

**Department of Health and Human Services
Substance Abuse and Mental Health Services Administration**

**Treatment Episode Data Set
(TEDS)
State Instruction Manual Supplement
for the
Mental Health/Treatment Episode Data Set
(MH/TEDS)
Pilot Study**

Admission & Discharge Data

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**TEDS State Instruction Manual Supplement
MH/TEDS Pilot Study**

TABLE OF CONTENTS:

Section 1. Purpose and Pilot Study Sponsor

Section 2. General Reporting and Technical Guidelines

Section 3. Supplement on *ADMISSIONS* reporting for Mental Health Clients

Section 4. Supplement on *DISCHARGE* reporting for Mental Health Clients

Section 5. Other Notes/Points of Consideration

Appendix. MH/TEDS Pilot Crosswalk Worksheet

TEDS State Instruction Manual Supplement

MH/TEDS Pilot Study

Section 1. Purpose and Pilot Study Sponsor

Purpose:

The purpose of the Mental Health/Treatment Episode Data Set (MH/TEDS) pilot study is to assess the feasibility of collecting client-level data on persons receiving mental health treatment services.

This document is a supplement to the two main Treatment Episode Data Set (TEDS) State Instruction Manuals (Admission Data and Discharge Data) and is to be used by the States participating in the MH/TEDS pilot study. The TEDS State Instruction Manuals provide the protocol for reporting **admission and discharge** data to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) TEDS.

The main TEDS system collects data from the State substance abuse agencies on clients receiving *substance abuse* treatment (primarily from providers receiving public funding). **For the MH/TEDS pilot study, States will report admissions and discharges on clients receiving mental health services.**

Pilot States should follow the TEDS State Admission and Discharge manuals, available online at: <http://www.dasis.samhsa.gov/dasis2/teds.htm>, *in conjunction with* this supplemental instruction manual.

For the purposes of this pilot, most TEDS data elements will be collected where available, including three (3) National Outcome Measures (NOMs) for mental health clients as currently collected in TEDS, as follows:

- Employment status (MDS 13 & DIS 24)
- Living arrangements (SUDS 8 & DIS 23)
- Arrests (for States that collect arrest information – SUDS 16 & DIS 26)

Study Sponsor:

The MH/TEDS pilot study is being lead by SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ), which is the sponsor of the main TEDS data collection. TEDS is a part of the Drug and Alcohol Services Information System (DASIS). The contractor for TEDS and the other DASIS data collection is:

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TEDS State Instruction Manual Supplement MH/TEDS Pilot Study

Section 2. General Reporting and Technical Guidelines

Mental Health Record and File Formats:

The mental health client admission and discharge record format will be the same as the current TEDS record, with 47 fields for the Admission records and 31 fields for the Discharge records. The file format should be in ASCII format.

States should follow the detailed reporting specifications in the TEDS State Admission and Discharge instruction manuals, available online at: <http://www.dasis.samhsa.gov/dasis2/teds.htm>, except for the specific changes and guidelines outlined below in Section 3 (Admissions) and Section 4 (Discharges), and in additional notes and special considerations in Section 5.

“Not Applicable” and “Not Collected” Codes:

ALL fields in the Admission and Discharge records must contain data. The TEDS variables provide reasonable choices for basic demographic data and for most other variables that may be relevant to mental health clients. In cases where a particular variable is not relevant for mental health clients, the codes for “Not Applicable” or “Not Collected” may be used, depending on which is appropriate for the specific variable. For most variables, any valid TEDS code may be used without causing a record to be rejected. See the specifications in Sections 4 and 5 below for more details.

For all variables, the States should submit a crosswalk of the States’ codes to the most appropriate TEDS category available, using the special MH/TEDS pilot crosswalk worksheet described in Section 5 and in the Appendix.

