NEW YORK STATE | Office of Mental Health

Guidelines for Completing the

Patient Characteristics Survey (PCS)

2023

Contents

Definitions

Patient Characteristics Survey (PCS): A biennial survey conducted by the New York State Office of Mental Health (OMH) that collects information about the consumers of Mental Health (MH) services in New York State.

Facility Survey: A questionnaire that collects information about the providers of MH services in New York State. The Facility Survey is conducted in the Spring of a PCS survey year and can be found on the "Survey" tab in the Mental Health Provider Data Exchange (MHPD) application.

Facility: A mental health facility is an organization that provides mental health services under the same administrative management. It is the largest organizational entity identified during the Patient Characteristics Survey. It includes state-operated facilities (e.g., Manhattan Psychiatric Center, Hutchings Psychiatric Center) and more than 600 locally operated facilities (e.g., Tioga County Department of Mental Hygiene, NYC HHC 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, a facility may have 2 units: one that provides clinic services and one that provides advocacy services. It should be noted that a unit is sometimes called a **"**program." A unit may have subdivisions called "sites" that indicate specific locations of services (see next definition).

Site: A mental health site is a subdivision of a "unit" associated with separate locations of service provision. For instance, Parson's Child and Family Center has four locations for its clinic services program: a main site and three school satellite sites.

FUS: A FUS is the combination of the 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 Office of Mental Health (OMH).

Survey Coordinator: One person at each facility is designated as the facility's Survey Coordinator. This designation may be made at any time in MHPD, and it is typically updated as part of the Facility Survey. The Survey Coordinator is the liaison between the Office of Mental Health (OMH) and the facility for the implementation of the PCS. The Survey Coordinator ensures that all surveys are entered for all facility's unit/sites. This requires overseeing staff who are delegated as Supervisors and Submitters for the PCS data entry application (see definitions below). A Survey Coordinator will not be able to access the PCS data entry web application until the Security Manager assigns them a PCS security role (see definitions below).

Security Manager: A person at each facility who is responsible for granting facility staff access to the PCS data entry web application. A Security Manager grants this access by assigning a staff member the PCS security role of "supervisor" or "submitter" (see definitions below). At that point, the staff member will receive a User ID and Password to access the PCS data entry web application. A facility may assign more than one person the role of Security Manager. A Security Manager will not be able to access the PCS data entry web application until assigned a PCS security role.

Security Roles: A Security Role designates the level of access for a facility staff member within the PCS data entry web application. There are two Security Roles that the Security Manager can choose from when enrolling staff: **Submitter or Supervisor.**

- A **Submitter** accesses only selected unit/sites: they can only view and enter data for a subset of the facility's units/sites.

- A **Supervisor** can access **ALL** the facility's unit/sites and may upload a data file to the application. Supervisors are additionally responsible for ensuring that each survey is complete and valid, and that all unit/sites have reported. When data entry is complete, the Supervisor is responsible for "locking" data entry so that no further entry or editing is possible.

Introduction

The Patient Characteristics Survey (PCS) is a one-week survey of all persons served by the public mental health system in New York State. Conducted every two years, it collects demographic, clinical, and service information on over 206,000 consumers served in approximately 5,000 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 PCS Tableau website.

The PCS requires each FUS to complete a survey for each client that receives one or more 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 client. The survey should be completed based on each client's medical record and not from directly surveying the client during the survey week.

Changes in the survey since the 2022 PCS are detailed in "What's New for 2023."

General Information

Dates of Survey

All FUS shall report data on clients served during the one-week period of **October 23** through **October 29, 2023**, inclusive.

Submission Period

The data submission period is October 23rd through November 22nd. All data must be reported by the end of the submission period. Non-compliant facilities will be contacted by OMH Central and Field Offices and will be expected to complete all delinquent data entry immediately. Data cannot be submitted or edited after December 6, 2023.

Which Programs Must Report

All providers of mental health services, that are licensed or funded by the New York State Office of Mental Health (OMH), must report for the PCS.

