

ACHA-National College Health Assessment

Acronym	NCHA
Developer	American College Health Association (NCHA)
Description	
Population	Colleges and Universities pay for the survey when they want to use it on their campuses. Details of participation history can be found here .
Instrument Type	Survey
Availability (Years)	
Latest Year	
Instrument Frequency	
Data Coverage	
Reliability/Validity	http://www.acha-ncha.org/grvanalysis.html
PEI Goal(s)	
Example questions	
Website	http://www.acha-ncha.org/overview.html
Source Reference	
Other References	
Availability and Cost	
Link to Instrument(s)	http://www.acha-ncha.org/sample_survey.html
Link to Data	
Contact Information	
Administration/Scoring	
Notes	The data do not appear to be centrally collected and are instead used by the individual institutions licensing it.

Behavioral Risk Factor Surveillance System

Acronym	BRFSS
Developer	CDC
Description	The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.
Population	U.S. civilian noninstitutionalized population aged 18 years and older residing in households.
Instrument Type	Telephone interview survey
Availability (Years)	1984- present (Not all states participating prior to 2001)
Latest Year	2010
Instrument Frequency	Annual for core module; optional modules generally not repeated by CA.
Data Coverage	National. The questionnaire consists of three parts: (1) a core component of questions used by all states, which includes questions on demographics, and current health-related conditions and behaviors; (2) optional CDC modules on specific topics (e.g., cardiovascular disease, arthritis), that states may elect to use; and (3) state-added questions, developed by states for their own use. The state-added questions are not edited or evaluated by CDC.
Reliability/Validity	The BRFSS is conducted independently by each state and therefore methodologies may vary. Pooled national estimates may not take into account these differences and so may differ from estimates obtained using data sources that use methodologies designed to produce national estimates. Also, the BRFSS was not designed for county-specific estimates in most states although county-specific estimates may be presented if there are more than 50 respondents in a county. http://www.cdc.gov/brfss/technical_infodata/quality.htm
PEI Goal(s)	Mental health [outcomes]
Example questions	Core Sections: <ul style="list-style-type: none"> • 1.1 Would you say that in general your health is—? • 2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? • 2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? • 2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? • 6.10 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

Acronym	BRFSS
	<ul style="list-style-type: none"> • 11.1 Are you limited in any way in any activities because of physical, mental, or emotional problems <p>Optional modules: California administered the following modules, but only in the years specified. Questions from these modules available online in each year's questionnaire.</p> <ul style="list-style-type: none"> • Mental illness & stigma (2007) (27 states administered module that year: Alaska, Arkansas, California, Connecticut, District of Columbia, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Mexico, Oklahoma, Puerto Rico, Rhode Island, South Carolina, Vermont, Virginia, Wyoming) • Anxiety & depression (2006) (36 states administered module that year: Alabama, Alaska, Arkansas, California, Delaware, District of Columbia, Florida, Georgia, Hawaii, Iowa, Louisiana, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Mexico, North Dakota, Oklahoma, Oregon, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virgin Islands, Virginia, West Virginia, Wisconsin, Wyoming) • Healthy days (2002) (21 states administered module that year: Alaska, California, Guam, Hawaii, Idaho, Iowa, Kansas, Kentucky, Massachusetts, Minnesota, Missouri, New Jersey, New Mexico, New York, North Carolina, Oregon, Rhode Island, South Carolina, Utah, Washington, Wyoming) • Alcohol consumption (1998) (12 states administered module that year: Alaska, California, Idaho, Illinois, Iowa, Minnesota, Nevada, New Mexico, Oklahoma, Tennessee, Virgin Islands, Wisconsin)
Website	http://www.cdc.gov/brfss/
Source Reference	
Other References	
Availability and Cost	Freely available online. Variables used to identify states & counties: A_STATE; ctycode. Not by name; have to find out what it would take to get access to that information.
Link to Instrument(s)	http://www.cdc.gov/brfss/questionnaires/english.htm
Link to Data	http://www.cdc.gov/brfss/technical_infodata/surveydata.htm
Contact Information	http://apps.nccd.cdc.gov/BRFSSCoordinators/coordinator.asp California site: http://www.surveymethods.com/sub.php?page=projects_behavioral http://www.surveymethods.com/sub.php?page=data
Administration/Scoring	Data collection is conducted separately by each state. The design uses state-level, random digit dialed probability samples of the adult (aged 18 and older) population. All projects use a disproportionate stratified sample design except for Guam, Puerto Rico, and the U.S. Virgin Islands who use a simple random sample design. Interviews are generally conducted using computer-assisted telephone interviewing (CATI) systems. Data are weighted for noncoverage

Acronym	BRFSS
	and nonresponse.

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California's Electronic Violent Death Reporting System

Acronym	CalEVDRS
Developer	California Department of Public Health
Description	CalEVDRS is modeled on CDC's National Violent Death Reporting System and contains detailed data on violent death circumstances from several sources. Includes homicides, suicides, unintentional firearm deaths, and deaths of undetermined intent.
Population	All deaths occurring in 14 California counties (Alameda, Kern, Los Angeles, Monterey, Riverside, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Shasta, Solano, Stanislaus, Yolo)
Instrument Type	Administrative data CalEVDRS took advantage of California's Electronic Death Registration System (CA-EDRS), created in 2005 to allow counties to file death certificates online. DPH created a violent death supplement to death certificates in CA-EDRS, which captures information from coroners on violent death. CalEVDRS data elements were created according to NVDRS specifications and can be transmitted to NVDRS if CDC desires them. Law enforcement data for homicides are linked using Supplementary Homicide Reports (SHR) from the California Department of Justice.

Availability (Years)	2005 – 2010
Latest Year	2009
Instrument Frequency	Annual
Data Coverage	3 counties in 2005 (<i>Oakland, San Francisco, and Santa Clarita</i>), expanded to 6 counties in 2006/2007 (<i>Alameda, Los Angeles, Riverside, San Francisco, Santa Clara, and Shasta Counties</i>) until 2006 when it was expanded to 14 (<i>Alameda, Kern, Los Angeles, Monterey, Riverside, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Shasta, Solano, Stanislaus, Yolo</i>). It now captures capturing detailed information on two-thirds of all homicides in California and 57% of all violent deaths.
Reliability/Validity	No information found
PEI Goal(s)	Suicide
Example questions	The database can be selected based on Year Death Type: <i>Homicide; Suicide; Undetermined intent; legal intervention; unintentional firearm death</i> Event Type: <i>Single victims; Multiple victims (except H/S); Homicide/Suicide incidents</i> Residents of California Ages Sex Marital Status Veteran Status

Acronym	CalEVDRS
	Race/Ethnicity Weapon/Mechanism: <i>All firearms; Hand guns; Long guns; Sharp instruments; hanging/suffocation; fall/jump; personal weapon (hands/feet); Poison</i>
Website	http://www.cdph.ca.gov/programs/Pages/CalEVDRS.aspx
Source Reference	
Other References	
Availability and Cost	Data are publicly available for free
Link to Instrument(s)	Under NVDRS, county health departments collect data on violent deaths from four data sources – death certificates, coroner/medical examiner records, police reports, and crime laboratory records. http://www.cdph.ca.gov/programs/cclho/Documents/VanCourtViolentDeathHealthInfo2008.pdf
Link to Data	http://epicenter.cdph.ca.gov/ReportMenus/ViolentDeathTable.aspx
Contact Information	Steve Wirtz at (916) 552-9831 or Steve.Wirtz@cdph.ca.gov
Administration/Scoring	
Notes	<p>Cal From 2005 through 2008, California was one of 17 states participating in the National Violent Death Reporting System (NVDRS), funded by the Centers of Disease Control and Prevention (CDC). Unfortunately, due to its size, decentralized government, privacy concerns and lack of resources among law enforcement agencies, California was unable to obtain law enforcement records required by NVDRS and could not reapply for funding.</p> <p>CalEVDRS is funded by the California Wellness Foundation, the California Research Bureau (CRB) of the California State Library, and the Department of Pathology and Laboratory Medicine, UC Davis School of Medicine.</p>

California Health Interview Survey

Acronym	CHIS
Developer	UCLA Center for Health Policy Research
Description	The California Health Interview Survey (CHIS) is a population-based random-digit dialing telephone survey of households in California. It has been implemented since 2001 in partnership with the University of California, Los Angeles, the Department of Health Care Services and the California Department of Public Health. There are 3 versions of the survey: adults (ages 18+); adolescents (ages 12-17); and, children (below age 12 - answered by an adult proxy). CHIS is conducted in all 58 counties of California.
Population	Adults (18+), adolescents (12-17) and children (below age 12) (representative)
Instrument Type	Interview
Availability (Years)	2001, 2003, 2005, 2007, 2009
Latest Year	2009 (pending additional data), 2011 is in the field; have switched to continuous data collection in 2011
Instrument Frequency	Biennially until 2011, then continuous
Data Coverage	State, county
Reliability/Validity	http://www.chis.ucla.edu/dataquality.html
PEI Goal(s)	Mental health (adult, adolescent, child; not all questions asked in 2003) Access (adult, adolescent, child – need, access, use of mental health services) Unemployment (adult, adolescent) School dropout (adolescent – missed school due to health) Discrimination (adult – health care discrimination due to race; not asked in 2007 and 2009) Suicide (adult – ideation and attempts; asked in 2009 only)
Example questions	<p>Mental health</p> <ul style="list-style-type: none"> • {He/She} is generally well behaved, usually does what adults request [...during the past 6 months]; {He/She} has many worries or often seems worried; {He/She} is often unhappy, depressed or tearful; {He/She} gets along better with adults than with other children; {He/She} has good attention span, sees chores or homework through to the end; Overall, do you think your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?; Are these difficulties minor, definite, or severe? (Child 2009) • About how often during the past 30 days did you feel nervous— Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?; During the past 30 days, about how often did you feel hopeless; how often did you feel restless or fidgety?; How often did you feel so depressed that nothing could cheer you up?; How often did you feel that everything was an effort?; How often did you feel worthless? (Adol and Adult 2009; the adult qx also ask these questions about the worst month in the past year) <p>Access</p>

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	<ul style="list-style-type: none"> • During the past 12 months, did (CHILD) receive any psychological or emotional counseling? (Child 2009) • Is there a place that you usually go to when you are sick or need advice about your health; In the past 12 months did you think you needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous?; In the past 12 months, have you received any psychological or emotional counseling?; In the past 12 months, did you receive any professional help for your use of alcohol or drugs? (Adol 2009) • Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions, nerves, or your use of alcohol or drugs?; Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?; In the past 12 months, have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?; In the past 12 months, have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?; In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}? Do not count overnight hospital stays.; Are you still receiving treatment for these problems from one or more of these providers?; Did you complete the recommended full course of treatment?; What is the MAIN REASON you are no longer receiving treatment?; During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?; Here are some reasons people have for not seeking help even when they think they might need it. Please tell me “yes” or “no” for whether each statement applies to why you did not see a professional...concerned about the cost of treatment, did not feel comfortable talking with a professional, concerned about what would happen if someone found out, had a hard time getting an appointment) (Adult 2009). <p>Unemployment or other functioning</p> <ul style="list-style-type: none"> • Did your emotions interfere a lot, some, or not at all with your performance at work? Did your emotions interfere a lot, some, or not at all with your household chores? Did your emotions interfere a lot, some, or not at all with your social life? Did your emotions interfere a lot, some, or not at all with your relationship with friends and family? Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed? (Adult 2009) <p>School dropout</p>

Acronym	CHIS
	<ul style="list-style-type: none"> During the last four school weeks, how many days of school did you miss because of a health problem? (Adol 2009) <p>Discrimination</p> <ul style="list-style-type: none"> Thinking about your race or ethnicity, how often have you felt treated badly or unfairly because of your race or ethnicity? Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group? (Adult 2001, 2003, and 2005 only) Here are some reasons people have for not seeking help even when they think they might need it. Please tell me “yes” or “no” for whether each statement applies to why you did not see a professional...concerned about what would happen if someone found out (Adult 2009). <p>Suicide</p> <ul style="list-style-type: none"> Have you ever seriously thought about committing suicide?; Have you seriously thought about committing suicide at any time in the past 12 months? Have you seriously thought about committing suicide at any time in the past 2 months?; Have you ever attempted suicide?; Have you attempted suicide at any time in the past 12 months? (Adult 2009; Adult and Adolescent 2011)

Website	http://www.chis.ucla.edu/default.asp
Source Reference	California Health Interview Survey. CHIS 2005 Adult Public Use File. Release 1 [computer file]. Los Angeles, CA: UCLA Center for Health Policy Research, January 2007. <i>(Note: customize to the year data used)</i>
Other References	Ponce, N. A., Lavarreda, S. A., Yen, W., Brown, E. R., DiSogra, C., & Satter, D. E. (2004). The California Health Interview Survey 2001: Translation of a Major Survey for California's Multiethnic Population. <i>Public Health Reports</i> , 119 (4), 388-395.
Availability and Cost	There are publically available data files you can download off the website after registering. To obtain city, county, and zip code information, you have to fill out an application http://www.chis.ucla.edu/main/DAC/default.asp . The minimum project cost is \$1K to set this up and expires after two years. http://www.chis.ucla.edu/pdf/DAC_FS.pdf
Link to Instrument(s)	http://www.chis.ucla.edu/questionnaires.html
Link to Data	http://www.chis.ucla.edu/questionnaires.html
Contact Information	dacchpr@ucla.edu; (310) 794-8319
Administration/Scoring	Sample weights need to be used. Constructed variables already calculated.

Notes	The California Quality of Life Survey-III (CalQOL-III) is a follow-up to the California Health Interview Survey (CHIS) and collects DSM IV diagnosable disorders. The CalQOL oversamples LGBT respondents. They are currently collecting their third wave of data (2011-2012). Wave 1 was in 2004 and wave 2 was in 2007. https://www.calqol.org/default.asp
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California Healthy Kids Survey

Acronym	CHKS
Developer	California Department of Education
Description	<p>The California Healthy Kids Survey (CHKS) is the largest statewide survey of resiliency, protective factors, and risk behaviors in the nation administered in grades 5, 7, 9, and 11. The survey includes a general, core set of questions, plus a series of supplementary modules covering specific topics. Public schools can participate in the survey for a fee, some school districts that receive state funding are required to do a survey like the CHKS. The use of the survey was more popular when schools could use Title IV funding, but now that this funding mechanism is discontinued, WestEd has tried to keep the sample as representative of California as possible. Currently, they conduct a random sampling of K-12 schools in California and provide financial incentives to those schools to administer the survey on a biennial basis. Some schools that still receive California Tobacco Use Prevention Education (TUPE) funding and are mandated to complete the survey annually.</p> <p>Schools/researchers can add questions for a nominal fee (see cost section below).</p> <p>The CHKS is part of the California School Climate, Health, and Learning Survey (CaSCHLS), a compendium of surveys that also includes the California School Climate staff survey (CSCS) and the California School Parent Survey (CSPS). Questions from these surveys assess changes in the mental health related climate on school campuses and the community. The CSPS contains items similar to the CSCS (e.g., school provides counseling to help students with needs), allowing evaluators to better understand how parent and staff perceptions of school climate compare.</p>
Population	California public elementary, middle, and high school
Instrument Type	Survey
Availability (Years)	2002-2010 (Elementary), 2003-2010 (Middle school and high school),
Latest Year	2010 (pending additional data)
Instrument Frequency	Biennially
Data Coverage	State, county, district
Reliability/Validity	http://chks.wested.org/resources/REL_RYDM2007034.pdf
PEI Goal(s)	<p>Suicide</p> <p>Mental Health</p> <p>School dropout</p> <p>Access</p> <p>Resilience</p> <p>Also modules on:</p> <ul style="list-style-type: none"> - Safe and supportive schools - School health centers

Acronym	CHKS
Example questions	<p data-bbox="500 243 586 270">Suicide</p> <ul data-bbox="548 281 1419 596" style="list-style-type: none"> <li data-bbox="548 281 1419 380">• During the past 12 months, did you ever think about killing yourself?; did you make a plan about how you would like to kill yourself?; Have you ever tried to kill yourself? (AOD Middle School, 2011) <li data-bbox="548 390 1419 596">• During the past 12 months, did you ever seriously consider attempting suicide?; did you make a plan about how you would attempt suicide?; how many times did you actually attempt suicide?; If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse? (AOD High School, 2011) <p data-bbox="500 606 672 634">Mental Health</p> <ul data-bbox="548 644 1430 743" style="list-style-type: none"> <li data-bbox="548 644 1430 743">• During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities? (Core Middle School, 2011; Core High School, 2011) <p data-bbox="500 753 688 781">School Dropout</p> <ul data-bbox="548 791 1435 1106" style="list-style-type: none"> <li data-bbox="548 791 1435 848">• During the past 12 months, about how many times did you skip school or cut classes? (Core Middle School, 2011; Core High School, 2011) <li data-bbox="548 858 1435 1106">• In the past 30 days, about how many days of school did you miss because you had a health problem (like being hurt or sick), you had a problem with your teeth, you felt too sad or anxious, or you just did not feel well? In the past year, how often did you get the following types of care <u>when you needed it?</u>...Counseling to help you deal with problems like stress, depression, family issues, or alcohol or drug use (BHC Module High School) <p data-bbox="500 1117 581 1144">Access</p> <ul data-bbox="548 1155 1430 1894" style="list-style-type: none"> <li data-bbox="548 1155 1430 1253">• In your opinion, how likely is it that a student would find help at your school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drugs? (AOD High School, 2011) <li data-bbox="548 1264 1430 1394">• Where do you usually go for help when you are sick, need medical care, or advice about health?; Does your school have a place on campus where you can go for help when you are sick, need medical care, or need to get advice about health? (AOD High School, 2011) <li data-bbox="548 1404 1430 1682">• Which of the following services have you received from the School Health Center? ...Counseling to help you deal with issues like stress, depression, family problems or alcohol or drug use; The School Health Center has helped me to ...Get help I did not get before; Get help sooner than I got before; Get information and resources I need; Use tobacco, alcohol or drugs less; Deal with personal and/or family issues; Do better in school; Feel more connected to people at my school (SHC High School, 2011) <li data-bbox="548 1692 1430 1791">• Have you ever felt that you needed help (such as counseling or treatment) for your alcohol or other drug use? (CSS High School, 2011) <li data-bbox="548 1801 1430 1894">• If you use alcohol, marijuana, or another drug, have you had any of the following experiences?... Attended counseling, a program, or group to help you reduce or stop use (Core High School, 2011)

Acronym	CHKS
	<p>Resilience/School and Community Climate (note that the CHKS also has a separate resilience module that is optional and not all schools complete it – see below for link; the questions below are on the core survey):</p> <ul style="list-style-type: none"> • School environment (I feel close to people at this school, I am happy to be at this school, I feel like I am part of this school, The teachers at this school treat students fairly, I feel safe in my school; At my school , there is a teacher or some other adult who... really cares about me, tells me when I do a good job, notices when I'm not there, always wants me to do my best, listens to me when I have something to say, believes that I will be a success; Core Middle School, 2011; Core High School, 2011) • Community environment (Outside of my home and school, there is an adult who... really cares about me, tells me when I do a good job, notices when I am upset about something, believes that I will be a success, always wants me to do my best, whom I trust; Core Middle School, 2011; Core High School, 2011) <p>School Health Center Supplementary Module (not completed by all schools)</p> <ul style="list-style-type: none"> • If you HAVE used the School Health Center, Which of the following services have you received from the School Health Center? <i>...Counseling to help you deal with issues like stress, depression, family problems or alcohol or drug use</i> <i>...Referrals for medical care or treatment outside the school</i> • The School Health Center has helped me to ... <i>Get help I did not get before.</i> <i>Get help sooner than I got before.</i> <i>Get information and resources I need.</i> <i>Use tobacco, alcohol or drugs less</i> <i>Use birth control or condoms more often</i> <i>Eat better or exercise more</i> <i>Deal with personal and/or family issues</i> <i>Do better in school</i> <i>Feel more connected to people at my school.</i> <p>Building Healthy Communities Supplementary Module (not completed by all schools)</p> <ul style="list-style-type: none"> • In the past 30 days, did you miss one or more days of school for any of the following reasons? (Mark all that apply) <i>A) Asthma or other problem with breathing, coughing, chest pains, or wheezing when you didn't have a cold</i> <i>B) An injury</i> <i>C) Illness (feeling physically sick)</i> <i>D) Felt very sad, hopeless, anxious, stressed, or angry</i> <i>E) Tooth pain or other dental problem</i> <i>F) I did not miss school for any of these reasons</i> • In the past year, how often did you get the following types of care when you needed it?

