

**GUIDELINES FOR COMPLETING THE
2007 PATIENT CHARACTERISTICS SURVEY
VIA THE WEB-BASED APPLICATION**

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A. DEFINITIONS

The “Patient Characteristics Survey”: the “Patient Characteristics Survey” is a questionnaire which collects information about the consumer of MH services in the state of New York.

The Facility Survey collects information about the provider of MH services in New York State. It can be found on the “Survey” tab in the Mental Health Provider Data Exchange (MHPD) application.

Facility: a “mental health facility” is an organization, or company that provides mental health services under the same administrative management. It is the largest organizational entity identified during the Patient Characteristics Survey. Each facility is distinguished by a unique four-digit numeric code. There are 26 state-operated facilities (e.g., Manhattan Psychiatric Center, Hudson River Psychiatric Center, Hutchings Psychiatric Center) and more than 700 locally-operated facilities (e.g., Tioga County Dept. of Mental Hygiene, Elmhurst Hospital, Black Veterans for Social Justice, Rehabilitation Support Services.) A facility typically has sub-divisions called “units” that provide specific services (see next definition.)

Program Unit: a “mental health unit” is a subdivision of a facility that provides a specific service. It should be noted that a unit is often **called a “program.”** For example, NYC-based Graham Windham Services has 3 units: one that provides “clinic services”, a second that provides “advocacy services”, and a third that provides “school-based MH services”. Each unit is distinguished by a three-digit numeric code.

Site: a “mental health site” is the further breakdown of a “unit” when the unit has multiple locations of operation. Each site is distinguished by a four-digit numeric code. For instance, Schenectady-based Ellis Hospital has 2 locations for its clinic services: a main site coded “1001” and a satellite site coded “1000”.

FUS: a FUS (pronounced “FOOS”) is the combination of Facility, Unit and Site codes. The FUS code uniquely identifies each provider/program/location of mental health service. These are the smallest mental health service entities identified by the OMH.

Survey Coordinator: One person at each facility has been designated “survey coordinator”. This designation was made when the Facility Survey was completed in the MHPD application during the past spring and summer. The Coordinator will be the single liaison between the OMH and the facility. The coordinator’s role is to ensure that all surveys have been entered for all program/sites. This requires overseeing staff persons who were delegated as “supervisor” or “submitter” for the web-entry application.

Security Manager: the person(s) at each facility charged with granting staff persons access to use the PCS Web Application and entering them into the role of “supervisor” or “submitter.” When a Security Manager enrolls a staff member, the staff member will receive a UserID and Password to access the PCS Web Application (the application will be available in late October 2007.)

“PCS Submitter” and “PCS Supervisor”: these are the 2 roles that Security Manager can choose from when enrolling staff. A “PCS **Submitter**” can enter data in the web application for only those program/sites that Security Manager associates with him/her. A “PCS **Supervisor**” can enter data for ALL the facility’s program/sites. The “Supervisors” are additionally responsible for assuring that each survey is complete and that all program/sites have reported. Supervisors will have reports available to help monitor this completion status, such as “number of surveys complete/incomplete” and “number of items for which the response is ‘unknown’.” When data entry is complete, the Supervisor will approve the submission and “lock” data entry, so that no further entry nor editing is possible.

State Survey Director: The State Survey Director is Ms. Jeraldine Braff.

B. INTRODUCTION

The Patient Characteristics Survey (PCS) is a one-week survey of all persons served by the mental health system in New York State. Conducted every two years, it collects demographic, clinical and service information on 170,000 consumers served in approximately 5000 FUS. Survey information is

used for planning and program evaluation by the NYS Office of Mental Health (“OMH”) and local governmental units. It is also used to describe the mental health system of New York State to legislative bodies and state- and federal-funding agencies. After all survey data are collected, tables summarizing the data at the facility-level are mailed to each respective facility, while tables summarizing data at state-, region- and county-levels are posted on the OMH website: www.omh.state.ny.us/omhweb/pcs/pcsmain.htm

Similar to the previous PCS, the new 2007 PCS requires each FUS to complete a survey for each client that receives services during the survey week. If a client receives services from more than one FUS during the survey week, each FUS will fill out a survey for that particular client.

