

**Guidelines
for Completing the
2015 Patient
Characteristics
Survey**

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A. Definitions

The **Patient Characteristics Survey** is a questionnaire which collects information about the **consumer** of Mental Health (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 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 700 locally-operated facilities (e.g., Tioga County Dept. of Mental Hygiene, NYC HHC 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.)

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 a second that provides “advocacy 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, Parson’s Child and Family Center has 4 locations for its clinic services: a main site and three school satellites.

FUS: a FUS 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 may be made at any time in MHPD, but is often updated when the Facility Survey is completed during the spring. The Coordinator is be the single liaison between the Office of Mental Health (OMH) and the facility and ensures 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. A Survey Coordinator does not have access to the PCS application until a PCS security role is assigned by the Security Manager.

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 PCS security 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”. A Security Manager does not have access to the PCS application until assigned a PCS security

role.

“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 and may upload a data file to the application. 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 or 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 180,000 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 are posted on the [PCS Portal](#) website.

The 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 2013 are detailed in [“What’s New for 2015.”](#) 

C. General Information

Date of Survey:

All programs shall report data on clients served during the one-week period of **October 19 through October 25, 2015**, inclusive.

Which Programs Must Report:

- a) In 2015, Health Home Care Management (HHCM, program 2730) programs **do not** report on the PCS.
- b) Health Home Non-Medicaid Care Management (program 2620) **do** report adults and children having primary mental illness.
- c) All providers of mental health services in New York State must report with the following exceptions:

- i. Veterans Administration Hospitals and private-practice clinicians are **not** required to report
- ii. Transportation programs/services are **not** required to report
- iii. State-operated Mobile Mental Health Teams (program 7000) are **not** required to report
- iv. Coordinated Children's Services Initiative and Single Point of Access programs are **not** required to report.
- v. Family Peer Support Services (program 1650) and School Based Mental Health (program 1510) programs are **not** required to report.

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. 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**.
- c) Only report on clients actually admitted into your program unless client screenings are a major part of your program model; for example, if your program is an emergency room. In that case, count the screening as a service and report on that.
- d) If indirect services, such as a telephone call with a family member, are a significant part of your program, please report for the persons receiving these services. Do make sure that you report on the CLIENT, not a family member. If indirect services are only an insignificant part of your program, you do not need to report for persons only receiving an indirect service during the week. The PCS should represent a typical week in your program.
- e) If your program serves clients with a primary substance abuse or intellectual disabilities, you report those persons. You must report any client served in an OMH funded or licensed program (these include Integrated licensed programs that are an OMH host site). Do not report persons served only in Office of Persons with Developmental Disabilities (OPWDD) or Office of Alcoholism and Substance Abuse Services (OASAS) programs.

Reporting Methods:

Web-Based Data-Entry: Most facilities will submit data using the web-based data-entry application.

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.

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 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.

Supervisor's Responsibility:

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 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.
 - 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 the population served by the program,
 - what services are provided by the program, and
 - why the program is 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.

Submission Period:

The data submission period is October 19th through November 18th. 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 must be prepared to complete all delinquent data entry immediately. No data can be submitted or edited after December 9, 2015.

For Help:

Questions about the survey should be directed to the facility's Survey Coordinator. Subsequently, these survey **coordinators** should contact the PCS unit with any questions they cannot answer. To contact the PCS unit, use the "Comments or Questions" link at the bottom of the public [PCS web site](#) 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

Enter 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 that middle name, for instance "M. Joseph".

Item 3b. Client's Last Name

If both first and last names are unknown, enter "Unknown, Unknown." If only first name is known, enter "Unknown" for last name. E.g. "Joseph 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. For instance, a client with an unknown date of birth, who is apparently 50 would be entered as "99/99/1963". A year-of-birth may not be entered as "unknown".

Item 5. Assigned Sex at Birth or Sex on Birth Certificate (check one)

Please report assigned sex at birth or sex on birth certificate. If unknown, report information from admission forms.

Item 6. Client Self-Identifies as Transgender? (check one)

Enter the transgender identity given by the client. Programs 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 male or transgender female? If the client does not indicate a gender, report as "Client didn't answer". If the client hasn't been asked, please report "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, please report "Unknown."

Item 8a. Hispanic Ethnicity

When reporting Hispanic Ethnicity, select **Yes** for any of the following origins; Cuban, Mexican, Puerto Rican, Dominican, Ecuadorian or any other Spanish cultural origin (including Spain); all regardless of race.

Item 8b. If Hispanic is selected, please select from the detailed subgroups or report "unknown."

Item 9. Race (Select all that apply)

- White: origins in any of the original people of Europe, North Africa or the Middle East
- Black/African American: origins in any of the Black racial groups of Africa
- Asian: 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
- American Indian/Alaska Native: 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
- Native Hawaiian/Other Pacific Islander: origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands

Item 9h. If Black/African American is selected, please select from the detailed subgroups or report "unknown."

For the **items** pertaining to the client's residence (**Items 10-15**), respond according to the client's **current** living situation.

Item 10. Living Situation

Report client's permanent residence or living situation when not hospitalized or in a Residential Treatment Facility (RTF). RTF and inpatient programs report residence prior to admission. Answer "Inpatient" **only** if inpatient client was transferred directly from another inpatient setting **or if the client has been an inpatient for more than one year.**

Item 11. Household Composition (Select all that apply)

Inpatient programs report household composition prior to admission. For a child living with a foster family, "private residence" should be selected for the living situation and "foster parent" should be one of the selections for household composition.