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	<i>...Counseling to help you deal with problems like stress, depression, family issues, or alcohol or drug use</i>
Website	http://chks.wested.org/
Source Reference	California Healthy Kids Survey, California Department of Education (Safe and Healthy Kids Program Office) and WestEd (Health and Human Development Department).
Other References	Research on the CHKS can be found at http://chks.wested.org/resources/hksc-surveyreader.pdf
Availability and Cost	Raw data per grade can be sent in SPSS or tab delimited format for \$50-125 per grade in a given year. On 4/16/12 Brad, Karen, and Liz spoke with Greg Austin (Director of WestEd Health and Human Development Program) – For a low-cost fee, items can be added to the survey retrospective data can be analyzed and aggregated at the school-level. Specific items from the surveys could also be used in RAND’s statewide survey by paying a licensing fee.
Link to Instrument(s)	CHKS (core and supplemental modules) : http://chks.wested.org/administer/download ; http://chks.wested.org/resources/chks_guidebook_1_admin.pdf CHKS Resilience supp module: http://chks.wested.org/using_results/resilience Parent survey: http://csps.wested.org/resources/csps.pdf Staff survey: http://cscs.wested.org/resources/cscs-1112.pdf
Link to Data	
Contact Information	http://chks.wested.org/contact ; (888) 841.7536
Administration/Scoring	The master data file that contains data for all the years is not weighted. The two year data files are weighted by grade to the district enrollments. The weights are then adjusted so the weighted total counts by grade match the number of respondents. However, the counts for other levels (e.g. school, district, county) will not match. (Jerry Bailey, 2/27/12)
Notes	Bilingual surveys exist as well. Reports typically become public on the website the November following a survey administration. This gives districts an opportunity to understand their own data before it is made accessible to the public. Reports can be downloaded at http://chks.wested.org/reports/ . Greg Austin says that staff and parent response rates are variable and depend on school leadership. The CHKS is also available online and high school students respond well to this medium.

California School Climate, Health, and Learning Survey (CalSCHLS)

The California School Climate, Health, and Learning Survey (CalSCHLS) is a compendium of surveys that also includes the California Healthy Kids Survey (CHKS), California School Climate staff survey (CSCS) and the California School Parent Survey (CSPS). The student survey is administered biennially to 5th, 7th, and 9th graders in California (last administered in 2011-2012), and schools may also opt to survey staff and parents during the same period. Schools pay to participate in the survey. Title IV funding used to encourage more schools to complete the survey, but this funding has discontinued and currently WestEd is conducting a random sample of K-12 schools in California and providing financial incentives to those schools to administer the survey on a biennial basis (G. Austin, personal communication, 4/16/12). Some schools still receive California Tobacco Use Prevention Education (TUPE) funding and are mandated to complete the survey annually. The response rates to staff and parent response rates are variable and depend on school leadership (G. Austin, personal communication, 4/16/12). Surveys are also available online though high school students have responded best with this medium. Surveys are translated in a variety of languages (e.g., the parent survey is available in 26 languages).

Questions from CHKS that may be most relevant to RAND may include questions related to student mental health, mental health-related consequences, resilience, school/neighborhood climate, and access to school-based care. Questions that may be most relevant from the staff and parent surveys are those related to school climate. These items are described in more detail below.

California Healthy Kids Survey

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Developer	California Department of Education
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Availability (Years)	2002-2010 (Elementary), 2003-2010 (Middle school and high school),
Latest Year	2010 (pending additional data)
Instrument Frequency	Biennially
Data Coverage	State, county, district
Reliability/Validity	http://chks.wested.org/resources/REL_RYDM2007034.pdf Furlong, M., Ritchey, K., & O'Brennan, L. (2009). Developing norms for the California Resilience Youth Development Module: Internal assets and school resources subscales. <i>The California School Psychologist</i> , 14, 99-114. Hanson, T., & Kim, J-O. (2007). <i>Measuring the psychometric properties of the California Healthy Kids resilience and youth development module</i> . Regional Educational Laboratory West, Report REL 2007-No. 034. WestEd: San Francisco. Sun, Jing, & Stewart, D. (2007). Development of population-based resilience

Acronym	CHKS
	measures in the primary school setting. <i>Health Education, 107(6), 575.</i>
PEI Goal(s)	<p>Suicide Mental Health School dropout Access Resilience Also modules on:</p> <ul style="list-style-type: none"> - Safe and supportive schools - School health centers
Example questions	<p>Suicide</p> <ul style="list-style-type: none"> • During the past 12 months, did you ever think about killing yourself?; did you make a plan about how you would like to kill yourself?; Have you ever tried to kill yourself? (AOD Middle School, 2011) • During the past 12 months, did you ever seriously consider attempting suicide?; did you make a plan about how you would attempt suicide?; how many times did you actually attempt suicide?; If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse? (AOD High School, 2011) <p>Mental Health</p> <ul style="list-style-type: none"> • During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities? (Core Middle School, 2011; Core High School, 2011) <p>School Dropout</p> <ul style="list-style-type: none"> • During the past 12 months, about how many times did you skip school or cut classes? (Core Middle School, 2011; Core High School, 2011) • In the past 30 days, about how many days of school did you miss because you had a health problem (like being hurt or sick), you had a problem with your teeth, you felt too sad or anxious, or you just did not feel well? In the past year, how often did you get the following types of care <u>when you needed it</u>?...Counseling to help you deal with problems like stress, depression, family issues, or alcohol or drug use (BHC Module High School) <p>Access</p> <ul style="list-style-type: none"> • In your opinion, how likely is it that a student would find help at your school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drugs? (AOD High School, 2011) • Where do you usually go for help when you are sick, need medical care, or advice about health?; Does your school have a place on campus where you can go for help when you are sick, need medical care, or need to get advice about health? (AOD High School, 2011) • Which of the following services have you received from the School Health Center? ...Counseling to help you deal with issues like stress, depression, family problems or alcohol or drug use; The School Health Center has helped me to ...Get help I did not get before; Get help sooner than I got before; Get information and resources I need; Use

Acronym	CHKS
	<p>tobacco, alcohol or drugs less; Deal with personal and/or family issues; Do better in school; Feel more connected to people at my school (SHC High School, 2011)</p> <ul style="list-style-type: none"> • Have you ever felt that you needed help (such as counseling or treatment) for your alcohol or other drug use? (CSS High School, 2011) • If you use alcohol, marijuana, or another drug, have you had any of the following experiences?... Attended counseling, a program, or group to help you reduce or stop use (Core High School, 2011) <p>Resilience/School and Community Climate (note that the CHKS also has a separate resilience module that is optional and not all schools complete it – see below for link; the questions below are on the core survey):</p> <ul style="list-style-type: none"> • School environment (I feel close to people at this school, I am happy to be at this school, I feel like I am part of this school, The teachers at this school treat students fairly, I feel safe in my school; At my school , there is a teacher or some other adult who... really cares about me, tells me when I do a good job, notices when I’m not there, always wants me to do my best, listens to me when I have something to say, believes that I will be a success; Core Middle School, 2011; Core High School, 2011) • Community environment (Outside of my home and school, there is an adult who... really cares about me, tells me when I do a good job, notices when I am upset about something, believes that I will be a success, always wants me to do my best, whom I trust; Core Middle School, 2011; Core High School, 2011) <p>School Health Center Supplementary Module (not completed by all schools)</p> <ul style="list-style-type: none"> • If you HAVE used the School Health Center, Which of the following services have you received from the School Health Center? <i>...Counseling to help you deal with issues like stress, depression, family problems or alcohol or drug use</i> <i>...Referrals for medical care or treatment outside the school</i> • The School Health Center has helped me to ... <i>Get help I did not get before.</i> <i>Get help sooner than I got before.</i> <i>Get information and resources I need.</i> <i>Use tobacco, alcohol or drugs less</i> <i>Use birth control or condoms more often</i> <i>Eat better or exercise more</i> <i>Deal with personal and/or family issues</i> <i>Do better in school</i> <i>Feel more connected to people at my school.</i> <p>Building Healthy Communities Supplementary Module (not completed by all schools)</p> <ul style="list-style-type: none"> • In the past 30 days, did you miss one or more days of school for any of the following reasons? (Mark all that apply)

Acronym	CHKS
	<p>A) Asthma or other problem with breathing, coughing, chest pains, or wheezing when you didn't have a cold</p> <p>B) An injury</p> <p>C) Illness (feeling physically sick)</p> <p>D) Felt very sad, hopeless, anxious, stressed, or angry</p> <p>E) Tooth pain or other dental problem</p> <p>F) I did not miss school for any of these reasons</p> <ul style="list-style-type: none"> In the past year, how often did you get the following types of care when you needed it? ...Counseling to help you deal with problems like stress, depression, family issues, or alcohol or drug use

Website	http://chks.wested.org/
Source Reference	California Healthy Kids Survey, California Department of Education (Safe and Healthy Kids Program Office) and WestEd (Health and Human Development Department).
Other References	Research on the CHKS can be found at http://chks.wested.org/resources/hksc-surveyreader.pdf
Availability and Cost	Raw data per grade can be sent in SPSS or tab delimited format for \$50-125 per grade in a given year. http://csps.wested.org/resources/CalSCHLS-infoandfees.pdf
Link to Instrument(s)	CHKS (core and supplemental modules) : http://chks.wested.org/administer/download ; http://chks.wested.org/resources/chks_guidebook_1_admin.pdf CHKS Resilience supp module: http://chks.wested.org/using_results/resilience CHKS Resilience scales: http://chks.wested.org/resources/b-text_0910.pdf
Link to Data	
Contact Information	http://chks.wested.org/contact ; (888) 841.7536
Administration/Scoring	The master data file that contains data for all the years is not weighted. The two year data files are weighted by grade to the district enrollments. The weights are then adjusted so the weighted total counts by grade match the number of respondents. However, the counts for other levels (e.g. school, district, county) will not match. (Jerry Bailey, 2/27/12)

Notes	Bilingual surveys exist as well. Reports typically become public on the website the November following a survey administration. This gives districts an opportunity to understand their own data before it is made accessible to the public. Reports can be downloaded at http://chks.wested.org/reports/ .
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California School Climate staff survey (CSCS)

Acronym	CSCS
Reliability/Validity	You, Sukkyung, O'Malley, M., & Furlong, M. (Under review). <i>Brief California School Climate Survey: Dimensionality and measurement invariance across</i>

Acronym	CSCS
	<p><i>teachers and administrators. Submitted to Educational and Psychological Measurement.</i></p> <p>You, Sukkyung, & Furlong, M. (nd) <i>A psychometric evaluation of staff version of school climate survey.</i> University of California, Santa Barbara</p> <p><i>(Abstracts for above refs located here: http://chks.wested.org/resources/hksc-surveyreader.pdf)</i></p>
Example Questions	<p>School climate</p> <ul style="list-style-type: none"> • This school...(is a supportive and inviting place for students to learn, sets high standards for academic performance for all students, provides adequate counseling and support services for students, promotes trust and collegiality among staff, fosters an appreciation of student diversity and respect for each other, effectively handles student discipline and behavioral problems, is a safe place for students, is a safe place for staff; motivates students to learn, encourages parents to be active partners in educating their child,) • How many adults at this school ... (really care about every student, listen to what students have to say, treat every student with respect) • Do you feel that you need more professional development, training, mentorship or other support to do your job in any of the following areas? (positive behavioral support and classroom management, meeting the social, emotional, and developmental needs of youth (e.g., resilience promotion)) • How much of a problem AT THIS SCHOOL is ...(student alcohol and drug use, disruptive student behavior, student depression or other mental health problems, lack of respect of staff by students, cutting classes or being truant) • The following questions are ONLY for staff at this school who have responsibilities for services or instruction related to health, prevention, discipline, counseling and/or safety. This school ...(collaborates well with community organizations to help address substance use or other problems among youth, has sufficient resources to create a safe campus, provides effective confidential support and referral services for students needing help because of substance abuse, violence, or other problems, considers substance abuse prevention an important goal, emphasizes helping students with their social, emotional, and behavioral problems) • To what extent does this school ...(foster youth development, resilience, or asset promotion, provide conflict resolution or behavior management instruction, provide harassment or bullying prevention, provide services for students with disabilities or other special needs) • The following items are for school personnel with responsibilities for teaching or providing related services to students with Individualized Education Programs (IEPs). (works to reduce interruptions to instruction for students with Individualized Education Programs (IEPs), provides a positive working environment for staff who serve students

Acronym	CSCS
	with IEPs, has a climate that encourages me to continue in my role of service to students with IEPs, provides adequate access to technology for staff who serve students with IEPs)
Availability and Cost	http://csps.wested.org/resources/CalSCHLS-infoandfees.pdf
Link to Instrument(s)	Staff survey: http://cscs.wested.org/resources/cscs-1112.pdf

California School Parent Survey (CSPS)

Acronym	CSPS
	<p>School climate</p> <ul style="list-style-type: none"> • This school...(promotes academic success for all students, treats all students with respect, gives all students opportunity to “make a difference” by helping other people, the school, or the community, clearly tells students in advance what will happen if they break school rules, provides adequate counseling and support services for students, is an inviting place for students to learn, has quality programs for my child’s talents, gifts, or special needs, is a safe place for my child, keeps me well-informed about my child’s progress in school, promptly responds to my phone calls, messages, or emails, encourages me to be an active partner with the school in educating my child • Based on your experience, how much of a problem at this school is ...(student alcohol and drug use, harassment or bullying of students, physical fighting between students) • Please indicate how much you agree or disagree with the following statements about this school. (has a supportive learning environment for my child, has adults that really care about students)
Availability and Cost	http://csps.wested.org/resources/CalSCHLS-infoandfees.pdf
Link to Instrument(s)	Parent survey: http://csps.wested.org/resources/csps.pdf

CalWORKs Welfare-to-Work Monthly Activity Report

Acronym	CalWORKs
Developer	California Department of Social Services (CDSS)
Description	The CalWORKs Welfare to Work (WTW) program is designed to assist welfare recipients to obtain or prepare for employment. Most WTW participants receive assistance in finding a job. Additional employment-related services are provided based on an individual's education and work history, including unpaid work experience/preparation, vocational training placements, and adult education or community college programs. The WTW program serves all 58 counties in the state and is operated locally by each county welfare department or its contractors. The units are all county welfare departments; there is no sampling among welfare departments. The data are reported monthly. Demographic information is not available.
Population	Adult; unclear if representative because methodology and reporting information is not available
Instrument Type	Administrative data
Availability (Years)	1999-2012
Latest Year	January 2012; pending additional data
Instrument Frequency	Monthly
Data Coverage	State, county (all 58)
Reliability/Validity	No information found
PEI Goal(s)	Improved mental health/decreased prolonged suffering; reduce unemployment
Example questions	<ul style="list-style-type: none"> • Improved mental health/decreased prolonged suffering Item 29 in data reports <ul style="list-style-type: none"> ○ Number of individuals from <u>two-parent families</u> enrolled in CalWORKs welfare-to-work program who were referred to a county mental health agency (form 25A) ○ Number of individuals from <u>all other families</u> enrolled in CalWORKs welfare-to-work program who were referred to a county mental health agency (form 25)
Website	http://www.dss.cahwnet.gov/research/PG292.htm (two-parent families) http://www.dss.cahwnet.gov/research/PG291.htm (all other families)
Source Reference	Not found
Other References	http://www.cdss.ca.gov/cdssweb/PG141.htm
Availability and Cost	Data are publicly available at no cost.
Link to Instrument(s)	http://www.dss.cahwnet.gov/research/res/pdf/blankforms/WTW25Av10_06.pdf (two-parent families) http://www.dss.cahwnet.gov/research/res/pdf/blankforms/WTW25v10_06.pdf (all-other families)
Link to Data	http://www.dss.cahwnet.gov/research/PG292.htm (two-parent families) http://www.dss.cahwnet.gov/research/PG291.htm (all other families)
Contact Information	None listed
Administration/Scoring	

Acronym	CalWORKs
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California Quality of Life Survey