C. CHANGES IN SURVEY CONTENT SINCE THE 2005 SURVEY

1. Item 10a, “Current Living Situation,” now asks for CURRENT location of residence for ALL clients (no “prior” residences allowed.)
2. Subsequently, the outcomes for item 10a “Current Living Situation” have changed.
3. Item 10d, “Household Composition,” has a new outcome #4 for “client lives with siblings.”
4. Item 10e, which was formerly titled “Does Client have Minor Children” is now titled “Parental Status.” It has outcomes indicating not only whether the client has minor children, but further distinguishes if the client has custody of the child(ren).
5. Item 11, “Primary Language Spoken,” has new outcomes for Hebrew and Arabic.
6. Item 18, “GAF,” asks to select the appropriate interval rather than provide the exact score.
7. Item 20b, “Health Insurance Coverage,” previously asked to “select all outcomes that apply” but now asks to “select only one response.”

D. GENERAL INFORMATION

1. **DATE OF SURVEY:** All programs shall report data on clients served during the one-week period of **October 22** through **October 28, 2007**, inclusive.
2. **WHO MUST REPORT:** All providers of mental health services in New York State must report with the following exceptions:
 - a) Veteran’s Administration Hospitals and private-practice clinicians are **not** required to report
 - b) Single Point of Access (SPOA) programs and transportation programs are **not** required to report
3. **WHO SHOULD BE REPORTED**
 - a) Residential-type FUS's should include all persons in residence during the survey week.
 - b) Nonresidential FUS's should include persons receiving client or collateral services during the survey week. Where collateral services are involved, information reported should pertain to the client not the collateral. E.g., imagine a clinician meets with the parent (“collateral”) of a child client during the survey week, but the clinician does not meet directly with the child. Then, a survey should be filled out by the clinician reporting information about the child.
 - c) Surveys shall **not** be completed for those clients who were screened during the survey week but not subsequently admitted to a program.
 - d) Transportation services shall **not** be reported.

4. REPORTING METHODS

- a) **Web-Based.** Most facilities will submit data using a web-based data-entry application.
- b) **Electronic Medium:** With prior OMH approval, a **facility** may elect to submit survey data as an ASCII file on computer disk or CD-ROM. A facility wishing to report electronically must be able to adhere to the parameters for electronic filing that are described in the document "**File Layout for Electronic Data Submission.**" Facilities which maintain electronic client databases are encouraged to use electronic reporting. Approval may be obtained by contacting the State Survey Director at 1-800-430-3586.

5. SURVEY SUPERVISOR'S RESPONSIBILITIES

At least one person at each facility has been designated the PCS role of "supervisor" by the facility's Security Manager. The supervisor should:

- a) Verify that all of the facility's FUS exist on the web application's listing of FUS.
- b) Assure that **at least one** survey has been completed for each FUS, or enter a survey status on the "Supervisor Page" for each FUS with "0" submissions (see i - iv below). **Prior approval** by the State Survey Director is required for **iii** and **iv**.
 - i) FUS is "**CLOSED**"
 - ii) FUS has "**NO CLIENTS DURING THE SURVEY WEEK**"
 - iii) FUS "**DOES NOT KEEP RECORDS ON INDIVIDUAL CLIENTS**" (e.g., telephone hotlines)
 - iv) FUS is "**NOT A CLIENT BASED PROGRAM**" (e.g., staff training)

NOTE: There are very few FUS's that fall into categories iii and iv. Your facility's survey coordinator should contact the State Survey Director to confirm the appropriateness of entering either status. Failure to submit surveys will delay processing of your facility's data.

- c) Assure that all items have been completed on each form.
- d) Assure that the information provided is accurate.
- e) Approve data and "lock" data entry for the facility after all surveys have been completed.

Questions about the survey should be directed to your facility's **survey coordinator**. Subsequently, these facility survey **coordinators** should contact the State Survey Director at (800) 430-3586 if there are questions they cannot answer.

E. DEADLINES

Survey data reported either through the PCS web application or by electronic data submission must be received by the State Survey Director on or before **Wednesday, November 21, 2007.**

F. COMPLETING THE PATIENT CHARACTERISTICS SURVEY, ITEM by ITEM

Each program is required to complete items 1-25 of the survey.