Exceptions:

- Veterans Administration Hospitals and private-practice clinicians are not required to report.
- Transportation program/services (program 0670) are not required to report.
- Coordinated Children's Services Initiative (program 2990) and Single Point of Access program (1400) are not required to report.
- Supportive Crisis Stabilization (program 1700), Intensive Crisis Stabilization Center (program 1710), and 988 Crisis Hotline Center (program 1720) are not required to report
- FEMA Crisis Counseling Assistance and Training (program 1690)
- Health Home Care Management (program 2730)
- State Operated Adult BH HCBS (program 4730)
- PROS Rehabilitation and Support Subcontract Services (program 9340)
- PROS Employment Initiative (program 8350) will report under Comprehensive PROS
- CFTSS: Only (program 4960) CFTSS: Children's Mental Health Rehabilitation program is exempt from PCS. All other CFTSS programs should be reporting.
- Certified Community Behavioral Health Clinic (CCBHC) (program 6350) will report under (program 2100) Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) formerly known as Clinic Treatment

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NOTE: Health Home Non-Medicaid Care Management (program 2620) **must** report adults and children with primary mental illness.

Which Clients Should Be Reported

The clients reported in the PCS should represent a typical week in your program. Any client served in an OMH funded, or licensed program should be reported, this includes integrated licensed programs that are an OMH host site.

- **Residential-type FUS** should include all persons in residence during the survey week.
- **Nonresidential FUS** should include all persons receiving client or collateral services during the survey week. When collateral services are involved, information reported should pertain to the client not the collateral. For example, 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**.**
- **All FUS** should only report on clients **admitted** into the program.
    i. If **client screenings** are a significant part of your program model, such as in emergency rooms, screenings should be counted and reported as a service.
    ii. If **indirect services**, such as a telephone call with a family member, are a significant part of your program, report on all the individuals receiving these services. In this case, be sure to report on the client, not on a family member.
    iii. If **indirect services** are an insignificant part of your program, you do **not** need to report on individuals who only received an indirect service during the week.

- If your program serves **clients with a primary substance abuse or intellectual disabilities**, you should report those persons. Do not report persons served only in Office of Persons with Developmental Disabilities (OPWDD) or Office of Alcoholism and Substance Abuse Services (OASAS) programs.

NOTE: School Based Mental Health Programs (program 1510) and Family Support Services-Children & Family: (program 1650) will be expected to report.

Reporting Methods

There are two methods for submitting PCS data:

1) **Web-Based Data Entry:** Allows facilities to submit data manually by entering the information directly into the PCS data entry web application.
2) **Electronic Upload:** Allows facilities to upload survey data into the PCS data entry web application via an ASCII file. The facilities must be able to adhere to the parameters detailed in the Using the Electronic Data Upload Feature. Facilities that maintain electronic client databases are encouraged to use the upload feature.
    - Note for data upload users: Some OMH housing units may have multiple site codes (locations). For the following OMH housing program types, data will be uploaded into the site code for the main site, regardless of the actual site code(s) in your text file: 4040, 7070, 7080, 8050, 6070, 5070, 6080. This is done because PCS does not require site-level data for housing programs and because data for the same program types are also at the unit level.

Responsibility of the Supervisor Role

At least one person at each facility is designated as the PCS Supervisor by the facility's Security Manager. The Supervisor is expected to:
- Verify all the facility's FUS exist on the web application's FUS listing.
- Assure that surveys have 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:
  1. "FUS is closed"
  2. "FUS has no clients during the survey week"
  3. "Other Reason for No Data Requested**."** This option requires that the supervisor submit (via the PCS web application) a written justification addressing these three items:
     - a description of the population served by the program,
     - an overview of the services that are provided by the program, and
     - the reason the program is unable to submit PCS data.
- Assure that all items have been completed on each submission.
- Assure that the information provided is accurate.
- "Lock" each FUS to prohibit further data entry after submissions for the FUS have been completed.

Resources and Getting Help

- PCS resources, such as the Survey Form and PCS Calendar, are available on the [PCS web site](#).
- Questions about the survey should be directed to the facility's Survey Coordinator. If the Survey Coordinator is unable to answer the question, the coordinator can contact the PCS unit as follows:
  - Click on the "PCS Team in the Surveillance and Surveys Unit" link at the bottom of the public [PCS web site](#).
  - Use the "Contact Us" link from the Help Menu within the PCS data entry application.

Guidance for Completing Survey Items

Items 1 and 2. Unit Code and Site Code
These items are automatically prefilled by the data entry application.

Item 3a. Client's First Name
- Enter the client's full first name, not a nickname.
- A middle name may be added, such as "Mary Ruth", if the client is known by both names.
- A first initial and middle name may be entered, if client is formally known by their middle name, for instance "M. Joseph."
- If the first name is not known, enter "Unknown."