Item 12. Parental Status (Select all that apply)

Item 13. Was Client Homeless in Shelter or on Street at any time within the past 6 months? If Living Situation was answered "Homeless", select "Yes".

Item 14. County of Residence

Report client's county of residence, the county when not hospitalized or in a Residential Treatment Facility (RTF). RTF and inpatient programs report residence prior to admission.

Item 15. Zone Improvement Program (ZIP) Code

Report client's ZIP code of residence, the ZIP code when not hospitalized or in a Residential Treatment Facility (RTF). RTF and inpatient programs report residence prior to admission.

Item 16. Preferred Language

Select the language in which the client prefers to discuss health matters. If that information is unknown, report primary language. Note that language now lists four selections for Chinese languages and three selections for Indic languages. The languages listed are from the American Community Survey and are selected based on US Census counts for NY or number of persons reported to speak the language in prior PCS.

Item 17. Prior or current 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 18. Employment Status (Select the first outcome that applies)

- 01. Competitive and integrated employment
- 02. Other employment: includes paid student internships
- 03. Non-paid work position (volunteer, unpaid student internships)
- 04. Unemployed and looking for work: actively looking for work (sending out resumes, visiting employment centers, interviewing, etc.) or laid off from job (and awaiting to be recalled) in the past 30 days

- 05. Not In Labor Force: includes unemployed but not looking for work, retired, homemaker, student, and anyone incarcerated or a psychiatric inpatient for greater than 90 days
- 99. Unknown

The last known employment status should be reported. Inpatient and forensic settings should report last known employment for **stays of less than 90 days**; if the **stay is greater than 90 days** then **“Not in Labor Force”** should be indicated. “Competitive and integrated employment” includes full and part-time work that is community-based, competitive (i.e., not reserved for clients, rather open to the public) and in normalized settings. Informal labor for cash, such as day labor, is included. Persons served by Assisted Competitive Employment and Ongoing Integrated Employment Programs are generally in “Competitive and integrated employment.” Persons served by other OMH-funded employment programs are generally in “Other employment.”

Item 19. Usual Hours Worked Per Week

If Employment Status, is “competitive and integrated employment” or “other employment” enter the number of hours a week the client usually works. If Employment Status is anything else, the answer for **Usual Hours Worked Per Week** must be “Not Applicable.”

Item 20. Client has attended school, home tutoring, or received 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 21. Education Level

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. For children who are home schooled, or children in Special Education who have been mainstreamed in regular school grades, please report the equivalent grade level.

Item 22. Special education services?

Select 'Yes' for any student identified by the committee on special education of 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 23. Disability or Disorder

For each Disorder or Disability/Impairment that is listed, please answer “Yes” if the client has a diagnosable disorder or a significant disability that causes functional impairment.

Item 24. Chronic Medical Condition

Select all conditions that the patient has reported or that are confirmed by the medical record. Select “other” for any chronic medical condition not listed.

Item 25. Smokes cigarettes or uses tobacco products?

Answer "yes" if client has been seen smoking or chewing tobacco one or more times in the past month, if client has been asked and has answered affirmatively, or if the medical records confirms that the client uses tobacco products.

Item 26. Received a medication or a prescription for smoking cessation from this program in the past year?

Answer “yes” if this program has prescribed medication or monitored administration of medication for smoking cessation.

Item 27. Received counseling for smoking cessation from this program in the past year?

Answer "Yes" if client is receiving individual/group counseling addressing tobacco as one component of treatment or any service described by Current Procedure Terminology (CPT) as a medical procedure for tobacco cessation.

Item 28. Serious Mental Illness / Serious Emotional Disturbance

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, 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](#) to evaluate for SMI status.
- For clients **under age 18**, use the [SED criteria](#). 

Item 29. Diagnostic System Used for Primary Psychiatric Diagnosis

Select diagnostic system used for the primary psychiatric diagnosis for this client. The list of diagnosis codes and labels in the application will conform to this selection.

Item 30. Primary Psychiatric Diagnosis

Enter the code for the primary **psychiatric** diagnosis from the list of codes provided. If no diagnosis is available, select “99999, no diagnosis available.” 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.

Item 31. Diagnostic System Used for Additional Diagnosis

Select diagnostic system used for this client. The list of diagnosis codes and labels in the application will conform to this selection.

Item 32. Additional Diagnosis

Supply the diagnosis code which is second in importance to the focus of treatment; an additional behavioral health diagnosis that contributes to the treatment needs. Use “99999” to represent “No diagnosis available.”

Item 33. Cash Assistance Benefits

Food Stamps are not a cash benefit.

Item 34. Health Insurance Coverage

Family Health Plus is discontinued.

Item 34b. Medicaid Managed Care – answer if client is enrolled in Medicaid.

Item 35. 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 program **does not** have a formal admission process, enter the date the client first started coming to the program. If that can’t be ascertained, select “If program does not do formal admission paperwork, check here.” The date box will be auto-populated with “77777777”.
- If the 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, select “If unknown admission date, check here.” The date box will be auto-populated with “99999999”.

Item 36. 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. Referral from OMH Family Court evaluations does **not** render criminal justice status. Note that other types of evaluations may be requested by the courts that also do not involve criminal statutes (e.g. custody proceedings).

Item 37. Date Last Served Before 10/19/2015 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 it is

unknown 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 (10/19/2015), then the date last served in that program would be 10/18/2015.

Item 38. Date of Client Service (Select all that apply)

Indicate the date(s) the client was served 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).