- HEADER.** Items 1 - 4b constitute the header. When a particular program/site is selected for entering data, these "header" items should be automatically populated by the web application.
- BODY.** Items 5a-25 constitute the body of the Patient Characteristics Survey application, and are described below. For all items in the body, choose one response only unless specifically instructed to choose all that apply.
- ITEM 5a.** **INITIAL, FIRST NAME.** Print the initial letter of the client's first name, in uppercase.
ITEM 5b. **INITIAL, LAST NAME.** Print the initial letter of the client's last name, in uppercase.
Special Note: if either initial is unknown, then enter the combination "QQ" for both initials.
- ITEM 6.** **DATE OF BIRTH.** Enter the client's month, day and year of birth, in that order.
Special Note: If the exact date of birth is unknown, estimate the year-of-birth based on the client's approximate age, and select "99" for both the month and day boxes.
A year-of-birth may not be entered as "unknown".
- ITEM 7.** **GENDER.**
1. Male
2. Female
9. Unknown
- ITEM 8.** **HISPANIC ETHNICITY.**
0. No, client is not Hispanic/Latino
1. Yes, client is Hispanic/Latino
9. Unknown
- ITEM 9.** **RACE.** Choose all that apply.
1. White
2. Black/African American
3. Asian
4. Amer. Indian/Alaska Native
5. Native Hawaiian/Other Pacific Islander
6. Other
9. Unknown

IMPORTANT NOTE:

For the next five items pertaining to the client's residence (items 10a-e), respond according to the client's **CURRENT** living situation for **all clients** (including those in residential-type FUS's that had formerly reported "prior" living situations).

- ITEM 10a.** **CURRENT LIVING SITUATION.**
01. Private residence: home, apartment, rooming house, hotel, motel, supported housing, supported SRO, permanent housing programs, transient housing programs, shelter plus care housing.
 02. Inpatient setting or Children's Residential Treatment Facility ("RTF")
 03. OMH Residential Care, LICENSED programs: community residence (child or adult), crisis residence, family based treatment, family care, teaching family home, apartment treatment, congregate treatment, apartment support, congregate support, community resid-SRO
 04. Adult home (DOH licensed residential program for adults)
 05. NYS Office of Children & Family Services (OCFS) foster care
 06. Institutional setting for youth (OCFS, DSS, or Juvenile Justice Facility)
 07. Youth community-based residence (OCFS, DSS, NYSED).
 08. Nursing or health-related facility (nursing home, skilled nursing facility)
 09. Homeless (e.g., shelter, street, transitional living center)
 10. Incarcerated
 11. Other (e.g., non-OMH resid care such as group home or halfway house)
 99. Unknown

ITEM 10b. COUNTY OF RESIDENCE. Select the county code for the client's residence type.

COUNTY CODES:

01 Albany	18 Fulton	35 Ontario	52 Suffolk
02 Allegany	19 Genesee	36 Orange	53 Sullivan
03 Bronx	20 Greene	37 Orleans	54 Tioga
04 Broome	21 Hamilton	38 Oswego	55 Tompkins
05 Cattaraugus	22 Herkimer	39 Otsego	56 Ulster
06 Cayuga	23 Jefferson	40 Putnam	57 Warren
07 Chautauqua	24 Kings (Brooklyn)	41 Queens	58 Washington
08 Chemung	25 Lewis	42 Rensselaer	59 Wayne
09 Chenango	26 Livingston	43 Richmond(Staten Is)	60 Westchester
10 Clinton	27 Madison	44 Rockland	61 Wyoming
11 Columbia	28 Monroe	45 St. Lawrence	62 Yates
12 Cortland	29 Montgomery	46 Saratoga	
13 Delaware	30 Nassau	47 Schenectady	Miscellaneous
14 Dutchess	31 New York (Manhat.)	48 Schoharie	70 NYS, County Unkn.
15 Erie	32 Niagara	49 Schuyler	80 Other State
16 Essex	33 Oneida	50 Seneca	90 Other Country
17 Franklin	34 Onondaga	51 Steuben	99 Unascertained

ITEM 10c. ZIP CODE OF CLIENT'S RESIDENCE. Select the 5 digit zip code for the client's residence. Select '88888' if the client is homeless; select '99999' if zip code cannot be ascertained.