Code Changes:

The only major coding change for the MH/TEDS pilot study is a change in the response categories for the “Type of Services” variable (MDS 18 & DIS 7), as described in Sections 3 and 4 below. The new categories are the same as those used in much of SAMHSA’s Center for Mental Health Services (CMHS) reporting on clients and replace the existing TEDS categories for this variable. Also for DIS 10, “Reason for discharge, etc.,” the description for Codes 4 and 14 may be modified to “Transferred to another *mental health* treatment program ...” rather than “Transferred to another *substance abuse* treatment program ...”, if a States prefers that description.

Records to Submit:

The pilot study is focusing on 2011 admissions, 2011 discharges (regardless of the year of admission), and 2011 updates (regardless of the year of admission.) However, an admission from an earlier year for a discharge or update occurring in 2011 may be submitted if you are able to do so, as that would provide additional records to test. However, those earlier linkable admissions are not required, since some States may not have the capability to retrieve the earlier records.

Data Submission using STSS:

The mental health client-level data files are to be submitted through the State TEDS Submission System (STSS) operated by the DASIS contractor, Synectics. For detailed instruction on

TEDS State Instruction Manual Supplement MH/TEDS Pilot Study

submission of data through STSS, refer to the TEDS State instruction manuals and the STSS Guide, available on the DASIS/TEDS website at <http://www.dasis.samhsa.gov/dasis2/teds.htm>. For the purposes of this pilot, participating States will have a slightly modified initial screen from the one used for submitting data on substance abuse clients. The screen currently used to submit a new substance abuse data file has two radio buttons, one for selecting an admission file and the second for selecting a discharge file. Two new radio buttons will be added to allow the user to select a *mental health* admission file or a *mental health* discharge file. All other STSS processes and procedures will remain the same.

When your system is ready to begin the MH/TEDS pilot submissions, you will submit 2011 records from January 2011 up to that point, and then monthly (or quarterly) thereafter. Submissions will continue at least several months into 2012 in order to collect admissions and discharges occurring late in 2011.

Transfers:

It is expected that States will submit transfer records for mental health clients, using the description for reporting transfers in the TEDS State Instruction Manual, EXCEPT States will not be expected to submit transfers for client movement from one community-based program to another (see the Guideline for variables MDS 18 and DIS 7 in Sections 4 and 5, respectively, below.) To handle the reporting of transfers to a different service type and/or overlap in service types, the following example is provided:

For clients who have multiple psychiatric hospitalizations and/or overlapping community treatment episodes, submit an admission and discharge for each hospital admission and discharge in 2011. In the case of a client admitted to a community program in 2011 and then twice going in and out of the hospital, we would like an admission to the community service, transfer to the hospital service, transfer to the community service, transfer to the hospital service, and transfer back to the community service. Ideally each of these would also have an associated discharge, but as long as there is a single discharge relating back to the original admission AND the 'admission' dates of the transfers represent the start of treatment in that setting, so that the length of stay for that setting can be calculated, the interim discharges are not required.

**TEDS State Instruction Manual Supplement
MH/TEDS Pilot Study**

Section 3. Supplement on *Admissions* Reporting for Mental Health Clients

Scope: Mental health data to be submitted:

Admission records will be submitted for each client admitted to a mental health service funded by the State Mental Health Agency (SMHA) or otherwise under the purview of the SMHA (i.e., those normally included in State reporting to CMHS’s Uniform Reporting System [URS]).

Specific Variables Changes:

Below are notes to further clarify data entries for specific variables, expressed as either a “CHANGE” or a “GUIDELINE.” Only the variables that have a unique specification for mental health clients are listed:

PROVIDER IDENTIFIER [MDS 1]

GUIDELINE: Mental health provider IDs will be those routinely used by each State.

CLIENT IDENTIFIER [MDS 2]

GUIDELINE: Unique mental health client IDs will be those routinely used by each State.

CO-DEPENDENT/COLLATERAL [MDS 3]

CHANGE: Code 2 (No) will be used for this field for all mental health clients.”

