIELD NUMBER:	O-02
FIELD LENGTH:	3
FIELD TYPE:	Numeric
FORMAT:	###
CREATED DATE:	3/29/2011
LAST REVISION DATE:	5/31/2017

VARIABLE NAME: **TYPE OF FUNDING SUPPORT (OPTIONAL REPORTING)**

DESCRIPTION: This field specifies the type of funding support for clients.

VALID ENTRIES

01	**MEDICAID ONLY**
02	**MEDICAID AND NON-MEDICAID SOURCES**
03	**NON-MEDICAID ONLY**
97	**UNKNOWN**
98	**NOT COLLECTED**

VALIDATION EDITS: If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.

GUIDELINES: Report the type of funding support each client had throughout the reporting period.

Use code 97 (Unknown) if the state collects this data but for some reason a particular record does not reflect an acceptable value.

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

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

FIELD NUMBER: O-03
FIELD LENGTH: 2
FIELD TYPE: Numeric
FORMAT: ##
CREATED DATE: 5/31/2017
LAST REVISION DATE:

VARIABLE NAME:	**MENTAL HEALTH BLOCK GRANT FUNDED SERVICES (OPTIONAL REPORTING)**

DESCRIPTION: This field specifies if any of the services and support clients received were paid for by the SAMHSA Mental Health Block Grant (MHBG).

VALID ENTRIES

01	**YES, MHBG USED TO PAY FOR SERVICES AND SUPPORTS**
02	**NO, MHBG FUNDS WERE NOT USED**
97	**UNKNOWN**
98	**NOT COLLECTED**

VALIDATION EDITS: If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.

If this field is reported using code 01 (yes, MHBG used to pay for services and support), SMI/SED Status field (C-08) must either be reported using code 1 (SMI) or code 2 (SED) or a non-fatal data edit violation error will be generated.

If this field is reported using code 01 (yes, MHBG used to pay for services and support), All Service Settings throughout the Reporting Period field (C-15) cannot be reported using code 00001 (State Psychiatric Hospital) or a non-fatal data edit violation error will be generated.

GUIDELINES: Report if the client received any services or supports paid for by the MHBG at any time throughout the reporting period.

Note: MHBG funds can only be used to support services to children with SED or adults with SMI.

Use code 97 (Unknown) if the state collects this data but for some reason a particular record does not reflect an acceptable value.

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

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

FIELD NUMBER: O-04
FIELD LENGTH: 2
FIELD TYPE: Numeric
FORMAT: ##
CREATED DATE: 6/21/2017
LAST REVISION DATE:

VARIABLE NAME:	**VETERAN STATUS (OPTIONAL REPORTING)**
DESCRIPTION:	This field specifies whether the client has served in the uniform services (Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, etc.).

VALID ENTRIES

1	**VETERAN**
2	**NOT A VETERAN**
7	**UNKNOWN**
8	**NOT COLLECTED**

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *9 (Invalid Data)* and a non-fatal data edit violation error will be generated.
	If the client is under 16 years old and code 1 (Veteran) is used, a non-fatal data edit violation error will be generated.
GUIDELINES:	A veteran is a person 16 years or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard, or Commissioner Corps of the U.S. Public Health Service or the National Oceanic and Atmospheric Administration, or who served as a Merchant Marine seaman during World War II. Individuals who served in the National Guard or Military Reserves are classified as veterans only if they have ever been called or ordered to active duty (excluding the 4-6 months of initial training and yearly summer camps).
	Use code 7 (Unknown) if the state collects this data but for some reason a particular record does not reflect an acceptable value.
	Use code 8 (Not Collected) if the state does not collect this data or per state policy this data element is not collected for a certain population. Use code 8 (not code 7) if the particular record belong to the population exempt in the state policy from reporting this data element.
	Cite in the State Data Crosswalk if this data element is currently not collected. If the state is collecting this data but decided not to report, cite reason for not reporting and use code 8.

FIELD NUMBER:	O-05
FIELD LENGTH:	1
FIELD TYPE:	Numeric
FORMAT:	#
CREATED DATE:	5/31/2017
LAST REVISION DATE	

Record Layout

The succeeding pages provide the Basic Client Information record layout.

Table 1: BCI File Header Record Layout

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

Table 2: BCI Client Record Fields Record Layout

FIELD NAME	FIELD NBR	START	END	FORMAT	BRIEF DESCRIPTION
CLIENT RECORD FIELDS - REQUIRED FOR EACH CLIENT RECORD					
Transaction Type	C-00	1	1	X(1)	Identifies whether the record adds information to the BCI database, changes an existing record in the database, or deletes an existing record in the database
Client Identifier	C-01	2	16	X(15)	Unique Identifier of the client
Filler	NA	17	18	X(2)	Spaces for future use
Client Status At the Start of the Reporting Period	C-02	19	19	N(1)	Identifies the client's status at the start of reporting period
Client Status At the End of the Reporting Period	C-03	20	21	N(2)	Identifies the client's status at the end of reporting period
Sex	C-04	22	22	N(1)	Identifies the sex of the client.
Age	C-05	23	24	N(2)	Identifies the age of the client calculated at midpoint of the reporting period

CLIENT RECORD FIELDS - REQUIRED FOR EACH CLIENT RECORD					
FIELD NAME	FIELD NBR	START	END	FORMAT	BRIEF DESCRIPTION
Race	C-06	25	26	N(2)	Identifies the race of the client.
Ethnicity	C-07	27	28	N(2)	Identifies whether the client is of Hispanic origin or not
SMI/SED Status	C-08	29	29	N(1)	Identifies whether the client has SED or SMI status. Report most recent information at end of the reporting period.
Competitive Employment Status (aged 16+) at admission or start of the reporting period	C-09	30	31	N(2)	Identifies the client's employment status at admission or most recent available information at the start of the reporting period
Competitive Employment Status (aged 16+) at discharge or end of the reporting period	C-10	32	33	N(2)	Identifies the client's competitive employment status at discharge or most recent available information at the end of the reporting period
Competitive Employment Status Update Flag	C-11	34	34	N(1)	Identifies whether the client's reported employment status in C-10 is an update of C-9
Residential Status – at Admission or Start of the Reporting Period	C-12	35	36	N(2)	Identifies client's residential status at admission or most recent available information at the start of the reporting period
Residential Status – at Discharge or End of the Reporting Period	C-13	37	38	N(2)	Identifies client's residential status at discharge or most recent available information at the end of the reporting period
Residential Status Update Flag	C-14	39	39	N(1)	Identifies whether the client's reported residential status in C-13 is an update of C-12
Service Setting Status throughout the Reporting Period	C-15	40	44	N(5)	Identifies all settings from which the client received services throughout the reporting period
One Service Date Flag	C-16	45	45	N(1)	Indicates whether the client has only one service date during the reporting period
Filler	NA	46	55	X(10)	Spaces for future use
Mental Health Diagnosis — One	C-17	56	63	X(8)	Identifies client's MH Diagnosis. Report most recent information at the end of the reporting period
Mental Health Diagnosis — Two	C-18	64	71	X(8)	Identifies client's MH Diagnosis, if a second diagnosis is available. Report the most recent information at the end of the reporting period

	FIELD				
CLIENT RECORD FIELDS - REQUIRED FOR EACH CLIENT RECORD					
FIELD NAME	**FIELD NBR**	**START**	**END**	**FORMAT**	**BRIEF DESCRIPTION**
Mental Health Diagnosis — Three	C-19	72	79	X(8)	Identifies client's MH diagnosis, if a third diagnosis is available. Report the most recent information at end of the reporting period
Substance Use Diagnosis	C-20	80	87	X(8)	Identifies client's substance use diagnosis. Report the most recent information at end of the reporting period
Substance Use Problem	C-21	88	88	N(1)	Indicates whether the client has substance use problem based on diagnosis and/or other methods used by the state. Report the most recent information at end of the reporting period
Number of Arrests in Prior 30 Days – at Admission or Start of the Reporting Period	C-22	89	90	N(2)	Identifies the number of arrests within 30 days preceding admission or start of the reporting period
Number of Arrests in Prior 30 Days – at Discharge or End of the Reporting Period	C-23	91	92	N(2)	Identifies the number of arrests within 30 days preceding discharge or end of the reporting period
School Attendance Status	C-24	93	93	N(1)	Specifies the school attendance status of school-age children and adolescents at time of discharge or end of the reporting period
School Grade Level	C-25	94	95	N(2)	Specifies school grade level of the client
FILLER	NA	96	140	X(45)	Filler – spaces for future use
CLIENT RECORD FIELDS - OPTIONAL REPORTING					
Marital Status	O-01	141	142	N(2)	Identifies the marital status of the client
Functional Status (GAF/CGAS)	O-02	143	145	N(3)	Identifies the client's GAF/CGAS score
Type of Funding Support	O-03	146	147	N(2)	Identifies the client's insurance
MHBG Funded Services	O-04	148	149	N(2)	Identifies the client's source of payment for services
Veteran Status	O-05	150	150	N(1)	Identifies whether the client served in the uniformed services

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DATA DICTIONARY: STATE HOSPITAL READMISSION (SHR) DATA SET

Scope of Data Set

The State Hospital Readmission (SHR) data set contains all clients who were discharged from state hospital during the reporting period, except discharges that constitute a transfer to a different unit/ward or legal status within the same facility (note: the reporting period is the same as that of the BCI data set). This data set will be used primarily to calculate the 30-day and 180-day state hospital readmission rate (reduced utilization of psychiatric inpatient beds—mental health NOM).

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

The later data file submission due date allows states to report the 180-day readmission data using a complete 18-month observation period (or 6 months after the end of the reporting period) while observing the same reporting period as the BCI (see Figure 10).

The data file contains one header record and as many client records as to be reported. The header record includes the following data elements: reporting state code, file type, beginning report period, ending report period, and client record count.

The client record in this data set includes transaction type, client identifier, discharge sequence number, discharge reason, number of days elapsed before readmission to state hospital, and admission legal status.

Figure 10: Determining Readmissions — An Illustration

Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sep '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20
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 for Community MH & State Hospital Clients																	BCI data file due			
Time period used as the denominator (count of eligible discharges for 30 and 180 day readmission calculation)												Time needed to identify all readmissions within 30 days and 180 days for clients discharged at the last month (June) or the 2nd half of the prior reporting year (year 1)								SHR data file due

Header Record

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

The header record includes five data elements: reporting state code, file type, start of the reporting period, end of reporting period, and client record count. Only one header record is reported per data file. Note: The header record and the client record should be submitted together in one data file.

The succeeding pages comprise the file header for the State Hospital Readmission data set.

VARIABLE NAME: **REPORTING STATE CODE**

DESCRIPTION: Identifies the reporting state.

VALID ENTRIES:

TWO-CHARACTER STATE ABBREVIATION

VALIDATION EDITS: If this field is blank or contains an invalid value, the entire file will be rejected and a fatal data edit violation error will be generated.

For states using MH-CLD DSS: If the two digit state code does not match the state name of the logged in user, the entire file will be rejected and a fatal data edit violation error will be generated.

For all other states: If the two digit code in the header record does not match the two digit code in the file name, the entire file will be rejected and a fatal data edit violation error will be generated.

GUIDELINES: Report the two character state/territory code.

FIELD NUMBER: H-01
FIELD LENGTH: 2
FIELD TYPE: Character
FORMAT: CC
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/18/2019

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

VALID ENTRIES:

    P   **PRODUCTION** – used for production (complete state data file) submission

    T   **TEST** – used for test file submission

VALIDATION EDITS: If this field is blank or contains an invalid value, the entire file will be rejected and a fatal data edit violation error will be generated.

GUIDELINES: When submitting test files, use code T and when submitting production files, use code P.

FIELD NUMBER: H-02
FIELD LENGTH: 1
FIELD TYPE: Character
FORMAT: C
CREATED DATE: 3/29/2011
LAST REVISION DATE: 5/31/2017

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

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

VALID ENTRIES:

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

VALIDATION EDITS: If this field is blank or contains an invalid value, the entire file will be rejected and a fatal data edit violation error will be generated.

For continuing states, if the start of the reporting period is not exactly one year after the previous start of the reporting period (same month), the entire file will be rejected and a fatal data edit violation error will be generated.

GUIDELINES: The numeric format for months 1-9 must have a leading 0. The start of the reporting period must be the same start date as the BCI data file.

FIELD NUMBER: H-03
FIELD LENGTH: 6
FIELD TYPE: Numeric
FORMAT: YYYYMM
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/18/2019

VARIABLE NAME:	**END OF THE REPORT PERIOD**
DESCRIPTION:	Identifies the end year and month of the reporting period for the submitted file.

VALID ENTRIES:

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

VALIDATION EDITS: If this field is blank or contains an invalid value, the entire file will be rejected and a fatal data edit violation error will be generated.

If the reported 'end of the report period' is not greater than the reported 'start of the reporting period', the entire file will be rejected and a fatal data edit violation error will be generated.

For continuing states, if the end of the reporting period is not exactly one year after the previous end of the reporting period (same month), the entire file will be rejected and a fatal data edit violation error will be generated.

GUIDELINES: The numeric format for months 1-9 must have a leading 0. The end of the reporting period must be the same end date as the BCI data file

FIELD NUMBER:	H-04
FIELD LENGTH:	6
FIELD TYPE:	Numeric
FORMAT:	YYYYMM
CREATED DATE:	3/29/2011
LAST REVISION DATE:	7/18/2019

VARIABLE NAME:	**CLIENT RECORD COUNT**
DESCRIPTION:	Specifies the total number of client records in the submission file.

VALID ENTRIES:	
	UP TO 8 DIGITS

VALIDATION EDITS:	If this field is blank or if the actual number of client records included differs from what is reported in this field, the entire file will be rejected and a fatal data edit violation error will be generated.
	If the actual number of client records included in the BCI file does not match the number reported for this variable, the entire file will be rejected and a fatal data edit violation error will be generated.

GUIDELINES:	The client record count must be padded with 0s when the number of client records reported is less than 8 digits.

FIELD NUMBER: H-05
FIELD LENGTH: 8
FIELD TYPE: Numeric
FORMAT: ########
CREATED DATE: 3/29/2011
LAST REVISION DATE: 5/31/2017

Client Record

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

VARIABLE NAME:	**TRANSACTION TYPE**

DESCRIPTION: Identifies whether the record adds information to the client-level database for a reporting period, changes an existing record in the database for a reporting period, or deletes an existing record from the database for a reporting period.

VALID ENTRIES:

A	**ADD**
C	**CHANGE**
D	**DELETE**

VALIDATION EDITS: If this field is blank or contains an invalid value, the client record will be rejected and a fatal data edit violation error will be generated.

If the client ID of an A (Add) record match the client ID of an existing record for the reporting period, the A record will be rejected as a duplicate and a fatal data edit violation error will be generated.

If the client ID of a C (change) or D (delete) record does not match the client ID of an existing record for the reporting period, the C and D records will be rejected and a fatal data edit violation error will be generated.

GUIDELINES: Use code A when submitting records to be added to the client-level database, code C when submitting changes to records that are already in the client-level database, and D to delete a record from the client-level database.

For each reporting period and file type (test file or production file), the very first submission of the SHR file must use code A for all records. For subsequent (re)submission of SHR files states may use any of the valid codes that are applicable.

Important note: for transaction types A and C, each record in the SHR file must contain all data elements as specified in the record layout.

FIELD NUMBER:	R-00
FIELD LENGTH:	1
FIELD TYPE:	Character
FORMAT:	C
CREATED DATE:	2/16/2012
LAST REVISION DATE:	7/18/2019

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

VALID ENTRIES:	
	AN IDENTIFIER USING 1 TO 15 ALPHANUMERIC CHARACTERS

VALIDATION EDITS: If this field is blank the client record will be rejected and not processed (fatal error).

Client IDs included in the SHR file must be unique per Discharge Sequence Number or the duplicate record will be rejected and a fatal data edit violation error will be generated.

If a client ID included in the SHR file is not included in the corresponding BCI file, the record will be rejected and not processed (fatal error).

If at least of one the Service Settings throughout the Reporting Period (C-15) data element in the BCI file does not contain state hospital for all clients included in the SHR file, a non-fatal data edit violation error will be generated.

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

FIELD NUMBER: R-01
FIELD LENGTH: 15
FIELD TYPE: Alphanumeric
FORMAT: XXXXXXXXXXXXXXX
CREATED DATE: 3/29/2011
LAST REVISION DATE: 5/31/2017

VARIABLE NAME: **DISCHARGE SEQUENCE NUMBER**

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

VALID ENTRIES:	
	UP TO 2 DIGITS

VALIDATION EDITS: If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.

Discharge sequence number must be unique for each discharge episode reported in the SHR file and must also be in chronological order starting with 01 or a fatal data edit violation will be generated.

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

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

The discharge sequence number should be reported chronologically (1, 2, 3, etc.).

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

Admission	Discharge	Discharge Sequence #
July 5, 2018	August 15, 2018	1
October 1, 2018	December 10, 2018	2
February 12, 2019	April 1, 2019	3

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

FIELD NUMBER: R-02
FIELD LENGTH: 2
FIELD TYPE: Numeric
FORMAT: ##
CREATED DATE: 3/29/2011
LAST REVISION DATE: 7/18/2019

VARIABLE NAME: **DISCHARGE REASON**

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

VALID ENTRIES:

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

VALIDATION EDITS: If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.

GUIDELINES: If the reporting state hospital(s) participate in NRI's Behavioral Health Performance Measurement System (BHPMS) for compliance with the Joint Commission requirements, please refer to Appendix C for the proposed crosswalk of BHPMS data fields to the CLD data elements.

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

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

Discharged to Prison or Jail as a reason for discharge should not be mapped to code 02 but instead should be mapped to code 09 (Discharged, Reason not Classified Elsewhere).

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

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

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

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

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

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

FIELD NUMBER:	R-03
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
CREATED DATE:	3/29/2011
LAST REVISION DATE:	5/31/2017

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

VALID ENTRIES:	
	UP TO 3 DIGITS
	998 **If readmission event did not occur after a discharge event**

VALIDATION EDITS:	If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.
	If the client's Discharge Reason (data element R-03) is 'death' (code 06), then this field must be reported using code 998 or a non-fatal data edit violation error will be generated.

GUIDELINES:	Readmission is defined as new admission following a discharge event. The readmission does not necessarily have to be to the same discharging hospital—readmission to *any* state psychiatric hospital after discharge should be counted as a readmission.
	The number of days elapsed is equivalent to the number of days between the last discharge date and the subsequent (re)admission date.
	Same day discharge and readmission should be reported as 0 day elapsed.
	If there is no readmission event following a discharge, use code 998.
	To calculate the elapsed days, use the mathematical difference between the discharge and (re)admission dates. For example, 8/5/2019 (readmission date) minus 7/3/2019 (discharge date) = 33 days elapsed.

FIELD NUMBER:	R-04
FIELD LENGTH:	3
FIELD TYPE:	Numeric
FORMAT:	###
CREATED DATE:	3/29/2011
LAST REVISION DATE:	7/18/2019

VARIABLE NAME:	**ADMISSION LEGAL STATUS**
DESCRIPTION:	Identifies the client's legal status at the time of admission to the state hospital.

VALID ENTRIES:

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

VALIDATION EDITS: If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.

GUIDELINES: To allow for separate calculation of the readmission rate for forensic and non-forensic population, the legal status at the time of admission that corresponds to the reported discharge event should be reported.

Given below are examples of state hospital admission and discharge episodes with the corresponding admission legal status for client A.

- Admitted: 10/5/2018 – legal status: voluntary – self
  Discharged: 1/1/2019 (assigned discharge sequence #01)
- Admitted: 1/31/2019 – legal status: involuntary – sexual
  Discharged: 2/1/2019 (assigned discharge sequence #02)
- Admitted: 4/1/2019 – legal status: involuntary – criminal
  Discharged: 6/1/2019 (assigned discharge sequence #03]

Based on the example above, Client A was readmitted twice during the reporting period, 1/31/2019 and 4/1/2019. In the SHR, each record corresponds to a discharge event. Please see the table below for an illustration of how this information is reported in the CLD files.

Client ID	Discharge Sequence Number	Number of Days Elapsed Before Readmission	Admission Legal Status
A	01	30	Voluntary - self
A	02	59	Involuntary - sexual
A	03	998	Involuntary - criminal

All discharge episodes should have a corresponding admission legal status unless the information is not collected (code 98) or missing (code 97).

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

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

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

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

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

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

FIELD NUMBER:	R-05
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
CREATED DATE:	3/29/2011
LAST REVISION DATE:	5/31/2017

Record Layout

The succeeding pages provide the State Hospital Readmission data set record layout.

Table 3: SHR File Header Record Layout

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

Table 4: SHR Client Record Fields Record Layout

CLIENT RECORD FIELDS					
FIELD NAME	FIELD NBR	START	END	FORMAT	BRIEF DESCRIPTION
Transaction Type	R-00	1	1	X(1)	Identifies whether the record adds information to the SHR database, changes an existing record in the database, or deletes an existing record in the database
Client Identifier	R-01	2	16	X(15)	Unique client identifier that matches the client ID in the BCI
Discharge Sequence Number	R-02	17	18	N(2)	Provides a chronological numbering of the client's discharge events during the reporting period
Discharge Reason	R-03	19	20	N(2)	Identifies the reason for the client's discharge from the state hospital
Number of Days Elapsed Before Readmission to State Hospital	R-04	21	23	N(3)	Identifies the number of days between the last discharge date and the subsequent (re)admission date to the state hospital
Admission Legal Status	R-05	24	25	N(2)	Identifies the legal status of the client at the time of admission to the state hospital

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MH-CLD DATA SUBMISSION SYSTEM (MH-CLD DSS)

The MH-CLD DSS is a data preparation and submission system developed in cooperation with SAMHSA and state representatives. This system is designed to provide a more interactive and transparent data submission process by minimizing the burden on states and territories when reporting MH-CLD. With the MH-CLD DSS, states and territories can use different file formats to create a file extract of their database(s). In addition to the MH-CLD ASCII fixed-width file format (please see the BCI *Record Layout* and the SHR *Record Layout* sections of this Manual for record layout requirements), the MH-CLD DSS accepts Excel and Comma Separated Values (CSV) files (please see the *Excel and CSV Column Header Specification* section).