ITEM 10d. HOUSEHOLD COMPOSITION Choose all that apply.

0. Not applicable, client is NOT in a private residence (i.e., client has NOT chosen outcome #1 for Current Living Situation question)
1. Client lives alone
2. Client's child, stepchild, foster child or grandchild
3. Client's parent
4. Client's sibling
5. Client's spouse or domestic partner
6. Other relatives of client not specified above
7. Other people unrelated to client
9. Unknown

ITEM 10e. PARENTAL STATUS.

0. No children
1. Client has children, but all children are 18 years old or older
2. Has minor children, in client's custody
3. Has minor children, NOT in client's custody
9. Unknown

ITEM 11. PRIMARY LANGUAGE. Select the language most frequently spoken by the client.

- | | | |
|-------------|-----------------------------------------|-------------------|
| 01. English | 08. Japanese | 14. German |
| 02. Spanish | 09. Russian | 15. Polish |
| 03. Chinese | 10. Vietnamese | 16. Hebrew |
| 04. Creole | 11. Korean | 17. Arabic |
| 05. French | 12. Indic (e.g.,
Hindi, Urdu, Sindi) | 18. Sign Language |
| 06. Greek | | 99. Unknown |
| 07. Italian | 13. Yiddish | |

ITEM 12. DOES CLIENT HAVE PRIOR ACTIVE U.S. MILITARY SERVICE?. Select "yes" if client has served or currently is serving on active duty in the Armed Forces of the United States, including the Coast Guard. Do not count those whose only service was in the Reserves, National Guard, or Merchant Marines unless those units were activated.

- 0. No
- 1. Yes
- 9. Unknown

ITEM 13. CURRENT EMPLOYMENT STATUS.

- 01. Competitive employment (employer-paid position) with no formal supports
- 02. Competitive employment (employer-paid position) with ongoing supports
- 03. Community-integrated employment run by a state or local agency (agency-funded positions only)
- 04. Non-integrated employment run by state or local agency (sheltered workshop, affirmative businesses, enclaves, mobile work crews)
- 05. Sporadic or casual employment for pay (includes odd jobs)
- 06. Non-paid work experience (volunteer)
- 07. Unemployed but looking for work
- 08. Not in labor force: retired, homemaker, student, incarcerated
- 09. Not in labor force: disabled, psychiatric inpatient
- 99. Unknown

ITEM 14. EDUCATION. If client is currently enrolled in an academic program then enter the client's current grade level, otherwise enter the highest level of education completed.

- | | |
|-----------------------------------------|---------------------------------------|
| 00. No formal education | 11. eleventh grade |
| 01. first grade | 12. twelfth grade, <u>no diploma</u> |
| 02. second grade | 13. <u>high school diploma</u> or GED |
| 03. third grade | 14. Business, technical training |
| 04. fourth grade | 15. Some college, no degree |
| 05. fifth grade | 16. Associate's degree |
| 06. sixth grade (grammar sch. graduate) | 17. Bachelor's degree |
| 07. seventh grade | 18. Graduate degree |
| 08. eighth grade | 19. Other |
| 09. ninth grade | 99. Unknown |
| 10. tenth grade | |

ITEM 15. DOES CLIENT RECEIVE SPECIAL EDUCATION SERVICES?

- 0. Not applicable. Client is not enrolled in elementary or secondary education, or client is 22 years of age or older
- 1. Yes
- 2. No
- 9. Unknown

ITEM 16. CURRENT DISABILITIES/DISORDERS. Identify any significant disabilities the client has that are diagnosable and cause functional impairment. Choose all that apply.

- 0. None
- 1. Mental Illness
- 2. Mental Retardation
- 3. Developmental Disability
- 4. Alcohol Related Disorder
- 5. Drug/Substance Related Disorder
- 6. Physical Disability
- 9. Unknown

ITEM 17. SEVERE AND PERSISTENT MENTAL ILLNESS/SERIOUS EMOTIONAL DISTURBANCE.