Item 3b. Client's Last Name
- Enter the client's full last name.
- If only first name is known, enter "Unknown" for last name (for example, "Joseph Unknown").
- If the last name is not known, enter "Unknown."

Item 4. Date of Birth
- Use MMDDYYYY format with 2-digit month, 2-digit day, and 4-digit year.
- If the exact date of birth is unknown, estimate the birth year based on the client's approximate age, and enter "99" for both the month and day portions of the date. For instance, a client with an unknown date of birth who appears to be around 50, is entered as "99991969". A birth year may not be entered as unknown.

Item 5. Sex on Birth Certificate (Check one):
- Report sex on birth certificate.
- If sex on birth certificate is unknown, report information from admission forms.
- Intersex refers to people who are born with any variation of sex characteristics that may not fit traditional conceptions about male or female bodies.

Item 6. Gender (Check one):
- Enter the current gender identity provided by the client.
- Programs that do not already collect this information should develop procedures to allow clients to self-identify. For example, by adding the following to an admission interview: "Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman. Do you consider yourself to be a transgender man or transgender woman?"
- Per NYS DOH AIDS Institute:
    - Cisgender is a term for people whose gender identity matches the sex that they were assigned at birth. For example, someone who identifies as a woman and was assigned female at birth is a cisgender woman.
    - Non-binary is an umbrella term that describes people whose gender falls outside of the traditional gender binary structure. Other terms for people whose gender identity falls outside the traditional gender binary include agender, bigender, gender fluid, genderqueer, and gender variant.

- o Gender non-conforming describes a gender expression that differs from a given society's norms for women and men.
- If the client does not indicate a gender, report as "Client didn't answer".
- If the client hasn't been asked, select "Unknown."

Item 7. Sexual Orientation (Check one):
- Enter the sexual orientation by which the client self-identifies.
- If the client has not indicated a sexual orientation, report as "Client didn't answer".
- If the client hasn't been asked, select "Unknown."

Item 8a. Hispanic Ethnicity (Check one):
Select "Yes" for a client who is of any Spanish cultural origin, regardless of race. This includes any of the following origins: Cuban, Mexican, Puerto Rican, Dominican, Ecuadorian, or any other Spanish cultural origin (including Spain).

Item 8b. If Hispanic is selected (Check one):
- If Item 8a (Hispanic Ethnicity) is "Yes," then select one of the detailed subgroups.
- In cases where Item 8a (Hispanic Ethnicity) is "No, not Hispanic/Latino" or "Unknown", then select "Not Applicable".

Item 9. Race (Select all that apply):
Select the client's race(s), regardless of Hispanic Ethnicity.
a. "White" refers to origins in any of the original people of Europe, North Africa, or the Middle East.
b. "Black/African American" refers to origins in any of the Black racial groups of Africa.
c. "Asian" refers to origins in any of the people of the Far East, the Indian Subcontinent, or Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, and Vietnam.
d. "American Indian/Alaska Native" refers to origins in any of the original people of North America and South America (including Central America) who maintain cultural identification through tribal affiliation or community attachment.
e. "Native Hawaiian/Other Pacific Islander" refers to origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
f. "Other" includes any other racial origins not captured in the above categories.
g. "Unknown" should be selected if the client's race is not available.

Item 9h. If Black/African American is selected (Check one):
- If "Black/African American" is one of the selected races in Item 9 (Race), then select one of the detailed subgroups.
- In cases where "Black/African American" is not one of the selected races in Item 9 (Race) or Item 9 is "Unknown," then select "Not Applicable".

Item 9i. If Asian or Hawaiian/Pacific Islander is selected (Check one):
- If "Asian" is one of the selected races in Item 9 (Race), then select one of the detailed subgroups. If "Native Hawaiian/Other Pacific Islander" then select "Hawaiian" and/or "Other Asian or Pacific Islander"
- In cases where "Asian" is not one of the selected races in Item 9 (Race) or Item 9 is "Unknown," then select "Not Applicable".

For **Items 10-15,** which pertain to the client's residence, respond according to the client's **current** living situation**.**

Item 10. Living Situation (Check one):
- Report client's permanent residence or living situation when not hospitalized or in a Residential Treatment Facility (RTF).
- Crisis Residence, RTF, and inpatient programs should report residence prior to admission.
- Select "Inpatient" for inpatient clients who were transferred directly from another inpatient setting or have been in the inpatient program for more than one year**.**
- For a child living with a foster family, "Private Residence" should be selected.
- Homeless is defined as Economic hardship "doubled-up", Shelter, Hotel or Motel, Car, Park, Bus Station, Train Station, Campsite, Transitional Housing, or other temporary living situation.