The DSS allows states and territories to visualize their data through graphics, review a simplified and informative edit report, and apply corrective actions, when applicable, prior to file submission. These functionalities, along with the overall intuitive design of the MH-CLD DSS, provide states and territories easier access to, and the means to comply with, MH-CLD reporting requirements.

The MH-CLD DSS is offered as an alternative to the current MH-CLD data submission process, which will remain in service and operational. The ease of use and intuitive design of this system will hopefully further encourage MH-CLD file submission using MH-CLD DSS.

Accessing and Logging into the MH-CLD DSS

Use the following steps to access and log into the MH-CLD DSS.

1. Access the MH-CLD DSS: https://dasis2.samhsa.gov/dss
2. Enter the user ID and password that was provided to you in the **User ID** and **Password** fields; then click **Submit**.
   a. If you have forgotten your user ID, click on the **Forgot User ID** link; or if you have forgotten your password, click on the **Forgot Password** link.
   b. If you never received your user ID or password, please contact the MH-CLD DSS helpdesk at BHSIS_Helpdesk@eagletechva.com to obtain your user ID and password.

Figure 11: DSS Login Page

Two-Factor Authentication

The MH-CLD DSS application system uses a two-factor authentication to provide an additional layer of security. After you enter your assigned username and password and click 'submit', the 'Two-Factor Authentication' page appears. The system will send an e-mail to your registered e-mail account with a verification code—ensure your email account is accessible when using the MH-CLD DSS. The verification code you receive expires within 3 minutes. Enter the verification code you received in the **Verification Code** window. On this page, you may select the **Yes, register my computer** option to register your computer. By selecting this option, you are not required to enter a verification code the next time you login using the same computer and browser within a 30-day period. However, please note that, if you clear your browsing history, you will be required to enter a new verification code the next time you log in to the MH-CLD DSS.

Figure 12: Two-Factor Authentication Page
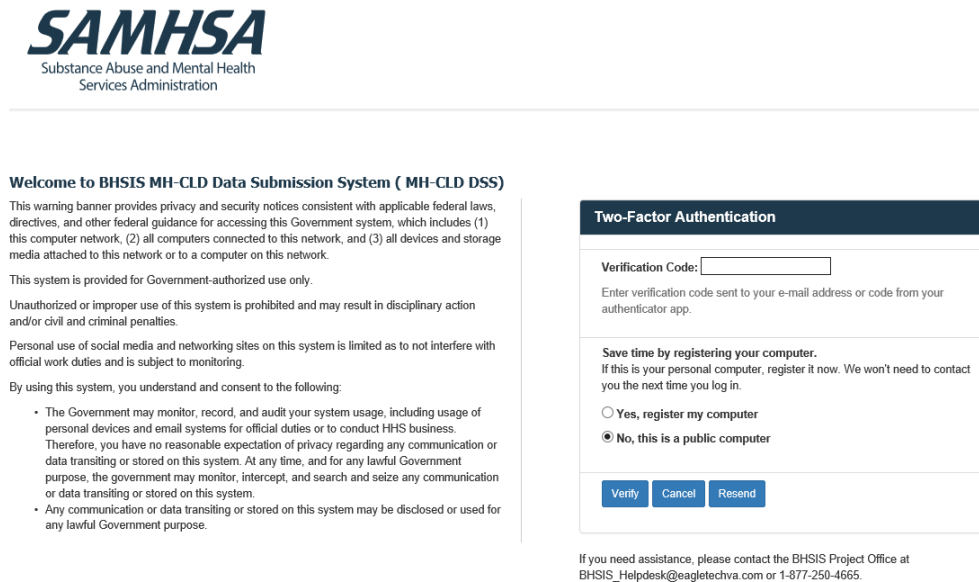
After entering your verification code, you will be taken to the **Files** page. You can use the navigation buttons at the top of the page to go to the Submissions, Support, or Audit Trail pages.

Figure 13: File Repository Page

The Files (File Repository) Page

The **Files** page allows you to upload files to the repository. The repository is the basis for all actions in the MH-CLD DSS. All files that need to be submitted for MH-CLD reporting should be uploaded here. You can upload the following file formats in the file repository: ASCII flat file (*must follow the specified record layout*) and Excel or CSV (*must follow the specified column names*).

Uploading BCI or SHR Files

To upload a BCI or SHR file to the repository, ensure that you are on the **Working Files** tab of the Files page and follow the steps below:
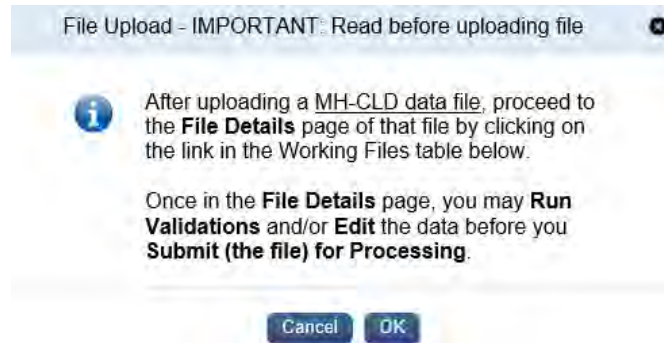
Figure 14: Working Files Tab

1. Click the **Upload File** button on the right side of the screen.

Figure 15: BCI and SHR Upload File Button

2. A popup window will appear with an important message. After reading the message, click **OK** to continue.

Figure 16: BCI and SHR File Upload Disclosure Pop-Up Window

3. The **Upload File** window will pop up next and you can either:
   a. Click on the **Drop File Here or Click to Browse**; then browse your files and pick the file you want to upload; or
   b. Drag and drop the file from your computer to the **Drop File Here or Click to Browse** box.

Figure 17: BCI and SHR Upload File Pop-Up Window

4. The **File Format** window will automatically update and show the format type of the file you are uploading. Ensure the information displayed is correct. If the displayed file format is wrong, use the drop down menu to choose the correct file format.

5. Select the appropriate **Submission Type**—BCI or SHR—from the drop down menu.
6. Enter the reporting year in the **Report Year** window.
7. If you would like to add a description for your file upload, you can utilize the space provided in the **Description** box.
8. Click on the **Upload** button and your file will begin uploading.

Figure 18: BCI and SHR Upload File Pop-Up Window Detail
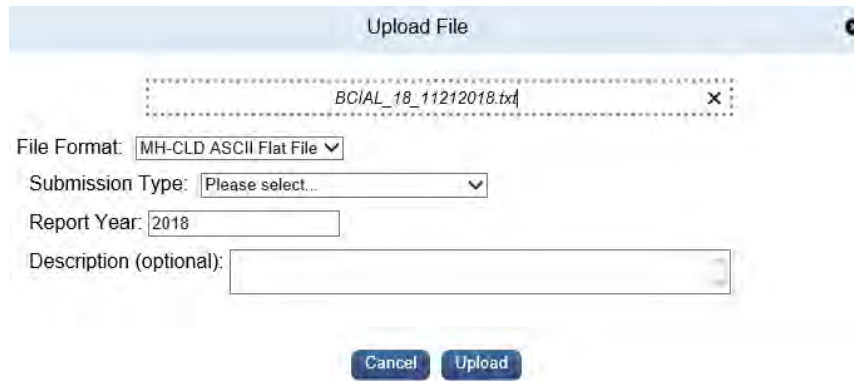
a. If you are uploading a fixed-width flat file, the system will check the file for fatal errors in the header and client records (please see the *Record Layout* sections of this Manual for the BCI and SHR files for record layout requirements). If the file contains fatal errors, it will display all errors and ask you to take corrective action to proceed with uploading the file. Note that until you make all necessary corrections on the flat file, you will not be able to upload the file. Click on the Cancel button, take all the necessary corrective actions, and follow steps 1 through 8 to upload your file.

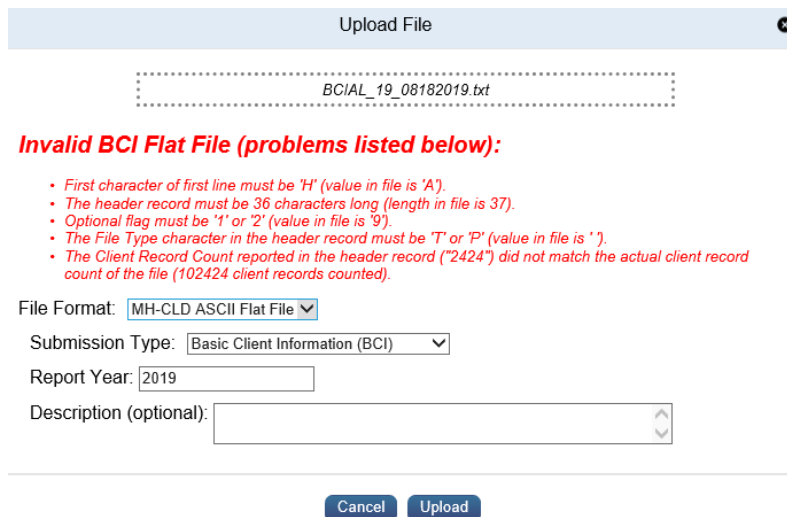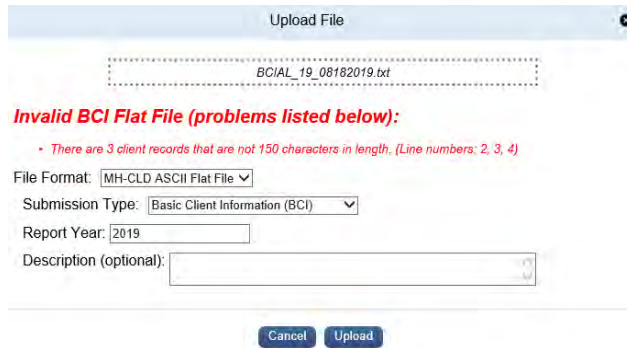**Figure 19: Invalid Flat File Error Message – Header Records**

Figure 20: Invalid Flat File Error Message – Client Records

9. You can pause or stop the file upload while the file is uploading. If you wish to pause the upload, click on the pause button, and if you wish to stop the upload, click on the stop button that appears at the top of the screen to the right of the upload status bar. You can continue your paused or stopped upload whenever you like, even if you log out and log back in.

Figure 21: BCI and SHR File Upload Status Bar
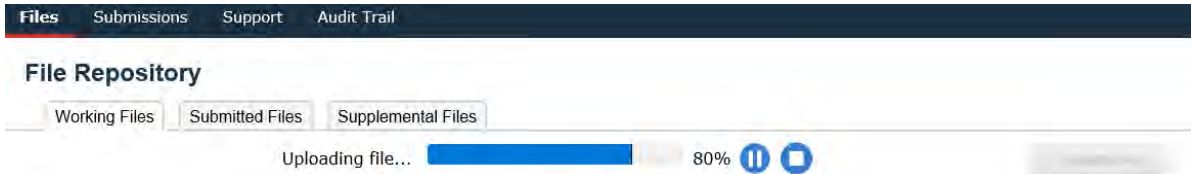
10. When the upload is complete, a window will pop-up letting you know your file has been uploaded successfully.

**Figure 22: File Upload Status**

Uploading Supplemental Files

To upload a Supplemental File to the repository, ensure that you are on the **Supplemental Files** tab of the Files page and follow the steps below:

Figure 23: Supplemental Files Tab

1. Click on the **Upload File** button located on the right side of the screen.
2. A popup window will appear with an important message. After reading the message, click **OK** to continue.

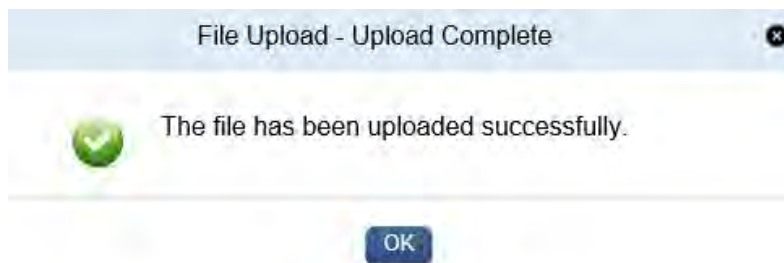**Figure 24: Supplemental File Upload Disclosure Pop-Up Window**
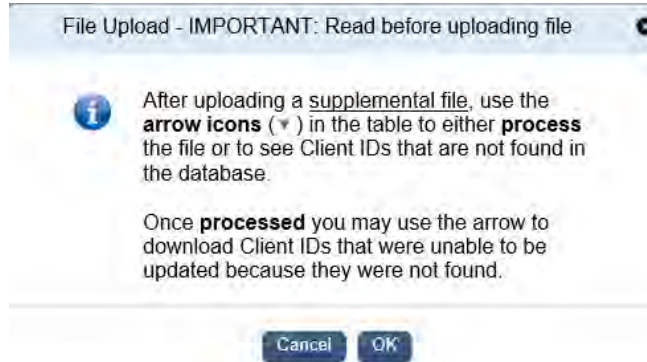
3. The **Upload File** window will pop up next and you can either:
   a. Click on the **Drop File Here or Click to Browse**; then browse your files and pick the file you want to upload; or
   b. Drag and drop the file from your computer to the **Drop File Here or Click to Browse** box.

Figure 25: Supplemental File Upload Pop-Up Window

4. Click on the **Upload** button and your file will begin uploading. Once the file upload process is complete, a window will pop up with a message letting you know the file has been uploaded successfully.
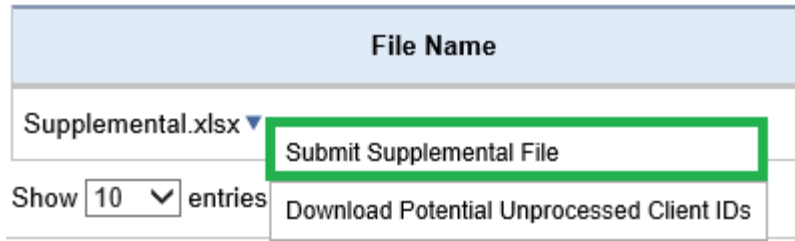
Figure 26: Supplemental File Upload Complete Message

Once the file upload is complete, click on the triangle next to the file name to:

5. Submit the file.

**Figure 27: Submitting Supplemental File for Processing**

a. When you click on **Submit Supplemental File**, a Confirm Submission window will pop up asking you if you are sure you want to begin processing the supplemental file. Click on Confirm to proceed with processing the file or Cancel if you wish to cancel the supplemental file processing.

Figure 28: Supplemental File Submission Confirmation Message
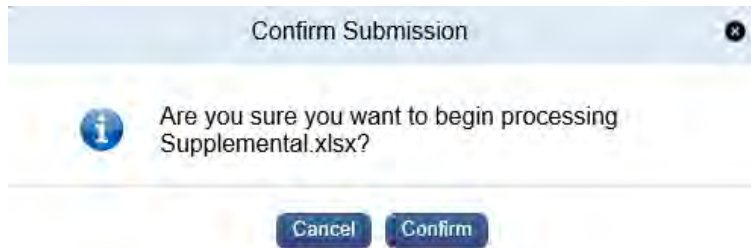
b. Once the supplemental file is processed successfully, a window will pop up with the file processing results, which will include the number of records updated and a list of client IDs that were included in the supplement file but do not exist in the MH-CLD database for the prior reporting period, if any.

Figure 29: Supplemental File Processing Results
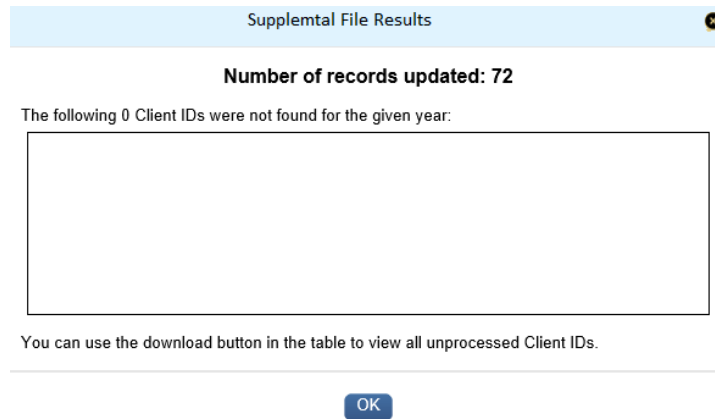
6. Download client IDs included in supplemental file with no matching client ID in the MH-CLD database from the prior reporting year, if any.

Figure 30: Downloading Unprocessed Client IDs
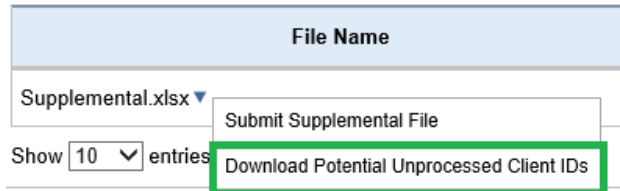
Viewing Data from Uploaded Files

The file you uploaded will be available on the **Working Files** page. To view the details of the data you uploaded, you can either:

1. Click on the file name; or
2. Click on the triangle next to the file name and click **View Details** from the menu that appears.

Figure 31: View Details Option
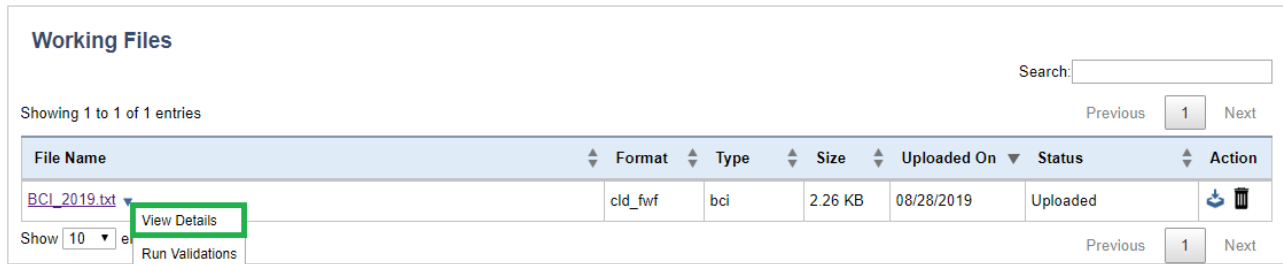
This will bring you to the **File Details** page. The file name, file type, number of records, revision number, and status of the file will be displayed at the top of the page. The data from the file will be listed below the file information in a table format.

Figure 32: File Details Page
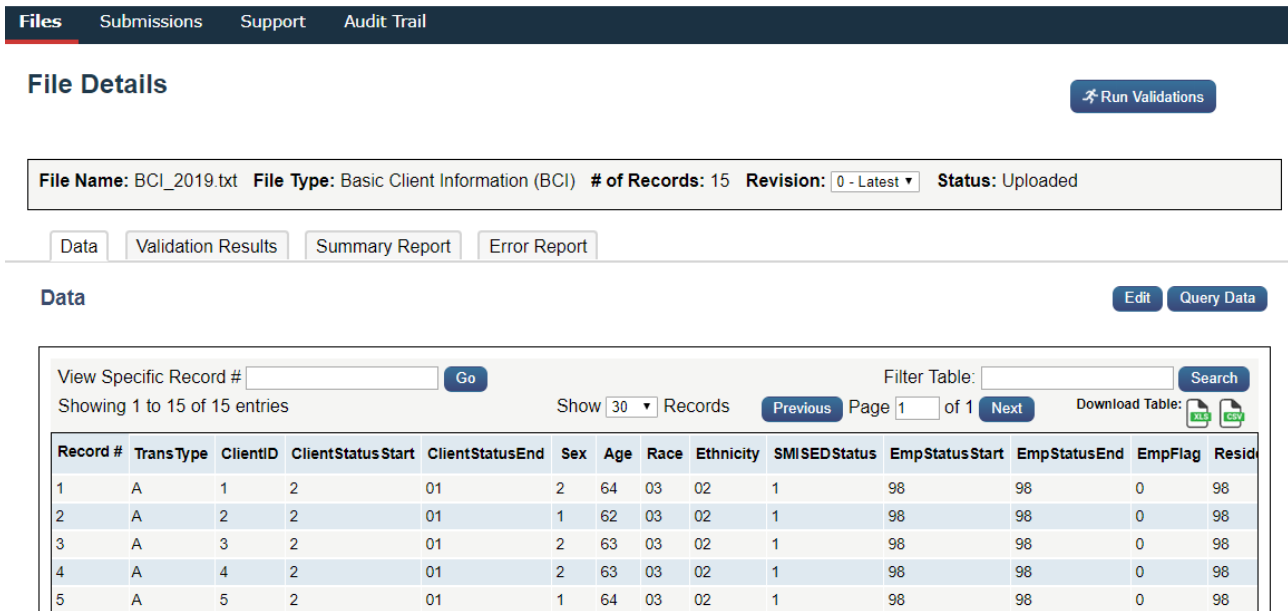
From the **File Details** page and **Data** tab,

1. You can view a specific record by entering the record number into the **View Specific Record #** window.
2. You can set the number of records to display on the page by clicking on the window next to **Show**; navigate pages by clicking on the **Previous** and **Next** buttons.
3. You can use the **Filter Table** function to search for a specific record or code.
4. You can download the table as an Excel or CSV file. To download as an Excel file, click 'xls' next to **Download Table**, and to download as a CSV file, click on 'csv'.
5. To return to the **Files** page, click on Files on the toolbar at the top of the page.

