

***GUIDELINES***  
***FOR COMPLETING THE***  
***2011 PATIENT***  
***CHARACTERISTICS***  
***SURVEY***

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## A. DEFINITIONS

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. There are 26 state-operated facilities (e.g., Manhattan 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 subdivisions called “units” that provide specific services (see next definition.)

**Unit:** a mental health unit is a subdivision of a facility that provides a specific service. 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”. It should be noted that a unit is sometimes called a “**program.**”

**Site:** a mental health site is the further breakdown of a “unit” when the unit has multiple locations of operation. For instance, Schenectady-based Ellis Hospital has 2 locations for its clinic services: a main site and a satellite site.

**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 during the past spring and summer. The Coordinator will be the single liaison between the OMH and the facility and will ensure that all surveys have been entered for all unit/sites. This requires overseeing staff who were delegated as “supervisor” or “submitter” (see definitions below) for the PCS application.

**Security Manager:** the person at each facility charged with granting its staff access to the PCS Web Application. A Security Manager grants this access by assigning a staff member the role of “supervisor” or “submitter.” At that point the staff member will receive a UserID and Password to access the PCS Web Application. A facility *may* assign more than one person the role of “Security Manager”.

**“Submitter” and “Supervisor”:** these are the 2 roles that the Security Manager can choose from when enrolling staff.

- A **Submitter** can access only selected unit/sites. That means she will only “see” a subset of the FUS and can only enter data for this subset.
- A **Supervisor** can access ALL the facility’s unit/sites. The “Supervisors” are additionally responsible for assuring that each survey is complete and

that all unit/sites have reported. When data entry is complete, the Supervisor will “lock” data entry so that no further entry nor editing is possible.

## 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 6000 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 are posted on the [OMH Portal website](#).

Similar to the previous PCS, the new 2011 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.

**Changes in the survey since 2009 are detailed in “[What’s New for 2011](#).”**

## C. GENERAL INFORMATION

1. **DATE OF SURVEY:** All programs shall report data on clients served during the one-week period of **October 24** through **October 30, 2011**, inclusive.
2. **WHICH PROGRAMS 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) Transportation programs/services are **not** required to report
  - c) Mobile Mental Health Teams 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., if a clinician meets with the parent (“collateral”) of a child client during the survey week, but 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.

## 4. REPORTING METHODS

- a) **Web-Based Data-Entry:** Most facilities will submit data using the web-based data-entry application.
- b) **Electronic Upload:** A facility may elect to upload survey data (as an ASCII

file) to the PCS Web Application. These facilities must be able to adhere to the parameters that are detailed in [Using the Electronic Data Upload Feature](#). Facilities which maintain electronic client databases are encouraged to use the upload feature.

## 5. 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 "**Reason for No Data**" on the "Supervisor Page". The Supervisor may choose from the three "**Reasons for No Data**" below.
  - i) "**FUS is closed**"
  - ii) "**FUS has no clients during the survey week**"
  - iii) "**Other Reason for No Data Requested.**" Requires submitting a written description (via the PCS application) regarding three items:
    - a description of who is served by your program,
    - what services are provided by the program, and
    - why you feel you are unable to submit PCS data.
- c) Assure that all items have been completed on each submission.
- d) Assure that the information provided is accurate.
- e) "Lock" each FUS to prohibit further data entry after submissions for the FUS have been completed.

## 6. SUBMISSION DEADLINE

All PCS data must be reported on or before **Wednesday, November 23, 2011**.

## 7. FOR HELP

Questions about the survey should be directed to your facility's Survey Coordinator. Subsequently, these survey **coordinators** should contact the PCS unit if there are questions they cannot answer. To contact the PCS unit, use the "Comments or Questions" link at the bottom of the public PCS web site (<http://www.omh.ny.gov/omhweb/pcs/submissions/>), or use the "Contact Us" link from the Help Menu within the PCS application.

## D. GUIDANCE FOR COMPLETING SELECTED SURVEY ITEMS

### ITEM 3a. Client's First Name 3b. Client's Last Name

If name is unknown, enter "Unknown, Unknown." If first name is known, enter "Unknown" for last name. Eg. Joe Unknown

### ITEM 4. Date of Birth

If the exact date of birth is unknown, estimate the year-of-birth based on the client's approximate age, and enter "99" for both the month and day portions of D-O-B. A year-of-birth may not be entered as "unknown".

For the **six items** pertaining to the client's residence (**items 8-13**), respond according to the client's **CURRENT** living situation.

### ITEM 8. Current Living Situation

### ITEM 9. Household Composition

### ITEM 10. Parental Status

### ITEM 11. Was Client Homeless in Shelter or on Street at any time within the past 6 months?

### ITEM 12. County of Residence

### ITEM 13. ZIP Code

### ITEM 14. Primary Language

Select the language most frequently spoken by the client.