Item 11. If living in private residence, what is the Household Composition (Select all that apply):
- Inpatient and RTF programs should report household composition prior to admission.
- For a child living with a foster family, "Foster Parent" should be selected.

Item 12. Parental Status (Select all that apply):
If the client is younger than 11 years old, then "No Children" must be selected.

Item 13. Was Client Homeless in Shelter or on Street at any time within the past 6 months?
If Item 10 (Living Situation) is "Homeless," then "Yes" must be selected. Homeless is defined as Economic hardship "doubled-up", Shelter, Hotel or Motel, Car, Park, Bus Station, Train Station, Campsite, Transitional Housing, or other temporary living situation.

Item 14. County of Residence
- Report client's county of residence.
- RTF and inpatient programs report residential county prior to admission.
- Homeless living situation report client's county of residence prior to being Homeless. If not known, report county of homeless shelter.

Item 15. Residence ZIP Code
- Report client's ZIP code of residence.
- Crisis Residence, RTF, and inpatient programs should report residential ZIP code prior to admission.
- Homeless living situation should select '88888'
- If Client's County of Residence is "Other State in United States" or "Other Country," select '77777'
- If Client's County of Residence is "NYS, County Unknown" select '99999'

Item 16. Preferred Language (Check one):
- Select the language in which the client prefers to discuss health matters.
- If that information is unknown, report primary language.

- The languages listed are from the American Community Survey and are selected based on US Census counts for NY or from the number of persons reported to speak the language in prior PCS.

Item 17a. What best describes the client's religious and spiritual preferences? *(check one):*
- If you do not collect the information, the data is not available, or the client doesn't know/refuses to answer, then select "Unknown".
- If the client identified as spiritual but not religiously affiliated, then select "I consider myself spiritual, but not religious."

Item 17b. What best describes the client's religious preferences? *(check one:)*
- Select the religious group in which the client affiliates with.
- If the response to Question 17a. is **anything other than** "I belong to a formal religious group," then select "Not Applicable".

Item 18. Does client have prior or current active U.S. military service?
- Select "Yes" if the client has previously served or is currently 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 19. Employment Status (Check one- select the first outcome that applies):
- The last known employment status should be reported.
- Inpatient and forensic settings should report:
  - Last known employment for stays of less than 90 days.
  - "Not in Labor Force" for stays greater than 90 days
- "Employed (Competitive or Self-employed)" includes:
  - Full and part-time work that is community-based, competitive (for example, not reserved for clients, rather open to the public), and is in normalized settings.
  - Informal labor for cash, such as day labor.
  - Persons served by Assisted Competitive Employment and Ongoing Integrated Employment programs.
  - Self-employed
- "Other employment" includes paid student internships and persons served by OMH-funded employment programs **other than** Assisted Competitive Employment and Ongoing Integrated Employment programs.
- "Non-paid work position" includes volunteer positions and unpaid student internships.
- "Unemployed and looking for work" includes clients actively looking for work (sending out resumes, visiting employment centers, interviewing, etc.) and those laid off from a job in the past 30 days and are waiting to be recalled.
- "Not In Labor Force" includes clients who are unemployed, but not looking for work, retired, homemaker, student, anyone underage of employment/below working age, and anyone incarcerated or in a psychiatric inpatient program for more than 90 days.

Item 20. If employed, what are the client's usual hours worked per week? (Check one):
- If "Employed (Competitive or Self-employed)" or "Other employment" is selected for Item 19 (Employment Status), then select the number of hours a week the client usually works.
- If Item 19 (Employment Status) is **anything other than** "Employed (Competitive or Self-employed)" or "Other employment", then select "Not Applicable".

Item 21. Has client attended school (in person or virtual), home tutoring, or received education instruction at any time in the past three months?
Select "Yes" if the client has had any formal educational instruction in the past three months.

Item 22. Education Level (Check one):
- For persons currently enrolled in an academic program, select current grade level.
- For persons not currently enrolled in an academic program, select highest grade completed.
- For children who are home schooled and children in Special Education who have been mainstreamed in regular school grades, select the equivalent grade level.

Item 23. Does the child have an IEP for special education services through the school district's Committee on Special Education?
- Select "Yes" for any student with IEP identified by school district committee on special education 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 24a-n. Disability or Disorder
- For each disorder/disability that is listed, select "Yes" if the client has a diagnosable disorder or a significant disability that causes functional impairment.