CLIENT TRANSACTION TYPE [MDS 4]

GUIDELINE: The regular TEDS rules will be followed for reporting this field, except for clients in community-based programs. See “GUIDELINE” under MDS 18/Code 72 below.

NUMBER OF PRIOR TREATMENT EPISODES [MDS 6]

GUIDELINE: Code 8 (Not Collected) will be used for this field for mental health clients. If a State finds it easier to include actual data for prior drug/alcohol treatment episodes, they may report the field using the TEDS instruction manual codes. However, reporting on this variable will not be evaluated as part of the pilot study.

TYPE OF SERVICES [MDS 18]

CHANGE: Four new “Types of Services” categories for mental health clients are to be used in the MH/TEDS pilot study, replacing the original TEDS categories for substance abuse clients. The new categories are the same as the categories being used in the URS tables and as defined in the draft instruction manual for the Data Infrastructure Grant (DIG) client-level data collection.

The four (4) new service codes, 71-74, for mental health records are as follows:

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

**TEDS State Instruction Manual Supplement
MH/TEDS Pilot Study**

- **72 SMHA-CONTROLLED SMHA COMMUNITY-BASED PROGRAM** – includes community mental health centers (CMHCs), outpatient clinics, partial care organizations, partial hospitalization programs, programs of assertive community treatment (PACT), consumer run programs (including Club Houses and drop-in centers), and all community support programs (CSP).

[GUIDELINE: States that record client movement from one community-based program to another as a transfer will not be expected to submit these transfer records to SAMHSA. Instead, services received at multiple community-based programs will be considered as part of a single continuous episode for which updates, and ultimately a discharge, would be submitted.]

- **73 RESIDENTIAL TREATMENT CENTER (RTC)** – 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 primarily 17 years old and younger. Some adults also utilize RTCs.
- **74 OTHER PSYCHIATRIC INPATIENT** – a private provider or medical provider licensed and/or contracted through the SMHA.

GUIDELINE: Any service code other than 71-74 for MDS 18 will cause the record to be rejected.

SUBSTANCE PROBLEM (and associated fields)

[MDS 14(A) – MDS 17 (C), MDS 19, and SUDS 1– 3]

GUIDELINE: Code 98/8 (Not Collected) will be used for data elements related to the “Substance Problem” fields. If a State finds it easier to include actual data for the Substance Problem variables for mental health clients, they may report the fields using the TEDS instruction manual codes. However, reporting on these variables will not be evaluated as part of the pilot study.

PSYCHIATRIC PROBLEM IN ADDITION TO ALCOHOL OR DRUG PROBLEM [SUDS 5]

CHANGE: Code 8 (Not Collected) will be used for this field for mental health records. If a State finds it easier to include actual data for this variable for mental health clients, they may report the field using the TEDS instruction manual codes. However, reporting on this variable will not be evaluated as part of the pilot study.

**TEDS State Instruction Manual Supplement
MH/TEDS Pilot Study**

FREQUENCY OF ATTENDANCE AT SELF-HELP PROGRAMS (e.g., AA, NA, etc.) IN 30 DAYS PRIOR TO ADMISSION [SUDS 17]

GUIDELINE: Code 98 (Not Collected) will be used for this field for mental health clients. If a State finds it easier to include actual data on attendance at self-help/AA/NA programs for mental health clients, they may report the field using the TEDS instruction manual codes. However, reporting on this variable will not be evaluated as part of the pilot study.

TEDS State Instruction Manual Supplement MH/TEDS Pilot Study

Section 4. Supplement on *Discharge* Reporting for Mental Health Clients

Scope: Mental health data to be submitted:

Discharge records will be submitted for each client discharged from a mental health service. In addition, a “status update” record will be submitted (using the discharge record format) for mental health clients whose status on any of the three National Outcomes Measures (NOMs) of interest has been ascertained at an interim period prior to discharge. The status update record was added to adapt the TEDS admission/discharge reporting model to include mental health clients whose time in treatment may span multiple years and therefore whose status on the NOMs would not show up in an annual period of data collection. The pertinent mental health NOMs to be collected through TEDS are employment status, living arrangements, and arrests (for States that collect arrest information).

