Department of Children & Families
Pamphlet 155-2

Mental Health and Substance Abuse
Measurement and Data
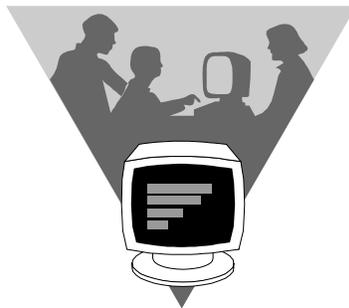
Effective July 1, 2017
Version 12.0

Chapter 1 Introduction

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I. Revision History

Table 1. Document Revision History

Document Revision History				
Version Number	**Effective Date**	**Revision Date**	**Description**	**Author**
12.0	07/01/2017	05/10/2017	♦ Completed Version 12.0	SAMH Data Unit
12.0	07/01/2017	07/05/2017	♦ Added paragraph under section V on page 10 about submission of the Demographic records for clients who have not yet been assigned a unique identifier.	Sherry Catledge

II. Scope

This pamphlet specifies the type of data files and file layout requirements for collecting and reporting data on persons served in state-contracted community substance abuse and mental health provider agencies. Persons receiving state-contracted services include individuals who meet the state target population criteria for mental health or substance abuse.

A copy of all chapters of the Pamphlet 155-2 and appropriate forms can be found on the Department web site at the following URL:
http://www.myflfamilies.com/service-programs/substance-abuse/pamphlet-155-2-v12

III. Required Data Sets

The table below provides a brief description and data collection frequency for each required data set.

Required Data Sets	Brief Descriptions	Data Collection Frequencies at Local Levels
Provider Data	The Provider table includes organization-level data related to contact persons, as well as identification numbers, names, addresses, and sites of the provider agencies that are state-contracted, state-operated, and/or state-licensed **See details in Chapter 3**.	**(1)** Initially, when there is a new provider site that needs to submit the required data, or **(2)** subsequently when data need to be updated.
Demographics Data	This table includes Protected Health Information (PHI) (e.g., names, Social Security Number, date of birth, race, gender, and ethnicity) on each person receiving any client-specific service event from a state-contracted provider agency. **See details in Chapter 4**.	**(1)** Initially, at time of individual's first service in provider agency, or **(2)** subsequently when data need to be updated.
Mental Health Outcome Data	This table includes individual-level data on socio-economic and clinical characteristics of each person who meets criteria for enrollment in any mental health target population group and who is recipient of any client-specific service event in MH program funded by DCF SAMH, TANF, Title 21 or Local Match. **See details in Chapter 5**.	**(1)** At time of new admission or readmission into a provider agency before or when the first reportable client-specific service event is provided to begin an episode of care within a MH provider agency; **(2)** every 3 months thereafter; or **(3)** at time of discharge from provider agency after or when the last reportable client-specific service event is provided to terminat episode of care within provider agency.
Substance Abuse Outcome Data	This table includes individual-level data on socio-economic and clinical characteristics of each person who meets criteria for enrollment in any substance abuse target population group and who is recipient of any client-specific service event in SA program funded by DCF SAMH, TANF, Title 21 or local match. **See details in Chapter 6A for Admission, 6B for Discharge and 6C for Detox.**	**(1)** At time of new admission or readmission into a provider agency before or when the first reportable client-specific service event is provided to begin an episode of care within SA provider agency; and **(2)** at time of discharge from provider agency after or when the last reportable client-specific service event is provided to terminate an episode of care within provider agency.