Item 25 a-e COVID-19
- Answer "Yes" to Question 25a regardless of where the client received a positive COVID-19 test (i.e., at your program or from another program)
- Answer "Yes" to Question 25c regardless of where the client was vaccinated for COVID-19 (i.e., at your program or from another program)
- Answer "Yes" to Question 25d regardless of where the client received the booster for COVID-19 (i.e., at your program or from another program)

Item 26a-r. Chronic Medical Condition (Select "Yes," "No," or "Unknown" to each question):
- Select "No," "Yes," or "Unknown" for each Chronic Medical Condition question.
- Select "Yes" to "Other chronic medical condition(s) not listed above" if the client has any chronic medical condition not listed.
- Select "No" for all Chronic Medical Condition questions (a-r) if the client and/or medical record indicates that the client has no chronic medical conditions.
- Select "Unknown" for all Chronic Medical Condition questions (a-r) if there is no information available about the client's medical conditions.

- **For Direct Data Entry only**, there will be a check box to select "No" for all Chronic Medical Condition questions (a-r), if the client and/or medical record indicates that the client has no chronic medical conditions. There will also be a check box to select "Unknown" for all Chronic Medical Conditions questions (a-r) if there is no information available about the client's medical conditions.
- Per CMS, select "Yes" to Long Covid if the client has an ICD-10-CM code of "U09.9 Post COVID-19 condition, unspecified"

Item 27. In the last 12 months, did client use cannabis (marijuana, weed, pot or hashish) obtained without a recommendation from a medical-cannabis-certified practitioner?
- Select "No," "Yes," or "Unknown" for Recreation Cannabis Use question.

Item 28. Has the client received a recommendation to use cannabis (marijuana, weed, pot or hashish) for medical purposes from a medical-cannabis-certified practitioner within the last 12 months?
- Select "No," "Yes," or "Unknown" for Medicinal Cannabis Use question.

Item 29. In the last 12 months, has the program assessed the client's stage of change?
- This is a generalized model for addiction treatment and thus not referencing a specific PCS question. If the client has an indicator on their record for the score, then respond.

Item 30a. In the last 12 months, did client smoke cigarettes, vape or use tobacco products?
- Select "Yes" if:
  - The client was seen smoking, vaping, or chewing tobacco one or more times in the past 12 months.
  - The client has been asked about tobacco use and answered affirmatively.
  - The client's medical record confirms that the client uses tobacco products.

Item 30b. Did client receive a medication for treatment of tobacco use disorder (e.g. varenicline, bupropion, nicotine replacement therapy) from this program in the past year?
- Select "Yes" if the reporting program (FUS) prescribed medication or monitored administration of medication for smoking cessation to the client in the past 12 months.

Item 30c. Did client receive counseling or psychotherapy for treatment of tobacco use disorder from this program in the past year?
Select "Yes" if in the past 12 months the client received from the reporting program (FUS):
- Individual or group counseling addressing tobacco as one component of treatment.
- Any service described by Current Procedure Terminology (CPT) as a medical procedure for tobacco cessation.

Item 31a. In the last 12 months, did client receive any medications for Alcohol Use Disorder (e.g., naltrexone, acamprosate, disulfiram) from this program?
- Select "Yes" if in the past 12 months the client received from the reporting program (FUS) medication (e.g., naltrexone, acamprosate, disulfiram) for Alcohol Use.

Item 31b. In the last 12 months, did client receive any psychotherapy or counseling for alcohol use disorder from this program?
- Select "Yes" if in the past 12 months the client received from the reporting program (FUS) psychotherapy or counseling for Alcohol Use.

Item 32a. In the last 12 months, did client receive any medications for opioid use disorder (e.g., long-acting naltrexone, buprenorphine) from this program?
- Select "Yes" if in the past 12 months the client received from the reporting program (FUS) any medication (e.g., long-acting naltrexone, buprenorphine) for Opiate Use Disorder

Item 32b. In the last 12 months, did the client receive any counseling or psychotherapy for opioid use disorder from this program?
- Select "Yes" if in the past 12 months the client received from the reporting program (FUS) any counseling or psychotherapy for Opiate Use Disorder

Item 33. In the last 12 months, did client receive any treatment for any other Addiction Disorder from this program?
- Select "Yes" if in the past 12 months the client received from the reporting program (FUS) any treatment, counseling, or medication for **any other** Addiction Disorder

Item 34. In the last 12 months, was the client screened for Hepatitis C?
- Select "Yes" if in the past 12 months the client was screened for Hepatitis C regardless of whether it was done by the reporting program or somewhere else.