### ITEM 15. 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.

### ITEM 16. Current Employment Status (*Select the first outcome that applies*)

01. Competitive and integrated employment

02. Other employment

03. Non-paid work position (volunteer)

04. Unemployed and looking for work

05. Not In Labor Force: unemployed but not looking for work, retired, homemaker, student, incarcerated, or psychiatric inpatient

99. Unknown

If Item 16, Current Employment Status, is "competitive and integrated employment" or "other employment" we want to know how many hours a week the client usually works (you should answer **item 17, Usual Hours Worked Per Week**.) If Current Employment Status is anything else, the answer to **item 17, Usual Hours Worked Per Week**, must be "Not Applicable."

### ITEM 18. Education Level

Please report current grade level for persons currently enrolled in an academic program, and highest grade completed for persons not currently enrolled in an academic program.

**ITEM 19. Special education services?**

Please answer 'Yes' for any student identified by the school district as having a mental, physical or emotional disability and requiring special services and programs to attain success in school. The student must be under age 21 prior to Sept. 1st and must be entitled to attend public schools, including early intervention and preschool.

**ITEM 20. Committee on Special Education (“CSE”) Classification**

Enter the CSE Classification as per the diagnosis on the child's Individualized Educational Plan.

**ITEM 21. Current Disabilities/Disorders**

Identify any significant disabilities the client has that are diagnosable and cause functional impairment.

**ITEM 22. Chronic Medical Condition**

Select all conditions that the patient has reported to you or that are confirmed by the medical record.

**ITEM 23. Smokes cigarettes or uses tobacco products?**

Answer "yes" if you have seen your client smoke or chew tobacco even occasionally in the past month, if you have asked and he or she has answered affirmatively, or if the medical record confirms that the patient uses tobacco products.

**ITEM 26. Severe and Persistent Mental Illness / Serious Emotional Disturbance**

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 a previous assessment exists in client's clinical file, then it will not be necessary to reassess them for the purpose of this survey. Merely report the client's status from the previous assessment.

- For clients **aged 18 and over**, use the SPMI criteria listed in **Appendix A**,
- For clients **under age 18**, use the SED criteria listed in **Appendix B**.

**ITEM 27. Global Assessment of Functioning (GAF).**

Select the appropriate interval for the GAF that appears in the client's clinical record.

**ITEM 28. Principal Psychiatric Diagnosis**

Enter the code for the principal **psychiatric** diagnosis from the list of DSM-IV-TR codes provided. If there is no diagnosis available, select "99999 No diagnosis available". For those using the "Data Upload" feature in the Web Application, please ensure the use of a five-digit alphanumeric code, **left justified, and padded with trailing blanks**, as necessary.

**ITEM 29. Additional Diagnosis**

Supply the diagnosis code which is 2nd in importance to the focus of treatment; not necessarily a psychiatric diagnosis. Format similarly as item 21a. Use "99999" to represent "No diagnosis available."

**ITEM 32. 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 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 the date the client first started coming to the program. If that can't be ascertained, enter "77777777".
- If the client was screened but not admitted to the program, do not report that person in the PCS.

**ITEM 33. Criminal Justice or Juvenile Justice Status** *(Select the first outcome that applies)*

Provide the criminal or juvenile justice status from the client's clinical record. If the client was referred from 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).

**ITEM 34. Date Last Served Before 10/24/2011 by this Program**

Enter the date when the client was last served in this FUS, prior to the survey week. Use MMDDYYYY format with 2-digit month, 2-digit day, and 4-digit year. Select the appropriate checkbox if the client has never been served before in this FUS or if you do not know when this client was last served by this FUS.

If a residential or inpatient program is the reporting FUS and the date of admission was **before** the first day of the survey (10/24/2011), then the date last served in that FUS before 10/24/2011 would be 10/23/2011.

**ITEM 35. Date of Client Service** *(Select all that apply)*

Indicate the date(s) the client was served during the survey week.

An inpatient FUS should circle every day during the survey week that 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 clinical or support service).

♥ **SPECIAL NOTE about SHEET NUMBERS:** Upon entering a survey, each record will be automatically assigned a sheet number. Should information need 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 the 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 psychiatric diagnosis* other than alcohol or drug disorders, organic brain syndromes, developmental disabilities, or social conditions.
- 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. Documentation that 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 complying with 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).
- 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 the 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 (e.g. Congregate or Apartment Treatment Programs) 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 and B 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* that suggests a disruption of normal cognitive, emotional, or behavioral functioning, which can be classified and diagnosed using the current edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, other than:

1. Alcohol or drug disorders,
2. Developmental disabilities,
3. Organic brain syndrome or
4. Social conditions (V-Codes). V-Code 61-20 Parent-Child (or comparable diagnosis in any subsequent editions of the DSM) is included for children.

**B. Extended Impairment in Functioning due to Emotional Disturbance.** 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:*

- a. **Ability to care for self** (e.g., personal hygiene; obtaining and eating food; dressing; avoiding injuries).
- b. **Family life** (e.g., 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** (e.g., 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** (e.g., 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. **ability to learn** (e.g., school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).