Required Data Sets	Brief Descriptions	Data Collection Frequencies at Local Levels
Client-Specific-Service Event Data	This table includes individual-level encounter data on types, amounts, locations, and dates of service events provided to each person served in SA or MH programs funded by DCF, local match, or other funding sources. **See details in Chapter 7**.	For each reportable SA or MH service provided.
FARS Data	The Functional Assessment Rating Scales (FARS) table includes individual-level data on levels of functioning for adults served in community mental health programs or in state mental health treatment facilities. This table also includes Modified GAF scores for persons receiving medication-only services in community MH programs. **See details in Chapter 8**.	**(1)** At time of new admission or readmission into a MH provider agency; **(2)** every 6 months thereafter; or **(3)** at time of discharge from MH provider agency.
CFARS Data	The Children Functional Assessment Rating Scales (CFARS) table includes individual-level data on levels of functioning for children served in community mental health programs. **See details in Chapter 9**.	**(1)** At time of new admission or readmission into a MH provider agency; **(2)** every 6 months thereafter; or **(3)** at time of discharge from MH provider agency.
ASAM Data	The American Society of Addiction Medicine (ASAM) table includes assessment information on levels of care and placements for persons served in community substance abuse programs, using the Florida Supplement to the American Society of Addiction Medicine Patient Placement Criteria. **See details in Chapter 10.**	**(1)** At the time of admission into SA provider agency; **(2)** at time of discharge from the agency, or **(3)** during the episode of care when a person changes placement**.**
Non Client-specific Service Event Data	This table includes encounter data on types, amounts, locations, and dates of services provided in cost centers and programs that do not require service recipients to be uniquely identified, e.g., universal prevention, drop-in/self help, information and referral, and outreach. **See details in Chapter 11.**	For each reportable SA or MH service provided
Waiting List Data	This table includes information needed to identify and track individuals placed on various waiting lists for services available in community substance abuse and mental health programs or in state mental health treatment facilities. See details in Chapter 12.	Every time a person is put on waiting list or is removed from the waiting list.

| Required Data Sets	Brief Descriptions	Data Collection Frequencies at Local Levels
CNA Data (Not included in the Pamphlet)	The Community Needs Assessment (CNA) data pertain to persons referred from community public receiving facilities to state mental health treatment facilities (SMHTF) or from SMHTF back to community. CNA data include information on person's basic and special service needs, medication needs, as well as information on significant other persons, insurance, and income source. CNA data are not included in the pamphlet because they are integral part of the SMHTF admission and discharge data.	**(1)** At time of referral to and from SMHTF; and **(2)** updated every 30 days while the person is in the SMHTF.
Consumer Satisfaction Survey Data (Not included in the Pamphlet)	This table includes data elements (survey questions) related to consumer's global satisfaction, access to services, appropriateness of treatment, and outcomes of care. The survey is conducted anonymously (clients are not uniquely identified in the survey) based on a stratified sample of persons served per district, provider and state target population group.	Consumer Satisfaction survey Data
Incident Reporting and Analysis System (IRAS) (Not included in the Pamphlet)	The Incident Reporting and Analysis System (IRAS), is the Department's web-based application for service providers and Department staff to report critical incidents, in a timely manner, to the Department. IRAS is a reporting system that allows the user to input information regarding critical incidents in order to inform identified individuals, report actions taken and provide the capability to track and analyze data related to critical incidents.	Compliance requirements and procedures for the implementation of IRAS, are detailed in Children and Families Operating Procedure 215-6. Find information on IRAS at: http://www.myflfamilies.com/service-programs/mental-health/iras
SANDR Data	The Seclusion and Restraint Event (SANDR) data set is used at the state level to collect and report the frequency and types of seclusion and restraint events that involve persons served in state-contracted and non-state contracted community substance abuse and mental health programs, and state mental health treatment facilities. Section 394.457, F.S., and Section 916.1093, F.S., require the Department to adopt rules establishing mandatory reporting, data collection, and data dissemination of seclusion or restraint events relating to patients receiving services in state mental health treatment facilities and in community agencies. **See details in Chapter 14**	Providers should collect data pertaining to a seclusion and restraint event record every time a seclusion or restraint event has ended. Example: If John Doe was restrained on July 5 and released on July 6, a record should be submitted on or after July 6. Data for new records and for updating existing records should be collected and reported into the Substance Abuse and Mental Health Information System (SAMHIS) hourly, daily, weekly, or monthly, but not later than the **18**[th] following the end of the reporting month. Failure to meet this deadline will result in the provider being out of compliance with 65E-5.180 (7), F.A.C.

Required Data Sets	Brief Descriptions	Data Collection Frequencies at Local Levels
TANF Data	The Temporary Assistance to Needy Families (TANF) data pertain to individuals who are eligible for TANF cash assistance or family diversion services. The TANF web-enabled database is linked to Client-specific Service Event data to identify service event units that are TANF-billable and provided to TANF-eligible persons. **See details in Chapter 15**	Collected and updated regularly as needed by state-contracted providers in collaboration with the department's TANF specialists in each district.
Crisis Stabilization Service Utilization (CSSU)	**Chapter 16 – Crisis Stabilization Service Utilization (CSSU) Is no longer used.** Chapter 17 below is the replacement chapter for Acute Care Services Utilization Services.	
Acute Care Services Utilization (ACSU)	Acute Care Services Utilization (CSSU) data include daily census of the total number of ACSU licensed beds , the number of these beds purchased by DCF, the number of distinct indigent clients occupying these DCF beds, as well as the number of distinct indigent clients who are admitted into and discharged from public receiving facilities regardless of the funding source. **See details in Chapter 17**	Collected and submitted daily from the Provider to the Managing Entity. Submitted monthly to SAMHIS by the Managing Entities