Running Validations

By running validations on the BCI or SHR file you uploaded, you will be able to see all errors and edit violations that you need to address prior to submitting the file for processing. You can start the validation process by either:

1. In the File Repository on the **Working Files** page, click on the triangle next to the file name and select **Run Validations** from the drop-down menu.

Figure 33: Run Validation from the File Repository Page
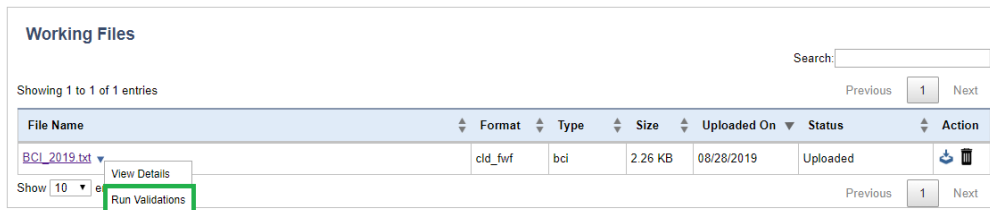
2. A message will pop up letting you know the system is executing DSS validation. Click OK.

Figure 34: Executing Validation Message
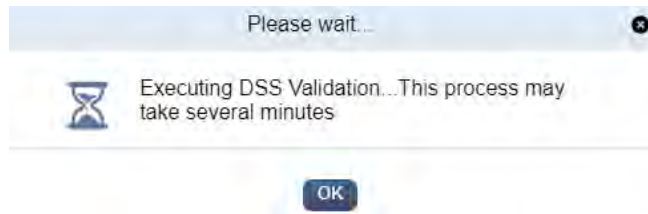
3. Once the system completes running all validations, a confirmation message will inform you that the validation has been completed and direct you to view the results on the **File Details** page.

Figure 35: Validation Completion Message

4. Navigate to the **File Details** page by either clicking on the file name or the dropdown menu that appears when you click on the triangle next to the file name. Click on the **Validation Results** tab to review the identified edit violations.

Or:

5. On the **File Details** page, click on the **Run Validations** button located at the top right corner of the page.

Figure 36: Run Validations from the File Details Page

File Details   🏃 Run Validations

File Name: BCI_2019.txt **File Type:** Basic Client Information (BCI) **# of Records:** 15 **Revision:** 0 - Latest ▾ **Status:** Uploaded

6. A message pops up letting you know the system is executing DSS validation. Click 'ok'.
7. Once the system completes running all validations, a confirmation message will inform you that the validation has been completed and directs you to view the results on the **File Details** page. Click 'ok'.
8. Click on the **Validation Results** tab to review the identified edit violations.

Reviewing Validation Results and Error Reports

Each data field in each client record is checked to ensure that it contains valid codes before the record is accepted and added to the MH-CLD database. These checks are called *field edits.* If an invalid code is found the field is filled with a code indicating invalid data and a warning error is generated. You must take corrective action to resolve the edit violation.

All errors are displayed on the **Validation Results** page. There are two types of errors (please see the *Data Edits* section for list of edits):

1. **Fatal**: a fatal error results from a record being rejected. The record will not be added to the MH-CLD database until the state takes corrective action to resolve the fatal errors identified.
2. **Warning**: a warning error is a non-fatal error. The record will be processed and added to the MH-CLD database table for the reporting year. If the warning error is due to an invalid field value, the field will be replaced with the system-defined invalid data code. If the warning is due to relational edits, the reported value will be retained. For both field and relational edit violations, states must take corrective action to resolve the edit violation, ideally prior to submitting the file to the MH-CLD project office for processing.

Viewing Validation Results

To view the results of the validation you run, navigate to the **Validation Results** tab of the File Details page.

Figure 37: Validation Results Tab

File Details   🏃 Run Validations

File Name: BCIAL_18_10152018.txt **File Type:** Basic Client Information (BCI) **# of Records:** 42 **Revision:** 0 - Latest ▾ **Status:** State Testing

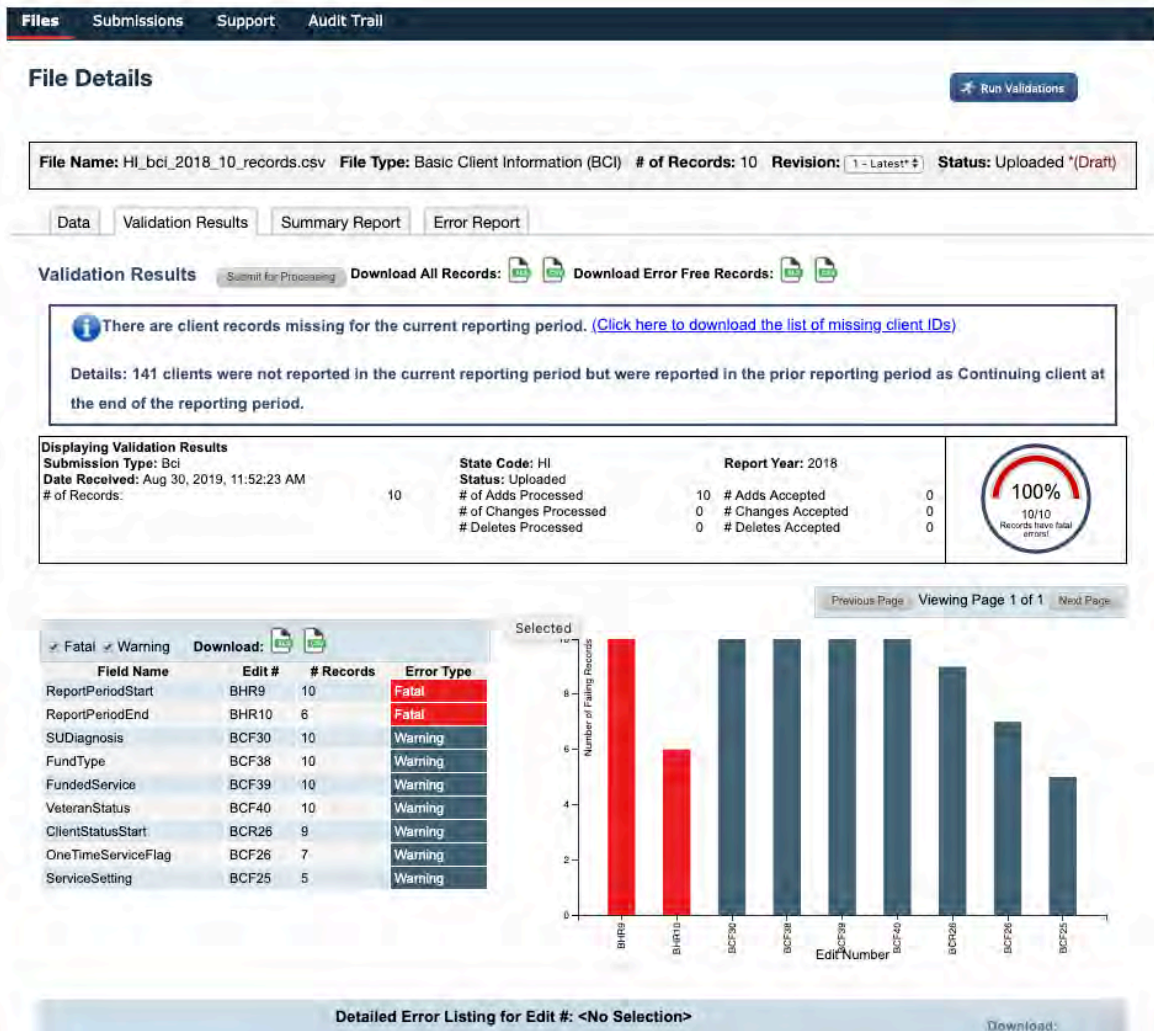| Data | Validation Results | Summary Report | Error Report |

The **Validation Results** page provides information on all identified errors and the records in which the error occurred, both graphically and in a table format. Errors are color-coded depending on the type of error— fatal or warning errors. Fatal errors in the Header Record will cause the entire file to be rejected and fatal errors in a client record will cause the client record to be rejected. Note that any error in the Header Record is considered a fatal error. A warning error is non-fatal and will not result in the client record being rejected.

In addition to the breakdown and identification of individual errors, the total number of errors and the percentage of those that are fatal are displayed. Detailed descriptions about the errors are displayed when you hover your mouse over the edit numbers in the Field Name list. After clicking on the edit number, the records with those specific errors are displayed in a table.

The validation results can be downloaded to an Excel or CSV file. Three different sets of download buttons allow you to select the records to be downloaded. Please see the *Downloading Validation Results* section for downloading instructions.

From the **Validation Results** page, the validated file can be submitted to the MH-CLD Project Office for processing by clicking on the **Submit for Processing** button next to the Validation Results. Please note that you must first take corrective action to resolve the identified edit violations prior to submitting your file for processing.

Figure 38: Validation Results Page

If your file contains no edit violations, the **Validation Results** page will display a message letting you know all records have passed validations.

Figure 39: Validation Results Message for Error Free File

Please note that if a MH-CLD DSS validation has not been run on a specific file, a message will appear on the **Validation Results** page with instructions.

Figure 40: Validation Instruction Message

Summary of Validation Results

This section displays a summary of the **Validation Results**. The summary information includes: submission type, state code, report year, data received, status, total number of records, and number of add, change, and delete records processed and accepted. In addition, a gauge identifies the percentage and count of records with fatal errors.

Validation results can be downloaded to an Excel or CSV file by clicking on the **XLS** or **CSV** buttons located above the Validation Results Summary. Please see *Downloading Validation Results* section for instructions.

Figure 41: Validation Results Summary

Field Name List with Errors

This section displays a list of fields in the **Field Name** column and their corresponding edit numbers in the **Edit #** column, where records failed. More information about the error is displayed when you hover over the edit number.

Figure 42: Field Name List with Errors
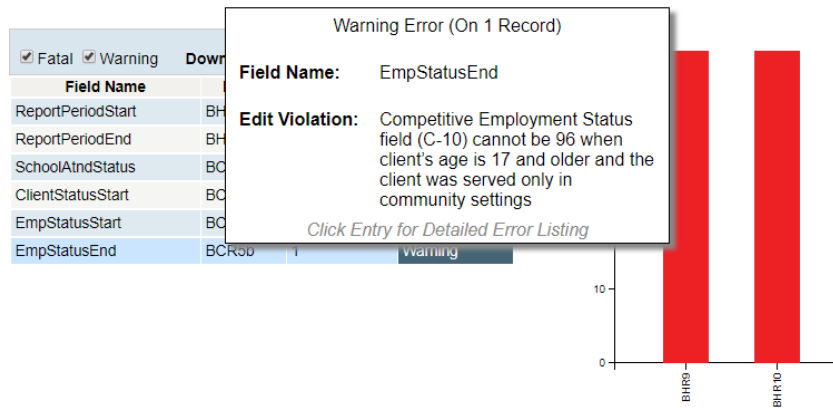
Validation results can be displayed based on error type—fatal or warning—by selecting or unselecting the appropriate checkbox.

Figure 43: Field Name List - Error Type Selection and Download

All validation results or the subset(s) selected by error type can be downloaded to an Excel or CSV file by clicking on the **XLS** or **CSV** buttons to the right of the error type checkboxes. Please see the *Downloading Validation Results* section for instructions.

Bar Chart

This section of the **Validation Results** page displays the errors in a bar chart. Each bar on the graph represents an edit violation. The vertical axis displays the number of failing records and the horizontal axis displays the Edit Number.

Figure 44: Errors Bar Chart
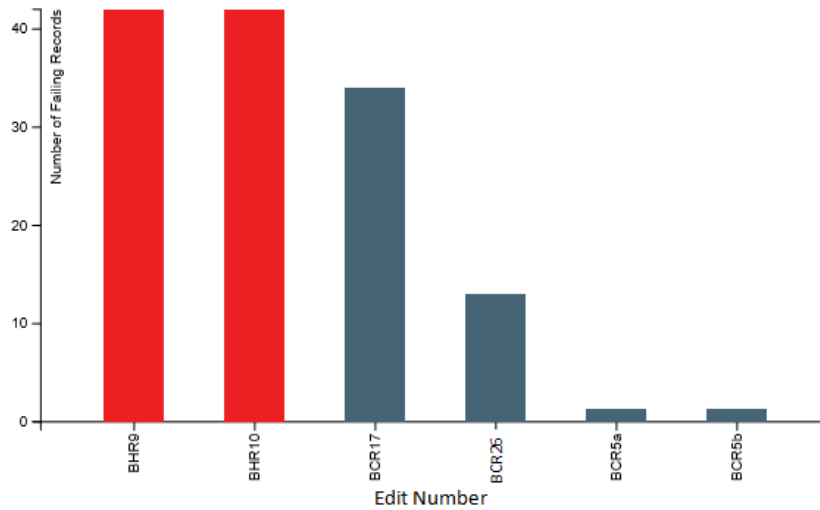
Detailed Error Listings

To view a list of records with a specific edit violation, click the row in the field name list or the bar in the bar chart that corresponds to the edit number. The selected row and bar will be highlighted. The list of records with the selected edit violation will be displayed in a table.

Each row in the table identifies the record number in the file and contains the data in that record. Use the horizontal scrollbar to look at the data in all fields. Use the navigation and pagination tools to view the records in the table. Use the search field to search for subsets of records. Only those records that match the search criteria will be displayed in the table.

The validation results displayed in the table can be downloaded to an Excel or CSV file by clicking on the **XLS** or **CSV** buttons above the table to the right.

Figure 45: Detailed Error Listings

Downloading Validation Results

Validation results can be downloaded to an Excel or CSV file. There are three sets of download buttons on the **Validation Results** page.

1. To download **all records**:
   a. Click the **XLS** or **CSV** button located next to **Download All Records**.

Figure 46: Download All Records Buttons

   b. A window will pop up with a message that identifies the records to be downloaded and allows you to include record and edit numbers columns in the downloaded file.

Figure 47: Download All Records Popup Message
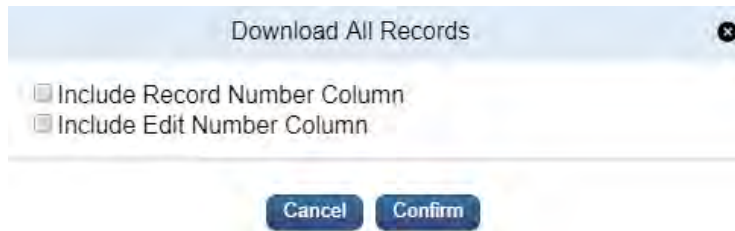
   c. Select the desired columns and click **Confirm**. A system pop-up prompts you to open or save the file.
   d. Select **Open** or **Save** the file; then click **OK**. The Excel or CSV file containing the downloaded records is created.

2. To download **error free records**:
   a. Click the **XLS** or **CSV** button located next to **Download Error Free Records**.

Figure 48: Download Error Free Records Buttons
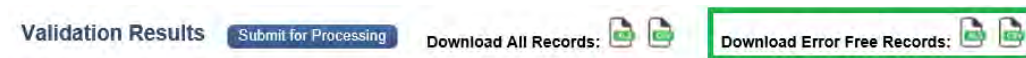
   b. A window will pop up with a message that identifies the records to be downloaded and allows you the option to include records with errors as well as the record and edit numbers columns. Click on Confirm to download the Excel or CSV file.

Figure 49: Download Error Free Records Popup Message

Title missing

    c.   Select the desired columns and click **Confirm**. A system pop-up prompts you to open or save the file.

    d.   Select **Open** or **Save** the file; then click **OK**. The Excel or CSV file containing the downloaded records is created.

3.   To download **records for error type**:

    a.   Click on the **XLS** or **CSV** button located next to **Download** on the Field Name list table.

Figure 50: Download Records for Error Type Buttons

    b.   A window will pop up with a message that identifies the records to be downloaded and allows you the option to include the record and edit number columns.

Figure 51: Download Records for Error Type Popup Message
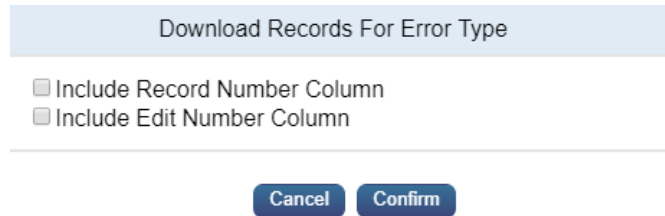
    c.   Select the desired columns and click **Confirm**. A system pop-up prompts you to open or save the file.

    d.   Select **Open** or **Save** the file; then click **OK**. The Excel or CSV file containing the downloaded records is created.

Summary Report

The **Summary Report** displays the edit report for the file you validated. The report includes file-level information (file name, the date the file was processed/validated, file type, report period, and file acceptance status). The report also provides a **Data Processing Results Summary** table which will display the number of add, change, delete, and total records processed, accepted, and rejected. The **Summary Report** provides an overall evaluation of edit violations, and includes all edits run, number of records tested, passed, and failed. For all records that failed an edit violation, it will display the client ID for the record with the edit violation.

To access the **Summary Report**:

1.   Select the file you wish to review the **Summary Report** for from the **Working Files** page.
2.   Run validations on the file.
3.   On the **Files Details** page, click the **Summary Report** tab.

Figure 52: Summary Report Page

4. Once the **Summary Report** is displayed, you can **Download** or **Print** the report from the banner above the report.

Figure 53: Summary Report

Error Report

For each record with errors, the **Error Report** details the record number, transaction type, client ID, field name, reported value, type of error, edit number, and corrective action.

This report assists in the identification of non-systemic errors. A listing of individual records can be viewed to identify the cause of the errors to help you resolve the errors. Examination of this report will enable states to resolve most errors. Please refer to the *Data Edits* section of this Manual for a list of edits when reviewing this report.

To access the **Error Report**, on the **File Details** page, click the **Error Report** tab.

Figure 54: Error Report Page

Figure 55: Error Report

Viewing and Correcting Data

You are able to browse, query, and edit a data file within the DSS. These features are accessed via the file name in the **Working Files** list on the **Working Files** page or the **Submitted Files** list on the **Submitted Files** page.

From the **Working Files** list, either click on the file name or select the **View Details** from the drop-down menu attached to the file name. From the **Submitted Files** list, click on the file name. With either selection, the **Data** page on the **File Details** page is displayed.

Querying Data

The **Query Data** functionality allows you to view a specific record or subset of records. It can be used to examine records with errors to help identify the source of those errors.

1. Click the **Query Data** button.

Figure 56: Query Data Button
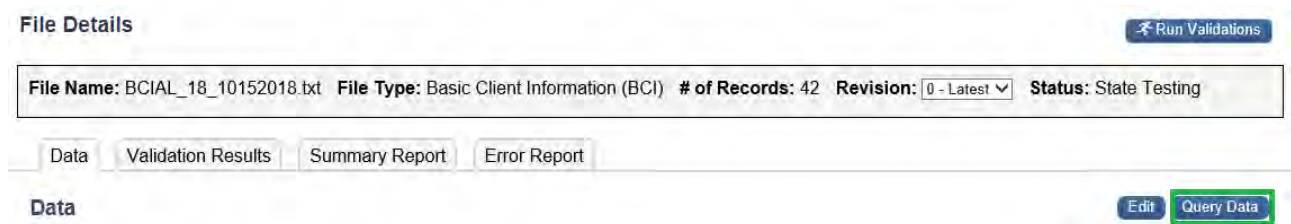
2. Enter value(s) for the variable(s) you would like to query. For example, to view all records for clients that were continuing at the start of the reporting period enter the continuing client MH-CLD code in the 'ClientStatusStart' field.

Figure 57: Query Data Cells
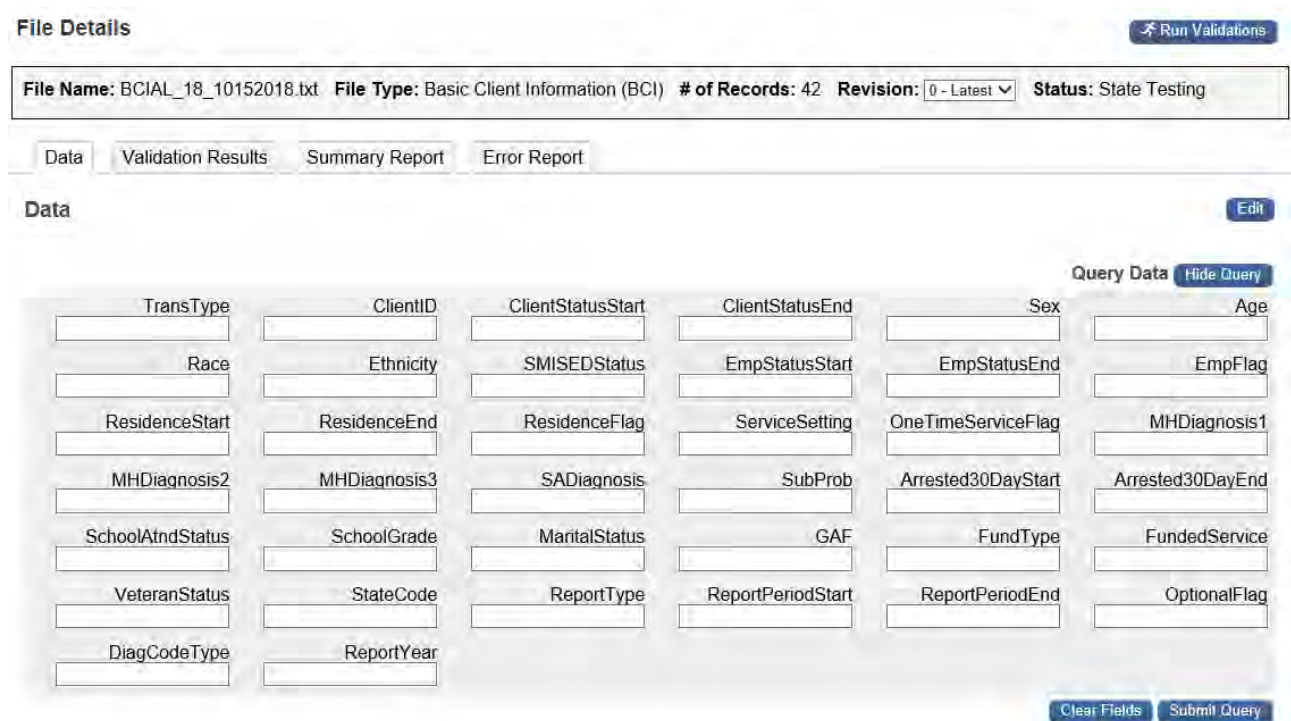
3. Click the **Submit Query** button located at the bottom of the query data cells to the right.