Item 35. In the past 12 months, did the client have any thoughts of killing themself?
- Select "Yes" if in the past 12 months the client expressed any thoughts of killing themselves.

Item 36. In the past 12 months, did the client have a suicide attempt?
- Select "Yes" if in the past 12 months the client attempted suicide.

Item 37. Does client have a Serious Mental Illness / Serious Emotional Disturbance
- For clients aged 18 and over, use the SMI Criteria to evaluate for SMI status.
- For clients under age 18, use the SED criteria on the SED Criteria.
- If a client has **not** previously been evaluated for SMI or SED status, then a clinician should use the criteria in the Guidance Page of the OMH Web Site to establish a current SMI or SED status.
- If a previous assessment exists in client's clinical file, it will **not** be necessary to reassess them for this survey. Report the client's status from the previous assessment.

Item 38. Primary Psychiatric Diagnosis
- Select the code and label for the primary **psychiatric** diagnosis from the list of codes provided.
- Mental health diagnosis codes should be given priority in reporting over substance abuse, intellectual disability, organic mental disorder, no diagnosis, deferred diagnosis, and other V codes.

- If the question is being answered from a record review and the agency does not classify diagnosis into primary and secondary diagnoses, then report the first diagnosis listed in the admission evaluation or last treatment update, whichever is most recent.
- If you do not collect a Principal Diagnosis, select "99999 Unknown"

Item 39. Additional Diagnosis
- Select the diagnosis code and label that is second in importance to the focus of treatment; in other words, an additional behavioral health diagnosis that contributes to the treatment needs.
- If no diagnosis is available, select "88888 No Additional Diagnosis Available."

Item 40a-f. Cash Assistance Benefits
- Select "No", "Yes", or "Unknown" for each question.
- Food Stamps are not a cash benefit.

Item 41a-f. Health Insurance Coverage
- If the client is a self-payer or has no health insurance, then select "No" for each of the primary coverage types (Medicaid, Medicare, Private Insurance, Child Health Plus, and Other Health Insurance) and "Not applicable" for Medicaid Managed Care.
- Report Medicaid Managed Care (Item 41b) only if the client is enrolled in Medicaid (that is, if Item 41a is "Yes"). If 41a is "No" or "Unknown," then Item 41b should be "Not Applicable."

Item 42. Admission Date, Current Episode
- Use MMDDYYYY format with 2-digit month, 2-digit day, and 4-digit year.
- Many mental health programs formally admit clients to their programs and discharge them when services are no longer being provided. These include all the residential programs and licensed outpatient programs. **Programs that complete formal admission paperwork** should:
  - 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 the client's birth date nor follows the first date of service during the survey week.
  - If date of admission cannot be determined, then select "If unknown admission date, check here." The date box will be auto populated with "99999999".
- Other programs, like psychosocial clubs and drop-in centers, may not formally record the start or end of a person's participation. **Programs that do not have a formal admission process** should:
  - Enter the date of Intake.
  - If that can't be determined, select "If program does not do formal admission paperwork, check here." The date box will be auto populated with "77777777".

Item 43. Criminal Justice or Juvenile Justice Status (Check one: 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.
- Referral from OMH Family Court evaluations does **not** render criminal justice status.
- Some types of evaluation may be requested by the courts but do not involve criminal statutes (e.g., custody proceedings).
- For Drug Court Treatment, select "Alternative to Incarceration (ATI) status, Mental Health Court, Court Diversion, Drug Court Treatment"

Item 44. Date Last Served Before 10/23/2023 by this Program
- Enter the date when the client was last served **in the reporting FUS**, prior to the survey week.
- Use MMDDYYYY format with 2-digit month, 2-digit day, and 4-digit year.
- For residential or inpatient programs, if the date of admission was **before** the first day of the survey (10/23/2023), then the date last served in that program would be 10/23/2023.
- Select the appropriate checkbox if the client has never been served before in this FUS or if it is unknown when this client was last served by this FUS.

Item 45. Date of Client Service (Select all that apply):
- Indicate the date(s) the client was served by the program (FUS) during the survey week.
- An inpatient unit should select every day during the survey week that the client was on inpatient status.
- A housing program should select every day during the survey week the client was on the housing roster (not only those days they received a clinical or support service).