IV. Referential Integrity and Erroneous Records

The figure below is an entity relationship diagram with arrowed lines showing the dependencies between the required data sets in the SAMHIS data system. The Provider Data set, which is the parent of all the other data sets, must be processed and accepted by the system before any of the other data sets can be processed or accepted. Furthermore, the Demographics Data, which is the parent of most other data sets, must be processed and accepted by the system before any of its children data sets can be processed. If a record in a child data set is submitted and processed before the corresponding record in the parent data set, then the system will reject that child record as **orphan**.

The SAMHIS data system is designed to track all the records with erroneous data. The following is the department's web site, which contains the document listing error codes and code descriptions related to the FTP processing of data into SAMHIS data system (Appendix 6):

http://www.myflfamilies.com/service-programs/substance-abuse/pamphlet-155-2-v12

Entity Relationship Diagram for SAMH Data Sets
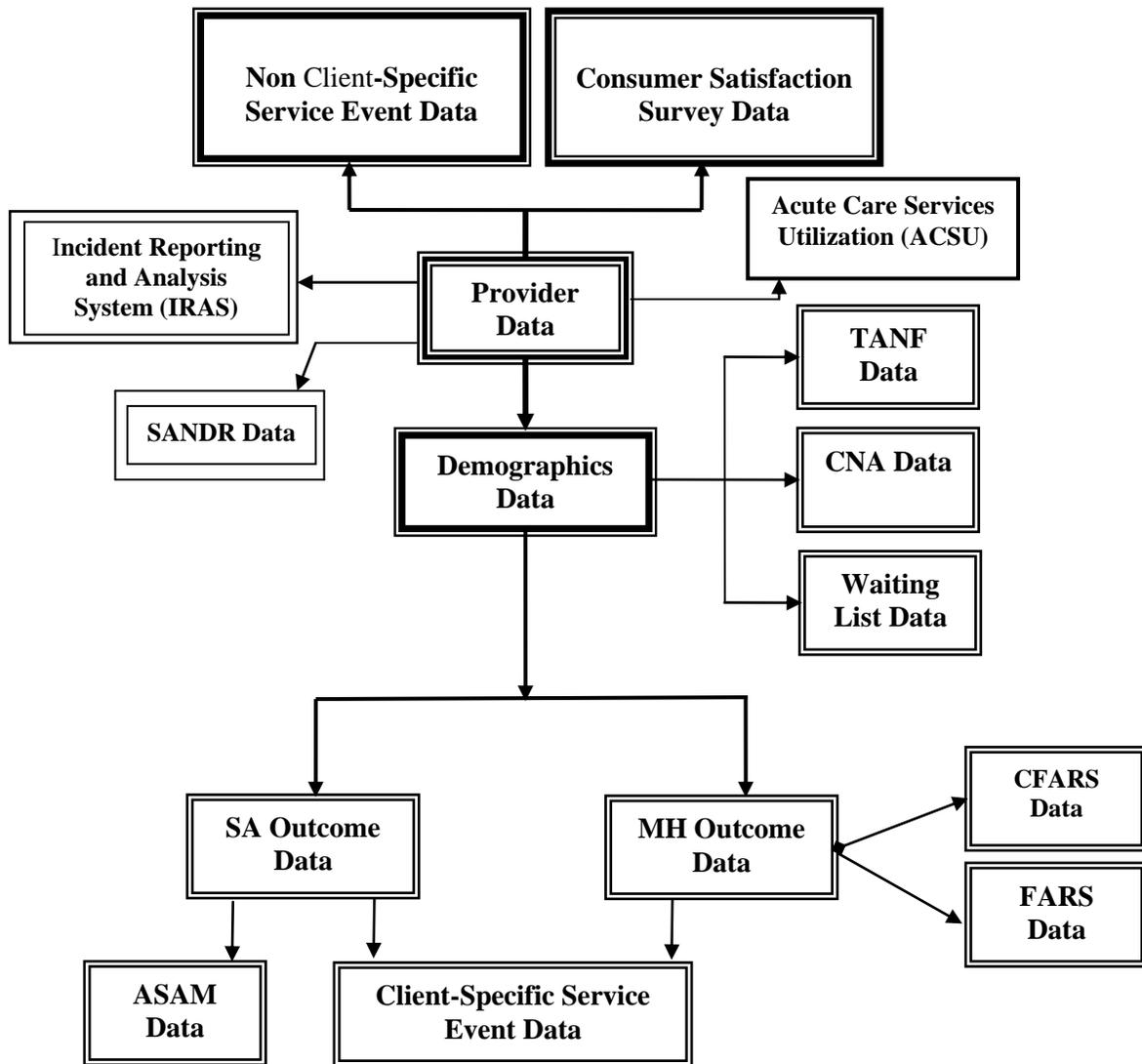
IV. Recordkeeping and Documentation