Acronym	CAL-QOL
Developer	UCLA BRITE Center
Description	<p>Mental health follow-back study based on CHIS sample.</p> <p>The survey is attempting to collect population-based data from approximately 3,000 Californians in order to assess mental health morbidity; experiences with hate crimes and victimization; everyday experiences with discrimination; and levels of social support and involvement. In addition to identifying racial/ethnic diversity in the data set the Center also oversampled the vulnerable population of sexual minorities to form the largest-to-date population-based survey on mental health issues in this population where there is a co-occurring heterosexual comparison group.</p>
Population	Non-institutionalized adults (who responded to the CHIS telephone survey and were willing to be re-contacted for the follow-back survey)
Instrument Type	Survey (computer-assisted telephone survey)
Availability (Years)	Follow-backs on CHIS 2004, 2007, 2011
Latest Year	2007; 2011 is in the field now and will be completed by September 2012.
Instrument Frequency	Roughly every 4 years. Funding not yet lined up for a 4 th wave, but likely.
Data Coverage	California. Can get county estimates only for the very largest counties. Oversampling used to get adequate numbers of sexual and racial/ethnic minorities; survey weights available to re-weight to California population.
Reliability/Validity	
PEI Goal(s)	<p>Timely Access [Outcomes]</p> <p>Mental Health [Outcomes]</p> <p>Suicide [Outcomes]</p> <p>Stigma, Discrimination [Process, Outcomes]: questions aren't specific to mental health.</p>
Example questions	<p>Exact questions not available at this time. They aren't comfortable sharing the survey while still in the field.</p> <p>Timely Access [Outcomes]</p> <ul style="list-style-type: none"> • Service utilization questions are part of Wave 2 and Wave 3. • Lots of questions about health insurance, perceived access to services, actual utilization. Some questions ask specifically about mental health or substance abuse services. • Includes questions about delays in accessing mental health or substance abuse services. <p>Mental Health [Outcomes]</p> <ul style="list-style-type: none"> • CIDI-SF (yields probable DSM-IV diagnoses) <p>Suicide [Outcomes]</p> <ul style="list-style-type: none"> • Suicide questions, Wave 2 and Wave 3 only. They have written some papers regarding suicide attempts among sexual minorities. <p>Stigma and Discrimination [Process, Outcomes]</p> <ul style="list-style-type: none"> • No questions asking about stigma or discrimination due to mental

Acronym	CAL-QOL
	<p>health condition.</p> <ul style="list-style-type: none"> • General questions about stigma, and whether discrimination affected seeking/receipt of mental health care, but the stigma/discrimination asked about are related to sexual orientation or race/ethnicity. In Waves 2 & 3 African Americans are oversampled and complete a special discrimination module (in addition to the other discrimination questions in the survey). • Dr. Mays suggested that a back-door approach is possible, where we could examine whether people with a probable mental health diagnosis reported more stigma/discrimination, but that's the best that could be done with the questions. (Seems that there could be a reverse causality problem with this, with people who are subjected to more discrimination being more likely to experience mental distress.)
Website	https://www.calqol.org http://www.britecenter.org/current-projects/ca-quality-of-life-survey/
Source Reference	
Other References	
Availability and Cost	Open to collaboration; costs would be any administrative and analyst time needed to analyze data or export a limited dataset.
Link to Instrument(s)	Full instrument not online. Topics covered listed here: https://www.calqol.org/docs/CalQOL_Questionnaire_Topics_Table_120211.pdf
Link to Data	
Contact Information	Vickie Mays, UCLA professor. maysv@nicco.sscnet.ucla.edu , 310-206-5159
Administration/Scoring	
Notes	

Client and Services Information System

Acronym	CSI
Developer	California Department of Mental Health
Description	<p>The Department of Mental Health’s (DMH) Client and Services Information (CSI) System is the central repository for data pertaining to individuals who are the recipients of mental health services provided at the county level. The data is processed and stored on a secure server at the DMH Headquarters. The fifty-eight county mental health plans (MHPs) are required to send a CSI submission file to DMH monthly. The CSI system includes Client, Service, and Periodic client records.</p> <ul style="list-style-type: none"> • Client records are uniquely identified by the CLIENT KEY, which is composed of the Submitting County Code and the County Client Number (CCN). • Service records are uniquely identified by the combination of the CLIENT KEY and a Record Reference Number (RRN), which must be unique and must remain the same over time. • Periodic records are uniquely identified by the combination of the CLIENT KEY and the Date Completed. <p>Reasons for counties to fall behind in data reporting include:</p> <ul style="list-style-type: none"> • Rollout of new or modified vendor reporting systems • Testing required to pass basic data quality intake edits, often necessitated by changes to county or state reporting systems • Incomplete county provider and/or case manager reporting • Low priority within county • County staff limitations <p>CSI Strengths:</p> <ul style="list-style-type: none"> • Most complete report of California county mental health services • Allows DMH to respond to federal reporting requirements • Source of client demographic information • Provides data for academic research and analyses
Population	Adult and child. The CSI system includes both Medi-Cal and non-Medi-Cal recipients of mental health services provided by County/City/Mental Health Plan program providers. Mental Health Program providers include legal entities that are reported to the County Cost Report under the category Treatment Program, and individual and group practitioners, most of which were formerly included in the Medi-Cal “Fee-For-Service” system.
Instrument Type	Administrative
Availability (Years)	1998-present. Some fields changed in 2006. Not clear what happens when CA DMH goes away. Presumably these data will still be submitted, possibly to the division of DHCS that takes responsibility for some of DMH’s former scope.
Latest Year	<p>Some counties fall substantially behind in their reporting, by as much as 25 months: http://www.dmh.ca.gov/Statistics and Data Analysis/docs/County/CSI CountyStatu Chart Aug%202011.pdf</p> <p>For national comparisons, the most recent URS tables available on the SAMHSA website are from 2010.</p>

Acronym	CSI
Instrument Frequency	Data collected by counties on an ongoing basis and submitted to California DMH monthly.
Data Coverage	State, county
Reliability/Validity	
PEI Goal(s)	<p>Referrals [Outcome], possibly</p> <p>Timely access [Outcome], possibly</p> <p>Mental health [Process]: appears that it's possible to identify which clients were receiving PEI services.</p> <p>Homelessness [Outcome], among county clients only</p> <p>Unemployment [Outcome], among county clients only</p>
Example questions	<p>Record Control Data Elements (Reported on every record)</p> <ul style="list-style-type: none"> • H-01.0 County/City/Mental Health Plan Submitting Record (Submitting County Code) • H-02.0 County Client Number (CCN) • H-03.0 Record Type • H-04.0 Transaction Code <p>Client Data Elements (Reported once but corrected as needed)</p> <ul style="list-style-type: none"> • C-01.0 Birth Name • C-02.0 Mother's First Name • C-03.0 Date of Birth • C-04.0 Place of Birth • C-05.0 Gender • C-07.0 Primary Language • C-08.0 Preferred Language • C-09.0 Ethnicity • C-10.0 Race • C-11.0 Data Infrastructure Grant Indicator <p>Periodic Data Elements (Reported at admission, annually, and at formal discharge)</p> <ul style="list-style-type: none"> • P-01.0 Date Completed • P-02.0 Education • P-03.0 Employment Status • P-08.0 Conservatorship / Court Status • P-09.0 Living Arrangement • P-10.0 Caregiver <p>Service/Encounter Data Elements (Reported for each contact/service)</p> <p>Service Records:</p> <ul style="list-style-type: none"> • S-01.0 Record Reference Number (RRN) • S-02.0 Current Legal Name / Beneficiary Name • S-03.0 Social Security Number • S-05.0 Mode of Service • S-06.0 Service Function

Acronym	CSI
	<ul style="list-style-type: none"> • S-07.0 Units of Service • S-08.0 Units of Time • S-12.0 Special Population • S-13.0 Provider Number • S-14.0 County/City/Mental Health Plan With Fiscal Responsibility For Client • S-25.0 Evidence-Based Practices / Service Strategies • S-26.0 Trauma • S-27.0 Client Index Number (CIN) • S-28.0 Axis I Diagnosis • S-29.0 Axis I Primary • S-30.0 Additional Axis I Diagnosis • S-31.0 Axis II Diagnosis • S-32.0 Axis II Primary • S-33.0 Additional Axis II Diagnosis • S-34.0 General Medical Condition Summary Code • S-35.0 General Medical Condition Diagnosis • S-36.0 Axis-V / GAF Rating • S-37.0 Substance Abuse / Dependence • S-38.0 Substance Abuse / Dependence Diagnosis • S-39.0 District of Residence <p>24-Hour Mode of Service</p> <ul style="list-style-type: none"> • S-15.0 Admission Date • S-16.0 From/Entry Date • S-17.0 Through/Exit Date • S-18.0 Discharge Date • S-19.0 Patient Status Code <p>Hospital, PHF, and SNF</p> <ul style="list-style-type: none"> • S-20.0 Legal Class - Admission • S-21.0 Legal Class - Discharge • S-22.0 Admission Necessity Code <p>Non-24-Hour Mode of Service</p> <ul style="list-style-type: none"> • S-23.0 Date of Service • S-24.0 Place of Service

Website	http://www.dmh.ca.gov/Statistics_and_Data_Analysis/CSI.asp
Source Reference	
Other References	
Availability and Cost	Available; no cost anticipated. Was used by the Petris Center for their MHSA evaluation, as a source of individual client diagnosis.
Link to Instrument(s)	http://www.dmh.ca.gov/Statistics_and_Data_Analysis/docs/Cnty_MH-CSI-Rpts/CSI_DataElements2.pdf
Link to Data	CA DMH reports data to SAMHSA's Center for Mental Health Services (CMHS) via

Acronym	CSI
	<p>the Uniform Reporting System (URS). URS reports, for California and other states, can be viewed here: http://www.samhsa.gov/dataoutcomes/urs/</p> <p>Some minor reports covering 2003-04, 2006-07, and 2007-08 can be viewed here: http://www.dmh.ca.gov/Statistics_and_Data_Analysis/RetentionPenetrationData.asp</p>
Contact Information	For questions regarding County Mental Health Programs Reports and Statistical Information, please call (916) 653-6257, or e-mail POQI.Support@dmh.ca.gov .
Administration/Scoring	
Notes	

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Common Core of Data

Acronym	CCD
Developer	U.S. Department of Education's National Center for Education Statistics
Description	The Common Core of Data (CCD) is a program of the U.S. Department of Education's National Center for Education Statistics that annually collects fiscal and non-fiscal data about all public schools, public school districts and state education agencies in the United States. The data are supplied by state education agency officials and include information that describes schools and school districts, including name, address, and phone number; descriptive information about students and staff, including demographics; and fiscal data, including revenues and current expenditures.
Population	Information is collected annually from approximately 100,000 public elementary and secondary schools and approximately 18,000 public school districts (including supervisory unions and regional education service agencies) in the 50 states, the District of Columbia, Department of Defense Schools, and the outlying areas. <i>Approximately 927 public schools in California included in the most recent year.</i>
Instrument Type	CCD is made up of a set of five surveys sent to state education departments. The data are obtained from administrative records maintained by the state education agencies (SEAs). The SEAs compile CCD requested data into prescribed formats and transmit the information to NCES

Availability (Years)	1993 to 2009
Latest Year	2009 - 2010
Instrument Frequency	Annual
Data Coverage	Covers public elementary and secondary education nationally
Reliability/Validity	Not available
PEI Goal(s)	School failure and dropout; Mental health workforce
Example questions	Tables available can be sorted by ethnicity and gender 1. Public School Graduates and Dropouts 2. Averaged Freshman Graduation Rates 3. Number of Children in Special Education

Website	http://nces.ed.gov/ccd/index.asp
Source Reference	
Other References	
Availability and Cost	The data files on school failure and drop out are restricted use requiring a separate application. No indication of costs given
Link to Instrument(s)	N/A
Link to Data	http://nces.ed.gov/ccd/elsi/ ; http://nces.ed.gov/ccd/ccddata.asp State level dropout data
Contact Information	California State non-fiscal data coordinator Karl Scheff: kscheff@cde.ca.gov , 916-327-0192
Administration/Scoring	

Acronym	CCD
Notes	<ul style="list-style-type: none"> • The restricted-use data file contains data on dropouts and high school completers at the local education agency (LEA) or school district level. The state level data is available publicly in aggregated as from 2005-06. The school dropout rates reported are the event dropout rate and the <i>average freshman graduation rate</i>. <i>Event dropout rate</i> estimates the percentage of high school students who left high school between the beginning of one school year and the beginning of the next without earning a high school diploma or its equivalent (e.g., a GED). Averaged freshman graduation rate estimates the proportion of public high school freshmen who graduate with a regular diploma 4 years after starting 9th grade. The rate focuses on public high school students as opposed to all high school students or the general population and is designed to provide an estimate of on-time graduation from high school. • Also contains information on size of school district and number of special education students. Relevant category is under special education is “Individualized Education Program Students” as defined by IDEA act. Available by selecting enrollment at the district level in the data tool.

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Data Collection and Reporting System

Acronym	DCR
Developer	California Department of Mental Health
Description	<p>The DCR is the system used for reporting outcomes for clients enrolled in Full Service Partnership (FSP) programs. It is the repository for data from the forms completed by FSP staff about their FSP clients.</p> <p>Some counties (e.g., LA County) are too large or for whatever other reason unable to submit their data via the DCR. They collect the same data but submit the data differently. LA County enters their data into the OMA. http://www.dmh.ca.gov/POQI/MHSA_Training.asp</p>
Population	Individuals enrolled in FSP programs: older adults (60+), adults (26-59), transition-aged youth (16-25), children (0-15)
Instrument Type	Administrative/forms filled out about FSP clients
Availability (Years)	Ongoing collection since start of FSP programs.
Latest Year	
Instrument Frequency	The Partnership Assessment Form (PAF), completed when the partnership is established, captures history and baseline data. The Key Event Tracking (KET) is completed when a change occurs in key areas. The Quarterly Assessment (3M) is completed every three months.
Data Coverage	State, County
Reliability/Validity	
PEI Goal(s)	Does not seem applicable since only collected on FSP clients.
Example questions	<p>The following domains are collected for each assessment type:</p> <p>Partnership Assessment Form (PAF)</p> <ul style="list-style-type: none"> • Administrative Information • Residential (includes hospitalization & incarceration) • Education • Employment • Sources of Financial Support • Legal Issues / Designations • Emergency Intervention • Health Status • Substance Abuse • ADL / IADL – Older Adults Only <p>Key Event Tracking (KET)</p> <ul style="list-style-type: none"> • Administrative Information • Residential (includes hospitalization & incarceration) • Education • Employment • Legal Issues / Designations • Emergency Intervention

Acronym	DCR
	<p>Quarterly Assessment (3M)</p> <ul style="list-style-type: none"> • Administrative Information • Education • Sources of Financial Support • Legal Issues / Designations • Health Status • Substance Abuse • ADL / IADL – Older Adults Only
Website	http://www.dmh.ca.gov/POQI/
Source Reference	
Other References	
Availability and Cost	Available; no cost anticipated. Was used by the Petris Center for their MHSA evaluation, as a source of information on which clients were enrolled in FSPs.
Link to Instrument(s)	http://www.dmh.ca.gov/POQI/Full_Service_Forms.asp
Link to Data	
Contact Information	<p>Address: California Department of Mental Health Attn: Performance Outcomes and Quality Improvement 1600 9th Street, Room 130 Sacramento, CA 95814 Unit Email: POQI.Support@dmh.ca.gov (accessible by all POQI staff) Fax: (916) 653-5500</p>
Administration/Scoring	
Notes	These data are only collected for clients enrolled in FSP programs. It seems unlikely that they would be relevant to a PEI evaluation.

Health Professional Shortage Area

Acronym	HPSA
Developer	Health Resources and Services Administration (HRSA), a division of the US Department of Health and Human Services
Description	The purpose of a Health Professional Shortage Area (HPSA) is to identify areas of greater need for health care services in order to direct limited healthcare professional resources to people in those areas. It has been implemented since 1980 and is updated daily. The units are sampled based on individual application for designation or withdrawal as an HPSA. The HPSA designation process includes (1) urban and rural geographic areas with shortages of health professionals, (2) population groups with such shortages, and (3) facilities with such shortages. These three entities can apply for designation or withdrawal as an HPSA. HPSA is distinct from Medically Underserved Areas and Populations (MUA/P), which is also covered here.
Population	Adult, juvenile; representative
Instrument Type	Administrative data
Availability (Years)	1980 – present
Latest Year	Current date; pending additional data
Instrument Frequency	Daily
Data Coverage	National, state, county (all 58)
Reliability/Validity	No information found
PEI Goal(s)	Timely access
Example questions	<p>Criteria for Determining Mental Health HPSAs of Greatest Shortage:</p> <ul style="list-style-type: none"> • Score for population-to-full-time-equivalent provider ratio • Score for percent of population with incomes below poverty level • Score for travel distance/time to nearest source of accessible care outside the HPSA • Scores for Additional Factors <ul style="list-style-type: none"> ○ Youth Ratio: Ratio of Children under 18 to Adults 18-64 ○ Elderly Ratio: Ratio of Adults over 65 to Adults 18-64 ○ Substance Abuse prevalence: Area's rate is in worst quartile for nation/region/or state ○ Alcohol Abuse prevalence: Area's rate is in worst quartile for nation/region/or state
Website	http://bhpr.hrsa.gov/shortage/
Source Reference	Not found
Other References	http://www.gpo.gov/fdsys/pkg/FR-2011-11-03/pdf/2011-28318.pdf
Availability and Cost	Data are publicly available at no cost. HPSA can be downloaded, while both HPSA and MUA/P can be queried online.
Link to Instrument(s)	http://edocket.access.gpo.gov/2003/03-13478.htm (HPSA) http://bhpr.hrsa.gov/shortage/muaps/index.html (MUA/P)
Link to Data	http://datawarehouse.hrsa.gov/HPSADownload.aspx (HPSA download) http://hpsafind.hrsa.gov/ (HPSA online querying tool; using Advanced Search, the "Last Updated" option can be selected to show the date an area received

Acronym	HPSA
	<p>its HPSA or was last updated)</p> <p>http://ersrs.hrsa.gov/ReportServer?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Smry&rs:Format=HTML3.2 (HPSA online querying tool)</p> <p>http://datawarehouse.hrsa.gov/customizereports.aspx (HPSA online querying tool)</p> <p>http://muafind.hrsa.gov/ (MUA/P online querying tool)</p>
Contact Information	<p>Andy Jordan: (301) 594-0816</p> <p>Office of Shortage Designation, Bureau of Health Professions, Health Resources and Services Administration</p> <p>sdb@hrsa.gov; (888) 275-4772, press option 1, then option 2</p>
Administration/Scoring	
Notes	<p>The following groups automatically receive HPSA designation: (1) all Indian Tribes that meet the definition of such Tribes in the Indian Health Care Improvement Act of 1976; (2) all federally qualified health centers; (3) rural health clinics that offer services regardless of ability to pay.</p>