0. No
1. Yes, Client has a Severe and Persistent Mental Illness (if age 18 or older) OR client has Severe Emotional Disturbance (if under age 18)
9. Unknown

SPECIAL NOTES:

- If a client has not been previously evaluated for SPMI or SED status, then a clinician should use the criteria in the appendices of this document to establish a current SPMI or SED status. If any previous assessment exists in client's clinical file, then it will not be necessary to reassess them for the purpose of this survey. Rather, report the client's status from the previous assessment.
- For clients **aged 18 and over**, answer 'yes' to this question if the client meets the SPMI criteria listed in **Appendix A**.
- For clients **under age 18**, answer 'yes' to this question if the client meets the SED criteria listed in **Appendix B**.

ITEM 18. GLOBAL ASSESSMENT OF FUNCTIONING (GAF). Report the appropriate interval for the GAF that appears in the clinical record. It will not be necessary to conduct a new GAF for the purpose of this survey if a score does not appear in client's clinical record.

- 00 for "unknown GAF"
- 01 for interval 01-10
- 02 for interval 11-20
- 03 for interval 21-30
- 04 for interval 31-40
- 05 for interval 41-50
- 06 for interval 51-60
- 07 for interval 61-70
- 08 for interval 71-80
- 09 for interval 81-90
- 10 for interval 91-100

ITEM 19a. PRINCIPAL PSYCHIATRIC DIAGNOSIS. Select the code for the principal psychiatric diagnosis from the list of DSM-IV codes provided. If there is no diagnosis available, select "no diagnosis available".

ITEM 19b. ADDITIONAL DIAGNOSIS. Select the code for the diagnosis that is second most important to the focus of treatment. If there is no additional diagnosis, select "no diagnosis available".

ITEM 20a. CASH ASSISTANCE BENEFITS. Choose all that apply.

0. No Cash Assistance
1. Supplemental Security Income (SSI)
2. Social Security Disability Insurance (SSDI)
3. Public assistance cash program (e.g., TANF, Safety Net)
4. Veterans' Cash Assistance
5. Other
9. Unknown

ITEM 20b. HEALTH INSURANCE COVERAGE.

0. No insurance coverage
1. Medicaid **only**
2. Medicare **only**
3. Medicaid **and** Medicare
4. Private Insurance
5. Child Health Plus
6. Family Health Plus
7. Other
9. Unknown

ITEM 20c. IS CLIENT ENROLLED IN AN HMO OR MANAGED CARE?

- 0. No
- 1. Yes
- 9. Unknown

ITEM 21. ADMISSION DATE, CURRENT EPISODE. Many mental health programs formally admit clients to their programs and discharge them when services are no longer being provided. These include all of the residential programs and licensed outpatient programs. Other programs like psychosocial clubs and drop-in centers may not formally record the start or end of a person's participation. If the client was screened but not admitted to the program during the survey week, do not report that person in the PCS application.

• If your program does formal admission paperwork, enter the date of the client's current admission to the reporting FUS (do not consider admissions to other FUS's.) Be sure that the admission date neither precedes date-of-birth nor follows the first date of service during the survey week. **If date of admission cannot be ascertained, enter "99999999"**

• If your program does not do formal admission paperwork, enter "77777777".

ITEM 22. SOURCE OF REFERRAL. Enter the code for the type of individual, facility or agency that referred the client. If there is more than one referral source, enter the code for the one most directly related to treatment.

- 01. Self, family or friend
- 02. State psychiatric center inpatient unit
- 03. General or certified hospital psychiatric inpatient
- 04. Residential treatment facility for children and youth
- 05. Local Assisted Outpatient Treatment (AOT) coordinator
- 06. Single Point of Access (SPOA)
- 07. Mental health noninpatient residential program
- 08. Mental health outpatient program
- 09. Emergency program or general hospital emergency room
- 10. CSP nonresidential program
- 11. Local mental health practitioner
- 12. Other medical care provider
- 13. Facility for the mentally retarded/developmentally disabled
- 14. Alcohol or substance abuse program
- 15. School /educational system
- 16. Juvenile justice system
- 17. Adult criminal justice system
- 18. Family court
- 19. Shelter for homeless
- 20. Other non-mental health community service provider
- 21. Other
- 99. Unknown

ITEM 23. CRIMINAL JUSTICE OR JUVENILE JUSTICE STATUS. Every effort should be made to locate criminal or juvenile justice status in the clinical record. If source of referral (item 22) was a criminal or juvenile justice agency, then it is likely that the client has a criminal or juvenile justice status. Clients referred for OMH Family Court evaluations are not criminal justice clients. Note that other types of evaluations may be requested by the courts that also do not involve criminal statutes (e.g. custody or treatment issues unrelated to criminal proceedings).