Contracted providers are required to maintain documentation of the data source(s) that can be audited for integrity and validity of information reported in each data set. Completed paper forms, including the signature of the appropriate provider staff, should be kept in the client record for future monitoring and auditing. If an electronic medium is used for data collection and information storage, the electronic signature of the staff should be included. If the electronic signature is not possible, the staff name and identification number should be part of the electronic record.

HIPAA requires data to be retained for a minimum of six years unless a more stringent requirement is in place. All state-contracted, state-licensed or state-operated substance abuse and mental health providers must comply with this

requirement. (Reminder: Medicaid requires records (data files) to be retained for seven years.)

The person collecting the data is responsible for using all available evidence to provide a factual basis for reporting the information required by the data collection instruments. The United States General Accounting Office (GAO) "Yellow Book" standards describe the following types of evidence to support the collection of valid and reliable data:

A. Physical evidence obtained through direct observation;

B. Testimonial evidence obtained through interviews;

C. Documentary evidence which consists of assessments, service/treatment plans, schedules, records, physician's orders, etc. (or derived from authoritative sources such as professional journals or research reports); and

D. Evidence which is considered reliable and which supports summative conclusions should be:

   1. Sufficient, meaning that there is enough factual, adequate, and convincing evidence to lead a prudent person to the same conclusion as the rater. Determining sufficiency requires good judgment. While elaborate documentation to support non-controversial matters is not necessary, the rater should assure themselves that there is sufficient evidence to support his/her ratings or findings in a particular area.

   2. Competent, meaning that it is reliable and the best information attainable through use of reasonable review methods. In evaluating the competence of evidence, the rater should consider whether there is any reason to doubt its validity or completeness. The following presumptions are useful in judging the competence of evidence, but should not be considered sufficient within themselves to reach a conclusion:

      a. Evidence corroborated from several sources provides greater assurance of accuracy than that secured from a single source.

      b. Evidence developed under a good system of organization or control is more likely to be accurate than that obtained where such control is weak or unsatisfactory.

      c. Evidence obtained through direct physical observation, examination, inspection, and computation is more reliable than evidence obtained indirectly.

      d. Relevant, referring to the relationship of evidence to its use. Facts or opinions used to prove or disprove an issue should have a logical, sensible relationship to that issue.

      e. Ultimately the data collector/rater is responsible for gathering enough information to render an opinion that is based on sufficient, competent, relevant information or evidence which would lead another professional to a very similar or the same conclusion.

V. Method and Frequency of Data Submission into SAMHIS Data System

Contractors should submit the required data sets electronically via Batch file uploads processed using File Transfer Protocol (FTP) into the department's SAMHIS data system. The SAMHIS data system is a web-enabled application that uses Oracle as the database system, UNIX as the operating system, and IBM machines as servers for online transaction processing (OLTP).

Data submitted via *FTP* batch files are posted immediately by the system into the contractor's "*upload history*" and are generally processed within minutes after submission depending on file size, the number of other transactions being performed by the system, as well as the day and time of these transactions. Records rejected by the system through the FTP process are available in the contractor's *upload history* ready to be downloaded by users for correction and resubmission.

Contractors are required to submit their monthly data by the 18th following the end of the reporting month, except for the Demographic record as specified below. For example, data for April are due May18th and data for May are due June 18th, and so on. However, in order to avoid the transaction bottleneck that normally occurs around the 18th of each month, contractors are highly encouraged to submit their data daily or weekly rather than once every month.