The results are displayed in the table. All functions such as **Navigation, Search, Selection**, and **Download** are available.

Figure 58: Query Results Table

4. Click the **Hide Query** button to remove the query template.

Figure 59: Hide Query Button
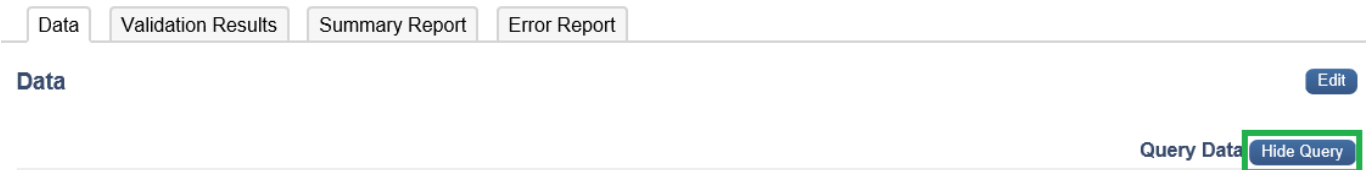
5. If you would like to download the query results, click the **XLS** or **CSV** button located to the right of the **Download Table**. A system pop-up prompts you to open or save the file.
6. Select **Open** or **Save** the file, then click **OK**. The XLS or CSV file will contain all records displayed in the query results table.

Editing Data within MH-CLD DSS

All files that have not been submitted for processing can be edited. All data from a single record can be displayed and edited on one page.

1. From the **Data** page, click on the row in the table that corresponds to the record to be edited.

Figure 60: Selecting a Record to Edit

Alternatively, if you know the record number of the record you want to edit, enter the record number in the **View Specific Record #** field and click **Go**.

Figure 61: View Specific Record # Field

All fields for the selected record are displayed on one page.

Figure 62: Record Display Window

2. Click the **Edit** button.

   The fields are no longer read-only and the data can be changed. The revision number in the upper right corner increases. The **Edit** button is removed. **Save As New Revision** and **Discard Changes** button are visible and the file is identified to be in *Draft* mode.

Figure 63: Record Editing Window

3. Use the navigation buttons in the center of the page to view and edit more records.
4. Click the **Save as New Revision** button to save the changes. The file is no longer in *Draft* mode, the revision number is updated, and the **Edit** button is visible.

Figure 64: Edited Data File Version

5. Click on the **Back to Table** button to remove the displayed individual record and view all records in the table.

Bulk Edits

The MH-CLD DSS also allows you to make a bulk edit. **Please note that with the bulk edit feature, all selected records will be changed within the file for the selected field**.

1. From the **Data** page, click on the **Show Bulk Edit** button.

Figure 65: Bulk Edit Button

2. Click on the **Add Field** button.

Figure 66: Bulk Edit Add Field Button

3. Click on the data field you want to update from the **Select Field** dropdown menu and enter the new field value in the **to value** box. You can apply bulk edits to multiple fields at the same time by clicking on **Add Field** button and specifying the new value.

Figure 67: Bulk Edit Select Field
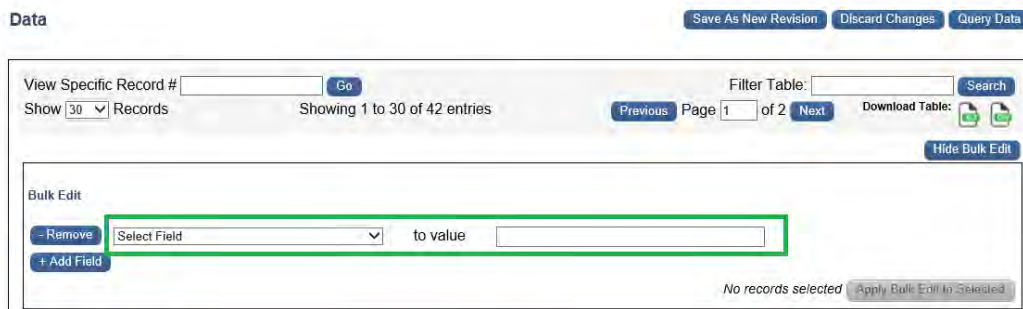
4. Select records to apply bulk edits. You can either click on the **Select All** button, if you want to apply changes to all records in the file, or you can select the specific records to be updated by clicking on the checkbox next to the records you wish to update.
5. Click on the **Apply Bulk Edit to Selected** button.

Figure 68: Bulk Edit Select Records
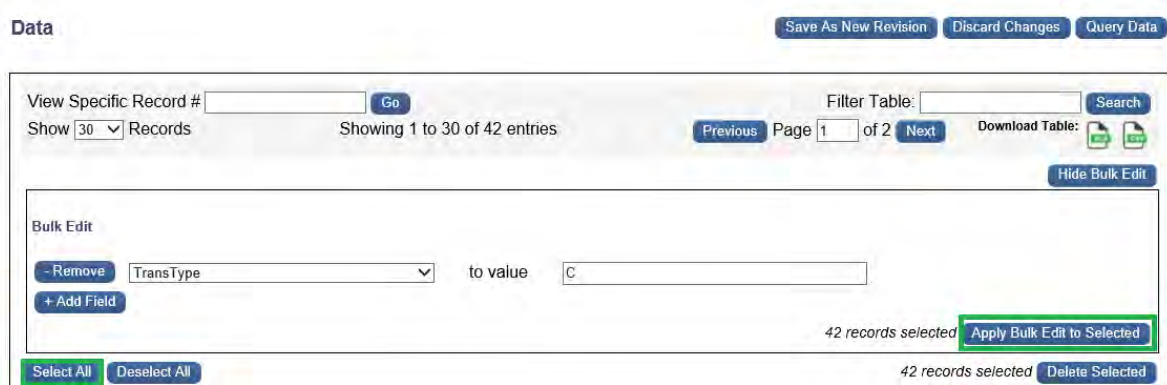
6. A window will pop up with a message letting you know the number of records that will be affected by the bulk edit. Click the **confirm** button to apply the bulk edits.

Figure 69: Bulk Edit Confirmation Message
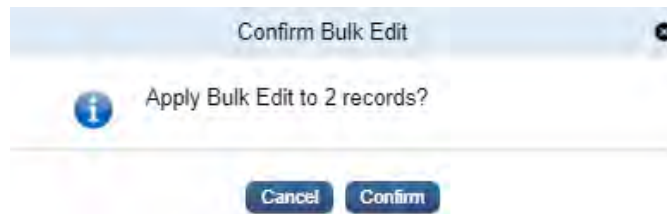
7. When you are done with all revisions, click on **Save as New Revision** and re-validate your file.

Submitting a File for Final Processing

After taking corrective action to resolve all errors identified by the data validation process, you can submit your data to the MH-CLD Project Office for final processing.

1. From the **Working Files** page, click on the file name or select **View Detail** from the dropdown menu attached to the file name.
2. Click the **Validation Results** tab.
3. If you are satisfied with your file, click the **Submit for Processing** button.

Figure 70: Submit for Processing Button
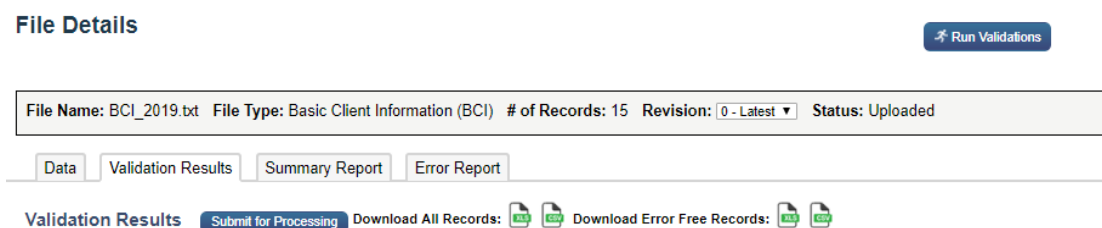
4. A confirmation pop-up box will appear asking if you are sure you want to submit your file for processing. Click **Confirm**.

Figure 71: Submit For Processing Confirmation Message
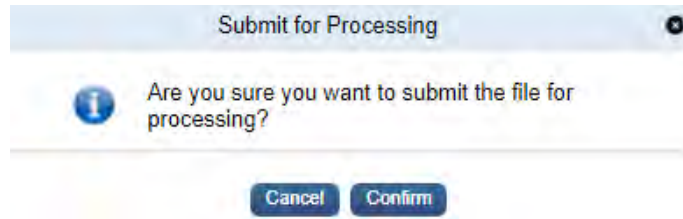
5. Once the file is successfully submitted, a window will pop up letting you know your file has been submitted for processing. Click **OK**.

Figure 72: File Submitted for Processing Message
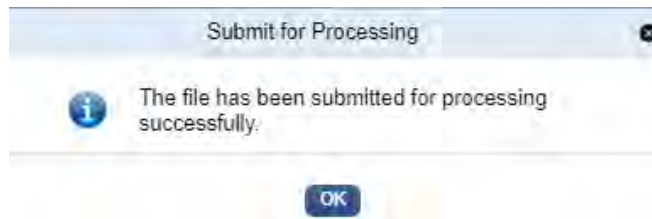
6. You can view the file you submitted in the **Submissions** page. Details of your file submission will be displayed on the **Submission Details** tab.

Figure 73: Submission Details
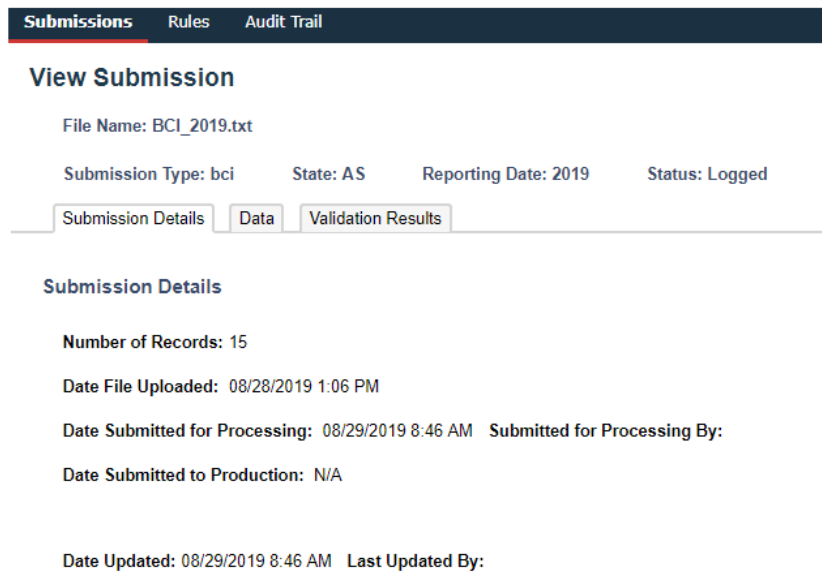
You can also view the data that was submitted from the **Data** tab and validation results from the **Validation Results** tab.

Please note that you cannot validate a file that is on the **Submitted Files** page.

IMPORTANT NOTE: It is recommended for states to upload a test file and run validations to ensure there are no systemic issues with file extractions. However, **only production files can be submitted to the MH-CLD project office for processing**.

Excel and CSV Column Header Specifications

States have the option of submitting their MH-CLD files in Excel or CSV. In order for your BCI and SHR file to be processed correctly, you **must** use the specified column header names. All states choosing to submit their data in Excel or CSV must use the column names listed in the table below. Please note that the column header names are case sensitive.

When preparing your data file in Excel or CSV, please note that the flat file **Header Record** data elements are reported for each client record; and the **Record Type** and **Client Record Count** fields are excluded.

If you would like a copy of an Excel or CSV data reporting template, please send an email to the MH-CLD project office at cldta@nri-inc.org.

Table 5: BCI Excel and CSV Column Header Name Specifications

BCI Header Name	Field Name	Corresponding Flat File Field Number
TransType	Transaction Type	C-00
ClientID	Client Identifier	C-01
ClientStatusStart	Client Treatment Status at the Start of the Reporting Period	C-02
ClientStatusEnd	Client Treatment Status at the End of the Reporting Period	C-03
Sex	Sex	C-04
Age	Age	C-05
Race	Race	C-06
Ethnicity	Ethnicity	C-07
SMISEDStatus	SMI/SED Status	C-08
EmpStatusStart	Competitive Employment Status (Aged 16+) at Admission or Start of the Reporting Period	C-09
EmpStatusEnd	Competitive Employment Status (Aged 16+) at Discharge or End of the Reporting Period	C-10
EmpFlag	Competitive Employment Status Update Flag	C-11
ResidenceStart	Residential Status at Admission or Start of the Reporting Period	C-12
ResidenceEnd	Residential Status at Discharge or End of the Reporting Period	C-13
ResidenceFlag	Residential Status Update Flag	C-14
ServiceSetting	Service Setting Status Throughout the Reporting Period	C-15
OneTimeServiceFlag	One Service Date Flag	C-16
MHDiagnosis1	Mental Health Diagnosis – One	C-17
MHDiagnosis2	Mental Health Diagnosis – Two	C-18
MHDiagnosis3	Mental Health Diagnosis – Three	C-19
SUDiagnosis	Substance Use Diagnosis	C-20
SubProb	Substance Use Problem	C-21
Arrested30DayStart	Number of Arrests in Prior 30 Days – At Admission or Start of the Reporting Period	C-22
Arrested30DayEnd	Number of Arrests in Prior 30 Days – At Discharge or End of Reporting Period	C-23
SchoolAtndStatus	School Attendance Status	C-24
SchoolGrade	School Grade Level	C-25
MaritalStatus	Marital Status	O-01
GAF	Global Assessment of Functioning (Adults)/Global Assessment Scale (GAF/CGAS)	O-02
FundType	Type of Funding Support	O-03

BCI Header Name	Field Name	Corresponding Flat File Field Number
FundedService	Mental Health Block Grant Funded Services	O-04
VeteranStatus	Veteran Status	O-05
StateCode	Reporting State Code	H-02
ReportType	File Type	H-03
ReportPeriodStart	Start of Report Period	H-04
ReportPeriodEnd	End of Report Period	H-05
OptionalFlag	Optional Data Element Report Flag	H-07
DiagCodeType	Diagnostic Code Identifier	H-08
ReportYear	Reporting Year	NA

Table 6: SHR Excel and CSV Column Header Specifications

BCI Header Name	Field Name	Corresponding Flat File Field Number
TransType	Transaction Type	R-00
ClientID	Client Identifier	R-01
SeqNum	Discharge Sequence Number	R-02
DischargeRsn	Discharge Reason	R-03
DaysBeforeReadmit	Number of Days Elapsed Before Readmission to State Hospital	R-04
LegalStatusAdm	Admission Legal Status	R-15
StateCode	Reporting State Code	H-01
ReportType	File Type	H-02
ReportPeriodStart	Start of Reporting Period	H-03
ReportPeriodEnd	End of Reporting Period	H-04
ReportYear	Reporting Year	NA

DATA EDITS

The list of edits provided in this section provides a better understanding of the MH-CLD validation process. Incorporating and programming these edits in your system would be beneficial as it will allow for real-time feedback. Prior to submission of any data file, including the test files, states are advised to run the file against these data edits and correct any errors that the file may contain. This will facilitate an error-free data file submission to the MH-CLD project office and thereby avoid and/or minimize data file resubmissions.

Data edits for the BCI file and the SHR data file are provided below. These edits check for Field, Relational, and System errors. There are three types of errors: Fatal (**F**) and Non-Fatal (**N**)/Warning, and Informational (**I**).

- Fatal errors will cause the data file or the data record to be rejected. The file will not be processed or the record will not be added to the database. The state must review the specified edit violations, take corrective action, and resubmit the corrected file(s) or record(s) for processing.
- Non-fatal errors will be processed with error data field(s) being treated as invalid. The record will be processed and added to the database, with the data field value replaced by the system-defined invalid data code. The state must review the specified edit violations, take corrective action, and resubmit the corrected record(s) as replacements.
- Informational messages, considered non-fatal errors, are generated to highlight data reporting that should be double-checked. The record(s) are processed and added to the database as reported. The state should check the highlighted informational message and reported data. If the reported data is correct, the state may ignore the informational message. If the reported data is incorrect, the state is expected to take corrective action and resubmit the record(s) for processing.

Please note that the restrictions in coding certain data elements in the edits accommodate age changes after the midpoint of the state's reporting period. For example, employment status for children under the age of 16 should be reported using code 96 (not applicable); however, a state may use any code to report this data element for 15 year old clients <u>that have turned 16 after the midpoint of the reporting period</u>.

Table 7: List of Edits

Edit No.	Field Name (Header Name)	Error Severity	Failure Message	Corrective Action	Applicable Records	Applicable MH-CLD File
DSS Edit Checks for Basic Client Information (BCI) File						
BHF3	Reporting State Code (StateCode)	Fatal	State abbreviation code does not match the state of the logged in user	Update the field in the record with the correct state code.	All	BCI
BHF4	File Type (ReportType)	Fatal	Must be a valid code ('T', 'P')	Update the field in the record with a valid code value	All	BCI
BHF5	Start of Reporting Period (ReportPeriodStart)	Fatal	Must be date format as YYYYMM	Update the field in the record with a valid YYYYMM date value	All	BCI
BHF6	End of Reporting Period (ReportPeriodEnd)	Fatal	Must be date format as YYYYMM	Update the field in the record with a valid YYYYMM date value	All	BCI
BHF8	Optional Data Elements Report Flag (OptionalFlag)	Fatal	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BHF9	Diagnostic Code Identifier (DiagCodeType)	Fatal	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BHR4	End of Reporting Period ReportPeriodEnd	Fatal	End of reporting period must be greater than start of reporting period	Update the field with the correct end of reporting period	All	BCI
BHR7	Client Identifier (ClientID)	Fatal	When transaction type is A (add), the record to be added should not already exist in the client-level database for the current reporting period	Ensure the correct transaction type code is used	Add	BCI
BHR8	Client Identifier (ClientID)	Fatal	When transaction type is C (change) or D (delete), the records to be changed or deleted must already exist in the client-level database for the current reporting period	Ensure the correct transaction type code is used	Change and Delete	BCI
BHR9	Start of Reporting Period (ReportPeriodStart)	Fatal	The start of reporting period must be exactly one year after the previous start reporting period (same month)	Update the field with the correct start of reporting period	All	BCI
BHR10	End of Reporting Period (ReportPeriodEnd)	Fatal	The end of reporting period must be exactly one year after the previous end reporting period (same month)	Update the field with the correct end of reporting period	All	BCI
BCF10	Transaction Type (TransType)	Fatal	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	All	BCI
BCF11	Client Identifier (ClientID)	Fatal	Must be alphanumeric	Update the field in the record with a valid code value	All	BCI

Edit No.	Field Name (Header Name)	Error Severity	Failure Message	Corrective Action	Applicable Records	Applicable MH-CLD File
BCF12	Client Status At the start of Reporting Period (ClientStatusStart)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF13	Client Status At the End of Reporting Period (ClientStatusEnd)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF14	Sex (Sex)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF15	Age (Age)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF16	Race (Race)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF17	Ethnicity (Ethnicity)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF18	SMI/SED Status (SMISEDStatus)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF19	Competitive Employment Status (Aged 16+) – At Admission or Start of Reporting Period (EmpStatusStart)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF20	Competitive Employment Status (Aged 16+)– At Discharge or End of Reporting Period (EmpStatusEnd)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF21	Competitive Employment Status Update Flag (EmpFlag)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF22	Residential Status – At Admission or Start of Reporting Period (ResidenceStart)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI

Edit No.	Field Name (Header Name)	Error Severity	Failure Message	Corrective Action	Applicable Records	Applicable MH-CLD File
BCF23	Residential Status – At Discharge or End of Reporting Period (ResidenceEnd)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF24	Residential Status Update Flag (ResidenceFlag)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF25	Service Setting Status Throughout the Reporting Period (ServiceSetting)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF26	One Service Date Flag (OneTimeServiceFlag)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF27	Mental Health Diagnosis - One (MHDiagnosis1)	Warning	Must be a valid code	Update the field in the record with a valid code value	Add and Change	BCI
BCF28	Mental Health Diagnosis - Two (MHDiagnosis2)	Warning	Must be a valid code	Update the field in the record with a valid code value	Add and Change	BCI
BCF29	Mental Health Diagnosis - Three (MHDiagnosis3)	Warning	Must be a valid code	Update the field in the record with a valid code value	Add and Change	BCI
BCF30	Substance Abuse Diagnosis (SUDiagnosis)	Warning	Must be a valid code	Update the field in the record with a valid code value	Add and Change	BCI
BCF31	Substance Abuse Problem (SubProb)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF32	Number of Arrests in Prior 30 Days – At Admission or Start of Reporting Period (Arrested30DayStart)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF33	Number of Arrests in Prior 30 Days – At Discharge or End of Reporting Period (Arrested30DayEnd)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF34	School Attendance (SchoolAtndStatus)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI

Edit No.	Field Name (Header Name)	Error Severity	Failure Message	Corrective Action	Applicable Records	Applicable MH-CLD File
BCF35	School Grade Level (SchoolGrade)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF36	Marital Status (MaritalStatus)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF37	GAF/CGAS (GAF)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF38	Type of Funding Support (FundType)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF39	MHBG Funded Services (FundedService)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCF40	Veteran Status (VeteranStatus)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	BCI
BCR1	Client Identifier (ClientID)	Fatal	Only one Client record per unique Client Identifier can be submitted per state data file	Review duplicate Client IDs and retain only one	All	BCI
BCR2	SMI/SED Status (SMISEDStatus)	Warning	SMI/SED Status field cannot use codes 2 or 3 for clients over age 22 (>22) and cannot use code 1 for clients under age 17; can use any code for clients between age 17 and 22.	Review and update field using specified codes for the applicable age	Add and Change	BCI
BCR3a	Competitive Employment Status (Aged 16+) – At Admission or Start of Reporting Period (EmpStatusStart)	Warning	Competitive Employment Status field (C-9) must be 96 when Age field value is less than 15	Review age and C-9 fields and if age is correct, then update C-9 to 96; if age is incorrect, then update age field	Add and Change	BCI
BCR3b	Competitive Employment Status (Aged 16+)– At Discharge or End of Reporting Period (EmpStatusEnd)	Warning	Competitive Employment Status field (C-10) must be 96 when Age field value is less than 15	Review age and C-10 fields and if age is correct, then update C-10 to 96; if age is incorrect, then update age field	Add and Change	BCI
BCR4a	Competitive Employment Status (Aged 16+) – At Admission or Start of Reporting Period (EmpStatusStart)	Warning	Competitive Employment Status field (C-9) must be 96 when client is 15 or older and was served only in Institutional Settings (state hospital/jail/secured RTC or RTF) throughout the reporting period	Review the service setting field and if reported service setting(s) is correct, then update C-9 to 96; if service setting is incorrect, then update service setting field	Add and Change	BCI

Edit No.	Field Name (Header Name)	Error Severity	Failure Message	Corrective Action	Applicable Records	Applicable MH-CLD File
BCR4b	Competitive Employment Status (Aged 16+)– At Discharge or End of Reporting Period (EmpStatusEnd)	Warning	Competitive Employment Status field (C-10) must be 96 when client is 15 or older and was served only in Institutional Settings (state hospital/jail/secured RTC or RTF) throughout the reporting period	Review the service setting field and if reported service setting(s) is correct, then update C-10 to 96; if service setting is incorrect, then update service setting field	Add and Change	BCI
BCR5a	Competitive Employment Status (Aged 16+) – At Admission or Start of Reporting Period (EmpStatusStart)	Warning	Competitive Employment Status field (C-9) cannot be 96 when client's age is 17 and older and the client was served only in community settings	Review the service setting field and if reported service setting(s) is correct, then update C-9 to the correct value; if service setting is incorrect, then update service setting field	Add and Change	BCI
BCR5b	Competitive Employment Status (Aged 16+)– At Discharge or End of Reporting Period (EmpStatusEnd)	Warning	Competitive Employment Status field (C-10) cannot be 96 when client's age is 17 and older and the client was served only in community settings	Review the service setting field and if reported service setting(s) is correct, then update C-10 to the correct value; if service setting is incorrect, then update service setting field	Add and Change	BCI
BCR6a	Residential Status – At Admission or Start of Reporting Period (ResidenceStart)	Warning	Residential Status field (C-12) cannot be 37 when client's age is over 22, and cannot be code 17, 27, or 07 when client's age is under 17; can use any code for clients between the ages of 17 and 22.	Review and update field using specified codes for the applicable age	Add and Change	BCI
BCR6b	Residential Status – At Discharge or End of Reporting Period (ResidenceEnd)	Warning	Residential Status field (C-13) cannot be 37 when client's age is over 22, and cannot be code 17, 27, or 07 when client's age is under 17; can use any code for clients between the ages of 17 and 22.	Review and update field using specified codes for the applicable age	Add and Change	BCI
BCR7	Competitive Employment Status (Aged 16+) – At Admission or Start of Reporting Period (EmpStatusStart)	Warning	When Competitive Employment Status Update Flag field is 0, the Competitive Employment Status at Admission or Start of Reporting Period field and the Competitive Employment Status at Discharge or End of Reporting Period field must have the same value.	Review the employment status fields and if reported values are correct, then update field to 1	Add and Change	BCI
BCR8	Competitive Employment Status Update Flag (EmpFlag)	Warning	When client's age is less than 15, or age is 15 or older, and both employment at start and end are 96, then employment update flag must be 0 (no update).	Review the age and employment stats fields and if all reported values are correct, update this field to 0	Add and Change	BCI

Edit No.	Field Name (Header Name)	Error Severity	Failure Message	Corrective Action	Applicable Records	Applicable MH-CLD File
BCR9	Residential Status – At Admission or Start of Reporting Period (ResidenceStart)	Warning	When Residential Status Update Flag field is 0, the Residential Status at Admission or Start of the Reporting Period field and the Residential Status at Discharge or End of Reporting Period field must have the same value.	Review the residential status fields and if reported values are correct, then update field to 1	Add and Change	BCI
BCR10	Substance Abuse Problem (SubProb)	Warning	When Substance Use Diagnosis field has valid code other than 999.9996 or 999.9997 or 999.9998 Substance Use Problem field must be 1.	Review the substance use diagnosis field and if reported value is correct, update this field to 1	Add and Change	BCI
BCR11	Mental Health Diagnosis - Two (MHDiagnosis2)	Warning	When Mental Health Diagnosis—One is 999.9998, then Mental Health Diagnosis—Two must also be 999.9998	Review the mental health diagnosis—one field and if reported value is correct, then update this field to 999.9998	Add and Change	BCI
BCR12	Mental Health Diagnosis - Two (MHDiagnosis2)	Warning	When Mental Health Diagnosis—One is 999.9997, then Mental Health Diagnosis—Two must be either 999.9996, 999.9997 (or 999.9998 for states that collect only one mental health diagnosis)	Review the mental health diagnosis—one field and if reported value is correct, then update this field to the applicable code	Add and Change	BCI
BCR13	Mental Health Diagnosis - Three (MHDiagnosis3)	Warning	When Mental Health Diagnosis—Two is 999.9996, then Mental Health Diagnosis—Three must be either 999.9996 (or 999.9998 for states that collect only two mental health diagnosis)	Review the mental health diagnosis—two field and if reported value is correct, then update this field to the applicable code	Add and Change	BCI
BCR14	Mental Health Diagnosis - Three (MHDiagnosis3)	Warning	When Mental Health Diagnosis—Two is 999.9997, then Mental Health Diagnosis—Three must be either 999.9996, 999.9997 (or 999.9998 for states that collect only two mental health diagnosis)	Review the mental health diagnosis—two field and if reported value is correct, then update this field to the applicable code	Add and Change	BCI
BCR15	Mental Health Diagnosis - Three (MHDiagnosis3)	Warning	When Mental Health Diagnosis—Two is 999.9998, then Mental Health Diagnosis—Three must also be 999.9998	Review the mental health diagnosis—two field and if reported value is correct, then update this field to the applicable code	Add and Change	BCI
BCR16a	Number of Arrests in Prior 30 Days – At Admission or Start of Reporting Period (Arrested30DayStart)	Warning	When age is < 10, Number of Arrests In Prior 30 Days, at Admission/Start of the Reporting Period must be 00	Review the age field and if reported age is correct, then update this field to 00	Add and Change	BCI

Edit No.	Field Name (Header Name)	Error Severity	Failure Message	Corrective Action	Applicable Records	Applicable MH-CLD File
BCR16b	Number of Arrests in Prior 30 Days – At Discharge or End of Reporting Period (Arrested30DayEnd)	Warning	When age is < 10, Number of Arrests In Prior 30 Days—at Discharge/End of Reporting Period must be 00	Review the age field and if reported age is correct, then update this field to 00	Add and Change	BCI
BCR17	School Attendance (SchoolAtndStatus)	Warning	When age is < 3 or age is > 22, School Attendance must be 6 (not applicable); when age is between 3 and 17, School Attendance must be either code 1, 2, 7, or 8.	Review and update field using specified codes for the applicable age	Add and Change	BCI
BCR18	School Grade Level (SchoolGrade)	Warning	When School Attendance Status field is 1 (Yes) then School Grade Level field must not be 0.	Review the school attendance field and if reported value is correct, then update school grade level; if school attendance field is incorrect, then update the field	Add and Change	BCI
BCR19	School Grade Level (SchoolGrade)	Warning	When age is < 13, codes 16-21 cannot be used to report School Grade Level	Review and update field using specified codes for the applicable age	Add and Change	BCI
BCR20	School Grade Level (SchoolGrade)	Warning	When age < 10, codes 7-12 or 16-21 cannot be used to report School Grade Level	Review and update field using specified codes for the applicable age	Add and Change	BCI
BCR21	Marital Status (MaritalStatus)	Warning	When client is under the age of 16, Marital Status cannot be reported using any code other than 1 (Never Married) unless the state has opted not to report Marital Status for any clients	Review and update field using specified codes for the applicable age	Add and Change	BCI
BCR22	SMI/SED Status (SMISEDStatus)	Warning	When MHBG Funded Services = 1, SMI/SED Status (C-08) must either = 1 or 2	Review the SMI/SED status field and if reported value is correct, then update this field to the appropriate code; if SMI/SED status is incorrect, then update the SMI/SED status field to the appropriate code	Add and Change	BCI
BCR23	Service Setting Status Throughout the Reporting Period (ServiceSetting)	Warning	When MHBG Funded Services = 1, All Service Settings Throughout the Reporting Period (C-15) cannot be 00001 (State Psychiatric Hospital)	Review the service setting field, and if reported service setting is correct, then update this field to the appropriate code; if service setting is incorrect, then update the service setting field	Add and Change	BCI

Edit No.	Field Name (Header Name)	Error Severity	Failure Message	Corrective Action	Applicable Records	Applicable MH-CLD File
BCR24	Client Treatment Status At the Start of Reporting Period field (ClientStatusStart)	Warning	When Client Treatment Status At the Start of Reporting Period field is 1 (New Client) in the current reporting year, the Client Treatment Status At End of Reporting Period field in the prior reporting year must not be 01 (Continuing Client).	Review the client's treatment status at the end of the previous reporting period—if the client was not discharged, then update the client's treatment status at the start of the current reporting period to 'continuing'; if the client was discharged at the end of the previous reporting period, then submit a change record for the previous reporting period updating the client's treatment status from continuing to the applicable discharge code	Add and Change	BCI
BCR25	Client Treatment Status At the Start of Reporting Period field (ClientStatusStart)	Warning	When Client Treatment Status At Start of Reporting Period field is 2 (Continuing Client) in the current reporting year, the Client Treatment Status At End of Reporting Period field in the prior reporting year must be 01 (Continuing Client)	Review the client's treatment status at the end of the previous reporting period—if the client was discharged, then update the client's treatment status at the start of the current reporting period to 'new'; if the client was not discharged at the end of the previous reporting period, then submit a change record for the previous reporting period updating the client's treatment status from discharged to 'continuing'	Add and Change	BCI
BCR26	Client Treatment Status At the Start of Reporting Period field (ClientStatusStart)	Warning	When a client was not reported in the prior reporting year, the Client's Treatment Status at the Start of the Reporting Period in the current reporting year must be 1 (New Client)	Check to ensure the client's admission date is not prior to the start of the current reporting period with no corresponding discharge date at the end of the previous reporting period—if the client's admission date is prior the start of the current reporting period with no corresponding discharge date at the end of the previous reporting period, then submit an add record for the previous reporting period to add the client. If the client was not admitted prior to the start of the current reporting period, then update treatment status at the start of the current reporting period to 'new'	Add and Change	BCI

Edit No.	Field Name (Header Name)	Error Severity	Failure Message	Corrective Action	Applicable Records	Applicable MH-CLD File
BCR28	Client Identifier (ClientID)	Warning	If a client was discharged due to death of client in previous reporting period(s), then the client cannot be reported in any subsequent reporting period(s)	Review the client's record for the year the client was reported as discharged due to death of client—if the client has in fact died, then the client cannot be included in the current reporting period. If the client was erroneously reported as discharged due to death of client in previous period, then submit a change record for the applicable year using the appropriate discharge code	Add and Change	BCI
BCR29	Race (Race)	Warning	Race of clients reported in the prior reporting period must be the same in the current reporting period (unless the state used a temporary CLD code in the prior reporting period and the change is from a temporary CLD code to a permanent CLD code)	Review the race code reported for the current and previous reporting period, and if the change is a result of provider data updates, contact the MH-CLD project office; If the change is a coding error, make appropriate correction	Add and Change	BCI
BCR30	Ethnicity (Ethnicity)	Warning	Ethnicity of clients reported in the prior reporting period must be the same in the current reporting period (unless the state used CLD code 01 in the prior reporting period and the change is from 01 to any of the optional CLD codes)	Review the ethnicity code reported for the current and previous reporting period, and if the change is a result of provider data updates, contact the MH-CLD project office; If the change is a coding error, make appropriate correction	Add and Change	BCI
BCR31	Age (Age)	Warning	Age of clients reported in the prior reporting period should change only by +1 or remain the same	Review the age code reported for the current and previous reporting period, and if the change is a result of provider data updates, contact the MH-CLD project office; If the change is a coding error, make appropriate correction	Add and Change	BCI
BCR32	Sex (Sex)	Warning	Sex of clients reported in the prior reporting period should be the same	Review the sex code reported for the current and previous reporting period, and if the change is a result of provider data updates, contact the MH-CLD project office; If the change is a coding error, make appropriate correction	Add and Change	BCI
BCR33	Veteran Status (VeteranStatus)	Warning	When client is under the age of 16, Veteran Status cannot be reported using CLD code 1 (Veteran)	Review the age field and if reported age is correct, then update this field using appropriate code; if age is incorrect, then update the age field	Add and Change	BCI

Edit No.	Field Name (Header Name)	Error Severity	Failure Message	Corrective Action	Applicable Records	Applicable MH-CLD File
BCR34a	Mental Health Diagnosis - Two (MHDiagnosis2)	Warning	Mental Health Diagnosis - Two cannot be the same as Mental Health Diagnosis—One	Update the mental health diagnosis—two field	Add and Change	BCI
BCR34b	Mental Health Diagnosis - Three (MHDiagnosis3)	Warning	Mental Health Diagnosis—Three cannot be the same as Mental Health Diagnosis - Two	Update the mental health diagnosis—three field	Add and Change	BCI
BCR34c	Mental Health Diagnosis - Three (MHDiagnosis3)	Warning	Mental Health Diagnosis—Three cannot be the same as Mental Health Diagnosis—One	Update the mental health diagnosis—three field	Add and Change	BCI
			DSS Edit Checks for State Hospital Readmission (SHR) File			
SHF1	Reporting State Code (StateCode)	Fatal	State abbreviation code does not match the state of the logged in user	Update the field in the record with the correct state code.	All	SHR
SHF2	File Type (ReportType)	Fatal	Must be a valid code ('T', 'P')	Update the field in the record with a valid value	All	SHR
SHF3	Start of Reporting Period (ReportPeriodStart)	Fatal	Must be date format as YYYYMM	Update the field in the record with a valid YYYYMM date value	All	SHR
SHF4	End of Reporting Period (ReportPeriodEnd)	Fatal	Must be date format as YYYYMM	Update the field in the record with a valid YYYYMM date value	All	SHR
SHR4	End of Reporting Period (ReportPeriodEnd)	Fatal	End of Reporting Period must be greater than start of reporting period.	Update the field with the correct end of reporting period	All	SHR
SHR7	Client Identifier (ClientID)	Fatal	When transaction type is A (add), the record to be added should not already exist in the client-level database for the current reporting period	Ensure the correct transaction type code is used	Add	SHR
SHR8	Client Identifier (ClientID)	Fatal	When transaction type is C (change) or D (delete), the records to be changed or deleted must already exist in the client-level database for the current reporting period	Ensure the correct transaction type code is used	Change and Delete	SHR
SHR9	Start of Reporting Period (ReportPeriodStart)	Fatal	The start of reporting period must be exactly one year after the previous start reporting period (same month)	Update the field with the correct start of reporting period	All	SHR
SHR10	End of Reporting Period (ReportPeriodEnd)	Fatal	The end of reporting period must be exactly one year after the previous end reporting period (same month)	Update the field with the correct end of reporting period	All	SHR
SCF6	Transaction Type (TransType)	Fatal	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	All	SHR

Edit No.	Field Name (Header Name)	Error Severity	Failure Message	Corrective Action	Applicable Records	Applicable MH-CLD File
SCF7	Client Identifier (ClientID)	Fatal	Must be alphanumeric	Update the field in the record with a valid code value	All	SHR
SCF8	Discharge Sequence Number (SeqNum)	Fatal	Must be a 2-digit numeric (integer) value	Update the field in the record with a valid code value	All	SHR
SCF9	Discharge Reason (DischargeRsn)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	SHR
SCF10	Number of Days Elapsed Before Readmission (DaysBeforeReadmit)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	SHR
SCF11	Admission Legal Status (LegalStatusAdm)	Warning	Must be a valid code (see this field in the manual for valid codes)	Update the field in the record with a valid code value	Add and Change	SHR
SCR2	Client Identifier (ClientID)	Fatal	Client in SHR data set must be in BCI data set	Submit an add record for the BCI file to add the client in the BCI data set	Add and Change	SHR
SCR3	Number of Days Elapsed Before Readmission (DaysBeforeReadmit)	Warning	When discharge reason is 06 (death), the number of days elapsed before readmission to state hospital field must be 998.	Double-check the client's discharge reason and if it is correct, then update field to 998. If the discharge reason is incorrect, then update the discharge reason field using the appropriate code	Add and Change	SHR
SCR4	Service Setting Status Throughout the Reporting Period (ServiceSetting)	Warning	One of the service settings status throughout the reporting period in the BCI must be state psychiatric hospital for every client in the SHR data set	Double-check to ensure the client was discharged from a state psychiatric hospital during the reporting period—if the client was discharged from state psychiatric hospital, then submit change record for the BCI file and include state psychiatric hospital as one of the client's service settings. If the client was not discharged from a state psychiatric hospital during the reporting period, exclude the client's record from the SHR file	Add and Change	SHR
SCR5	Client Identifier (ClientID)	Fatal	Only one Client record per unique pair of Client Identifier and Discharge Sequence Number can be submitted per state data file	Double-check the Client ID and Discharge Sequence Number and apply the appropriate correction to either the Client ID or the Discharge Sequence Number	All	SHR

Edit No.	Field Name (Header Name)	Error Severity	Failure Message	Corrective Action	Applicable Records	Applicable MH-CLD File
SCR6	Discharge Sequence Number (SeqNum)	Fatal	Must start with 01 for each client and be in chronological order. Note: Sequence numbers for clients already in the client-level database for the current reporting year will be counted. If a client record in the file has a fatal error, it will not be counted.	Update the field in the record with the correct Discharge Sequence Number	All	SHR
SCR7	Admission Legal Status (Readmission Legal Status)	Warning	For files prior to 2013, when Number of Days Elapsed before Readmission is 998 (no readmission after discharge), then Readmission Legal Status must be 96 (Not Applicable)	Double-check to ensure the client was not readmitted to a state psychiatric hospital after discharge—if the client was not readmitted, then update the filed to 96. If the client was readmitted, then update the Number of Days Elapsed field with the correct number of days		

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APPENDIX A

Glossary of Terms and Acronyms

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

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

BCI, or basic client information, includes information on the client's demographics (age, sex, race, ethnicity, and marital status), clinical status (SMI/SED status, mental health and substance use diagnoses, substance use problem, GAF/CGAS score), and outcomes (employment, living situation, criminal justice involvement, and education).

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

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

CBHSQ, or the Center for Behavioral Health Statistics and Quality, is a center within the Substance Abuse and Mental Health Services Administration (SAMHSA), under the U.S. Department of Health and Human Services (HHS). CBHSQ is the lead government agency for behavioral health statistics as designated by the Office of Management and Budget (OMB). [Source: https://www.samhsa.gov/about-us/who-we-are/offices-centers/cbhsq].

CGAS, or Children's Global Assessment Scale, is a numeric scale (0-100) widely used by mental health clinicians to measure the overall severity of disturbance among children under the age of 18. A higher score means higher level of functioning in all areas measured by the instrument (i.e., social, psychological, and occupational functioning of a child). This is reported as Axis V in the Diagnostic and Statistical Manual of Mental Disorders (DSM) Third and Fourth Editions.

CMHS, or Center for Mental Health Services. A center within the Substance Abuse and Mental Health Services Administration (SAMHSA) under the U.S. Department of Health and Human Services (HHS), CMHS is charged to lead federal efforts to treat mental illnesses by promoting mental health and by preventing the development or worsening of mental illness when possible. Congress created CMHS to bring new hope to adults who have serious mental illnesses and to children with serious emotional disorders. [Source: https://www.samhsa.gov/about-us/who-we-are/offices-centers/cmhs].

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

Data Submission System (DSS) is a web-based data preparation and submission system. The DSS is designed to provide a more interactive and transparent data submission process by minimizing states' and territories' burden in reporting mental health and/or substance use data to SAMHSA.