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Housing Inventory Count

Acronym	HIC
Developer	U.S. Department of Housing and Urban Development
Description	<p>The HIC is a snapshot of a Continuum of Care’s (CoC’s) housing inventory on a single night during the last ten days in January (same night as the PIT). It should reflect the number of beds and units available on the night designated for the count that are dedicated to serve persons who are homeless. Beds and units included on the HIC are considered part of the CoC homeless system.</p> <p>CoCs are required to include in the HIC all programs in the CoC that are categorized as one of these program types, not just those contributing client-level data in the local Homeless Management Information System (HMIS) or receiving HUD funding. This includes programs funded by the VA, faith-based organizations, and other public and private funding sources.</p> <p>The five program types included in the HIC are:</p> <ul style="list-style-type: none"> • Emergency Shelter • Transitional Housing • HPRP (Rapid Re-housing) • Safe Haven • Permanent Supportive Housing <p>Every CoC must report the level of unmet need for homeless assistance that exists in their community. To complete the unmet need estimates, the CoC needs to know the total number of existing emergency shelter, transitional housing, and Safe Haven beds, as well as the number of emergency shelter, transitional housing, and Safe Haven beds that are under development. In addition, the CoC should determine the number of vacant permanent supportive housing beds on the night of the HIC. More guidance on using this information to determine the CoC’s unmet need can be found in a separate document on the HUD HRE website.</p>
Population	Housing inventory that is available to serve those identified through the PIT.
Instrument Type	Administrative data
Availability (Years)	2005-2011
Latest Year	2011 (2012 counts should be completed but data are not online)
Instrument Frequency	Annual
Data Coverage	National, by state, and by CoC (county or aggregate of smaller counties)
Reliability/Validity	
PEI Goal(s)	Homelessness [Structure] – but we can only see beds by facility, not by subpopulation, so to tease out which facilities serve people w/ SMI or substance abuse would be very challenging.
Example questions	<p>Completing the Bed Inventory</p> <p>The following sections identify the data elements needed to complete the HIC, along with a brief description. If relevant, the data element number from</p>

Acronym	HIC
	<p>the March 2010 HMIS Data Standards is included in brackets, e.g. Program Name [2.4]. Note that while not all of these data elements apply to every program or are entered in the HIC for each program, they are all needed in order to generate an accurate HIC.</p> <p>Organization and Program Information</p> <ul style="list-style-type: none"> • Organization Name [2.2]: Identify the name of the organization providing shelter or housing to homeless persons. • Program Name [2.4]: Identify the name of the specific program. Only programs that have beds available and/or under development on the night of the count should be included on the HIC. Note that for programs that are funded by VA – even partially – the program name MUST begin with the appropriate prefix (see Appendix A). • Program Type [2.8]: Identify one of the five relevant program types described above (e.g., Emergency Shelter, Transitional Housing). • Target Population A [2.10] (optional): Identify the target population served by each program. A population is considered a "target population" if the program is designed to serve that population and at least three-fourths (75%) of the clients served by the program fit the target group descriptor. Note that a single program may not have more than one Target Population A. Programs that do not target specific populations or that have opted not to track Target Population A may leave this data field blank. The table below details Target Population A categories and their descriptions. [Single Males / Single Females / Single Males and Females / Couples Only, No Children / Households with Children / Single Males and Households with Children / Single Females and Households with Children / Single Males and Females plus Households with Children / Unaccompanied Males under 18 years old / Unaccompanied Females under 18 years old / Unaccompanied Males and Females under 18 years old] • Target Population B [2.11]: Identify the subpopulation served by each program. A population is considered a "target population" if the program is designed to serve that population and at least three-fourths (75%) of the clients served by the program fit the target group descriptor. Note that a single program may not have more than one Target Population B. Programs that do not target specific subpopulations may leave the Target Population B column blank. [Domestic violence victims / Veterans / Persons with HIV/AIDS] • Geocode [2.6C]: Identify the geocode associated with the geographic location of the principal program service site. Geocodes must be updated annually. Scattered-site housing programs should record the Geocode where the majority of beds are located or where most beds are located as of the inventory update. A list of geocodes can be found: http://www.hudhre.info/documents/FY2011_PPRNAmts.pdf. • HUD McKinney-Vento Funded?: Identify whether or not the program receives any HUD McKinney-Vento funding. HUD McKinney-Vento

Acronym	HIC
	<p>programs include: Emergency Shelter Grant (ESG), Shelter plus Care (S+C), Section 8 Moderate Rehabilitation Single-Room Occupancy (SRO), Supportive Housing Program (SHP). HPRP programs are not funded under the McKinney-Vento Act. Note that there was no data element defined for this in the March 2010 HMIS Data Standards; relevant information may need to be tracked outside of HMIS.</p> <p>Bed and Unit Inventory Information</p> <ul style="list-style-type: none"> • Inventory Type: Determine if the bed inventory is current (C), new (N), or underdevelopment (U). • Household Type [2.9A]: Identify the number of beds and units available for each of the following household types: [Households without children / Households with at least one adult and one child / Households with only children] • Bed Type [2.9B] (Emergency Shelter and Transitional Housing only): The Bed Type describes the type of program beds based on whether beds are: located in a residential homeless assistance program facility (including cots or mats); provided through a voucher with a hotel or motel; other types of beds. Although the HMIS Data Standards specify that this data is to be collected for all program types, reporting it on the HIC was previously limited to emergency shelter programs. For 2012, this data will also be reported for transitional housing programs in order to distinguish between beds (and units) that a client must vacate when they exit the program and beds (and units) that a client may continue to occupy after program exit (e.g., conventional rental housing leased by the client). The latter type is often referred to as “transition-in-place.” Identify the bed type as follows: [Facility-based / Voucher (beds in a hotel or motel and made available through vouchers) / Other (beds in a church or facility not dedicated for use by people who are homeless; N/A to transitional housing programs)] • Bed and Unit Availability [2.9C]: Identify the number of beds and units that are available on a planned basis year-round, seasonally (during a defined period of high demand), or on an ad hoc or temporary basis as demand indicates. • Bed Inventory [2.9D]: The total number of beds available for occupancy on the night of the count. • Chronically Homeless Beds [2.9E] (Permanent Supportive Housing Only): Identify the number of permanent supportive housing beds that are readily available and targeted to house chronically homeless persons. The number of beds for chronically homeless persons is a subset of the total permanent supportive housing bed inventory for a given program and must be equal to or less than the total bed inventory. • Unit Inventory [2.9F]: Identify the total number of units available for occupancy as of the inventory start date. • Inventory Start Date [2.9G]: The inventory start date is the date when

Acronym	HIC
	<p>the bed and unit inventory information first applies. This may represent the date when a change in household type, bed type, availability, bed inventory or unit inventory occurs for a given program. For seasonal beds, this reflects the start date of the seasonal bed inventory.</p> <ul style="list-style-type: none"> • Inventory End Date [2.9H]: The inventory end date is the date when the bed and unit inventory information as recorded is no longer applicable (i.e. the day after the last night when the record is applicable). This may be due to a change in household type, bed type, availability, bed inventory or unit inventory. For seasonal beds, this should reflect the projected end date for the seasonal bed inventory.

Website	http://sandbox.hudhdx.info/
Source Reference	
Other References	
Availability and Cost	<p>Reports available freely on the web: nationally, by state, and by CoC: http://www.hudhre.info/index.cfm?do=viewHomelessRpts</p> <ul style="list-style-type: none"> • Select a year (2005-2011), then select “Housing Inventory.” • Select scope: national; state; or Continuum of Care (CoC). • If CoC, can select California, and then choose from a list of CoCs. There are 42 CoCs in CA; some are single counties (e.g., LA City + County is a single Coc) and others combine a few small counties. <p>Data truly just have number of beds of different types (family units / family beds / individual beds / total year-round beds / seasonal beds / overflow or voucher beds) If CoC level, those data are by facility; if state level, they are summarized within each CoC, aggregated within housing type (Emergency Shelter / Safe Haven / Transitional / HPRP-Rapid Rehousing / Permanent Supportive Housing); if national, they are summarized within each state, aggregated as above.</p> <p>No data on which beds are available specifically to people w/ SMI, etc. To figure that out we would have to look up each facility. Some jump out from the list, e.g., LAMP, but this would not be an easy task.</p>
Link to Instrument(s)	http://hudhre.info/documents/2012HICandPITGuidance.pdf
Link to Data	http://www.hudhre.info/index.cfm?do=viewHomelessRpts
Contact Information	Contacts by CoC: http://www.hudhre.info/index.cfm?do=viewCocContacts
Administration/Scoring	

Notes	
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Involuntary Detention Reports

Acronym	IDR
Developer	California Department of Mental Health (DMH)
Description	As required by the Welfare and Institutions Code Section 5402, the California DMH collects quarterly data from each county mental health program or facility on the number of involuntary detentions, the number of temporary and permanent conservatorships established, and the number of persons served while in detention in a jail. The data are reported annually. The units are all jails in the state of California; there is no sampling among jails. Demographic information is not available.
Population	Adult (18+), juvenile (under 18); non-representative
Instrument Type	Administrative data
Availability (Years)	2005-06 – 2008-09
Latest Year	2008-09; pending additional data
Instrument Frequency	Annual
Data Coverage	State, county (all 58, but Sutter and Yuba are reported together)
Reliability/Validity	No information found
PEI Goal(s)	Incarceration
Example questions	<p>Incarceration</p> <ul style="list-style-type: none"> • Table 8 in data reports <ul style="list-style-type: none"> ○ Number of transfers from jails for admission to local inpatient facilities pursuant to PC 4011.6 or 4011.8 (both involuntary and voluntary) ○ Number of admissions to an LPS approved inpatient treatment program within a jail (both involuntary and voluntary) ○ Sum of quarterly counts of persons receiving outpatients services provided in a jail facility
Website	http://www.dmh.ca.gov/Statistics and Data Analysis/Involuntary Detention .asp
Source Reference	Not found
Other References	
Availability and Cost	Data are publicly available at no cost.
Link to Instrument(s)	http://www.dmh.ca.gov/Statistics and Data Analysis/Involuntary Detention .asp
Link to Data	http://www.dmh.ca.gov/Statistics and Data Analysis/Involuntary Detention .asp
Contact Information	Bryan Fisher: bryan.fisher@dmh.ca.gov ; (916) 653-5493
Administration/Scoring	
Notes	<ul style="list-style-type: none"> • Table 8 is data for inmates residing in jails for any length of time, not just 72-hour detentions; this data cannot distinguish 72-hour detentions from the rest of jail inmates. Thus, Table 8 stands alone from the rest of the report. • “Number of transfers from jails for admission to local inpatient facilities pursuant to PC 4011.6 or 4011.8” and “Number of admissions to an LPS approved inpatient

Acronym	IDR
	<p>treatment program within a jail” are both duplicated counts of admissions</p> <ul style="list-style-type: none"> • “Sum of quarterly counts of persons receiving outpatients services provided in a jail facility” is an unduplicated count of persons • According to Bryan Fisher, the data that comprise Table 8 are largely unreliable because reporting is poor and jails make individual decisions about when to refer inmates to inpatient facilities both within and outside of jails

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Jail Profile Survey

Acronym	JPS
Developer	Corrections Standards Authority (CSA), a division of the California Department of Correction and Rehabilitation (CDCR)
Description	The JPS is an ongoing statewide survey in all 58 counties of approximately 135 type II, III, and IV jails (defined in notes). All type II, III, and IV jails in the state of California are included in the survey; there is no sampling among jails. The JPS has been implemented since 1995. It tracks basic jail-system information, such as the average daily jail population, and also gathers information required to monitor issues such as jail crowding, early releases, and increasing numbers of juvenile adjudicated as adults. Information on gender is available in some measures (but none of the mental health measures); no other demographic information is available.
Population	Adults (18+, but also includes variables for under 18); theoretically representative, although mental health data may be inaccurate (see notes)
Instrument Type	Administrative data
Availability (Years)	1995 – 2011
Latest Year	3rd quarter 2011; pending additional data
Instrument Frequency	Monthly or quarterly, depending on the variable
Data Coverage	State, county (all 58)
Reliability/Validity	No information found
PEI Goal(s)	Incarceration (adult)
Example questions	<p>Mental health cases opened last day of the month; new mental health cases opened during this month; inmates, last day of the month, receiving psych medication; inmates assigned to mental health beds last day of month; money spent on psych medication during previous quarter.</p> <p>Note on open mental health cases: an open mental health case is defined as an open mental health “chart” or “file.” A mental health “case” is the record of mental health services provided when an inmate is in need of and actively receiving mental health care. The JPS is not concerned with initial mental health screening upon intake – this should not count as an “open mental health case.” If, however, after an initial mental health screening, a mental health case is opened, this could become an open mental health case.</p> <p>Both Peg Symonik and Ron Bertrand (contacts at CSA) confirmed that once a mental health case is opened for an inmate, it is unlikely to be closed until that inmate is discharged, making “mental health cases opened last day of the month” and “new mental health cases opened during this month” unduplicated variables.</p> <p>Note on mental health beds: a mental health bed is defined as a dedicated bed where inmates who are in need of mental health care are admitted. There are two types of mental health beds for purposes of the JPS: (1) in-patient beds, which can also be considered a hospital bed where inmates are actually admitted and acute levels of mental health care are given; (2) mental health classification beds, which are found in facilities that may not have in-patient mental health units, but may house those inmates who require mental health treatment separately from the general</p>

Acronym	JPS
	population. Additionally, facilities with a “jail ward” in a mental health hospital where uniformed department staff run the unit may also be considered mental health beds.

Website	http://www.cdcr.ca.gov/csa/FSO/Surveys/Jail_Profile/Jail_Profile_Survey.htm
Source Reference	Not found
Other References	
Availability and Cost	The data can be publicly queried through an online querying page.
Link to Instrument(s)	2008 instrument available on the SharePoint site (direct link here)
Link to Data	http://www.bdcrr.ca.gov/joq/jps/QuerySelection.asp
Contact Information	Peg Symonik: Peg.Symonik@cdcr.ca.gov ; (916) 323-9704 Knowledgeable about survey basics Ron Bertrand: Ron.Bertrand@cdcr.ca.gov ; (916) 445-1322 Knowledgeable about mental health variables
Administration/Scoring	

Notes	<p>Ron Bertrand expressed concern about the reliability and validity of variables involving mental health cases. According to him, jails make individual decisions about what to label a mental health case. In addition, mental health cases are more reflective of available resources than need for mental health attention: some halls and camps are reluctant to open them because they lack resources, while others open them on virtually all inmates because they have numerous resources. Finally, a large shift in the number of open mental health cases from one month to the next is likely indicative of some shock to the system (e.g., a psychiatrist was fired) rather than a true change in mental health needs among inmates.</p> <p>Ron also said that some jails do not have mental health beds, so when an inmate requires a mental health bed they put him or her in a regular bed and report it as a mental health bed. Thus, “inmates assigned to mental health beds last day of month” is not an accurate representation of capacity, but it is an accurate representation of inmates who require mental health attention in a bed.</p> <p>According to Ron, “inmates, last day of the month, receiving psych medication” may be a better measure because it is more concrete, although it is unclear if the number of mental health cases requiring psych medication is a constant proportion of total mental health cases over time.</p> <p>Definitions of facility types:</p> <p>Type I (NOT included in this survey): a local detention facility used for the detention of persons not more than 96 hours excluding holidays after booking. Such a Type I facility may also detain persons on court order either for their own safekeeping or sentenced in a city jail as an inmate worker, and</p>
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Acronym	JPS
	<p>may house inmate workers sentenced to the county jail provided such placement in the facility is made on a voluntary basis on the part of the inmate.</p> <p>Type II: a local detention facility used for the detention of persons pending arraignment, during trial, and upon a sentence of commitment.</p> <p>Type III: a local detention facility used for the detention of convicted and sentenced persons.</p> <p>Type IV: a local detention facility or portion thereof designated for the housing of inmates eligible under Penal Code Section 1208 for work/education furlough and/or other programs involving inmate access into the community.</p>

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Juvenile Detention Profile Survey

Acronym	JDPS
Developer	Corrections Standards Authority (CSA), a division of the California Department of Corrections and Rehabilitation (CDCR)
Description	<p>The JDPS is an ongoing statewide survey in 51-54 counties of approximately 125 juvenile halls and camps as well as juveniles on home supervision (with and without monitoring) and juveniles in alternative confinement programs. In order to qualify for the latter two categories, juveniles must be sentenced to 30 days of home supervision with custody credit. All juvenile halls and camps in the state of California, as well as juveniles on home supervision and in alternative confinement programs, are included in the survey; there is no sampling among any of these groups.</p> <p>The JDPS has been implemented since 1999. The survey tracks variables such as average daily population, average length of stay, and number of early releases in juvenile detention facilities. It also gathers data on the characteristics of detained juveniles that are critical in making decisions about what programs to provide and where to allocate resources. Information on gender is available in some measures (but none of the mental health measures); no other demographic information is available.</p>
Population	Juveniles (under 18, but also includes variables for 18+); theoretically representative, although mental health data may be inaccurate (see notes)
Instrument Type	Administrative data
Availability (Years)	1999 – 2011
Latest Year	3rd quarter 2011; data from 1st quarter 2010 and later have not been made publicly available yet but are available through CSA; pending additional data
Instrument Frequency	Monthly or quarterly, depending on the variable
Data Coverage	State, county (between 51 and 54, depending on the year and quarter)
Reliability/Validity	No information found
PEI Goal(s)	Incarceration (juvenile)
Example questions	<p>Number of open mental health cases on this day; number of juveniles receiving psychotropic medications this day; hospitalized outside detention facility for mental health care; suicide attempts; suicides.</p> <p>Note on open mental health cases: the Jail Profile Survey (JPS), which uses similar methodology, defines an open mental health case as an open mental health “chart” or “file.” A mental health “case” is the record of mental health services provided when an inmate is in need of and actively receiving mental health care. The JPS is not concerned with initial mental health screening upon intake – this should not count as an “open mental health case.” If, however, after an initial mental health screening, a mental health case is opened, this could become an open mental health case.</p> <p>Both Peg Symonik and Toni Gardner (contacts at CSA) confirmed that once a mental health case is opened for an inmate, it is unlikely to be closed until that inmate is discharged, making “number of open mental health cases on this day” an unduplicated measure.</p>