- 00. Not a criminal justice nor juvenile justice client
- 01. Police Lockup Prisoner
- 02. County/City Jail or Court Detention Prisoner
- 03. NYS Dept. of Correctional Services Prisoner
- 04. Adjudicated Juvenile Delinquent or Juvenile Offender in juvenile justice facility

- 05. Adjudicated PINS (Person in Need of Supervision) or Juvenile Delinquent in youth residential facility other than juvenile justice facility
- 06. Adjudicated Juvenile Delinquents or PINS on OCFS Aftercare
- 07. Probationer (adults, Juvenile Delinquents and PINS on probation)
- 08. Parolee (adults and Juvenile Offenders on parole)
- 09. Criminal Procedure Law (CPL) 330.20 Order of Conditions & Order of Release
- 10. On bail, released on own recognizance (ROR), conditional discharge
- 11. Alternative to incarceration (ATI) status, Mental Health Court, PINS Diversion
- 12. Under arrest
- 99. Unknown whether or not client has a criminal justice or juvenile justice status

ITEM 24. DATE LAST SERVED BEFORE 10/22/07 BY THIS PROGRAM. Enter the date when the client was last seen in this FUS, prior to the survey week. Enter **00000000** if the client has never been served before in this program. Enter **99999999** if you do not know when this client was last served by this program. Use MMDDYYYY format with 2-digit month, 2-digit day, and 4-digit year.

Helpful Hint: If a residential or inpatient program is the reporting FUS and the date of admission was before the first day of the survey, the date the client was last seen in that FUS before 10/22/2007 would be 10/21/2007.

ITEM 25. DATE(S) OF CLIENT SERVICE. Circle the date(s) that this client received direct services (individual, group, or collateral services) during the survey week from this FUS. All clients will have at least one service date circled.

Helpful Hint: An inpatient FUS should circle every day during the survey week the client was on inpatient status. A housing FUS should circle every day during the survey week the client was on the housing roster (not only those days they received a case management or other clinical or support service).

SPECIAL NOTE about SHEET NUMBERS. Upon entering a survey, each record will be assigned a sheet number. Should information have to be verified by the OMH, reference will be made to the survey's sheet number. All surveys will remain "viewable" by the facility for at least six months after the survey date. Though individual "forms" may be printed if submitter wishes, there is no necessity to print any of the "forms" since they will remain viewable throughout any OMH inquiry period.

Appendix A: CRITERIA FOR SEVERE AND PERSISTENT MENTAL ILLNESS AMONG ADULTS

To be considered an adult diagnosed with severe and persistent mental illness **A must be met. In addition, B or C or D must be met:**