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

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

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

Intellectual disabilities refer to disabilities characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. Intellectual disability and mental retardation are two names for the same thing. [Source: http://aaidd.org/intellectual-disability/definition#.WV_5J2ZK3IV].

IDEA is the acronym for the Individuals with Disabilities Education Act. Part B of this federal law governs and protects the rights of students (3 to 21 years of age) with disabilities to free appropriate public education. In order to qualify for services under the IDEA, the child should meet the qualifying disabilities, eligibility criteria, and require special education services because of the disability. [Source: http://www.apa.org/about/gr/issues/disability/idea.aspx].

MH-CLD refers to Mental Health Client-Level Data, which is a reporting requirement under the Behavioral Health Services Information System (BHSIS) State Agreement with the states, District of Columbia, and U.S. Territories, funded by the Substance Abuse and Mental Health Services Administration's Center for Behavioral Health Statistics and Quality (CBHSQ) and administered by Eagle Technologies, Inc. Client-level data or person-level data is a limited set of demographic, clinical attributes, and outcomes that are routinely collected by the SMHA in monitoring individuals receiving mental health and support services from programs provided or funded by the SMHA. Submission of the mental health client-level data use non-Protected Health Information to observe and comply with HIPAA confidentiality and privacy rules.

NOMs refer to SAMHSA's National Outcome Measures. Under the mental health client-level data reporting, five of the ten SAMHSA NOMs are reported. These are increased access to services (service capacity), increased stability in family and living conditions, reduced utilization of psychiatric inpatient beds—mental health, increased/retained employment (adults) and return to/stay in school (children), and decreased criminal justice involvement.

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

SMHA, or State Mental Health Agency, refers generically to the state agency that is primarily responsible for providing and facilitating publicly funded mental health and support services to children and adults with mental illnesses.

State Data Crosswalk refers to a document comprised of two parts: (1) one-to-one mapping of state data elements, codes, and categories to the mental health client-level data elements, codes, and categories; and (2) state footnotes or contextual section, which is a free-flowing format that provides context to the reported data. Examples of contextual information captured in this section includes the state operational definition of specific terms (such as employment, serious mental illness, etc.), state data collection protocol

that explains duplication, under/over reporting, and timeliness of data, and other considerations that may affect the appropriate interpretation of the state data.

TEDS refers to SAMHSA's Treatment Episode Data Set. It is a compilation of demographic, substance use, mental health, clinical, legal, and socioeconomic characteristics of individuals who are receiving publicly funded substance use and/or mental health services. TEDS consists of two separate but linkable data sets of client admission and discharge/update records. [Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Combined Substance Use and Mental Health Treatment Episode Data Set (TEDS) State Instruction Manual].

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

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

APPENDIX B

List of Data Elements in the BCI and SHR Files

List of Data Elements in the Basic Client Information (BCI) Data File
(Table does not show data elements reported in the header record.)

Data Element	Report Status at:		Population Type		Comment
	Admission for new clients or most recent available at the start of the reporting period for continuing clients	Discharge or most recent available at the end of the reporting period for clients remaining in the SMHA caseload	Community-Based	State Hospital /Other Inpatient	Note: Table legend is at the end of this table
Required Data Elements					
Non-Protected Health Information					
Transaction Type	√	√	√	√	Constructed field
Client ID	√		√	√	Constructed field
Age	calculate at midpoint of reporting period		√	√	Calculated field
Client status at start of reporting period	√		√	√	Translated field
Client status at end of reporting period		√	√	√	Translated field
Service Setting Status Throughout the Reporting Period	status based on 12-month period		√	√	Translated field
Demographic					
Sex		√	√	√	Based on most recent available information (see additional guidelines)
Race		√	√	√	
Ethnicity		√	√	√	
Clinical					
SMI/SED status		√	√	√	Based on most recent available information (see additional guidelines)
Mental health diagnosis – One		√	√	√	
Mental health diagnosis – Two		√	√	√	

Data Element	Report Status at:		Population Type		Comment
	Admission for new clients or most recent available at the start of the reporting period for continuing clients	Discharge or most recent available at the end of the reporting period for clients remaining in the SMHA caseload	Community-Based	State Hospital /Other Inpatient	Note: Table legend is at the end of this table
Mental health diagnosis – Three		√	√	√	
Substance use diagnosis		√	√	√	
Substance use problem	Based on 12-month period		√	√	Translated field
One service date flag	Based on 12-month period		√	√	Translated field
Outcomes					
Competitive employment status (age 16 and older) at admission or start of the reporting period	√		√		Not reportable for clients in institutional facilities and all clients younger than 16
Competitive employment status (age 16 and older) at discharge or end of the reporting period		√	√		Not reportable for clients in institutional facilities and all clients younger than 16
Residential status at admission or start of the reporting period	√		√	√	
Residential status at discharge or end of the reporting period		√	√	√	
Competitive employment status update flag		√	√	√	Translated field
Residential status update flag		√	√	√	Translated field
Number of arrests in prior 30 days – at admission or start of the reporting period	√		√	√	
Number of arrests in prior 30 days – at discharge or end of the reporting period		√	√	√	
School attendance status		√	√	√	Not reportable for clients younger than 3 years old and adult clients (18 and older)

Data Element	Report Status at:		Population Type		Comment
	Admission for new clients or most recent available at the start of the reporting period for continuing clients	Discharge or most recent available at the end of the reporting period for clients remaining in the SMHA caseload	Community-Based	State Hospital /Other Inpatient	Note: Table legend is at the end of this table
School grade level		√	√	√	
Optional Data Elements					
GAF or CGAS (DSM-IV, Axis V)		√	√	√	Voluntary reporting
Marital status		√	√	√	Voluntary reporting
Type of funding support	Based on 12-month reporting period		√	√	Voluntary reporting
MHBG funded services	Based on 12-month reporting period		√		Voluntary reporting
Veteran status	√		√	√	Voluntary reporting

Legend:

Calculated field: Reported values are derived using a formula.

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

Translated field: Reported values are codified based on relevant data elements collected by the state.

Voluntary reporting: States with data are encouraged to report.

Check mark (√) represents applicable entry. Appropriate interpretation is given by the following example: The state should report the marital status of a client at time of discharge or the most recent available at the end of the reporting period (for continuing clients), not the marital status at time of admission or at the start of the reporting period. Marital status should be reported for all clients receiving services from community-based programs, state hospital, and other inpatient treatment settings.

List of Data Elements in the State Hospital Readmission (SHR) Data File

(Table does not show data elements reported in the header record.)

Data Element	Report Data for:		Comments
	All Discharged Clients	Discharged Clients with Readmissions	
Required Data Elements			
Discharge and Readmission Information			
Transaction type	√		Constructed field
Client ID	√		Use same ID as BCI
Discharge event sequence number	√		Translated field
Discharge reason	√		
Number of days elapsed before readmission to state hospital		√	Calculated field
Admission legal status	√		

Legend:

Calculated field: Reported values are derived using a formula.

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

Translated field: Reported values are codified based on other data elements collected by the state.

APPENDIX C

Mental Health National Outcome Measures (NOMs): How the CMHS MHBG Uniform Reporting System (URS) is Collecting and Calculating NOMs

Mental Health NOM	URS Mental Health Measure	URS Source	Type of Data	Level of Demographic Information
NOMS being Currently Calculated for CMHS				
Client Perception of Care	Clients reporting positively about outcomes	Table 11	Consumer Self-Report	Age, Race
Increased Access to Services (Service Capacity)	Number of persons served by age, gender, race and ethnicity	Tables 2 & 3, and 14	Administrative	Age, Gender, Race, Hispanic Origin, Hospital/Community Setting, SMI/SED Status
Increased/Retained Employment	Profile of adult clients by employment status	Table 4	Administrative	Age, Gender, Diagnosis--optional (5 Dx groups)
	Change in Employment Status	Develop-mental	Administrative	Workgroup is analyzing state data to determine appropriate T1 to T2 intervals
Reduced utilization of psychiatric inpatient beds – mental health	Decreased rate of readmission to state psychiatric hospitals within 30 days and 180 days	Table 20	Administrative	Age, Gender, Race, Hispanic Origin, Legal Status (Forensic/Civil Status)
Increased Stability in Family and Living Conditions	Profile of clients' change in living situation (including homeless status)	Table 15	Administrative	Age, Gender, Race, Hispanic Origin, Living Situation
Cost Effectiveness/ Use of Evidence-Based Practices	Number of persons receiving evidence-based services & Number of evidence-based practices provided by State	Tables 16 & 17	Administrative	Age, Gender, Race, Hispanic Origin: 7 Adult EBPs and 3 Child/Adolescent EBPs are reported
NOMs for which reporting was initiated in 2006 (Social Connectedness and School Attendance) and/or multiple methods of collection are being compared (Improved Functioning and Criminal Justice)				
Increased Social Supports/Social Connectedness	Social Connectedness	Table 9	4 item Consumer Self-Report module	Age and Race
Decreased Mental Illness Symptomatology/ Improved Functioning	Improved Functioning	Table 9	4 item Consumer Survey Self-report module	Age and Race Note Validation study comparing administrative data to Consumer Survey is underway
Decreased Criminal Justice Involvement	Decreased Criminal Justice/Juvenile Justice Involvement	Table 19	3 Item Consumer Survey Self-report Module	Age and Race Note Validation study comparing administrative data to Consumer Survey is underway
Return to/Stay in School	Increased school attendance (children)	Table 19	3 Item Consumer Survey Self-report Module	Age and Race

APPENDIX D

Sample Data File Edit Reports

Summary Report
Basic Client Information Data Set Edit Report

State: XX   Page 1 of 4   Report Timestamp: 10/1/2018 11:19:55 AM

Data File Name:	-- BCIXX_18_10012018.txt
Data File Processed Date:	-- 10/01/2018 11:18:00 AM
Data File Type:	-- Production
For Report Period:	-- 07/2017 to 06/2018
Data File Acceptance Status:	-- Did not pass

Data Processing Results Summary				
	Processed	**Accepted**	**Rejected**	**Percent Rejected**
Adds	42	42	42	0.00%
Changes	0	0	0	0.00%
Deletes	0	0	0	0.00%
Total	42	0	42	0.00%

Field Data Edit Statistics for Current Submission

Edit #	Data Element Name	Number Tested	Number Passed	Number Failed	Error Ratio	Error Occurred with Client ID (**)
BHF3	Reporting State Code	42	42	0	0.000	
BHF4	File Type	42	42	0	0.000	
BHF5	Beginning Report Period	42	42	0	0.000	
BHF6	Ending Report Period	42	42	0	0.000	
BHF8	Optional Data Element Report Flag	42	42	0	0.000	
BHF9	Diagnostic Code Identifier	42	42	0	0.000	
BCF10	Transaction Type	42	42	0	0.000	
BCF11	Client Identifier	42	42	0	0.000	
BCF12	Client Treatment Status At the Start of the Reporting Period	42	42	0	0.000	
BCF13	Client Treatment Status At the End of the Reporting Period	42	42	0	0.000	
BCF14	Sex	42	42	0	0.000	
BCF15	Age (calculated field)	42	42	0	0.000	
BCF16	Race	42	42	0	0.000	
BCF17	Ethnicity	42	42	0	0.000	
BCF18	SMI/SED Status	42	42	0	0.000	
BCF19	Competitive Employment Status (aged 16+) at admission or start of the reporting period	42	42	0	0.000	
BCF20	Competitive Employment Status (aged 16+) at discharge or end of the reporting period	42	42	0	0.000	
BCF21	Competitive Employment Status Update Flag	42	42	0	0.000	
BCF22	Residential Status at admission or start of the reporting period	42	42	0	0.000	
BCF23	Residential Status at discharge or end of the reporting period	42	42	0	0.000	
BCF24	Residential Status Update Flag	42	42	0	0.000	
BCF25	Service Setting Status Throughout the Reporting Period	42	42	0	0.000	
BCF26	One Service Date Flag	42	42	0	0.000	
BCF27	Mental Health Diagnosis-One	42	42	0	0.000	
BCF28	Mental Health Diagnosis-Two	42	42	0	0.000	
BCF29	Mental Health Diagnosis-Three	42	42	0	0.000	
BCF30	Substance Use Diagnosis	42	42	0	0.000	

Field Data Edit Statistics for Current Submission

Edit #	Data Element Name	Number Tested	Number Passed	Number Failed	Error Ratio	Error Occurred with Client ID (**)
BCF31	Substance Use Problem	42	42	0	0.000	
BCF32	Number of Arrests in Prior 30 Days at admission or start of the reporting period	42	42	0	0.000	
BCF33	Number of Arrests in Prior 30 Days at discharge or end of the reporting period	42	42	0	0.000	
BCF34	School Attendance Status	42	42	0	0.000	
BCF35	School Grade Level	42	42	0	0.000	
BCF36	Marital Status	42	42	0	0.000	
BCF37	Global Assessment of Functioning (GAF/CGAS)	42	42	0	0.000	
BCF38	Type of Funding Support	42	42	0	0.000	
BCF39	MHBG Funded Services	42	42	0	0.000	
BCF40	Veteran Status	42	42	0	0.000	

Relational Data Edit Statistics for Current Submission

Edit #	Relational Data Edits	Number Tested	Number Passed	Number Failed	Error Ratio	Error Occurred with Client ID (**)
BHR9	The start of reporting period must be exactly one year after the previous start reporting period (same month)	42	0	42	1.000	A1 A2 A3 A4 A5 A6 A7 A8 A9 A10 A11 A12 A13 A14 A15 A16 A17 A18 A19 A20 A21 A22 A23 A24 A25 A26 A27 A28 A29 A30 A31 A32 A33 A34 A35 A36 A37 A38 A39 A40 A41 A42
BHR10	The end of reporting period must be exactly one year after the previous end reporting period (same month)	42	0	42	1.000	A1 A2 A3 A4 A5 A6 A7 A8 A9 A10 A11 A12 A13 A14 A15 A16 A17 A18 A19 A20 A21 A22 A23 A24 A25 A26 A27 A28 A29 A30 A31 A32 A33 A34 A35 A36 A37 A38 A39 A40 A41 A42
BCR28	If a client was discharged due to death of client in previous reporting period(s), then the client cannot be reported in any subsequent reporting period(s)	42	42	0	0.000	
BHR4	End of Reporting Period must be greater than start of reporting period.	42	42	0	0.000	
BCR1	Only one Client record per unique Client Identifier can be submitted per state data file	42	42	0	0.000	
BCR2	SMI/SED Status field cannot use codes 2 or 3 for clients over age 22 (>22) and cannot use code 1 for clients under age 17; can use any code for clients between age 17 and 22.	42	42	0	0.000	
BCR3a	Competitive Employment Status field (C-9) must be 96 when Age field value is less than 15	42	42	0	0.000	
BCR3b	Competitive Employment Status field (C-10) must be 96 when Age field value is less than 15	42	42	0	0.000	
BCR4a	Competitive Employment Status field (C-9) must be 96 when client is 15 or older and was served only in Institutional Settings (state hospital/jail/secured RTC or RTF) throughout the reporting period	42	42	0	0.000	
BCR4b	Competitive Employment Status field (C-10) must be 96 when client is 15 or older and was served only in Institutional Settings (state hospital/jail/secured RTC or RTF) throughout the reporting period	42	42	0	0.000	
BCR5a	Competitive Employment Status field (C-9) cannot be 96 when client's age is 17 and older and the client was served only in community settings	42	42	0	0.000	
BCR5b	Competitive Employment Status field (C-10) cannot be 96 when client's age is 17 and older and the client was served only in community settings	42	42	0	0.000	
BCR6a	Residential Status field (C-12) cannot be 37 when client's age is over 22, and cannot be code 17, 27, or 07 when client's age is under 17; can use any code for clients between the ages of 17 and 22	42	42	0	0.000	
BCR6b	Residential Status field (C-13) cannot be 37 when client's age is	42	42	0	0.000	

Relational Data Edit Statistics for Current Submission

Edit #	Relational Data Edits	Number Tested	Number Passed	Number Failed	Error Ratio	Error Occurred with Client ID (**)
	over 22, and cannot be code 17, 27, or 07 when client's age is under 17; can use any code for clients between the ages of 17 and 22					
BCR7	When Competitive Employment Status Update Flag field is 0, the Competitive Employment Status-At Admission or Start of Reporting Period field and the Competitive Employment Status At Discharge or End of Reporting Period field must have the same value	42	42	0	0.000	
BCR8	When clients age is less than 15, or age is 15 and both employment at start and end are 96, then employment update ag must be 0 (no update)	42	42	0	0.000	
BCR9	When Residential Status Update Flag field is 0, the Residential Status-At Admission or Start of the Reporting Period field and the Residential Status At Discharge or End of Reporting Period field must have the same value	42	42	0	0.000	
BCR10	When Substance Use Diagnosis field has valid code other than 999.9996 or 999.9997 or 999.9998 Substance Use Problem field must be 1	42	42	0	0.000	
BCR11	When Mental Health Diagnosis One is 999.9998, then Mental Health Diagnosis Two must also be 999.9998	42	42	0	0.000	
BCR12	When Mental Health Diagnosis One is 999.9997, then Mental Health Diagnosis Two must be either 999.9996, 999.9997 (or 999.9998 for states that collect only one mental health diagnosis)	42	42	0	0.000	
BCR13	When Mental Health Diagnosis Two is 999.9996, then Mental Health Diagnosis Three must be either 999.9996 (or 999.9998 for states that collect only two mental health diagnosis)	42	42	0	0.000	
BCR14	When Mental Health Diagnosis Two is 999.9997, then Mental Health Diagnosis Three must be either 999.9996, 999.9997 (or 999.9998 for states that collect only two mental health diagnosis)	42	42	0	0.000	
BCR15	When Mental Health Diagnosis Two is 999.9998, then Mental Health Diagnosis Three must also be 999.9998	42	42	0	0.000	
BCR16a	When age is < 10, Number of Arrests In Prior 30 Days at Admission/Start of the Reporting Period must be 00	42	42	0	0.000	
BCR16b	When age is < 10, Number of Arrests In Prior 30 Days at Admission/End of Reporting Period must be 00	42	42	0	0.000	
BCR17	When age is < 3 or age is > 22, School Attendance must be 6 (not applicable); when age is between 3 and 17, School Attendance must be either code 1, 2, 7, or 8	42	42	0	0.000	
BCR18	When School Attendance Status field is 1 (Yes) then School Grade Level field must not be 0.	42	42	0	0.000	
BCR19	When age is < 13, codes 16-21 cannot be used to report School Grade Level	42	42	0	0.000	
BCR20	When age < 10, codes 7-12 or 16-21 cannot be used to report School Grade Level	42	42	0	0.000	
BCR21	When client is under the age of 16, Marital Status cannot be reported using any code other than 1 (Never Married) unless the state has opted not to report Marital Status for any clients	42	42	0	0.000	
BCR22	When MHBG Funded Services = 1, SMI/SED Status (C-08) must either = 1 or 2	42	42	0	0.000	
BCR23	When MHBG Funded Services = 1, All Service Settings Throughout the Reporting Period (C-15) cannot be 00001 (State Psychiatric Hospital)	42	42	0	0.000	
BCR24	When Client Treatment Status At the Start of Reporting Period field is 1 (New Client) in the current reporting year, the Client Treatment Status At End of Reporting Period field in the prior reporting year must not be 01 (Continuing Client)	42	42	0	0.000	
BCR25	When Client Treatment Status At Start of Reporting Period field is 2(Continuing Client) in the current reporting year, the Client Treatment Status At End of Reporting Period field in the prior reporting year must be 01(Continuing Client)	42	42	0	0.000	

Relational Data Edit Statistics for Current Submission

Edit #	Relational Data Edits	Number Tested	Number Passed	Number Failed	Error Ratio	Error Occurred with Client ID (**)
BCR26	When a client was not reported in the prior reporting year, the Clients Treatment Status at the Start of the Reporting Period in the current reporting year must be 1 (New Client)	42	42	0	0.000	
BCR29	Race of clients reported in the prior reporting period must be the same in the current reporting period (unless the state used a temporary CLD code in the prior reporting period and the change is from a temporary CLD code to a permanent CLD code)	42	42	0	0.000	
BCR30	Ethnicity of clients reported in the prior reporting period must be the same in the current reporting period (unless the state used CLD code 01 in the prior reporting period and the change is from 01 to any of the optional CLD codes)	42	42	0	0.000	
BCR31	Age of clients reported in the prior reporting period should change only by +1 or remain the same	42	42	0	0.000	
BCR32	Sex of clients reported in the prior reporting period should be the same	42	42	0	0.000	
BCR33	When client is under the age of 16, Veteran Status cannot be reported using CLD code 1 (Veteran)	42	42	0	0.000	
BCR34a	Mental Health Diagnosis – Two cannot be the same as Mental Health Diagnosis - One	42	42	0	0.000	
BCR34b	Mental Health Diagnosis - Three cannot be the same as Mental Health Diagnosis - Two	42	42	0	0.000	
BCR34c	Mental Health Diagnosis - Three cannot be the same as Mental Health Diagnosis - One	42	42	0	0.000	
BHR7	When transaction type is A (add), the record to be added should not already exist in the client-level database for the current reporting period	42	42	0	0.000	
BHR8	When transaction type is C (change) or D (delete), the records to be changed or deleted must already exist in the client-level database for the current reporting period	42	42	0	0.000	
N/A	Client was not reported in the current reporting period but he/she was reported in the prior reporting period as Continuing client at the end of the reporting period	42	42	0	0.000	