Acronym	JDPS
Website	http://www.cdcr.ca.gov/csa/FSO/Surveys/Juvenile_Profile/Juvenile_Detention_Survey.html
Source Reference	Not found
Other References	
Availability and Cost	The data can be publicly queried through an online querying page.
Link to Instrument(s)	2010 instrument available on the SharePoint site (direct link here)
Link to Data	http://www.bdcrr.ca.gov/joq/jds/QuerySelection.asp
Contact Information	<p>Peg Symonik: Peg.Symonik@cdcr.ca.gov; (916) 323-9704 Knowledgeable about survey basics</p> <p>Toni Gardner: Toni.Gardner@cdcr.ca.gov; (916) 322-1638 Knowledgeable about mental health variables</p>
Administration/Scoring	
Notes	<p>Toni Gardner expressed concern about the reliability and validity of variables involving mental health cases. According to her, halls and camps make individual decisions about what to label a mental health case. In addition, mental health cases are more reflective of available resources than need for mental health attention: some halls and camps are reluctant to open them because they lack resources, while others open them on virtually all inmates because they have numerous resources. Finally, a large shift in the number of open mental health cases from one month to the next is likely indicative of some shock to the system (e.g., a psychiatrist was fired) rather than a true change in mental health needs among inmates.</p> <p>According to Toni, “number of juveniles receiving psychotropic medications this day” may be a better measure because it is more concrete, although it is unclear if the number of mental health cases requiring psych medication is a constant proportion of total mental health cases over time.</p>

Mental Health Statistics Improvement Program and California Consumer Perception Survey: Part of the Uniform Reporting System

Acronym	MHSIP & CPS
Developer	<p>SAMHSA. The Center for Mental Health Services (CMHS) at SAMHSA collects data from all states via the CMHS Uniform Reporting Survey (URS). This includes administrative data as well as the results of the MHSIP URS surveys.</p> <p>The Consumer Perception Survey is CA DMH's implementation of the MHSIP.</p>
Description	<p>"The Mental Health Statistics Improvement Program is a community of people who share the belief that improvements in mental health services can occur when decision-makers--be they service providers, those who pay for services, or those who receive them--make rational decisions based on objective, reliable and comparable information about those services. When it was organized back in the 70s, members of the MHSIP community were mostly representatives of three groups: federal, state and local governments; public and private, non-profit service providers; and researchers. The MHSIP Ad Hoc Committee, now referred to as the MHSIP Ad Hoc Group, was established with representatives from these three groups to develop rules for collecting mental health data, to advise the federal government on data issues, and to develop and implement projects to improve mental health data nationwide. Since that time, membership has expanded to include recipients of mental health treatment, advocacy group representatives, and delegates from related social service providers."</p> <p>The versions of the MHSIP approved surveys we are interested in are the Uniform Reporting System (URS) surveys with Social Connectedness and Functioning Questions, which are the versions used by states as part of SAMHSA's Uniform Reporting System. "The Uniform Reporting System (URS) was developed in response to the need for accountability for the expenditure of community mental health block grant funds received by States from the Federal Government. The intent of the URS tables is to allow both (1) the tracking of individual State performance over time, and (2) the aggregation of State information to develop a national picture of the public mental health systems of the States." These surveys are available in both English and Spanish and include a version for adults, for youth (Youth Services Survey or YSS), and for a youth's family member to fill out (Youth Services Survey for Families, or YSS-F).</p> <p>California administers what they call the Consumer Perception survey, which consists of the MHSIP URS surveys <i>along with additional sections</i>.</p> <p>The adult and older adult versions contain:</p> <ul style="list-style-type: none"> • The URS versions of the MHSIP (which include Social Connectedness and Functioning questions). These questions therefore can be compared across states.

<p>Acronym</p>	<p>MHSIP & CPS</p> <ul style="list-style-type: none"> • A section titled Quality of Life Questions; these are from the Lehman Quality of Life Interview/Scale, and are not part of the URS. • A final section with questions about duration of services received, arrests or other law enforcement encounters, demographics, whether services and materials were in preferred language, reason for becoming involved with the program, who helped complete survey, and a field for additional comments. Again, not part of the URS. • Older adult differs from adult only in that the font is bigger and the QOL questions are a bit streamlined. <p>The YSS and YSS-F versions contain:</p> <ul style="list-style-type: none"> • The URS versions of the MHSIP YSS URS (includes Social Connectedness and Functioning questions). These questions can be compared across states. • [No Quality of Life questions, unlike the adult/older adult.] • A final section that includes questions about who child lives with; service duration; arrests or law enforcement contacts; school attendance or being suspended or expelled from school; having seen a medical doctor, and whether on medication for diagnosis of behavioral problem (in YSS-F only); demographics; language of services; Medi-Cal; help completing survey. No questions about why sought services. Again, not part of the URS.
<p>Population</p>	<p>CPS: Adult, older adult, and youth clients receiving face-to-face mental health services through county departments of mental health in California. Data are submitted via the web by individual county departments of mental health. Estimates by county should be possible (see Availability and Cost).</p> <p>California's response rate is particularly low, and much lower than the national average. Rates not shown by county. Response rates from 2010:</p> <ul style="list-style-type: none"> • California children: 10.4% (1,116 completed surveys) • California adults: 19.7% (4,169 completed surveys) • US children: 44.5% (41,002 completed surveys) • US adults: 49.9% (107,182 completed surveys) <p>Consumers receiving the following services from county-operated and contract organization providers during the sampling period should be INCLUDED in the survey process:</p> <ul style="list-style-type: none"> • face-to-face mental health services • case-management • day treatment • medication services <p>Note: All consumers should complete Consumer Perception Surveys regardless of funding source. In addition, ALL clients enrolled in MHSA Full Service Partnerships should complete a survey. Note: Consumers who receive services outside of the office, for example a home visit, should be given a survey if they meet the target population criteria.</p>

Acronym	MHSIP & CPS
	<p>Consumers served in the following settings should be EXCLUDED from the survey process:</p> <ul style="list-style-type: none"> • acute hospitals • Psychiatric Health Facility (PHF) • crisis (stabilization, residential and intervention) • jail and jail hospital settings • long-term care institutional placements [e.g., State hospitals, Institute for Mental Disease (IMD)] <p>Surveys are available in English, Spanish, Tagalog, Chinese, Korean, Vietnamese, and Russian, though in 2007 there was a lapse in availability of some languages due to revisions from SAMHSA.</p> <p>MHSIP URS Surveys in other states: Administration may vary.</p>
Instrument Type	Survey
Availability (Years)	CPS: Current semi-annual approach initiated in 2003. Ongoing.
Latest Year	SAMHSA has URS reports online through 2010.
Instrument Frequency	CPS: two times a year; administered during a two-week period in May and again in November.
Data Coverage	National (MHSIP URS); State (CPS); County (CPS)
Reliability/Validity	As of 2000: http://www.mhsip.org/Ckaufman.pdf
PEI Goal(s)	<p>Mental Health [Outcomes]</p> <p>Timely Access [Outcomes]</p> <p>Outreach [Outcomes]</p> <p>Incarceration [Process] and Incarceration [Outcomes]</p> <p>Homelessness [Outcomes]</p> <p>Removal of Children [Outcomes]</p> <p>School Dropout [Process, Outcomes]</p> <p>Stigma [Process, Outcomes]? Not really, but possible questions listed below.</p> <p>Unemployment [Outcomes]</p>
Example questions	<p>NOTE:</p> <ul style="list-style-type: none"> • (C) indicates available in CPS: California’s implementation of the URS, which includes additional questions not in the URS. • (M) indicates available in MHSIP URS and therefore comparable across states. • Everything in M is in C; there are things in C that are not in M. • Items are in all versions of the noted surveys (i.e., Adult, Older Adult, YSS, YSS-F) unless noted as A, OA, YSS, YSS-F. <p>DEMOGRAPHIC AND IDENTIFYING DATA COLLECTED:</p> <ul style="list-style-type: none"> • (C) County Code (a 2-digit code, filled out by staff) • (C) CSI County Client Number (client identifier, filled out by staff; means you can link to service data, service location, home zip code) • (C,M) Spanish/Hispanic/Latino origin [Yes / No; CPS also includes

Acronym	MHSIP & CPS
	<p>option “Unknown”]</p> <ul style="list-style-type: none"> • (C,M) Race, mark one or more [American Indian or Alaska Native / Asian / Black (African American) / Native Hawaiian or Other Pacific Islander / White (Caucasian) / Other: Describe ; CPS doesn’t put a “describe” field after “Other; CPS includes option “Unknown”] • (C,M): Gender [Male / Female; CPS also includes option “Other”] • (C,M): Birth Date <p>Mental Health [Outcomes]: Note these outcomes are only relevant to people receiving services, but it could be possible to ID people who got PEI services from a clinic and look at their outcomes.</p> <ul style="list-style-type: none"> • (C,M:A/OA) [As a direct result of the services I received] My symptoms are not bothering me as much. [And many similarly structured questions about ability to function.] • (C:A/OA) How do you feel about your life in general? [Terrible / ... / Delighted] (Lehman QOL) • (C:A/OA) How do you feel about [Terrible/.../Delighted] (Lehman QOL) <ul style="list-style-type: none"> • Your physical condition? • Your health in general? • Your emotional well-being? • The way you spend your spare time? • The change you have to enjoy beautiful or pleasant things? • The amount of fun you have? • The amount of relaxation in your life? • The way you and your family act toward each other? • The way things are in general between you and your family? • The things you do with other people? • The amount of friendship in your life? • (C,M) Social connectedness questions [Strongly Agree / ... / Strongly Disagree / N/A] <ul style="list-style-type: none"> • I am happy with the friendships I have. • I have people with whom I can do enjoyable things. • I feel I belong in my community. • In a crisis, I would have the support I need from family or friends. <p>Timely Access [Outcomes]</p> <ul style="list-style-type: none"> • (C,M) Staff were willing to see me as often as I felt it was necessary. • (C,M) Staff returned my calls within 24 hours. • (C,M) Services were available at times that were good for me. • (C,M) I was able to get all the services I thought I needed. • (C,M) I was able to see a psychiatrist when I wanted to. <p>Outreach [Outcomes]</p> <ul style="list-style-type: none"> • (C:A/OA) What was the primary reason you became involved with this program? (Mark one): [I decided to come in on my own. / Someone else recommended that I come in. / I came in against my will.]

Acronym	MHSIP & CPS
	<p>Incarceration [Process] and Incarceration [Outcomes]</p> <ul style="list-style-type: none"> • (C:A/OA) In the past MONTH, how many times have you been arrested for any crimes? [No arrests / 1 / 2 / 3 / 4 or more arrests] • (C,M) Were you arrested since you began to receive mental health services (or, if receiving services for more than one year, were you arrested during the last 12 months)? • (C,M) Were you arrested in the 12 months prior to that? • (C,M) Since you began to receive mental health services (or, if receiving services for more than one year, over the last year), have your encounters with police: [Been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program) / Stayed the same / Increased / Not applicable (I had no police encounters this year or last year)] <p>Homelessness [Outcomes]</p> <ul style="list-style-type: none"> • (C,M:A/OA) [As a direct result of the services I received] my housing situation has improved. • (C:A/OA) How do you feel about: The living arrangements where you live? • (C:A/OA) How do you feel about: The privacy you have there? • (C:A/OA) How do you feel about: The prospect of staying on where you currently live for a long period of time? • (C:A/OA) During the past month, did you generally have enough money to cover the following items: Food; Clothing; Housing; Traveling around for things...; Social activities...? (5 separate yes/no questions) • (C,M:YSS/YSS-F) Have you lived in any of the following places in the last 6 months? (Mark all that apply). [With one or both parents / With another family member / Foster home / Therapeutic group home / Crisis shelter / Homeless shelter / Group home / Residential treatment center / Hospital / Local jail or detention facility / State correctional facility / Runaway/homeless/streets / Other(describe)] <p>Removal of Children [Outcomes]</p> <ul style="list-style-type: none"> • (C,M:YSS/YSS-F) Have you lived in any of the following places in the last 6 months? (Mark all that apply). [With one or both parents / With another family member / Foster home / Therapeutic group home / Crisis shelter / Homeless shelter / Group home / Residential treatment center / Hospital / Local jail or detention facility / State correctional facility / Runaway/homeless/streets / Other(describe)] <p>School Dropout [Process, Outcomes]</p> <ul style="list-style-type: none"> • (C,M:YSS/YSS-F) Were you expelled or suspended since beginning services (or, if receiving services for more than one year, during the last 12 months)? • (C,M:YSS/YSS-F) Were you expelled or suspended during the 12 months prior to that? • (C,M:YSS/YSS-F) Since you began to receive mental health services (or, if receiving services for more than one year, over the last year), the

Acronym	MHSIP & CPS
	<p>number of days you were in school is: [Greater / About the same / Less / Does not apply (please select why this does not apply: I did not have a problem with attendance before starting services / I was expelled from school / I am home schooled / I dropped out of school / Other (specify))]</p> <p>Stigma [Process, Outcomes]</p> <ul style="list-style-type: none"> • (C,M) Staff treated me with respect. • (C,M) [As a result of the services I received] In a crisis, I would have the support I need from family or friends. • (C,M:YSS/YSS-F) [As a result of the services I received] I know people who will listen and understand me when I need to talk. • (C,M:YSS/YSS-F) [As a result of the services I received] I have people that I am comfortable talking with about my problem(s). <p>Unemployment [Outcomes]</p> <ul style="list-style-type: none"> • (C,M:A/OA) [As a direct result of the services I received] I do better in school and/or work. (Also: I am better able to deal with crisis; I am better able to handle things when they go wrong.)
Website	http://www.mhsip.org/ http://www.samhsa.gov/dataoutcomes/urs/ http://www.dmh.ca.gov/POQI/
Source Reference	
Other References	
Availability and Cost	<p>As a CA DMH dataset, the CPS should be freely available for a state evaluation. The Petris center used it in their state-contracted MHSA evaluation. They were able to link individual responses to service use data in order to identify clients who received FSP services.</p> <p>SAMHSA publishes tables from the URS, by state; see link to data below. Need to look into what it would take to get actual datasets if we wanted to run things differently than reported in their tables.</p>
Link to Instrument(s)	<p>MHSIP: http://www.mhsip.org/surveylink.htm#mhsipapprovedsurveys; http://www.mhsip.org/surveylink.htm#URSSurveywithSocialConnectedness</p> <p>CA's CPS: http://www.dmh.ca.gov/POQI/Consumer_Perception_Surveys.asp</p>
Link to Data	<p>URS: Actual datasets not online. Tables by state are available for years 2007-2010 here: http://www.samhsa.gov/dataoutcomes/urs/</p> <p>CPS: Actual datasets not online. Tables available through URS reports. CA-specific reports here: http://www.dmh.ca.gov/POQI/Reports.asp</p>
Contact Information	<p>CA's Performance Outcomes and Quality Improvement (POQI): POQI.support@dmh.ca.gov</p>
Administration/Scoring	<p>CPS Training Manual: http://www.dmh.ca.gov/POQI/docs/CPSTrainingManual.pdf</p>

Acronym	MHSIP & CPS
	During the targeted 2-week periods all clients, not just a sample, are expected to complete the surveys. In our LA County clinic-based MHSA evaluation, our field staff observed that the administration of the CPS is pretty haphazard.

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National Ambulatory Medical Care Survey XXX

Acronym	NAMCS
Developer	Centers for Disease Control and Prevention
Description	The National Ambulatory Medical Care Survey (NAMCS) is a national survey of physicians designed to obtain information about the provision and use of ambulatory medical care services in the U.S. Findings are based on a sample of visits to non-federal employed office-based physicians who are primarily engaged in direct patient care. Each physician is randomly assigned to a 1-week reporting period. During this period, data for a systematic random sample of patient visits are recorded by the physician or office staff on a Patient encounter form. Data are obtained on patients' symptoms, physicians' diagnoses, and medications ordered or provided. The survey also provides statistics on the demographic characteristics of patients and services provided, including information on diagnostic procedures, patient management, and planned future treatment.
Population	Patients (all ages) (non-representative)
Instrument Type	Survey/data extraction
Availability (Years)	1973-2011
Latest Year	2011 (additional data pending)
Instrument Frequency	Annual
Data Coverage	Region (Northeast, Midwest, South, and West); Metropolitan/Non-Metro
Reliability/Validity	http://www.cdc.gov/nchs/ahcd/ahcd_estimation_reliability.htm
PEI Goal(s)	Mental Health Suicide Referrals Other
Example questions	<p>Mental Health</p> <ul style="list-style-type: none"> • Patient's age, gender, race, ethnicity (Patient Form, 2011) • As specifically as possible, list diagnoses related to this visit including chronic conditions; does the patient now have...depression; Screening services for depression provided; Psychotherapy provided; Other mental health counseling provided; medications that are new/continued including Px and OTC; who the provider was; time spent with provider (Patient Form, 2011) <p>Suicide</p> <ul style="list-style-type: none"> • Is this visit related to any of the following (intentional injury/poisoning)? (Patient Form, 2011) <p>Referrals</p> <ul style="list-style-type: none"> • Visit disposition (refer to other physician, return at a specified time, refer to ER/Admit to hospital, other; Patient Form, 2011) <p>Other</p> <ul style="list-style-type: none"> • At the reporting location, what percent of your current patients have Medicaid/CHIP? (Patient Form, 2011) • At the reporting location, what percent of your patient care revenue

Acronym	NAMCS
	<p>comes from the following? (Electronic Record)</p> <ul style="list-style-type: none"> Do you exchange patient clinical summaries electronically with any other providers? (Electronic Record)
Website	http://www.cdc.gov/nchs/ahcd/about_ahcd.htm#NAMCS
Source Reference	http://www.cdc.gov/nchs/ahcd/about_ahcd.htm#NAMCS
Other References	<p>2009 data file documentation: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc09.pdf</p>
Availability and Cost	<p>Some data are available publicly, while other restricted data can be requested by application (e.g., physician practices, number of visits, hospital and patient zipcode, census variables) http://www.cdc.gov/nchs/data/ahcd/Availability_of_NAMCS_and_NHAMCS_Restricted_Data.pdf; http://www.cdc.gov/rdc .</p>
Link to Instrument(s)	<p>http://www.cdc.gov/nchs/ahcd/ahcd_survey_instruments.htm#namcs Patient Form (2011): http://www.cdc.gov/nchs/data/ahcd/2011_NAMCS30.pdf Electronic Records Form (2011): http://www.cdc.gov/nchs/data/ahcd/2011_EMR_Survey.pdf Survey items: http://www.cdc.gov/nchs/data/ahcd/body_NAMCSOPD_072406.pdf</p>
Link to Data	http://www.cdc.gov/nchs/ahcd/ahcd_questionnaires.htm (public-use data files)
Contact Information	cdcinfo@cdc.gov ; (301) 458-4600
Administration/Scoring	<p>Data users who wish to combine years of data from 2003 and beyond with years prior to 2002 will need to create these two variables for each file prior to 2002. http://www.cdc.gov/nchs/data/ahcd/ultimatecluster.pdf</p>
Notes	<p>Surveys are not designed to sample ambulatory care visits in every State, and meaningful estimates cannot be made on a State-level basis. The survey was conducted annually from 1973 to 1981, in 1985, and annually since 1989. Starting from 1992, one data file is produced annually that contains both patient visit and drug information.</p> <p>Example report: http://www.cdc.gov/nchs/data/ahcd/namcs_summary/namcssum2008.pdf</p>