> **The ME Contract Exhibit C, Section C-1.5.4.1, requires the MEs to collect client demographic data from providers and to submit these data into SAMHIS within five (5) business days after the Network Service Provider confirmation of client eligibility for SAMH funded services. This process applies only to clients for whom the unique identifier has not been assigned.**

VI. Internet Connectivity to SAMHIS Data System

The Virtual Private Network (VPN) with Secure Socket Layer (SSL) is the method of internet connection between SAMHIS data system and users located outside the DCF Intranet Firewall. The SSL connection provides a 128-bit encryption in compliance with HIPAA security standards. At the minimum, the SSL requires SAMHIS data system users to have a *browser* preferably with a high speed internet connection, e.g., DSL or Cable modem. The URL for the Department's secure access is https://dcf-commute.dcf.state.fl.us.

> Information about the SSL connectivity can be obtained either from the Regional Data Liaisons, Managing Entities or via the DCF Customer Assistance Center Help Desk in Tallahassee at (850) 487-9400. Files submitted using the SSL process should not be zipped and encrypted, because they are encrypted automatically by the system and transmitted immediately and directly from one machine to another.

VII. Use of Social Security Number as Person's Unique Identifier

> The following are guidelines for using the Social Security Number (SSN), as a person's unique identifier, when reporting and submitting the required data sets into the SAMHIS data system. A person's refusal to divulge his/her SSN should never be used as a reason to deny services to that person. The serving agency, however, must make every reasonable effort to obtain the correct SSN.

> For all agencies, the use of the SSN is mandatory based on statutory authority found in s.394.78, F.S. and s.397.321, F.S. Report the Social Security Number (SSN) in the field titled "client SSN". The field titled "client number" will include another identification number that the agency uses as its internal client number. If it is not possible to obtain the person's actual SSN, the provider must use the following methodology for creating a 9-digit pseudo-SSN.

Digit 1: First letter of the First Name

Digit 2: First letter of the Middle Name. If the client does not have a middle name, use the letter "X" as the second digit.

Digit 3: First letter of the Last Name

Digits 4-5: Enter month of Birth (use leading zeros for Months, e.g., 01 through 09)

Digits 6-7: Enter day of Birth (use leading zeros for days, e.g., 01 through 09)

Digits 8-9: Enter year of Birth (use leading zeros where necessary, e.g., 01 through 09)

Note: The initials of the name, month of birth, day of birth, and year of birth that are used to build the pseudo-SSN must match the corresponding information reported on person's Demographics Data; otherwise, the system will reject the record due to invalid Pseudo-SSN.

In those cases where the exact birthday cannot be obtained, determine the person's approximate age (ask, "How old are you?" or give your best guess), then code the birthday as January 1 of the appropriate year. For example, if the person says that he or she is 35 years old, but does not remember his or her birthday, and the current year is 1999, then use 010164 as the birthday.

If two individuals have the same pseudo-SSN, then use a <u>temporary numeric number</u> to be assigned internally by the provider to uniquely identify the second client, making sure that this number is 9-digit long and does not start with 9. This number should always be used for that client until the true or correct social security number is known.

If a pseudo-SSN is used for a person or a wrong SSN is mistakenly reported, and the true or correct SSN becomes known at a later date, the provider must submit an <u>ASCII file</u> to replace existing information in the SAMHIS data system. The file will list the provider Tax ID, the old Pseudo-SSN or wrong SSN, and the true SSN as shown in the file layout below. The person's true SSN should be used by the provider agency from that time forward. The name of the ASCII file containing information specified in the file layout below must be <u>SSNU.TXT</u>. The detail information for the correct file format is contained in Chapter 4 (Demographics).

IX. Definition of Terms

The following are definitions of key terms frequently used in this pamphlet:**Admission:** An event or point in time when a client begins an episode of care within a provider agency.

Adolescent: A client (child) who is less than the age of 18 at the time of admission. Upon reaching 18 years of age (s)he may be re-enrolled as an adult or continue to be enrolled as a child until age 21.

Client: A person seeking or receiving any service in any cost center within substance abuse or mental health program as defined in the Financial Rule, 65E-14.

Contractor: Organizational entity with a state contract to provide mental health and/or substance abuse services to persons who meet the criteria for enrollment into a state target population.

CSA: Acronym for Communication Service Authorization, which is a standard form used by SAMHIS data system users to register and subscribe for VPN services.

DCF: Acronym for the Department of Children & Families

Department: Refers to the Florida's Department of Children & Families.