Discharge Records (3 types):

- For clients discharged from treatment during the year, a discharge record will be submitted, using the last known status for the NOMs information. The “Date of Last Contact” field will indicate the date of the last contact, and the “Date of Discharge” field will indicate the date of discharge. In many instances, “Date of Last Contact” and “Date of Discharge” will be the same.
- In TEDS, an administrative discharge record is usually generated by the State when a client does not receive a substance abuse treatment service within a designated period, usually 30 days, but may be another period designated by the State. For the MH/TEDS pilot, a discharge record will be created by the State after a no-activity period of **7 months**, and the last known status of the NOMs of interest will be recorded.
- For mental health clients whose status on any of the three NOMs of interest has been ascertained at an interim period prior to discharge, a “status update” record in the format of a discharge record will be submitted. A status update could contain either an updated NOM value or a repeat of the last reported NOM status when confirmed to be unchanged. For all status update records, the “Date of Last Contact” field will be filled with the date of the update, and the “Date of Discharge” field will be left blank. Client records that have been updated with information during calendar year 2011 should be submitted to SAMHSA.

Specific Variables Changes:

Below are notes to further clarify data entries for specific variables, expressed as either a “CHANGE” or a “GUIDELINE.” Only the variables that have a unique specification for mental health clients are listed:

**TEDS State Instruction Manual Supplement
MH/TEDS Pilot Study**

PROVIDER IDENTIFIER [DIS 4]

GUIDELINE: Identifies the provider of treatment service at the time of discharge. Mental health provider IDs will be those routinely used by each State.

CLIENT IDENTIFIER [DIS 5]

GUIDELINE: Unique mental health client IDs will be those routinely used by each State.

CO-DEPENDENT/COLLATERAL [DIS 6]

CHANGE: Code 2 (No) will be used for this field for all mental health clients.

TYPE OF SERVICE AT DISCHARGE [DIS 7]

CHANGE: Four (4) new service codes, 71-74, for mental health records identify the type of service at discharge, as follows:

- **71 STATE PSYCHIATRIC HOSPITAL** – all SMHA-funded and SMHA-operated organizations operated as hospitals that provide primarily inpatient care to mentally ill persons from a specific geographical area and/or statewide.
- **72 SMHA-CONTROLLED SMHA COMMUNITY-BASED PROGRAM** – includes community mental health centers (CMHCs), outpatient clinics, partial care organizations, partial hospitalization programs, programs of assertive community treatment (PACT), consumer run programs (including Club Houses and drop-in centers), and all community support programs (CSP).

[GUIDELINE: States that record client movement from one community-based program to another as a transfer will not be expected to submit these transfer records to SAMHSA. Instead, services received at multiple community-based programs will be considered as part of a single continuous episode for which updates, and ultimately a discharge, would be submitted.]

- **73 RESIDENTIAL TREATMENT CENTER (RTC)** – 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 primarily 17 years old and younger. Some adults also utilize RTCs.
- **74 OTHER PSYCHIATRIC INPATIENT** – a private provider or medical provider licensed and/or contracted through the SMHA.

GUIDELINE: Any service code other than 71-74 for DIS 7 will cause the record to be rejected.

TEDS State Instruction Manual Supplement
MH/TEDS Pilot Study

DATE OF LAST CONTACT [DIS 8]

CHANGE: For “status update” records only, the “Date of Last Contact” field will be filled with the date of the update. See discussion on “Discharge Records” above. For regular discharge records, the “Date of Last Contact” field will be filled with the date of the last service.