National Comorbidity Survey

Acronym	NCS, NCS-R, NCS-A
Developer	Ronald C. Kessler (PI), Harvard School of Medicine
Description	The baseline NCS, fielded from the fall of 1990 to the spring of 1992, was the first nationally representative mental health survey in the U.S. to use a fully structured research diagnostic interview to assess the prevalence and correlates of DSM-III-R disorders. The baseline NCS respondents were reinterviewed in 2001-02 (NCS-2) to study patterns and predictors of the course of mental and substance use disorders and to evaluate the effects of primary mental disorders in predicting the onset and course of secondary substance disorders. In conjunction with this, an NCS Replication survey (NCS-R) was carried out in a new national sample of 10,000 respondents. The goals of the NCS-R are to study trends in a wide range of variables assessed in the baseline NCS and to obtain more information about a number of topics either not covered in the baseline NCS or covered in less depth than we currently desire. A survey of 10,000 adolescents (NCS-A) was carried out in parallel with the NCS-R and NCS-2 surveys. The goal of NCS-A is to produce nationally representative data on the prevalence and correlates of mental disorders among youth.
Population	NCS (15-54); NCS-R (18 and older); NCS-A (13-17) (representative)
Instrument Type	Household interview
Availability (Years)	1990-1992; 2001-2002: NCS-1 and NCS-2 2001-2002: NCS-R 2001-2002: NCS-A
Latest Year	1992 or 2002 depending on version of survey (no subsequent data to be collected)
Instrument Frequency	Once (see above for years)
Data Coverage	National
Reliability/Validity	Wiggchen, H.U. (1994). Reliability and validity studies of the WHO-Composite International Diagnostic Interview (CIDI): a critical review. <i>Journal of Psychiatric Research</i> 28, 57-84. http://www.hcp.med.harvard.edu/ncs/Bib_151.php http://www.hcp.med.harvard.edu/ncs/ftpd/SDQ%20Validation%20Study%20Final%20Report.pdf
PEI Goal(s)	Mental Health, Suicide
Example questions	<ul style="list-style-type: none"> See interview below (Several diagnostic instruments administered including the UM-CIDI and SCID to assess for lifetime and 12-month prevalence of DSM III-R, ICD-10, and IV diagnoses depending on survey version). Only 12-month prevalence assessed in NCS-A.
Website	http://www.hcp.med.harvard.edu/ncs/
Source Reference	Kessler, Ronald C. National Comorbidity Survey: Baseline (NCS-1), 1990-1992 [Computer file]. ICPSR06693-v6. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2008-09-12.

Acronym	NCS, NCS-R, NCS-A
	doi:10.3886/ICPSR06693.v6
Other References	Publications from the dataset: http://www.hcp.med.harvard.edu/ncs/publications.php
Availability and Cost	The NCS data are archived by the Inter-university Consortium of Political and Social Research (ICPSR) at the University of Michigan.
Link to Instrument(s)	NCS: http://www.hcp.med.harvard.edu/ncs/ftplib/Baseline%20NCS.pdf NCS-R: http://www.hcp.med.harvard.edu/ncs/replication.php NCS-A: http://www.hcp.med.harvard.edu/ncs/instruments.php
Link to Data	http://www.hcp.med.harvard.edu/ncs/ncs_data.php http://www.icpsr.umich.edu/icpsrweb/CPES/studies/20240/system (need to register on the UMICH website. NCS-A (2001-2004): http://dx.doi.org/10.3886/ICPSR28581.v4 NCS-R (2001-2004): http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/189?archive=ICPSR&q=NCS-R
Contact Information	NCS: samhda-support@icpsr.umich.edu ; NCS-R: cpes@icpsr.umich.edu ; Other questions: NCS@hcp.med.harvard.edu .
Administration/Scoring	Weights and algorithms may be needed, see codebook http://www.icpsr.umich.edu/icpsrweb/CPES/files/cpes
Notes	World Health Organization's World Mental Health (WMH) Survey instrument is a replication of the NCS-R in 29 countries around the world. http://www.hcp.med.harvard.edu/wmh/

National Death Index

Acronym	NDI
Developer	Centers for Disease Control and Prevention
Description	<p>The National Death Index (NDI) is a central computerized index of death record information on file in the State vital statistics offices. It assists investigators in determining whether persons in their studies have died and, if so, provides the names of the States in which those deaths occurred, the dates of death, and the corresponding death certificate numbers.</p> <p>Investigators can also obtain cause of death codes using the NDI <i>Plus</i> service. Investigators submit at least one of 7 conditions to the NDI Matching Service per person (e.g., their social security number, date of birth) and receive a retrieval report if there is a match with NDI records. Identifiable information from other national surveys (e.g., NHIS) can be matched to the NDI (see example publications in Notes below). Death records are added to the NDI file annually, approximately 12 months after the end of a particular calendar year.</p>
Population	All (representative)
Instrument Type	Administrative Data
Availability (Years)	1979-2009
Latest Year	2009 (pending additional data)
Instrument Frequency	Annually
Data Coverage	National
Reliability/Validity	Not available
PEI Goal(s)	Suicide
Example questions	<ul style="list-style-type: none"> State of death, date of death, death certificate number, cause of death (in <i>Plus</i> queries only)
Website	http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/189?archive=ICPSR&q=NCS-R
Source Reference	
Other References	<p>Application step-by-step process: http://www.cdc.gov/nchs/data_access/ndi/ndi_user_guide.htm#ch1</p>
Availability and Cost	<p>To use the system, investigators first must submit a NDI application form to NCHS. Applicants should allow about 2 months for their applications to be reviewed and approved. Once approved, users may submit their study subjects' names, social security numbers, dates of birth, and related information to NCHS on diskette or CD-ROM.</p> <p><u>Routine searches (no cause of death codes):</u> \$350.00 service charge plus \$0.15 per user record for each year of death</p> <p><u>NDI <i>Plus</i> searches (provides cause of death codes):</u> \$350.00 service charge plus \$0.21 per user record for each year of death</p> <p>For both types of data queries, there are different prices depending on</p>

Acronym	NDI
	whether the records of decedents are already known (e.g., lower rates if you just want to know cause of death codes through NDI <i>Plus</i> and have all other data such as death date and certificate number). For more details: http://www.cdc.gov/nchs/data/ndi/Users_Fees_Worksheet.pdf
Link to Instrument(s)	N/A
Link to Data	See retrieval report for example: (http://www.cdc.gov/nchs/data/ndi/NDI_Retrieval_Back.pdf)
Contact Information	301-458-4444; ndi@cdc.gov ; For large record requests, contact Robert Bilgrad on 301-458-4101
Administration/Scoring	N/A
Notes	<p>2010 Deaths will be available in Spring 2012 Individuals requesting information request it at the individual level (i.e., through social security number)</p> <p>Publications using the NDI and other National (NCHS) databases: http://www.cdc.gov/nchs/data/ndi/citation_lists_nchs_surveys_linked_ndi.pdf</p> <p>http://www.cdc.gov/nchs/data_access/data_linkage/mortality.htm</p>

National Epidemiologic Survey on Alcohol and Related Conditions

Acronym	NESARC
Developer	National Institute on Alcohol Abuse and Alcoholism (NIAAA)
Description	The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) was designed to determine the magnitude of alcohol use disorders and their associated disabilities in the general population and in subgroups of the population and to examine changes over time in alcohol use disorders and their associated disabilities. It is a longitudinal survey with its first wave of interviews fielded in 2001-2002 and second wave in 2004-2005.
Population	The NESARC is a representative sample of the non-institutionalized U.S. population 18 years of age and older.
Instrument Type	Survey Data are collected through computer-assisted personal interviews (CAPI). The NESARC used a three-stage sampling design. The sampling frame for the NESARC sample of housing units is the Census 2000/2001 Supplementary Survey (C2SS), a national survey of 78,300 households per month. A group quarters frame was also used. Stage 1 was primary sampling unit (PSU) selection using the C2SS PSUs. Stage 2 was household selection from the sampled PSUs. In Stage 3, one sample person was selected from each household.

Availability (Years)	2001/2002
Latest Year	2004/2005 (2 nd wave)
Instrument Frequency	One time study in two waves
Data Coverage	<p>The survey collects demographic information on the people interviewed as well as the following types of information about them:</p> <p>Alcohol Use</p> <ul style="list-style-type: none"> • Initiation of use • Consumption patterns (frequency of drinking and of intoxication, amounts consumed) over the last 12 months and throughout the lifetime • Circumstances surrounding drinking • Beverage-specific consumption • Alcohol experiences (effects and consequences of drinking, development of tolerance, attempts to stop drinking) • Experiences with treatment for alcohol abuse and dependence • Family history of alcoholism <p>Tobacco Use</p> <ul style="list-style-type: none"> • Initiation of use • Consumption patterns (amount, frequency, duration) • Consequences of tobacco use • Attempts to stop using tobacco

Acronym	NESARC
	<p>Use of Other Medications and Drugs</p> <ul style="list-style-type: none"> • Sedatives, tranquilizers, painkillers, stimulants • Marijuana • Cocaine, hallucinogens, inhalants, heroin • Other medications and drugs (psychoactive drugs, steroids) • Initiation of use • Usage patterns (during the last 12 months and across the lifetime) • Consequences of use <ul style="list-style-type: none"> - Physical and mental effects - Signs of dependency - Attempts to stop or cut down on use • Use of treatment • Family history of substance use and abuse <p>Psychological Disorders</p> <ul style="list-style-type: none"> • Major depression • Low mood (dysthymia) • Mania and hypomania (a mild degree of mania) • Panic disorders (with or without agoraphobia) • Social phobia • Specific phobias • Generalized anxiety disorder • Personality disorders (such as antisocial personality disorder) <p>Family History</p> <ul style="list-style-type: none"> • Of drug use • Of major depression • Of personality disorders Gambling Medical Conditions/Victimization
Reliability/Validity	
PEI Goal(s)	Of questionable relevance
Example questions	
Website	http://www.niaaa.nih.gov/Resources/DatabaseResources/Pages/default.aspx
Source Reference	pubs.niaaa.nih.gov/publications/arh29-2/74-78.pdf
Other References	http://pubs.niaaa.nih.gov/publications/AA70/AA70.htm
Availability and Cost	Due to increasing concerns for confidentiality of individuals participating in U.S. Government and other surveys, NIAAA has determined that the Wave 1 and 2 NESARC be designated as limited access data files. Information on procedures for accessing the Wave 1 and 2 Data are currently being developed.
Link to Instrument(s)	http://pubs.niaaa.nih.gov/publications/NESARC_DRM2/NESARC2DRM.pdf
Link to Data	Data link broken
Contact Information	Ms. Nekisha Lakins nlakins@csrincorporated.com
Administration/Scoring	

Acronym	NESARC
Notes	

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National Health Interview Survey

Acronym	NHIS
Developer	Centers for Disease Control and Prevention
Description	The main objective of the NHIS is to monitor the health of the United States population through the collection and analysis of data on a broad range of health topics. A major strength of this survey lies in the ability to display these health characteristics by many demographic and socioeconomic characteristics. Examples of persons excluded are patients in long-term care facilities; persons on active duty with the Armed Forces (though their dependents are included); persons incarcerated in the prison system; and U.S. nationals living in foreign countries. Various probability sample techniques are done year-round to ensure a representative sample.
Population	Youth (4-17); Adults (18 and older) (representative)
Instrument Type	Household Interview
Availability (Years)	1963-2011
Latest Year	2011 (pending additional data)
Instrument Frequency	Annual
Data Coverage	National, State
Reliability/Validity	http://www.cdc.gov/brfss/pubs/quality.htm
PEI Goal(s)	Mental health, Access, Employment, School
Example questions	<p>Mental health</p> <ul style="list-style-type: none"> • DURING THE PAST 30 DAYS, how often did you feel ... So sad that nothing could cheer you up? Nervous? Restless or fidgety? Hopeless? That everything was an effort? Worthless? How MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all? • Compared with 12 MONTHS AGO, would you say your health is better, worse, or about the same? • How long have you had depression, anxiety, or an emotional problem? (Adult/Family, 2011) • Has a representative from a school or a health professional ever told you that [fill: S.C. name] had a learning disability? I am going to read a list of items that describe children. Has been unhappy, sad, or depressed? Has been nervous or high-strung?; Overall, do you think that [fill1: SC name] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people? DURING THE PAST 6 MONTHS, was [fill1: S.C. name] prescribed medication or taking prescription medication for difficulties with emotions, concentration, behavior, or being able to get along with others?; During the past 6 months, how much has this prescription medication helped; Who FIRST prescribed the medication? (Child, 2011) • How long [fill: have you/has ALIAS] had attention deficit/hyperactivity disorder? What conditions or health problems cause [fill: your/ALIAS'S]

Acronym	NHIS
	<p>limitations? – Depression/anxiety/emotional problem (Family, 2011)</p> <p>Access</p> <ul style="list-style-type: none"> • Is there a place that you USUALLY go to when you are sick or need advice about your health?; What kind of place is it - a clinic, doctor's office, emergency room, or some other place?; Is that {fill: place from (APLKIND)} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?; DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see you?; DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they would not accept you as a new patient?; Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? (couldn't get an appointment soon enough; Once you get there, you have to wait too long to see the doctor; The (clinic/doctor's) office wasn't open when you could get there; didn't have transportation; • DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? couldn't afford prescription medicines? Couldn't afford Mental health care or counseling; couldn't afford follow-up care; In regard to your health insurance or health care coverage, how does it compare to a year ago? Is it better, worse, or about the same? DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health? ...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker. (Adult/Child, 2011) • DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.); Did this emergency room visit result in a hospital admission?; Tell me which of these apply to your last emergency room visit?; ... You didn't have another place to go; Your doctor's office or clinic was not open; Your health provider advised you to go; The problem was too serious for the doctor's office or clinic; Only a hospital could help you; the emergency room is your closest provider; you get most of your care at the emergency room; you arrived by ambulance or other emergency vehicle? (Adult/Child, 2011) • Thinking about your last visit for any type of medical care, where did you go? Did you see a general doctor, a specialist, or someone else? For this visit, how long did you have to wait between the time you made the appointment and the day you actually saw the doctor or other health professional? How long did you have to wait in the waiting room before you saw a doctor or other health professional for this visit? • Why doesn't [fill: alias] have a usual source of medical care? (Adult/Child, 2011) • DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see [fill: alias]? (Child, 2011) • Sometimes students get treatment or counseling through the school

Acronym	NHIS
	<p>system for DIFFICULTIES WITH emotions, concentration, behavior, or being able to get along with others. DURING THE PAST 6 MONTHS, did [fill: S.C. name] receive any treatment or counseling FROM A SCHOOL SOCIAL WORKER, SCHOOL PSYCHOLOGIST, SCHOOL NURSE, SCHOOL COUNSELOR, SPECIAL ED TEACHER, OR SCHOOL SPEECH, OCCUPATIONAL OR PHYSICAL THERAPIST?</p> <p>Employment</p> <ul style="list-style-type: none"> • What is the main reason you did not work last week? (Temporarily unable to work for health reasons; disabled) Adult 2011 • During the PAST 12 MONTHS...ABOUT how many days did you miss work at a job or business because of illness or injury (do not include maternity leave)? • During the PAST 12 MONTHS, that is, since {12-month ref. date}, ABOUT how many days did illness or injury keep you in bed more than half of the day (include days while an overnight patient in a hospital)? DURING THE PAST 6 MONTHS, did [fill1: SC name] receive treatment or counseling for these difficulties... In a hospital emergency room, crisis center, or emergency shelter? • Does a physical, mental, or emotional problem NOW keep [fill: you/any of these family members] from working at a job or business? (Family, 2011) • What is the main reason [fill1: you/ALIAS] did not [fill2: work last week/have a job or business last week]? - Taking care of house or family (Family, 2011) <p>School</p> <ul style="list-style-type: none"> • DURING THE PAST 12 MONTHS, that is, since [fill1: 12-month ref. date], about how many days did [fill2: S.C. name] miss school because of illness or injury? DURING THE PAST 6 MONTHS, did the difficulties interfere with or limit [fill1: SC name] being able to get along in your family, in school, or in daily activities? How much did these difficulties interfere with [fill: S.C. name] being able to get along in your family, in school, or in daily activities?; How long have these difficulties been present?; Who provided the treatment or counseling?; At any time DURING THE PAST 6 MONTHS did [fill1: S.C. name] attend a school for students with difficulties with emotions, concentration, behavior, or being able to get along with others? (Child, 2011) • Because of a physical, mental, or emotional condition, does {S.C. name} have serious difficulty concentrating, remembering, or making decisions? Because of a physical, mental, or emotional condition, does {S.C. name} have difficulty doing errands alone such as visiting a doctor's office or shopping (for 15-17 year olds only)? (Child, 2011) <p>Other</p> <ul style="list-style-type: none"> • Because of a physical, mental, or emotional problem, [fill1: do you/does anyone in the family] need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home? need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores (Family, 2011)

Acronym	NHIS
Website	NHIS: http://www.cdc.gov/nchs/nhis/about_nhis.htm
Source Reference	http://www.cdc.gov/nchs/nhis/about_nhis.htm
Other References	http://www.cdc.gov/nchs/nhis/about_nhis.htm
Availability and Cost	Free
Link to Instrument(s)	http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm Adult Core Interview 2011: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/2011/english/qadult.pdf Child Core Interview 2011: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/2011/english/qchild.pdf Family Core Interview 2011: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/2011/english/qfamily.pdf Supplement interviews: http://www.cdc.gov/nchs/nhis/supplements_cosponsors.htm
Link to Data	http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/NHIS/summary.pdf
Contact Information	nhis@cdc.gov ; cdcinfo@cdc.gov ; (301) 458-4901; (301) 458-4001
Administration/Scoring	2010 Survey description document: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2010/srvydesc.pdf
Notes	Although the NHIS sample is too small to provide State level data with acceptable precision for each State, selected estimates for most states may be obtained by combining data years.