Discharge: An event or point in time when a client terminates an episode of care within a provider agency. Normally, this is an act or process when the provider closes the person's medical record and case file temporarily or permanently because he/she leaves the agency

due to various reasons, including death, completion of treatment, non-compliance with rules and regulations, leave against the advice of program staff, and so on.

Episode of Care (Generic): The continuous time period between admission and discharge over which a person actually receives treatment or non-treatment services If an agency provides an array of services to a client, then the episode of care starts on the day of first service and ends on the day of last service.

Fiscal Year: Refers to the state fiscal year that begins July 1 and ends June 30.

HCPCS: An acronym for the Healthcare Common Procedural Coding System federally used by the Center for Medicaid and Medicare Services to define the HIPAA procedure codes and modifiers.

HIPAA: An acronym for Health Insurance Portability and Accountability Act of 1996. This federal law, mandates all HIPAA covered entities to implement national standards for privacy, security, and electronic transaction of protected health information, as specified in 45 Code of Federal Regulations (CFR) Parts 160 and 162 for Electronic Transactions and Code Sets; 45 CFR Part 142 for Security and Electronic Signature; and 45 CFR Parts 160 and 164 for Privacy of Individually Identifiable Health Information.

Homelessness: An individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary overnight shelter. Temporary overnight shelter being defined as a facility where the individual has a place to stay during the night and is required to leave during daytime hours.

Individuals living in transitional housing are not considered homeless for the purposes of state reporting. This definition is different from the Federal definition for homeless which includes transitional housing.

ICD-9-CM: An acronym for International Classification of Diseases, Edition 9, - Clinical Modification.   Used for the reporting of the primary and/or secondary diagnosis of individuals.

ICD-10-CM: An acronym for International Classification of Diseases, Edition 10, - Clinical Modification. Used for the reporting of the primary and/or secondary diagnosis of individuals

Juvenile (applicable to SA data reporting only): A child or adolescent who is referred by the criminal or juvenile justice system or other law enforcement agency, and who is currently involved in the criminal or juvenile justice system. This does include persons being presented for crisis treatment pursuant to the Marchman Act who do have pending charges.

Key Field(s): One or more data elements that are used together to uniquely identify each record within the same data set.

Provider: An agency or individual that is professionally licensed or qualified to provide substance abuse or mental health services in Florida, regardless of the funding source.

SAMHIS: An acronym for the Substance Abuse and Mental Health Information System

SAMH: An acronym for Substance Abuse and Mental Health

SAPTBG: An acronym for Substance Abuse Prevention Treatment Block Grant

X. Who to Contact for Help

Technical assistance is available statewide to SAMHIS data system users from various individuals as follows:

Contact the Managing Entity Data Liaison if your agency is a subcontracted provider. Contact Regional Data Liaison in Circuits 3, 4, 7, 8, 9 and 18 if you are not a subcontracted provider. If the Managing Entity or Regional Data Liaison cannot help,

call the DCF Help Desk at (850) 487-9400. If you need further assistance, contact the following individuals in the central program office in Tallahassee.

- For questions related to submission and validation of all the required data sets, Consumer Satisfaction Survey Data, or data reports, contact:

  Richard Power
  (850) 717-4787
  Richard.Power@myflfamilies.com

- For questions related to Provider Information, Federal DASIS Reporting for the Treatment Episode Data Set (TEDS), National Survey ot Substance Abuse Treament Services (N-SSATS), Inventory of Substance Abuse Treatment Services (I-SATS), and Inventory of Behavioral Health Services (I-BHS) contact:

  Sherry Catledge
  (850) 717-4404
  Sherry.Catledge@myflfamilies.com

- For questions related to TANF database, contact:

  Temberly Mitchell
  (850) 717-4328
  Temberly.Mitchell@myflfamilies.com

- For questions related to FARS and CFARS, contact:

  Sarah Griffith
  (850) 717-4795
  Sarah.Griffith@myflfamilies.com

- For policy and training questions related to CNA, contact:

  Wendy Scott
  (850) 717-4339
  Wendy.Scott@myflfamilies.com

- For questions related to the Incident Reporting and Anaylsis System (IRAS), contact:

  Amanda Muller
  (850) 717-4431
  Amanda.Muller@myflfamilies.com

- For questions related to Seclusion and Restraint Data, contact:

  Gari Tookes
  (850) 717-4414
  Gari.Tookes@myflfamilies.com