DATE OF DISCHARGE [DIS 9]

CHANGE: For “status update” records only, the “Date of Discharge” field will be left blank. See discussion on “Discharge Records” above. For regular discharge records, the “Date of Discharge” field will be filled with the date of discharge.

REASON FOR DISCHARGE, TRANSFER, OR DISCONTINUANCE OF TREATMENT [DIS 10]

CHANGE: For “status update” records, use Code 07 (Other) as the “Reason for Discharge.” For regular discharge records, use the reason codes provided in the TEDS instruction manual, EXCEPT the description for Codes 4 and 14 may be modified to be “Transferred to another *mental health* treatment program ...” rather than “Transferred to another *substance abuse* treatment program ...”, if a State prefers that description.

TYPE OF SERVICE AT ADMISSION [DIS 16]

GUIDELINE: This variable repeats the type of service recorded at admission, using the new MDS 18 type of service codes.

SUBSTANCE PROBLEM AT DISCHARGE (and associated field) [DIS 21(a) –DIS 22(c)]

CHANGE: Code 98 (Not Collected) will be used for the “Substance Problem” fields. If a State finds it easier to include actual data for the Substance Problem variables for mental health clients, they may report the fields using the TEDS instruction manual codes. However, reporting on these variables will not be evaluated as part of the pilot study.

FREQUENCY OF ATTENDANCE AT SELF-HELP PROGRAMS (e.g., AA, NA, etc.) IN 30 DAYS PRIOR TO ADMISSION [DIS 27]

GUIDELINE: Code 98 (Not Collected) will be used for this field for all mental health clients. If a State finds it easier to include actual data on attendance at self-help/AA/NA programs for mental health clients, they may report the field using the TEDS instruction manual codes. However, reporting on this variable will not be evaluated as part of the pilot study.

TEDS State Instruction Manual Supplement MH/TEDS Pilot Study

Section 5. Other Notes/Points of Consideration

Reporting Period:

States will submit client-level data for mental health admissions, discharges, and updates occurring in calendar year 2011, with submissions beginning no earlier than mid-July 2011. Admissions from an earlier year linkable to a discharge or update occurring in 2011 may also be submitted but are not required.

Soon after the transmission of this TEDS State Instruction Manual Supplement to the States, Synectics will ask for a volunteer State to make a test submission of mental health client data through the STSS. Upon completion of a successful test, all States will be given the go-ahead to submit data on their schedule. Since this is a pilot project of special interest to SAMHSA, Synectics' staff will not only provide support and feedback as with the regular substance abuse client data submissions, but also will be ready to discuss any questions, comments, and suggestions that may arise during implementation.

Routine TEDS Substance Abuse Submissions:

States will continue to submit their substance abuse client data on their regular TEDS schedule and will submit their mental health client data separately. (See note on "Data Submission using STSS" in Section 2 above.)

When your system is ready to begin the MH/TEDS submissions, you would submit 2011 records from January 2011 up to that point, and then monthly (or quarterly) thereafter. Submissions will continue at least several months into 2012 in order to collect admissions and discharges occurring late in 2011.

Crosswalks:

As with substance abuse client records in TEDS, States will need to crosswalk their State data fields into the TEDS data element categories. The main "TEDS Crosswalk Worksheet" currently in use for substance abuse treatment records is available at <http://www.dasis.samhsa.gov/dasis2/teds.htm>. A MH/TEDS pilot crosswalk worksheet incorporating the new mental health categories is attached in an Appendix.

I-SATS:

There is no requirement for this pilot to add mental health providers to the Inventory of Substance Abuse Treatment Services (I-SATS) maintained by Synectics for SAMHSA.

**TEDS State Instruction Manual Supplement
MH/TEDS Pilot Study**

Appendix: MH/TEDS Pilot Crosswalk Worksheet

Each State participating in the MH/TEDS pilot study is asked to provide a State crosswalk worksheet to Synectics prior to submission of mental health client records. Variables with new codes and expected responses and modifications are highlighted in **yellow**.