National Hospital Ambulatory Medical Care Survey (NHAMCS)

Acronym	NHAMCS
Developer	Centers for Disease Control and Prevention
Description	The National Hospital Ambulatory Medical Care Survey (NHAMCS) is designed to collect data on the utilization and provision of ambulatory care services in three components of hospitals: (1) emergency, (2) outpatient departments and (3) in ambulatory surgery centers (hospital-based centers as of 2009 and freestanding centers as of 2010). Staff are instructed to complete Patient Record forms for a systematic random sample of patient visits during a randomly assigned 4-week reporting period. Data are obtained on demographic characteristics of patients, expected source(s) of payment, patients' complaints, diagnoses, diagnostic/screening services, procedures, medication therapy, disposition, types of providers seen, causes of injury (emergency department and ambulatory surgery center only), and certain characteristics of the facility, such as, geographic region and metropolitan status. Data are used to statistically describe the patients that utilize hospital outpatient and emergency department services, the conditions most often treated, and the diagnostic and therapeutic services rendered, including medications prescribed.
Population	Patients (all ages) (non-representative)
Instrument Type	Survey/data extraction
Availability (Years)	1973-2011
Latest Year	2011 (additional data pending)
Instrument Frequency	Annual
Data Coverage	Region (Northeast, Midwest, South, and West)
Reliability/Validity	http://www.cdc.gov/nchs/ahcd/ahcd_estimation_reliability.htm
PEI Goal(s)	Mental Health Suicide Referrals Other
Example questions	<p>Mental Health</p> <ul style="list-style-type: none"> • Patient's age, gender, race, ethnicity (Patient Form ED/OP/AS, 2011) • Patient's complaint, symptoms, dx (Patient ED/OP/AS, 2011); • Has this patient been seen in this clinic before (Patient OP Form, 2011) • Episode of care – initial visit to ED for this problem, follow-up, unknown; is this visit related to an injury, poisoning, or adverse effect of medical treatment? Provider's diagnosis; medications; providers; visit disposition (no follow-up planned, return, died, transfer to psychiatric hospital, admit, etc.; (Patient ED Form, 2011) • Major reason for visit – new problem, chronic problem, preventative care (Patient OP Form, 2011) • As specifically as possible, list diagnoses related to this visit including chronic conditions; does the patient now have...depression; Screening services for depression provided; Psychotherapy provided; Other mental

Acronym	NHAMCS
	<p>health counseling provided; medications that are new/continued including Px and OTC; who the provider was; time spent with provider (Patient OP Form, 2011)</p> <ul style="list-style-type: none"> As specifically as possible, describe the injury; medications; disposition (discharge, admit, referred to ED, etc.); did someone attempt to follow-up with the patient within 24 hours after the surgery; what was learned from that follow-up (Patient AS Form, 2011) <p>Suicide</p> <ul style="list-style-type: none"> Is this injury poisoning intentional? (Yes, self inflicted; Patient ED form, 2011) Is this visit related to any of the following (intentional injury/poisoning)? (Patient OP Form, 2011) <p>Referrals</p> <ul style="list-style-type: none"> Has patient been seen in this ED within the last 72 hours; discharged from any hospital within the last 7 days?; how many times has this patient been seen in the last 12 months? Visit disposition (refer to other physician, return at a specified time, refer to ER/Admit to hospital, other; Patient OP Form, 2011) <p>Other</p> <ul style="list-style-type: none"> Expected source(s) of payment (Patient ED/OP Form, 2011)

Website	http://www.cdc.gov/nchs/ahcd/about_ahcd.htm#NHAMCS
Source Reference	http://www.cdc.gov/nchs/ahcd/about_ahcd.htm#NHAMCS
Other References	
Availability and Cost	<p>Some data are available publicly, while other restricted data can be requested by application (e.g., hospital and patient zipcode (patient zip codes collected 1995-1996; 1999+, census variables)</p> <p>http://www.cdc.gov/nchs/data/ahcd/Availability_of_NAMCS_and_NHAMCS_Restricted_Data.pdf; http://www.cdc.gov/rdc .</p>
Link to Instrument(s)	<p>http://www.cdc.gov/nchs/ahcd/ahcd_survey_instruments.htm#nhamcs</p> <p>Patient ED Form: http://www.cdc.gov/nchs/data/ahcd/2011_NHAMCS-100ed.pdf</p> <p>Patient OP Form: http://www.cdc.gov/nchs/data/ahcd/2011_NHAMCS-100opd.pdf</p> <p>Patient AS Form: http://www.cdc.gov/nchs/data/ahcd/2011_NHAMCS-100asc.pdf</p> <p>Survey items: http://www.cdc.gov/nchs/data/ahcd/body_NAMCSOPD_072406.pdf</p>
Link to Data	http://www.cdc.gov/nchs/ahcd/ahcd_questionnaires.htm (public-use data files)
Contact Information	cdcinfo@cdc.gov ; (301) 458-4600
Administration/Scoring	The data can be used to find out how many ambulatory care visits were made involving a certain diagnosis. To get an idea of utilization of ambulatory care in the population, the number of visits can be divided by the population of interest to get a rate of visits for a diagnosis of interest. Data users who wish to combine

Acronym	NHAMCS
	years of data from 2003 and beyond with years prior to 2002 will need to create these two variables for each file prior to 2002. http://www.cdc.gov/nchs/data/ahcd/ultimatecluster.pdf
Notes	Surveys are not designed to sample ambulatory care visits in every State, and meaningful estimates cannot be made on a State-level basis.

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National Outcomes Measure Survey

Acronym	NOMS
Developer	SAMHSA
Description	<p>Within NOMS there are 11 priority areas, one of which addresses co-occurring disorders (COD). Each area is subdivided into three areas Mental health services, Substance abuse treatment, and Substance abuse prevention. Each area is further subdivided into ten domains. The first 4 are available for the co-occurring disorders population and additional research is being conducted to see which data sources fit the remaining domains.</p> <ul style="list-style-type: none"> •Reduced Morbidity •Social Connectedness •Access/Capacity •Retention •Employment/Education •Crime and Criminal Justice •Stability in Housing •Perception of Care (or services) •Cost Effectiveness •Use of Evidence-Based Practices <p>Outcomes are populated with three national-level SAMHSA data sets: National Survey on Drug Use and Health (NSDUH) and National Survey of Substance Abuse Treatment Services (N-SSATS) – data defined by the Treatment Episode Data Set (TEDS); Center for Mental Health Services (CMHS) Uniform Reporting System (URS); and Drug Abuse Warning Network (DAWN).</p>
Population	Adolescents (12-17) and adults (18 and older) (representative)
Instrument Type	Administrative Data

Availability (Years)	2001-2007
Latest Year	2007 (pending additional data)
Instrument Frequency	Annual
Data Coverage	National, State, Region
Reliability/Validity	See specific data sets
PEI Goal(s)	Employment/School, Homelessness, Access, Incarceration, Referrals?
Example questions	Access (see NSDUH) Referrals (see TEDS)

Website	http://www.samhsa.gov/data/NOMsCoOccur2k6.pdf
Source Reference	http://www.samhsa.gov/data/NOMsCoOccur2k6.pdf
Other References	n/a
Availability and Cost	unclear
Link to Instrument(s)	http://www.adp.ca.gov/CalOMS/pdf/Reports_Overview.pdf
Link to Data	http://www.adp.ca.gov/CalOMS/pdf/Reports_Overview.pdf

Acronym	NOMS
Contact Information	CalOMS: ADP's Data Management Services office at (916) 327-3010 or 1-877-517-3329; CalOMSHelp@adp.ca.gov
Administration/Scoring	unclear

Notes	<p>The datafiles and reports are difficult to find, it may be best to go directly to the raw data files (e.g., TEDS or NSDUH). The focus of this data source is to examine individuals with primary substance use concerns.</p> <p>http://www.adp.ca.gov/CalOMS/CalOMSmaint.html</p>
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National Profile of Local Health Departments

Acronym	NPLHD
Developer	National Association of County & City Health Officials (NACCHO)
Description	The NPLHD is the most comprehensive and accurate source of information about the infrastructure and practice of Local Health Departments (LHDs) in the United States. It has been implemented since 1989. The units are all LHDs in the US; there is no sampling among LHDs. In 2008, the NPLHD surveyed 2,794 LHDs and received responses from 2,332 of them. The LHDs are surveyed about their structure, function, and capacities. Topics covered include jurisdictional information, funding, workforce, LHD activities, health disparities, and community health assessment and planning.
Population	Adult, juvenile; representative
Instrument Type	Survey
Availability (Years)	1989-90, 1992-3, 1996-7, 2005, 2008, 2010
Latest Year	2010; pending additional data
Instrument Frequency	Periodically
Data Coverage	National, state, county (number of counties unavailable until data are obtained)
Reliability/Validity	No information found
PEI Goal(s)	Timely access, outreach
Example questions	<p><i>Occupation definitions.</i> One choice is behavioral health professional, which is defined as “Behavioral health professional (e.g., public health social workers, HIV/AIDS counselors, mental health and substance abuse counselors, and community organizers).”</p> <p>Timely access</p> <ul style="list-style-type: none"> • <i>Other health services.</i> Two choices are “Behavioral/mental health services” and “Substance abuse services.” Options are “Performed by LHD directly,” “Contracted out by LHD,” and “Performed NEITHER by LHD directly NOR contracted out by LHD.” • <i>Access to Health Care Services.</i> Check each activity below in which your LHD has participated in the past year to assure access to health care services in your jurisdiction. One activity is “Behavioral (including psychological, substance abuse, mental health).” The four categories are “Assessed the gaps in access to services in this healthcare category,” “Addressed gaps through direct provision of clinical services in this healthcare category,” “Implemented strategies to increase accessibility of existing services (e.g. referrals) in this healthcare category,” and “Implemented strategies to target healthcare needs of under-served populations in this healthcare category.” <p>Outreach</p> <ul style="list-style-type: none"> • <i>Population-based Primary Prevention Activities.</i> Two choices are “Mental illness” and “Substance abuse.” Options are “Performed by LHD directly,” “Contracted out by LHD,” and “Performed NEITHER by LHD directly NOR contracted out by LHD.”

Acronym	NPLHD
Website	http://www.naccho.org/topics/infrastructure/profile/
Source Reference	<p>For 2008: Leep, Carolyn J. National Profile of Local Health Departments, 2008 [Computer file]. ICPSR26962-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2010-05-05. doi:10.3886/ICPSR26962.v1</p> <p>Other years not found.</p>
Other References	
Availability and Cost	<p>Some 2010 data can be publicly queried through an online querying tool. A NACCHO login is required.</p> <p>2008 and 2010 data are available at no charge through the Inter-University Consortium for Political and Social Research (ICPSR) at the University of Michigan. A form must be submitted, and the data are sent out on a CD. (Note: NACCHO claims that 2010 data are available in this fashion, but ICPSR has no record of the 2010 data set.)</p> <p>All data sets, including 2008 and 2010, are available from NACCHO directly for \$200 per data set. 1989-90 data does not include individually identified data as per an agreement between NACCHO and LHDs.</p> <p>More information can be found at under “Profile of Local Health Departments Data Use Policy,” “ICPSR data use agreement form instructions,” and “Profile Data Request Application Form” at http://www.naccho.org/topics/infrastructure/profile/techdoc.cfm.</p>
Link to Instrument(s)	<p>Links to instruments for all years can be found at: http://www.naccho.org/topics/infrastructure/profile/techdoc.cfm</p>
Link to Data	<p>http://profile-ig.naccho.org/ (2010 querying tool) http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/26962 (2008)</p>
Contact Information	<p>Carolyn Leep: cleep@naccho.org; (202) 507-4241 Senior Director of Research & Evaluation</p> <p>Reba Novich: rnovich@naccho.org; (202) 756-0161 Senior Project Management Specialist, Profile Study</p> <p>Nathalie Robin: nrobin@naccho.org; 202-507-4254 Specialist, R&E</p> <p>General: ProfileTeam@naccho.org</p>
Administration/Scoring	
Notes	

National Survey of Children’s Exposure to Violence

Acronym	NatSCEV
Developer	Office of Juvenile Justice and Delinquency Prevention and the Centers for Disease Control and Protection
Description	<p>This survey was conducted with the intent to estimate the incidence and prevalence of child exposure to violence in the United States. Its goals and objectives were to</p> <ul style="list-style-type: none"> • Document the incidence and prevalence of children’s exposure to violence in the United States in areas including family violence (with particular attention to domestic violence), community violence, and school violence. • Evaluate how rates of violence exposure vary across demographic characteristics such as gender, race, age, and family structure. • Assess characteristics of each violence exposure, such as the severity of the event and the child’s relationship to the perpetrator. • Specify how different forms of violence exposure “cluster” or co-occur. • Identify individual, family, and community characteristics that might be related to violence exposure. Examples include: <ul style="list-style-type: none"> ○ Parent-child relationship characteristics, such as the degree to which they are stable and nurturing ○ Parental supervision and monitoring ○ Neighborhood characteristics, such as the presence of gangs ○ Nature of peer relationships, including level of social support and associations with delinquent peers • Examine associations between levels and types of violence exposure and child mental health. • Evaluate the extent to which children disclose incidents of violence to various individuals and, when applicable, the nature and source of assistance or treatment given to the child.
Population	Children ages 17 and younger living in the continental US. It measures past-year and lifetime exposure to violence for children age 17 and younger across several major categories: conventional crime, child maltreatment, victimization by peers and siblings, sexual victimization, witnessing and indirect victimization, school violence and threats, and Internet victimization
Instrument Type	Survey conducted by phone interviews. Interviews were conducted with one target child randomly selected from each eligible household. Interviewers first conducted a short interview with the caregiver and then the main interview for the target child. For children younger than 10, proxy interviews were conducted with the adult in the household who is most familiar with the child’s activities.
Availability (Years)	2008
Latest Year	2008
Instrument Frequency	A one-time survey

Acronym	NatSCEV
Data Coverage	Random digit dialing was used to construct a sample of 4,500 households with children aged birth to 17 years. The interview sample (n= 4,549) consisted of 2 groups: a nationally representative sample of telephone numbers within the contiguous U.S. (n=3,053) and an oversample of telephone exchanges with 70% or greater African American, Hispanic, or low-income households (n=1,496).
Reliability/Validity	-
PEI Goal(s)	NONE
Example questions	-
Website	http://www.unh.edu/ccrc/projects/natscev.html
Source Reference	Finkelhor D et al. Children's Exposure to Violence: a Comprehensive National Study. Juvenile Justice Bulletin. October, 2009
Other References	-
Availability and Cost	-
Link to Instrument(s)	-
Link to Data	-
Contact Information	-
Administration/Scoring	-
Notes	-

National Survey of Substance Abuse Treatment Services

Acronym	N-SSATS
Developer	Substance Abuse and Mental Health Services Administration (SAMHSA)
Description	N-SSATS is designed to collect information from all facilities in the United States, both public and private, that provide substance abuse treatment. The objectives of N-SSATS are to collect multipurpose data that can be used to assist SAMHSA and state and local governments in assessing the nature and extent of services provided and in forecasting treatment resource requirements, to update SAMHSA's Inventory of Substance Abuse Treatment Services (I-SATS), to analyze general treatment services trends, and to generate the National Directory of Drug and Alcohol Abuse Treatment Programs and its online equivalent, the Substance Abuse Treatment Facility Locator.
Population	The surveys were designed to collect data on the location, characteristics, and utilization of alcohol and drug treatment facilities and services throughout the 50 States, the District of Columbia, and other U.S. jurisdictions.
Instrument Type	Mail survey with mail, telephone, and web-based response options.
Availability (Years)	1997 - 2010
Latest Year	2010
Instrument Frequency	Annual
Data Coverage	National
Reliability/Validity	<p>All mail questionnaires were reviewed manually for consistency and for missing data. Calls were made to facilities to clarify questionable responses and to obtain missing data. If facilities could not be reached during the edit callbacks, responses that were clearly in error were replaced by imputation. After data entry, automated quality assurance reviews were conducted. The reviews incorporated the rules used in manual editing, plus consistency checks and checks for data outliers not readily identified by manual review.</p> <p>The web questionnaire was programmed to be self-editing; that is, respondents were prompted to complete missing responses and to confirm or correct inconsistent responses.</p> <p>Item non-response was minimized through careful editing and extensive follow-up. The item response rate for the 2010 N-SSATS averaged 98.5 percent across 192 separate items. Appendix C details item response rates and imputation procedures.</p> <p>The response rate in California last year was 95.5%</p>
PEI Goal(s)	Focused on substance abuse
Example questions	
Website	http://www.dasis.samhsa.gov/dasis2/nssats.htm
Source Reference	

Acronym	N-SSATS
Other References	
Availability and Cost	Data are publicly available at no cost
Link to Instrument(s)	http://www.icpsr.umich.edu/icpsrweb/content/SAMHDA/survey-inst/index.html ; http://www.icpsr.umich.edu/cgi-bin/file?comp=none&study=32723&ds=1&file_id=1074847 ; http://www.icpsr.umich.edu/icpsrweb/SAMHDA/ssvd/series/58/variables
Link to Data	http://www.icpsr.umich.edu/icpsrweb/SAMHDA/
Contact Information	California State contact: Phillis Soresi (916) 327-8370
Administration/Scoring	

Notes	The Inventory of Substance Abuse Treatment Services (I-SATS) provides the sampling frame for N-SSATS. The Inventory of Substance Abuse Treatment Services (I-SATS) is a listing of all known public and private substance abuse treatment facilities in the United States and its territories. Before 2000, the I-SATS was known as the National Master Facility Inventory.
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National Survey on Drug Use and Health (NSDUH)