**: This field only holds up to 1500 characters.

Summary Report
State Hospital Readmission Data Set Data Edit Report

State: XX

Report Timestamp: 10/25/2018 11:19:55 AM

Data File Name:	-- SHRIXX_18_10252018.txt
Data File Processed Date:	-- 02/07/2012 11:19:05 AM
Data File Type:	-- Production
For Report Period:	-- 7/1/2010 to 6/30/2011
Data File Acceptance Status:	-- Did not pass; corrections needed

Data Processing Results Summary				
	Processed	Accepted	Rejected	Percent Rejected
Adds	318	0	318	100.00%
Changes	0	0	0	N/A
Deletes	0	0	0	N/A
Total	318	0	318	100.00%

Field Data Edit Statistics for Current Submission

Edit #	Data Element Name	Number Tested	Number Passed	Number Failed	Error Ratio	Error Occurred with Client ID (**)
SHF1	Reporting State Code	318	318	0	0.000	
SHF2	File Type	318	318	0	0.000	
SHF3	Beginning Report Period	318	318	0	0.000	
SHF4	Ending Report Period	318	318	0	0.000	
SCF6	Transaction Type	318	318	0	0.000	
SCF7	Client Identifier	318	318	0	0.000	
SCF8	Discharge Sequence Number	318	318	0	0.000	
SCF9	Discharge Reason	318	318	0	0.000	
SCF10	Number of Days Before Being Readmitted to State Hospital	318	318	0	0.000	
SCF11	Readmission Legal Status	318	318	0	0.000	

Relational Data Edit Statistics for Current Submission

Edit #	Relational Data Edits	Number Tested	Number Passed	Number Failed	Error Ratio	Error Occurred with Client ID (**)
SHR9	The start of reporting period must be exactly one year after the previous start reporting period (same month)	318	318	0	0.000	
SHR10	The end of reporting period must be exactly one year after the previous end reporting period (same month)	318	318	0	0.000	
SCR2	Client in SHR data set must be in BCI data set.	318	0	318	1.000	A1 A2 A3 A4 A5 A6 A7 A8 A9 A10 A11 A23 A3 A14 A15 A16…
SCR3	When discharge reason is 06 (death), the number of days elapsed before readmission to state hospital field must be 998.	318	318	0	0.000	
SCR4	One of the service settings status throughout the reporting period in the BCI must be state hospital for every client in the SHR dataset	318	0	318	1.000	A1 A2 A3 A4 A5 A6 A7 A8 A9 A10 A11 A23 A3 A14 A15 A16…
SCR5	Only one Client record per unique pair of Client Identifier and Discharge Sequence Number can be submitted per state data file	318	318	0	0.000	
SHR4	End of Reporting Period must be greater than start of reporting period	318	318	0	0.000	
SHR7	When transaction type is A (add), the record to be added should not already exist in the client-level database for the current reporting period	318	318	0	0.000	
SHR8	When transaction type is C (change) or D (delete), the records to be changed or deleted must already exist in the client-level database for the current reporting period	318	318	0	0.000	
SCR6	Must start with 01 for each client and be in chronological order. Note: Sequence numbers for clients already in the client-level database for the current reporting year will be counted. If a client record in the file has a fatal error, it will not be counted	318	318	0	0.000	

APPENDIX E

Data Acceptance Summary Report Template

Basic Client Information Data Acceptance Report Template

State: XX   Report Timestamp:
===
Data File Name: -- BCIXX_XX_XXXXXXXX.TXT
Data File Processed Data: -- x/x/xxxx
Data File Type: -- Production
For Report Period: -- xx/xx/xxxx to xx/xx/xxxx
Data File Acceptance Status: -- Accepted with no errors

Overall State Client Profiles

	Current Reporting Period		Previous Reporting Period	
	Count	% of total	Count	% of total
Total Served by Age				
Adults (18 and older)				
Children (under 18)				
Unknown				
Total Served by Sex				
Male				
Female				
Unknown				
Total Served by Setting				
State Psychiatric Hospital				
Community-Based Program				
Residential Treatment Center				
Other Psychiatric Inpatient				
Client Treatment Status at the Start of the Reporting Period				
New Client				
Continuing Client				
Client Treatment Status at the End of the Reporting Period				
Continuing Client				
Discharge with Treatment Completed				
Discharge due to Lost Contact/Administrative Discharge				
Discharged to Corrections, Jail				
Discharged Due to Death of Client				
Aged Out				
Discharged Due to Other Specified Reasons				
Discharged, Reason Unknown				
Discharged, Reason not Collected				
SMI/SED Status				
SMI				
SED				
At-Risk For SED (Optional)				
Unknown				
Not Collected				
Employment Status at the Start of the Reporting Period				
Full-Time				
Part-Time				
Unemployed				
Employed—full-time/part-time not differentiated (temporary code)				
Homemaker				
Student				
Retired				
Disabled				
Other Reported Classification				
Sheltered/Non-Competitive Employment				
Not in Labor Force, Classification not Specified (temporary code)				
Not Applicable				
Unknown				
Not Collected				
Employment Status at the End of the Reporting Period				
Full-Time				
Part-Time				
Unemployed				
Employed—full-time/part-time not differentiated (temporary code)				

	Current Reporting Period		Previous Reporting Period	
	Count	% of total	Count	% of total
Homemaker				
Student				
Retired				
Disabled				
Other Reported Classification				
Sheltered/Non-Competitive Employment				
Not in Labor Force, Classification not Specified (temporary code)				
Not Applicable				
Unknown				
Not Collected				
Residential Status at the Start of the Reporting Period				
Homeless				
Foster Home/Foster Care				
Residential Care				
Crisis Residence				
Institutional Setting				
Jail/Correctional Facility				
Private Residence, Living Arrangement Not Available (adults only)				
Private Residence, Independent Living (adults only)				
Private Residence, Dependent Living (adults only)				
Private Residence (children only)				
Other Residential Status				
Unknown				
Not Collected				
Residential Status at the End of the Reporting Period				
Homeless				
Foster Home/Foster Care				
Residential Care				
Crisis Residence				
Institutional Setting				
Jail/Correctional Facility				
Private Residence, Living Arrangement Not Available (adults only)				
Private Residence, Independent Living (adults only)				
Private Residence, Dependent Living (adults only)				
Private Residence (children only)				
Other Residential Status				
Unknown				
Not Collected				
Clients with Recent Update on Employment				
Client with Recent Update on Residential Status				
Clients with One Service Date Only				
Optional Data Elements				
Marital Status				
With Valid Known Status				
Unknown				
Not Collected				
GAF/CGAS				
With Valid Known Status				
Unknown				
Not Collected				
Type of Funding Support				
With Valid Known Status				
Unknown				
Not Collected				
MHBG Funded Services				
With Valid Known Status				
Unknown				
Not Collected				
Veteran Status				
With Valid Known Status				
Unknown				
Not Collected				

State Hospital Readmission Data Acceptance Report Template

State: XX   Report Timestamp:

===

Data File Name: -- SHRXX_XX_XXXXXXXX.TXT
Data File Processed Data: -- x/x/xxxx
Data File Type: -- Production
For Report Period: -- xx/xx/xxxx to xx/xx/xxxx
Data File Acceptance Status: -- Accepted with no errors

	Current Reporting Period		Previous Reporting Period	
Total Discharges (number of Episodes)				
	Count	**% of unique clients**	**Count**	**% of unique clients**
Number of Unique Clients				
Clients with No Readmission				
Clients with Same Day Readmission				
Clients with One-Day Readmission				
	Count	**% of total discharges**	**Count**	**% of total discharges**
Discharge Reasons				
Completed State Hospital Inpatient Treatment				
Released by or to Courts				
Left Against Medical Advise/Eloped or Failed to Return from Leave/Non-Compliance with Treatment and/or Policy				
Client Choice				
Extended Placement				
Death				
Discharged to Other Inpatient Provider				
Discharged to an Acute Medical Facility for Medical Services				
Unknown				
Not Collected				
	Count	**% of readmissions**	**Count**	**% of readmissions**
Total Number of Readmission Episodes				
Readmissions with Forensic Status				
Readmissions with Non-Forensic Status				
Readmissions with Legal Status				

APPENDIX F

Sample State Data Crosswalk

Sample State Crosswalk – Part 1

Client Level Data Project Data			State Data		State Comment
CLD #	Code	Data Item Description	State Code	Data Item Description	
C-02		Client Treatment Status At the Start of the Reporting Period	Translated Field		The state is using two disparate data system – community and state hospital
	1	New Client	-	No service event within 90 days of the start of the reporting period	Community data system (refer to part 2)
	1	New Client	-	Admission date > start of reporting period (7/1)	SH data system
	2	Continuing Client	-	Service event within 90 days of the start of the reporting period	Community data system (refer to part 2)
	2	Continuing Client	-	Admission date < start of reporting period and no discharge record prior to start of reporting period	SH data system
C-03		Client Treatment Status At the End of the Reporting Period	Translated Field		
	01	Continuing Client	-	Service event within 90 days of the end of the reporting period	Community data system (refer to part 2)
	01	Continuing Client	-	Discharge date > the end of the reporting period (6/30)	SH data system
	12	Discharged with Treatment Completed	1	Evaluation Completed	Community & SH data systems (refer to part 2)
	12	Discharged with Treatment Completed	2	Treatment Completed (planned discharge by mutual agreement)	Community & SH data systems
	22	Discharged due to lost contact/ administrative discharge	4	Treatment Not Completed, Client decision (AMA, No Show), Unable to locate client	Community & SH data systems (refer to part 2)
	32	Discharged to corrections, jail	8	Client discharged by/to Court or Jail	Community & SH data systems
	42	Discharged due to death of client	7	Death - Natural Causes	Community & SH data systems
	42	Discharged due to death of client	9	Death - Accident	Community & SH data systems
	42	Discharged due to death of client	10	Death - Suicide	Community & SH data systems
	42	Discharged due to death of client	11	Death - Murder	Community & SH data systems
	42	Discharged due to death of client	12	Death - Terminal Illness	Community & SH data systems
	42	Discharged due to death of client	13	Death – Other causes	Community & SH data systems
	42	Discharged due to death of client	14	Death – Unknown cause	Community data systems
	52	Aged out	-	Not used	Community & SH data systems
	62	Discharged Due To Other Specified Reasons	3	Treatment not completed, agency decision	Community & SH data systems
	62	Discharged Due To Other Specified Reasons	5	Transfer to alternative program	Community & SH data systems
	62	Discharged Due To Other Specified Reasons	6	Client Moved	Community & SH data systems
	72	Discharged, Reason Unknown	97	Unknown	Community data system
	72	Discharged, Reason Unknown	-	Not used	SH data system (this is required field in the SH data system—no blanks/null fields allowed)
	82	Discharged, Reason Not Collected	-	Not used	Discharge reason is collected for all clients in both data systems
C-04		Sex	Sex		
	1	Male	01	Male	Community & SH data systems
	1	Male	04	Transgender Male to Female	Community data system
	2	Female	02	Female	Community & SH data systems
	2	Female	03	Transgender Female to Male	Community data system

Client Level Data Project Data			State Data		State Comment
CLD #	Code	Data Item Description	State Code	Data Item Description	
	7	Unknown	97	Unknown	Community data system
	7	Unknown	-	Not used	SH data system (this is required field in the SH data system—no blanks/null fields allowed)
	8	Not Collected	-	Not used	Sex is collected for all clients in both data systems
C-05	**Age**		**Date of Birth**		
	<=85	Any Number up to 85	-	Determined by Date of Birth (calculated at midpoint of reporting period)	Community & SH data systems
	97	Unknown	-		When the DOB field is blank – Community data system
	97	Unknown	-	Not used	SH data system (this is a required field in the SH data system—no blanks/null fields allowed)
	98	Not Collected	-	Not used	Age is collected for all clients in both data systems
C-06	**Race**		**Race**		Community data system: Self-report; client is allowed to check all applicable boxes. SH data system: self-report; client is allowed to select only one applicable race
	02	American Indian and Alaska Native	1=yes	Race Indian	(check box) – Community data system
	02	American Indian and Alaska Native	IND	American Indian or Alaska Native	SH data system
	13	Asian	1=yes	Race Asian	(check box) – Community data system
	13	Asian	-	Not used	SH data system
	23	Native Hawaiian or Other Pacific Islander	1=yes	Hawaiian/Pacific Islander	(check box) – Community data system
	23	Native Hawaiian or Other Pacific Islander	-	Not used	SH data system
	03	Asian or Pacific Islander	-	Not used	Community data system
	03	Asian or Pacific Islander	ASN	Asian or Other Pacific Islander	SH data system
	04	Black or African American	1=yes	Race Black	(check box) – Community data system
	04	Black or African American	BLK	Black/African American	SH data system
	05	White	1=yes	Race White	(check box) – Community data system
	05	White	WHT	White	SH data system
	20	Some Other Race Alone	1=yes	Race Other: Describe: Arab	(check box) – Community data system
	20	Some Other Race Alone	-	Not used	SH data system
	21	Two or More Races	-		When multiple race fields are checked – Community data system
	21	Two or More Races	MUL	Multiracial	SH data system
	22	Hispanic	-	Not used	Community data system
	22	Hispanic	HIS	Hispanic	SH data system
	97	Unknown	-		When none of the race fields is checked – community data system
	97	Unknown	-		When field is blank/null – SH data system
	98	Not Collected	-	Not used	Race is collected for all clients in both data systems

Client Level Data Project Data			State Data		State Comment
CLD #	Code	Data Item Description	State Code	Data Item Description	
C-07		Ethnicity		Ethnicity	Ethnicity is not collected in the SH data system; collected for all clients in the community system
	01	Hispanic Origin	1=Yes	Hispanic/Latino	
	11	Puerto Rican	-	Not used	
	12	Mexican	-	Not used	
	13	Cuban	-	Not used	
	14	Other Specific Hispanic	-	Not used	
	02	Not of Hispanic Origin	2=No	Hispanic/Latino	
	97	Unknown	-		When none of the fields is checked
	98	Not Collected	-		This will be used for all clients that were served in SH only
C-08		SMI/SED Status		SMI/SED	Community data system: information derived from two separate tables; not collected in SH
	1	SMI	1=Yes	SMI	adult MH table has SMI flag checked 'yes'
	2	SED	1=Yes	SED	children MH table has SED flag checked 'yes'
	3	At risk for SED	-	Not used	
	4	Not SMI or SED	2=No	SMI/SED	Adult or children MH table have SMI or SED flag checked 'no'
	7	Unknown			Blank field in adult or children MH tables
	8	Not Collected			This code will be used for all clients served in SH data system only
C-09		Competitive Employment Status (Aged 16+) — At Admission or Start of the Reporting Period		Employment Status	Collected only for adult (18 yrs and older) priority clients (i.e., SMI)
	01	Full time	01	Employed Full Time	See part 2 for definition
	01	Full time	14	Supported employment	
	01	Full time	15	Armed Forces	
	02	Part time	02	Employed Part Time	See part 2 for definition
	03	Unemployed	03	Unemployed: Consumer is unemployed at the time of admission, but seeking employment	See part 2 for definition
	14	Homemaker	06	Not in Labor Force: Homemaker	See part 2 for definition
	24	Student	07	Not in Labor Force: Student/Job Training Program	
	34	Retired	08	Not in Labor Force: Retired	
	44	Disabled	09	Not in Labor Force: Disabled	
	64	Other Reported Classification	11	Not in Labor Force-Other: Unemployed and not seeking employment	
	74	Sheltered/Non-Competitive employment	12	Employment Program: Include persons in transitional & supported employment settings	
	74	Sheltered/Non-Competitive employment	13	Not in Labor Force: Sheltered employment settings	
	84	Not in labor force, classification not specified	-	Not used	
	05	Employed	-	Not used	
	96	Not Applicable	-		All children < age 16 and clients served in institutional settings only (i.e. SH, jail/prison)

Client Level Data Project Data			State Data		State Comment
CLD #	Code	Data Item Description	State Code	Data Item Description	
	97	Unknown	97	Unknown	If blank field for adult (18 yrs and older) priority clients (i.e., SMI)
	98	Not Collected	98	Not Collected	For non-priority clients and all 16-17 years old
C-10		Competitive Employment Status (Aged 16+) — At Discharge or End of the Reporting Period		Employment Status	Collected only for adult (18 yrs and older) priority clients (i.e., SMI)
	01	Full time	01	Employed Full Time	See part 2 for definition
	01	Full time	14	Supported employment	
	01	Full time	15	Armed Forces	
	02	Part time	02	Employed Part Time	See part 2 for definition
	03	Unemployed	03	Unemployed: Consumer is unemployed at the time of admission, but seeking employment	See part 2 for definition
	14	Homemaker	06	Not in Labor Force: Homemaker	
	24	Student	07	Not in Labor Force: Student/Job Training Program	Will only include clients age=>16
	34	Retired	08	Not in Labor Force: Retired	
	44	Disabled	09	Not in Labor Force: Disabled	
	64	Other Reported Classification	11	Not in Labor Force-Other: Unemployed and not seeking employment	
	74	Sheltered/Non-Competitive employment	12	Employment Program: Include persons in transitional & supported employment settings	
	74	Sheltered/Non-Competitive employment	13	Not in Labor Force: Sheltered employment settings	
	84	Not in labor force, classification not specified	-	Not used	
	05	Employed	-	Not used	
	96	Not Applicable	-		All children < age 16 and clients served in institutional settings only (i.e. SH, jail/prison)
	97	Unknown	97	Unknown	If blank field for adult (18 yrs and older) priority clients (i.e., SMI)
	98	Not Collected	98	Not Collected	For non-priority clients and all 16-17 years old
C-11		Competitive Employment Status Update Flag		Translated Field	
	0	No Data Update	-	if data submission date of C-10 status = data submission date of C-9	
	1	Updated Data	-	if data submission date of C-10 status > data submission date of C-9	
	8	Update status unknown	-	Not used	Community & SH data systems
C-12		Residential Status - At Admission or Start of the Reporting Period		Living Situation (Community) /Living Arrangement (SH)	
	01	Homeless	02	Shelter	Community data system
	01	Homeless	13	Homeless	Community data system
	01	Homeless	12	Homeless or homeless shelter	SH data system
	02	Foster Home/Foster Care	04	Foster Home or Family Sponsor Home	Community data system
	02	Foster Home/Foster Care	2	Foster Home	SH data system
	03	Residential Care	03	Boarding Home	Community data system
	03	Residential Care	05	Licensed Home for Adults	Community data system
	03	Residential Care	06	Community Residential	Community data system
	03	Residential Care	07	Residential Treatment/Alcohol and Drug Rehabilitation	Community data system
	03	Residential Care	3	Supervised Residential	SH data system
	04	Residential Care	4	Supported Residential	SH data system
	04	Residential Care	5	Special Home Placement	SH data system
	04	Crisis Residence	-	Not used	Community data system
	04	Crisis Residence	6	Crisis Care	SH data system

CLD #	Code	Data Item Description	State Code	Data Item Description	State Comment
		Client Level Data Project Data		**State Data**	
	05	Institutional Setting	08	Nursing Home/Physical Rehabilitation	Community data system
	05	Institutional Setting	09	Inpatient Care	Community data system
	05	Institutional Setting	12	Other Institutional Setting	Community data system
	05	Institutional Setting	8	Skilled Nursing Care	SH data system
	05	Institutional Setting	9	Intermediate Care Facility	SH data system
	05	Institutional Setting	10	Hospital	SH data system
	06	Jail/Correctional Facility	10	Local Jail or Correctional Facility	Community data system
	06	Jail/Correctional Facility	11	State Correctional Facility	Community data system
	06	Jail/Correctional Facility	14	Juvenile Detention Center	Community data system
	06	Jail/Correctional Facility	7	Correctional Facility	SH data system
	07	Private Residence	15	Private Residence	Community data system – will be used for adults age 18 & older
	07	Private Residence	1	Private Residence	SH data system – will be used for adults age 18 & older
	17	Private Residence — Independent Living	-	Not used	Community & SH data systems
	27	Private Residence — Dependent Living	-	Not used	Community & SH data systems
	37	Private Residence, Living Independently, with Family/Extended Family or Non-Relative (for children use only)	15	Private Residence	Community data system – will be used for children under age 18
	37	Private Residence, Living Independently, with Family/Extended Family or Non-Relative (for children use only)	1	Private Residence	SH data system – will be used for children under age 18
	08	Other Residential Status	-	Not used	Community data system
	08	Other Residential Status	11	Other	SH data system
	97	Unknown	97	Unknown	Community data system
	97	Unknown	-		When field is null/blank – SH data system
	98	Not Collected	-	Not used	Community & SH data systems – residential status is collected for all clients
C-13		**Residential Status - At Discharge or End of the Reporting Period**		**Living Situation (Community) /Living Arrangement (SH)**	
	01	Homeless	02	Shelter	Community data system
	01	Homeless	13	Homeless	Community data system
	01	Homeless	12	Homeless or homeless shelter	SH data system
	02	Foster Home/Foster Care	04	Foster Home or Family Sponsor Home	Community data system
	02	Foster Home/Foster Care	2	Foster Home	SH data system
	03	Residential Care	03	Boarding Home	Community data system
	03	Residential Care	05	Licensed Home for Adults	Community data system
	03	Residential Care	06	Community Residential	Community data system
	03	Residential Care	07	Residential Treatment/Alcohol and Drug Rehabilitation	Community data system
	03	Residential Care	3	Supervised Residential	SH data system
	04	Residential Care	4	Supported Residential	SH data system
	04	Residential Care	5	Special Home Placement	SH data system
	04	Crisis Residence	-	Not used	Community data system
	04	Crisis Residence	6	Crisis Care	SH data system
	05	Institutional Setting	08	Nursing Home/Physical Rehabilitation	Community data system
	05	Institutional Setting	09	Inpatient Care	Community data system
	05	Institutional Setting	12	Other Institutional Setting	Community data system
	05	Institutional Setting	8	Skilled Nursing Care	SH data system
	05	Institutional Setting	9	Intermediate Care Facility	SH data system
	05	Institutional Setting	10	Hospital	SH data system
	06	Jail/Correctional Facility	10	Local Jail or Correctional Facility	Community data system
	06	Jail/Correctional Facility	11	State Correctional Facility	Community data system
	06	Jail/Correctional Facility	14	Juvenile Detention Center	Community data system
	06	Jail/Correctional Facility	7	Correctional Facility	SH data system
	07	Private Residence	15	Private Residence	Community data system – will be used for adults age 18 & older