- A. Designated Mental Illness Diagnosis.** The individual is 18 years of age or older and currently meets the criteria for a *DSM-IV* or *ICD-9-CM diagnosis* other than alcohol or drug disorders, developmental disabilities, dementias, or mental disorders due to general medical conditions, except those with predominant psychiatric features, or social conditions (V-Codes). *DSM-IV* categories and codes that do not have an equivalent in *ICD-9-CM* are not included as designated mental illness diagnoses.
- B. SSI or SSDI Enrollment due to Mental Illness.** The individual is currently enrolled in SSI or SSDI *due to a designated mental illness*.
- C. Extended Impairment in Functioning due to Mental Illness.** The individual must meet 1 or 2 below:
1. The individual has experienced *two of the following four* functional limitations *due to a designated mental illness over the past 12 months* on a continuous or intermittent basis:
 - a. **Marked difficulties in self-care** (personal hygiene; diet; clothing; avoiding injuries; securing health care or adhering to medical advice).
 - b. **Marked restriction of activities of daily living** (maintaining a residence; using transportation; day-to-day money management; accessing community services).
 - c. **Marked difficulties in maintaining social functioning** (establishing and maintaining social relationships; interpersonal interactions with primary partner, children, other family members, friends, neighbors; social skills; compliance with social norms; appropriate use of leisure time).
 - d. **Frequent deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner in work, home, or school settings** (ability to complete tasks commonly found in work settings or in structured activities that take place in home or school settings; individuals may exhibit limitations in these areas when they repeatedly are unable to complete simple tasks within an established time period, make frequent errors in tasks, or require assistance in the completion of tasks).
 2. The individual has met criteria for ratings of *50 or less* on the Global Assessment of Functioning Scale (Axis V of *DSM-IV*) *due to a designated mental illness over the past twelve months* on a continuous or intermittent basis.
- D. Reliance on Psychiatric Treatment, Rehabilitation, and Supports.** A documented history shows that the individual, at some prior time, met the threshold for C (above), but symptoms and/or functioning problems are currently attenuated by medication or psychiatric rehabilitation and supports. Medication refers to psychotropic medications which may control certain primary manifestations of mental disorder, e.g., hallucinations, but may or may not affect functional limitations imposed by the mental disorder. Psychiatric rehabilitation and supports refer to highly structured and supportive settings which may greatly reduce the demands placed on the individual and, thereby, minimize overt symptoms and signs of the underlying mental disorder.

Appendix B: CRITERIA FOR SERIOUS EMOTIONAL DISTURBANCE AMONG CHILDREN AND ADOLESCENTS

To be considered a child or adolescent with serious emotional disturbance **A must be met. In addition, B or C must be met:**

- A. Designated Emotional Disturbance Diagnosis.** The youngster is younger than 18 years of age and currently meets the criteria for a *DSM-IV psychiatric diagnosis* other than alcohol or drug disorders, delirium, dementia, and amnesic and other cognitive disorders; developmental disabilities; or other conditions that may be a focus of clinical attention. DSM-IV categories and codes that do not have an equivalent in ICD-9-CM are also not included as designated mental illness diagnoses.
- B. Extended Impairment in Functioning due to Emotional Disturbance.** The youngster must meet 1 *and* 2 below:
1. The youngster has experienced functional limitations *due to emotional disturbance over the past 12 months* on a continuous or intermittent basis. *The functional problems must be at least moderate in at least two of the following areas or severe in at least one of the following areas.*¹
 - a. **Self-care** (personal hygiene; obtaining and eating food; dressing; avoiding injuries).
 - b. **Family life** (capacity to live in a family or family-like environment; relationships with parents or substitute parents, siblings, and other relatives; behavior in family setting).
 - c. **Social relationships** (establishing and maintaining friendships; interpersonal interactions with peers, neighbors, and other adults; social skills; compliance with social norms; play and appropriate use of leisure time).
 - d. **Self-direction/self-control** (ability to sustain focused attention for long enough periods of time to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability).
 - e. **Learning ability** (school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).
 2. The youngster has met criteria for ratings of *50 or less* on the Children's Global Assessment Scale (CGAS) *due to emotional disturbance for the past twelve months* on a continuous or intermittent basis.²
- C. Current Impairment in Functioning with Severe Symptoms.** The youngster must meet 1 *and* 2 below:
1. The youngster *currently* meets criteria for a rating of 50 or less on the Children's Global Assessment Scale (CGAS) *due to emotional disturbance.*²
 2. The youngster must have experienced at least one of the following within the past 30 days:
 - a. Serious suicidal symptoms or other life-threatening, self-destructive behaviors.
 - b. Significant psychotic symptoms (hallucinations, delusions, bizarre behavior).
 - c. Behavior caused by emotional disturbances that placed the youngster at risk of causing personal injuries or significant property damage.

¹ It is intended that the clinician assess the youngster's functioning in at least these five domains in consideration of assigning a single numerical rating on the CGAS.

² While the CGAS is recommended, ratings of 50 or less on the Global Assessment of Functioning Scale (Axis V of DSM-V) may be substituted. The CGAS is described in Shaffer, D. et al. (1983) "A children's global assessment scale (CGAS)." Archives of General Psychiatry 40:1228-1231.