Client Level Data Project Data			State Data		State Comment
CLD #	Code	Data Item Description	State Code	Data Item Description	
	07	Private Residence	1	Private Residence	SH data system – will be used for adults age 18 & older
	17	Private Residence — Independent Living	-	Not used	Community & SH data systems
	27	Private Residence — Dependent Living	-	Not used	Community & SH data systems
	37	Private Residence, Living Independently, with Family/Extended Family or Non-Relative (for children use only)	15	Private Residence	Community data system – will be used for children under age 18
	37	Private Residence, Living Independently, with Family/Extended Family or Non-Relative (for children use only)	1	Private Residence	SH data system – will be used for children under age 18
	08	Other Residential Status	-	Not used	Community data system
	08	Other Residential Status	11	Other	SH data system
	97	Unknown	97	Unknown	Community data system
	97	Unknown	-		When field is null/blank – SH data system
	98	Not Collected	-	Not used	Community & SH data systems – residential status is collected for all clients
C-14	Residential Status Update Flag		Translated Field		
	0	No Data Update	-	if data submission date of C-13 status = data submission date of C-12	
	1	Updated Data	-	if data submission date of C-13 status > data submission date of C-12	
	8	Update Status Unknown	-	Not used	Community & SH data systems
C-15	Service Setting Status Throughout the Reporting Period		Agency Code		
	1	State Psychiatric Hospital	100	State Hospital	
	1	State Psychiatric Hospital	200	State Hospital	
	2	SMHA-Funded/Operated Community-Based Program	300	All other Agencies i.e. PACT, CMHC, Outpatient Clinics	
	3	Residential Treatment Center	110	Residential Treatment Center for Children	
	4	Other Psychiatric Inpatient	120	Inpatient (Level of Care)	
	5	Institutions under the Justice System	130	Jail/Correctional Facility	
C-16	One Service Date Flag		Translated Field		
	1	One Service Date	-	Derived from claims: only 1 claim or several claims with same service date throughout the reporting period	Community data system
	1	One Service Date	-	Clients admitted & discharge from SH on the same day with no subsequent readmission within the reporting period	SH data system
	2	Multiple Service Dates	-	Derived from claims: 2 or more claims with different service dates throughout the reporting period	Community data system
	2	Multiple Service Dates	-	Clients that are continuously served (i.e., admitted & never discharged; admitted & then discharged after several days; or admitted & discharged & then readmitted; etc.)	SH data system
C-17	Mental Health Diagnosis—One		Both the community & SH data systems collect up to 6 Axis I & up to 4 Axis II diagnoses. A search of the three most recent MH diagnoses under Axis I will be reported in sequential order (C-17, C-18, & C-19 fields). If Axis I is blank or has <3 diagnoses, the search will continue to Axis II until the 3 most recent diagnoses are obtained. Deferred, no diagnosis, and other V-codes will be reported only after all other diagnostic codes have been reported		
	XXX.XXXX	DSM-IV, ICD-p or ICD-10 Mental Health Diagnosis Code	-	DSM IV code	
	999.9997	Unknown	-		If all Axis I & Axis II fields are blank

CLD #	Code	Data Item Description	State Code	Data Item Description	State Comment
		Client Level Data Project Data		**State Data**	**State Comment**
	999.9998	Not Collected	-	Not used	Diagnosis is collected for all clients in both community & SH data systems
C-18		**Mental Health Diagnosis—Two**	**See description above (C-17)**		
	XXX.XXXX	DSM-IV, ICD-p or ICD-10 Mental Health Diagnosis Code	-	DSM IV code	
	999.9996	No Second Diagnosis	-		If the search of Axis I & Axis II fields returns only one diagnostic code
	999.9997	Unknown	-		If all Axis I & Axis II fields are blank
	999.9998	Not Collected	-	Not used	Diagnosis is collected for all clients in both community & SH data systems
C-19		**Mental Health Diagnosis—Three**	**See description above (C-17)**		
	XXX.XXXX	DSM-IV, ICD-p or ICD-10 Mental Health Diagnosis Code	-	DSM IV code	
	999.9996	No Third Diagnosis	-		If the search of Axis I & Axis II fields returns only two diagnostic codes
	999.9997	Unknown	-		If all Axis I & Axis II fields are blank
	999.9998	Not Collected	-	Not used	Diagnosis is collected for all clients in both community & SH data systems
C-20		**Substance Use Diagnosis**	**Both the community & SH data systems collect up to 6 Axis I & up to 4 Axis II diagnoses, including substance use diagnosis.**		
	XXX.XXXX	DSM-IV, ICD-p or ICD-10 Substance Use Diagnosis Code	-	DSM IV code	
	999.9996	No Substance Use Diagnosis	-		If all reported diagnostic codes are MH
	999.9997	Unknown	-		If all diagnoses fields are blank
	999.9998	Not Collected	-	Not used	Diagnosis is collected for all clients in both community & SH data systems
C-21		**Substance Use Problem**			Based on substance use diagnosis only
	1	Yes	-		If C-20= valid substance use diagnostic code
	2	No	-		If C-20=999.9996
	7	Unknown	-		If C-20=999.9997
	8	Not Collected	-	Not used	
C-22		**Number of Arrests in Prior 30 Days – At Admission or Start of the Reporting Period**	**Criminal Justice Involvement** (refer to part 2)		SH data system – Not collected
	<=96	Any Number up to 96		Any number up to 96	Total count of client's reported arrest in 30 days prior 7/1 from police arrest data
	97	Unknown	-		If field is blank
	98	Not Collected	-		All clients served in SH only (age =>10)
C-23		**Number of Arrests in Prior 30 Days – At Discharge or End of the Reporting Period**	**Criminal Justice Involvement** (refer to part 2)		SH data system – Not collected
	<=96	Any Number up to 96	-	Any number up to 96	Total count of client's reported arrest in 30 days prior 6/30 from police arrest data

Client Level Data Project Data			State Data		State Comment
CLD #	Code	Data Item Description	State Code	Data Item Description	
	97	Unknown	-		When field is blank (age =>10)
	98	Not Collected	-		All clients served in SH only (age =>10)
C-24	**School Attendance**		**School Attendance** (refer to part 2)		SH data system – Not collected
	1	Yes, attended school at any time in the past three months	01	Attending School	Client age =>3 and =<17
	2	No, did not attend school at any time in the past three months	02	Not in school	Client age =>3 and =<17
	6	Not Applicable	-		Client age <3 and client age >17
	7	Unknown	-		When field is blank (age =>3 & =<17)
	8	Not Collected	-		All clients served in SH only (age =>3 & =<17)
O-01	Marital Status				Marital Status is not collected in both the community & SH data systems
	01	Never Married			
	02	Married/Living as couple			
	02	Married/Living as couple			
	03	Separated			
	04	Divorced			
	05	Widowed			
	97	Unknown			
	98	Not Collected			This code will be used for all clients
O-02	**Global Assessment of Functioning (adults)/Children's Global Assessment Scale**		**GAF (adult)/CGAS (child)**		
	0-100	Specify the level of GAF/CGAS	0-100	GAF/CGAS	Community & SH data systems
	997	Unknown	-		Blank/null field – Community & SH data systems
	998	Not Collected	-	Not used	GAF/CGAS collected for all clients in both community & SH data systems
O-03	**Type of Funding Support**		**Sources of Payment**		Collected in both Community & SH data systems
	01	Medicaid Only	-	If only 'Medicaid' is checked under Sources of Payment	
	02	Medicaid and Non-Medicaid Sources	-	If 'Medicaid' and any other sources are checked under Sources of Payment	
	03	Non-Medicaid Only	-	If 'Medicaid' is not checked under Sources of Payment and other sources of payment are checked	
	97	Unknown	-	If Sources of Payment field is blank (no payment sources checked)	
	98	Not Collected	-	Not used	Sources of payment are collected for all clients
O-04	**Mental Health Block Grant Funded Services**		**MHBG For Direct Services**		Collected in Community data system only
	01	Yes, MHBG Used to Pay for Services	Y	MHBG funds paid for service(s)	
	02	No, MHBG Funds Were not Used	N	MHBG funds not used to pay for service(s)	
	97	Unknown	U	Unknown	
	98	Not Collected	-		This code will be used for clients that received services in state hospital only throughout the reporting period

Client Level Data Project Data		
CLD #	Code	Data Item Description
O-05	**Veteran Status**	
	1	Veteran
	2	Not a Veteran
	7	Unknown
	8	Not Collected
R-03	**Discharge Reason**	
	01	Completed State Hospital Inpatient Treatment
	02	Released by or to Courts
	03	Left Against Medical Advise/Eloped or Failed to Return from Leave/Non Compliance with Treatment and/or Policy
	03	Left Against Medical Advise/Eloped or Failed to Return from Leave/Non Compliance with Treatment and/or Policy
	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 Inpatient Provider
	07	Discharged to Other Inpatient Provider
	07	Discharged to Other Inpatient Provider
	07	Discharged to Other Inpatient Provider
	07	Discharged to Other Inpatient Provider

State Data		State Comment
State Code	Data Item Description	
Veteran Status		This is collected in SH data system only
01	Veteran	
02	Not a Veteran	
-	If field is null/blank or an acceptable value is found	
		This code will be used for all clients that are not in the SH data system
Discharge Clinical Status and Primary Referral at Discharge		Crosswalks with the BHPMS data elements
01	BHPMS Discharge Clinical Status data field – completed inpatient MH and substance use treatment episode	
03	BHPMS Discharge Clinical Status data field – Released by or to courts	
04	BHPMS Discharge Clinical Status data field – Left against medical advice (AMA)	
05	BHPMS Discharge Clinical Status data field – Eloped or failed to return from leave	
07	BHPMS Discharge Clinical Status data field- Noncompliance with treatment and/or policies	
12	BHPMS Discharge Clinical Status data field– Client Choice	
11	BHPMS Discharge Clinical Status data field – Extended Placement	
06	BHPMS Discharge Clinical Status data field- Death	
13, 21	BHPMS Discharge Clinical Status data field – Discharge/Transfer to any inpatient provider (code 13) - and Primary Referral at Discharge data field – Psychiatric Hospital, not accredited as LTC or psychiatric distinct part of hospital (code 21)	Will use two BHPMS data fields to code
13, 28	BHPMS Discharge Clinical Status data field – Discharge/Transfer to any inpatient provider (code 13) - and Primary Referral at Discharge data field – Hospital or facility based hospice care (code 28)	Will use two BHPMS data fields to code
13, 29	BHPMS Discharge Clinical Status data field – Discharge/Transfer to any inpatient provider (code 13) – and Primary Referral at Discharge data field – Skilled Nursing Facility (code 29)	Will use two BHPMS data fields to code
13, 30	BHPMS Discharge Clinical Status data field – Discharge/Transfer to any inpatient provider (code 13) – and Primary Referral at Discharge data field – Facility that provides custodial or supportive care (code 30)	Will use two BHPMS data fields to code
13, 31	BHPMS Discharge Clinical Status data field – Discharge/Transfer to any inpatient provider (code 13) – and Primary Referral at Discharge data field - Cancer Center or Children's Hospital (code 31)	Will use two BHPMS data fields to code

Client Level Data Project Data			State Data		State Comment
CLD #	Code	Data Item Description	State Code	Data Item Description	
	07	Discharged to Other Inpatient Provider	13, 32	BHPMS Discharge Clinical Status data field – Discharge/Transfer to any inpatient provider (code 13) – and Primary Referral at Discharge data field – within hospital Medicare swing bed/critical access hospital Medicare swing bed (code 32)	Will use two BHPMS data fields to code
	07	Discharged to Other Inpatient Provider	13, 33	BHPMS Discharge Clinical Status data field – Discharge/Transfer to any inpatient provider (code 13) – and Primary Referral at Discharge data field – Home under care or organized home health service organization (code 33)	Will use two BHPMS data fields to code
	07	Discharged to Other Inpatient Provider	13, 34	BHPMS Discharge Clinical Status data field – Discharge/Transfer to any inpatient provider (code 13) – and Primary Referral at Discharge data field – Inpatient rehabilitation facility or distinct part unity facility -Medical (code 34)	Will use two BHPMS data fields to code
	07	Discharged to Other Inpatient Provider	13, 35	BHPMS Discharge Clinical Status data field – Discharge/Transfer to any inpatient provider (code 13) – and Primary Referral at Discharge data field – Long term care hospital (code 35)	Will use two BHPMS data fields to code
	07	Discharged to Other Inpatient Provider	13, 36	BHPMS Discharge Clinical Status data field – Discharge/Transfer to any inpatient provider (code 13) – and Primary Referral at Discharge data field – nursing facility (code 36)	Will use two BHPMS data fields to code
	07	Discharged to Other Inpatient Provider	13, 37	BHPMS Discharge Clinical Status data field – Discharge/Transfer to any inpatient provider (code 13) – Critical access hospital (code 37)	Will use two BHPMS data fields to code
	07	Discharged to Other Inpatient Provider	13, 38	BHPMS Discharge Clinical Status data field – Discharge/Transfer to any inpatient provider (code 13) – and Primary Referral at Discharge data field – Federal health care facility (code 38)	Will use two BHPMS data fields to code
	07	Discharged to Other Inpatient Provider	13, 39	BHPMS Discharge Clinical Status data field – Discharge/Transfer to any inpatient provider (code 13) – and Primary Referral at Discharge data field – Other health care facility not defined elsewhere; includes alcohol drug treatment facility that is not part of a hospital (code 39)	Will use two BHPMS data fields to code
	08	Discharged to an Acute Medical Facility for Medical Services	13, 22	BHPMS Discharge Clinical Status data field– discharged to other inpatient (code 13) and Primary Referral at Discharge data field – Acute care hospital, inpatient (code 22)	Will use two BHPMS data fields to code
	09	Discharged, Reason not Classified	-	Not used	Not used
	97	Unknown	-		Blank field
	98	Not Collected	- - -	Not used	
R-05	**Admission Legal Status**		**Legal Status**		
	01	Voluntary- self	-	Not used	
	02	Voluntary – others (by guardian, parents, etc.)	-	Not used	
	03	Involuntary – Civil	1	Involuntary — Civil	
	04	Involuntary – Criminal	2	Involuntary — Criminal	
	05	Involuntary – Juvenile Justice	-	Not used	
	06	Involuntary – Civil – Sexual	3	Sexual Offender	

Client Level Data Project Data			State Data		State Comment
CLD #	Code	Data Item Description	State Code	Data Item Description	
	97	Unknown	7	Unknown	
	98	Not Collected	-	Not used	

Sample State Crosswalk – Part 2

Reporting Item/Data Element	Requested Information	State Comment
General Reporting		
Client duplication	Please specify areas and magnitude of possible client duplication. If none, please insert 'NA'	There are no duplications in clients reported.
Admission/Discharges	Describe the State definition or concept of admission and discharges	Community system: admission and discharges are not tracked in the community data system. When a person has a registration on file and this person meets the service eligibility criteria, it marks the start of services. This registration may be closed in the community data system amounting to a discharge; however, a very small number of registrations are 'closed.' Therefore the SMHA will calculate a proxy discharge that is equivalent to no service within 90 days of last service date. SH data system – admission and discharge dates are tracked.
Administrative Discharges	Describe the State policy. If none, please describe the operational definition used in this reporting.	There is no state policy for administrative discharge. The SMHA will use 90 days as the marker. If a client has not received a service within 90 days of the end of the reporting period, the client will be considered 'administratively discharged.' The last service date will be used as the discharge date.
Access to State Hospital Data	Describe how the SMHA access state hospital data (e.g., cite if the SMHA has direct access to the state hospital data base, SMHA has to request data, SMHA receives periodic snapshot of state hospital data base, etc.)	The SMHA has direct access to the SH data system
Reporting of children's data	Describe how children's data are integrated in this reporting (e.g., cite if the SMHA has integrated database for adults and children; children system IT actively participates in all SAMHSA trainings for this reporting; etc.)	The SMHA has an integrated database for adults and children
Data collection or data update schedule	Specify the frequency and types of data regularly updated by the State	Community service providers are required to conduct updates every 6 months as part of a client's assessment.
Reporting Limitations	Cite reporting exclusions or under-reporting by the State (e.g. Clients under managed care although under the auspices of the SMHA are not included in this reporting). If none, please insert 'NA'	Employment status is only collected for adults (18 & older) priority clients (SMI)
	Cite other reporting limitations	None
Other general comments not covered elsewhere		None
Data 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 mental health CLD use only or if state is using the existing non-PHI state ID	We created non-PHI client IDs for the purposes of this reporting
	Describe the method used in creating the non-PHI ID	Computer generated random numbers
	Other state footnotes	None

Reporting Item/Data Element	Requested Information	State Comment
Race	If OMB guideline has not been adopted, describe the state data collection protocol for collecting race. Highlight deviation from OMB Guidelines. This includes states not fully implementing the OMB Guideline (e.g. allowing only one racial category to be checked for each person). If the state has adopted OMB guidelines, please insert 'NA'	OMB guidelines have been adopted in the community system. The SH system has not adopted OMB guidelines—clients are only allowed to pick one racial category, include Hispanic as one of the racial categories, also include Multiracial as one of the racial categories
	Describe the state plan towards building capacity to adopt OMB Guidelines	The SMHA is reviewing options to update the SH system to follow the OMB guidelines
	Other state footnotes	None
Ethnicity	If OMB guideline has not been adopted, describe the state data collection protocol for collecting ethnicity. Highlight deviation from OMB Guidelines. If the state has adopted OMB guidelines, please insert 'NA'	OMB guidelines have been adopted in the community system. The SH system includes Hispanic as one of the racial categories under 'race' – ethnicity is not collected.
	Describe the state Plan towards building capacity to adopt OMB Guidelines	The SMHA is reviewing options to update the SH system to follow the OMB guidelines
	Other state footnotes	None
SMI/SED Status	If Code 3 (At Risk for SED) is used, cite the state definition of At Risk	Not applicable
	Cite state definition for SMI and SED.	Same as Federal definition
	Describe all populations served by the SMHA, e.g. SPMI only, SMI and SPMI only, all persons with mental illness, etc.	The SMHA serves clients with any mental illness who meet service eligibility criteria
	Other state footnotes	None
Employment	Cite state's operational definition for employment, unemployment, and Not in the Labor Force	Employed (full-time): Competitive full-time employment – 35 hours/week or more) Employed (part-time): competitive part-time employment – less than 35 hours/week or less) Unemployed: not employed but looking for employment Not-in-labor-force: neither employed nor actively looking for employment
	Specify if the state collects employment status for 16 and 17 year old clients	Employment status for 16-17 year old clients is not collected
	Other state footnotes	Employment status is only collected for adults (18 & older) priority clients (SMI)
Employment/Residential Status Update Flag	If Code 0 (No Data Update) or Code 8 (Update Status Unknown) is used, please explain (e.g. state does not conduct regular update during treatment)	Regular updates are conducted every 6 months as part of a client's assessment process. There will be cases where an update has not occurred yet…for these cases CLD code 0 will be used
	Other state footnotes	None
Mental Health Diagnosis	If not completely explained in Part 1, please use this space to briefly describe how the SMHA collects diagnosis (do you limit it? to how many? do you have it as administrative data? how often is it updated? or do you use the claims data for diagnosis?)	See part 1
	Other state footnotes	None

Reporting Item/Data Element	Requested Information	State Comment
Substance Use Problem	Cite methods used in reporting this data element (e.g., diagnosis and substance use screening questionnaire conducted to all clients at time of admission)	Informed by substance use diagnosis
	Other state footnotes	None
Service Setting	If codes 3, 4, or 5 are not reported, please briefly explain (e.g. these settings are included in code 2, or SMHA does not provide services in jail, or SMHA use only state hospital for institutions, etc.)	All settings will be reported.
	Other state footnotes:	None
Criminal Justice	Briefly describe the source of data or how the data are collected (e.g., based on semi-annual assessment of clients, clients are asked "have you been arrested in the past 30 days?" etc.)	The SMHA gets arrest data for clients from the state corrections system (police arrest records)
	Other state footnotes:	None
School Attendance/School Grade Level	Briefly describe the source of data or how the data are collected (e.g., based on semi-annual assessment of clients, clients are asked "has your child been attending school in the past 3 months?" etc.)	School attendance: Community providers ask clients/families whether the client attended school in the past 3 months semi-annually (during assessment) School grade level: community providers ask clients/families the highest grade level completed semi-annually (during assessment)
	Other state footnotes:	None
Other Data Element (specify)	State footnotes:	None
Marital Status	If state is collecting this information but opted not to report, cite reason.	Marital status is not collected
	Other state footnotes	None
GAF/CGAS Score	If state is collecting this information but opted not to report, cite reason.	Not applicable
	Cite if state is using alternate tool for functioning and specify the instrument used.	Not applicable
	Other state footnotes	None
Type of Funding Support	If state is collecting this information but opted not to report, cite reason.	Not applicable
	Other state footnotes	None
Mental Health Block Grant Funded Services	If state is collecting this information but opted not to report, cite reason.	Not applicable
	Other state footnotes	None
Veteran Status	If state is collecting this information but opted not to report, cite reason.	Not applicable
	Other state footnotes	None