Acronym	NSDUH
Developer	Substance Abuse and Mental Health Services Administration
Description	The National Survey on Drug Use and Health (NSDUH) series (formerly titled National Household Survey on Drug Abuse) primarily measures the prevalence and correlates of drug use in the United States. The sample was stratified into 900 regions and then addresses were selected. The surveys are designed to provide quarterly, as well as annual, estimates. Information is provided on the use of illicit drugs, alcohol, and tobacco among members of United States households aged 12 and older. The survey covered substance abuse treatment history and perceived need for treatment, and included questions from the Diagnostic and Statistical Manual (DSM) of Mental Disorders that allow diagnostic criteria to be applied. The survey included questions concerning treatment for both substance abuse and mental health-related disorders.
Population	Adolescents (12-17) and adults (18 and older) (representative)
Instrument Type	Household in-person interview
Availability (Years)	1988-2013 (projected)
Latest Year	2010 (pending additional data)
Instrument Frequency	Annual
Data Coverage	National, State, Region
Reliability/Validity	http://www.samhsa.gov/data/NSDUH/2k6ReliabilityP.pdf
PEI Goal(s)	Access, Mental Health, Unemployment, School, Suicide
Example questions	<p>Access</p> <ul style="list-style-type: none"> • These next questions are about treatment and counseling for problems with emotions, nerves or mental health. Please do not include treatment for alcohol or drug use.; During the past 12 months, have you stayed overnight or longer in a hospital or other facility to receive treatment or counseling for any problem you were having with your emotions, nerves, or mental health?; Where did you stay overnight or longer to receive mental health treatment or counseling during the past 12 months? (A private or public psychiatric hospital; A psychiatric unit of a general hospital; A medical unit of a general hospital; Another type of hospital; A residential treatment center; Some other type of facility); How many nights; Who paid or will pay for the inpatient mental health care you received; Who paid or will pay most of the cost for the inpatient mental health care you received; How much did you or your family pay; During the past 12 months, did you receive any outpatient treatment or counseling for any problem you were having with your emotions, nerves, or mental health at any of the places listed below? (An outpatient mental health clinic or center; The office of a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic; A doctor's office that was not part of a clinic; An outpatient medical

Acronym	NSDUH
	<p>clinic; A partial day hospital or day treatment program; Some other place) (Adult, 2010; similar questions in Youth, 2010 survey)</p> <ul style="list-style-type: none"> • Which of these statements explains why you did not get the mental health treatment or counseling you needed?; During the past 12 months, how much has treatment or counseling helped you? (Adult, 2010; Youth, 2010) • During the past 12 months, that is, since [DATEFILL], did you receive any treatment or counseling from a school social worker, a school psychologist, or a school counselor for emotional or behavioral problems that were not caused by alcohol or drugs?; At any time during the past 12 months, did you participate in a school program that was just for students with emotional or behavioral problems? (Youth, 2010) <p>Mental Health</p> <ul style="list-style-type: none"> • During the past 30 days, how often did you feel nervous?; did you feel hopeless?; did you feel restless or fidgety?; did you feel so sad or depressed that nothing could cheer you up?; did you feel that everything was an effort?; did you feel down on yourself, no good or worthless?; in the past 12 months when you felt more depressed, anxious, or emotionally stressed than you felt during the past 30 days?; During that one month when your emotions, nerves or mental health interfered most with your daily activities . . . how much difficulty did you have remembering to do things you needed to do? • Have you ever in your life had a period of time lasting several days or longer when most of the day you felt sad, empty or depressed?; Have you ever had a period of time lasting several days or longer when most of the day you were very discouraged about how things were going in your life? (additional questions to assess Adult Depression; similar questions for Youth Survey, 2010) <p>Unemployment</p> <ul style="list-style-type: none"> • During that one month when your emotions, nerves or mental health interfered most with your daily activities . . .how much difficulty did you have taking care of your daily responsibilities at work or school?; Did problems with your emotions, nerves, or mental health keep you from working or going to school?; how much difficulty did you have getting your daily work done as quickly as needed? (Adult, 2010) • About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your [depression]? (Adult, 2010) • How much did your [depression] interfere or cause problems with your school work, your job, or your relationships with family and friends? (Youth, 2010) <p>School</p> <ul style="list-style-type: none"> • What was the other emotional or behavioral problem for which you last visited a partial day hospital or day treatment program? (You had problems at school) (Youth, 2010)

Acronym	NSDUH
	<p>Suicide</p> <ul style="list-style-type: none"> The next few questions are about thoughts of suicide. At any time in the past 12 months, that is from [datefill] up to and including today, did you seriously think about trying to kill yourself?; did you make any plans to kill yourself?; did you try to kill yourself?; did you get medical attention from a doctor or other health professional as a result of an attempt to kill yourself?; Did you stay in a hospital overnight or longer because you tried to kill yourself? (Adult, 2010; Youth, 2010)
Website	http://oas.samhsa.gov/NSDUH.htm ; https://nsduhweb.rti.org/
Source Reference	United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Office of Applied Studies. National Survey on Drug Use and Health, 2009 [Computer file]. ICPSR29621-v2. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2012-02-10. doi:10.3886/ICPSR29621.v2
Other References	Information on State Data: http://oas.samhsa.gov/statesIndex.htm AOD rates within CA: http://oas.samhsa.gov/substate2k10/StateFiles/CA.pdf ; http://oas.samhsa.gov/substate2k10/toc.cfm
Availability and Cost	Free
Link to Instrument(s)	http://www.icpsr.umich.edu/files/SAMHDA/survey-inst/32722-0001-Questionnaire-specifications.pdf
Link to Data	http://www.icpsr.umich.edu/icpsrweb/SAMHDA/series/64
Contact Information	800-848-4079; tg@rti.org ; https://nsduhweb.rti.org/RespWeb/about_rti.html
Administration/Scoring	Data need to be weighted, but reports are already weighted
Notes	SAMHSA selected Research Triangle Institute (RTI) to conduct the NSDUH through 2013. RTI has successfully conducted the survey since 1988. RTI's role in this long-term national effort includes study design, sample selection, data collection, data processing, analysis, and reporting. NSDUH randomly samples households across the U.S.

Office of Statewide Health Planning and Development

Acronym	OSHPD
Developer	California Health and Human Services Agency
Description	<p>OSHPD was crated in 1978 to provide the state of California an enhanced understanding of the structure and function of its healthcare system.</p> <p>It consists of six divisions of which two are relevant to the CalMHSA project.</p> <ul style="list-style-type: none"> i) Administrative services ii) Cal-mortgage iii) Facilities Development iv) Healthcare information v) Healthcare workforce development (see separate sheet) vi) Health Professions Education Foundation <p>The healthcare information division houses four databases</p> <ul style="list-style-type: none"> a) Emergency department & Ambulatory surgery b) Patient Discharge (Inpatient) c) Financial d) Utilization <p>The emergency department and ambulatory surgery, and patient discharge data are reported by hospitals using the Medical Information Reporting for California (MIRCal).</p> <p>OSHPD is also responsible for producing</p> <ul style="list-style-type: none"> i) The California Healthcare Atlas which is an interactive Internet GIS mapping application that can be used to visualize healthcare information such as AHRQ Volume & Utilization at Hospitals, Common Surgery Charges, Hospital Financial Margins, Vital Record Statistics, Practitioner density, Small Area Health Insurance estimates, critical access hospitals, disproportionate share hospitals, trauma centers (levels 1,2,3,4), Mental health - Health Professional Shortage Area etc. ii) Automated Licensing Information and Report Tracking System (ALIRTS), which enables health facilities to report annual utilization data and customers to access timely utilization and other health facility information. Utilization data is divided into i) hospitals, ii) long-term care facilities, iii) primary care clinics, iv) specialty clinics and v) home health agencies/hospices. Psychiatric health facilities are in this reporting program (<i>36 in 2011, 6 chemical dependency recovery hospitals and 25 Psychology clinics</i>). iii) Cardiac On-Line Reporting for California (CORC), the mandatory system for reporting coronary artery bypass graft (CABG) surgeries to California CABG Outcomes Reporting Program (CCORP).
Population	All non-federal hospitals in California report information to OSHPD.

Acronym	OSHPD
Instrument Type	Administrative database
Availability (Years)	ALIRTS (2001 – ongoing) California Healthcare Atlas (2000 – ongoing) Hospital Discharge (1999- ongoing) Emergency department & Ambulatory Surgery (2005 – ongoing)
Latest Year	ALIRTS – 2010 California Healthcare Atlas – 2010 Hospital Discharge - 2010 Emergency department & Ambulatory Surgery - 2010
Instrument Frequency	MIRCal data are submitted quarterly between 6 weeks and 3 months after the quarter. ALIRTS data are submitted yearly by Feb 15 th for the previous years data
Data Coverage	All hospitals with county level estimates available
Reliability/Validity	Hospital Discharge Emergency and Ambulatory Surgery Utilization data undergoes a two stage screening procedure to ensure the accuracy of the estimates. Mathematical checks are built into the reporting system.
PEI Goal(s)	Suicide; Access; Utilization; Health workforce
Example questions	<p>Data elements included in the patient discharge dataset are</p> <ul style="list-style-type: none"> • Abstract Record Number • Admission Date • Date of Birth • Discharge Date • Disposition of Patient • Expected Source of Payment • External Causes of Injury • Other Diagnosis and Present on Admission Indicator • Other Procedures and Dates • Patient Social Security Number • Prehospital Care and Resuscitation (DNR) • Principal Diagnosis and Present on Admission Indicator • Principal Language Spoken • Principal Procedure and Date • Race • Sex • Source of Admission • Total Charges • Type of Admission • Zip <p>Data elements in the Emergency Department and Ambulatory Surgery dataset are</p>

Acronym	OSHPD
	<ul style="list-style-type: none"> • Abstract Record Number • Date of Birth • Disposition of Patient • Ethnicity • Expected Source of Payment • Other Diagnoses • Other External Causes of Injury • Other Procedures • Patient Social Security Number • Principal Diagnosis • Principal External Causes of Injury • Principal Language Spoken • Principal Procedure • Race • Service Date • Sex • Zip <p>Data elements available in the Hospital file ALIRTS system are</p> <p>SECTION 1 - General Information</p> <ol style="list-style-type: none"> 1. Facility Name and Address 2. Facility Telephone Number, Administrator Name, and E-mail Address 3. Operation Status 4. Dates of Operation 5. Parent Corporation Information 6. Person Completing the Report (Report Contact Person) 7. Submitted By and Submitted Date and Time 8. License Category (Type) 9. Licensee Type of Control 10. Principal Service Type <p>SECTION 2 - Inpatient</p> <ol style="list-style-type: none"> 1. Licensed Beds 2. Licensed Bed Days 3. Hospital Discharges 4. Intra-Hospital Transfers 5. Patient (Census) Days 6. Average LOS Current Year 7. Average LOS Prior Year. 8. Total Inpatient Bed Utilization 9. Chemical Dependency Recovery Services in Licensed GAC and Acute Psychiatric Beds <ol style="list-style-type: none"> a) Licensed Beds b) Hospital Discharges

Acronym	OSHPD
	<ul style="list-style-type: none"> c) Patient (Census) Days d) Average LOS Current Year e) Average LOS Prior Year 10. Newborn Nursery Information 11. Acute Psychiatric Patients by Unit on December 31 <ul style="list-style-type: none"> a) Acute Psychiatric Total (By Unit) b) Acute Psychiatric Patients by Age on December 31 c) Acute Psychiatric Total (By Age) 12. Acute Psychiatric Patients by Primary Payer on December 31 <ul style="list-style-type: none"> a) Acute Psychiatric Total (By Primary Payer) b) Short Doyle Contract Services 13. Inpatient Hospice Program 14. Inpatient Hospice Program Bed Classifications <p>SECTION 3 - Emergency Department Services</p> <ul style="list-style-type: none"> 1. EMSA Trauma Center Designation 2. Licensed Emergency Department Level 3. Services Available on Premises <ul style="list-style-type: none"> a) 24 Hour b) On-Call 4. Emergency Department Services <ul style="list-style-type: none"> a) EDS Visits Not Resulting in Admission b) Visits Resulting in Inpatient Admissions c) Total 5. Emergency Medical Treatment Stations on December 31 6. Non-Emergency (Clinic) Visits Seen in Emergency Department 7. Emergency Registrations, But Patient Leaves Without Being Seen 8. Emergency Department Ambulance Diversion Hours 9. Number of Ambulance Diversion Hours Occurred at Emergency Department 10. Total Hours <p>SECTION 4 - SURGERY AND RELATED SERVICES</p> <p>SECTION 5 - MAJOR CAPITAL EXPENDITURES</p>

Website	http://www.oshpd.ca.gov/
Source Reference	
Other References	
Availability and Cost	OSHPD healthcare dataset are available freely as public files and for a fee the restricted files.
Link to Instrument(s)	Patient discharge 2010 (manual abstraction) Emergency department (manual abstraction) Ambulatory surgery (manual abstraction) ALIRTS 2011
Link to Data	http://www.oshpd.ca.gov/HID/DataFlow/index.html

Acronym	OSHDP
Contact Information	<p>Healthcare Information Resource Center 400 R Street, Suite 250 Sacramento, CA 95811-6213 Tel: (916) 326-3802 Fax: (916) 324-9242 E-mail HIRC</p> <p>Angela L. Minniefield, Deputy Director Healthcare Workforce Development Division Phone: (916) 326-3700 Email: HWDDNews@oshpd.ca.gov</p>
Administration/Scoring	
Notes	Utilization data is available at the state and county level. Utilization data also includes psychiatric beds.

DRAFT

Point-in-Time Homeless Persons Count

Acronym	PIT
Developer	U.S. Department of Housing and Urban Development
Description	<p>The Point-in-Time Count provides a count of sheltered homeless persons on a single night during the last 10 days in January each year, and a count of unsheltered homeless persons on a single night during the last 10 days in January every other year (odd years). Conducted on the same night as HIC.</p> <p>Each program recorded in the HIC must provide a PIT count. This number should be the unduplicated number of persons served on the night of the count in the beds reported for the program. This includes all persons who entered the program on or before the date of the HIC and PIT count, and who are either still in the program or exited after the date of the count. As discussed earlier, the HIC and the PIT are integrally related. The number of persons reported in each program type (Emergency Shelter, Safe Havens, and Transitional Housing) on the PIT should match the sum total of sheltered persons reported in the PIT count on the HIC for programs of that type.</p> <p><i>Data are collected on subpopulations, including Severely Mentally Ill and Chronic Substance Abuse. However, while data on these subpopulations are required for sheltered person counts, they are optional for unsheltered person counts. That said, every CA Continuum of Care (CoC – these are large geographical units of about 1-3 counties) I looked at did report both sheltered & unsheltered by subpopulation.</i></p>
Population	<p>Counts are based on: 1. Number of persons in households without children; 2. Number of persons in households with at least one adult and one child; and 3. Number of persons in households with only children (this last category is new for 2012). This includes only persons age 17 or under, including unaccompanied children, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.</p> <p>HPRP participants (Homelessness Prevention or Rapid Re-housing) who are in conventional housing (i.e. housing in the private rental market) on the night designated for the count should not be included in the PIT count.</p>
Instrument Type	Administrative data
Availability (Years)	2005-2011
Latest Year	2011 (2012 counts should be completed but data are not online)
Instrument Frequency	Sheltered count is annual; unsheltered count is biennial (odd years). However, CoCs may choose to conduct an unsheltered count in even years as well and submit PIT data for both sheltered and unsheltered persons.
Data Coverage	National, by state, and by CoC (county or aggregate of smaller counties)
Reliability/Validity	
PEI Goal(s)	Homelessness [Outcome]: Can get counts of sheltered & unsheltered

Acronym	PIT
Example questions	<p>homeless w/ SMI and w/ chronic substance abuse, by state and by CoC.</p> <p>Sheltered Homeless Persons: CoCs need to record the number of persons and households sleeping in emergency shelters, transitional housing, and Safe Haven programs on the night designated for the count. All programs in these categories that are included in the HIC should be included in the PIT count.</p> <p>Unsheltered Homeless Persons: For 2012 [or other even years], CoCs may collect and report the number of people living in a place not meant for human habitation, such as cars, parks, sidewalks abandoned buildings, or on the street. For CoCs that do not collect unsheltered data in 2012, HUD will use 2011 [or most recent odd year] unsheltered counts for reporting purposes.</p> <p>Subpopulation Data: HUD requires that CoCs identify counts of specific subpopulations for all sheltered persons. While the unsheltered count is optional in 2012, if a count is submitted, required subpopulation data should also be submitted. The subpopulations are:</p> <ul style="list-style-type: none"> • Chronically Homeless Individuals: Required for sheltered and unsheltered persons. • Chronically Homeless Families: Required for sheltered and unsheltered persons. • Veterans: Required for sheltered and unsheltered persons. • Severely Mentally Ill: Required for sheltered persons; optional for unsheltered persons. • Chronic Substance Abuse: Required for sheltered persons; optional for unsheltered persons. • Persons with HIV/AIDS: Required for sheltered persons; optional for unsheltered persons. • Victims of Domestic Violence: Required for sheltered persons; optional for unsheltered persons. • Unaccompanied Child (under 18): Required for sheltered persons; optional for unsheltered persons. <p>Definitions of selected subpopulation categories:</p> <ul style="list-style-type: none"> • Chronic Substance Abuse – This category on the PIT includes persons with a substance abuse problem (alcohol abuse, drug abuse, or both) that is expected to be of long-continued and indefinite duration and substantially impairs the person’s ability to live independently. • Chronically Homeless Individual - An unaccompanied homeless adult individual (persons 18 years or older) with a disabling condition (see definition below) who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/Safe Haven during that time. Persons under the age of 18 are not counted as chronically homeless. For purposes of the PIT, persons

Acronym	PIT
	<p>living in transitional housing at the time of the PIT count should not be included in this subpopulation category.</p> <ul style="list-style-type: none"> • Disabling Condition – Any one of (1) a disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is (a) expected to be of long continued and indefinite duration, (b) substantially impedes an individual’s ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or (5) a diagnosable substance abuse disorder. • Severely Mentally Ill (SMI) – This subpopulation category of the PIT includes persons with mental health problems that are expected to be of long-continued and indefinite duration and substantially impairs the person’s ability to live independently. <p>People Who Should be Included in the PIT: For the sheltered count, include all persons who – on the night of the count – were sleeping in beds that are designated for persons who are homeless and are provided or funded by emergency shelter, transitional housing, or Safe Haven programs.</p> <p>If conducting an unsheltered count, include all homeless persons who were on the street or in a place unfit for habitation on the night of the count. HUD requires that CoCs identify the date on which the count was conducted; however, the term ‘night’ signifies a single period of time from sunset to sunrise that spans two actual dates. The ‘night of the count’ begins at sunset on the date of the count and ends at sunrise on the following day, as shown in the illustration below.</p> <p>People Who Should NOT be Included in the PIT: Persons residing in the following settings on the night of the count should not be included in the sheltered PIT count:</p> <ul style="list-style-type: none"> • Persons residing in permanent supportive housing programs, including persons housed using Veterans Affairs Supportive Housing (VASH) vouchers • Persons residing in their own unit with HPRP assistance (e.g., HPRP rental assistance) as part of a Homeless Assistance program (i.e. Rapid Re-housing) or Homelessness Prevention program • Persons counted in any location not listed on the HIC (e.g., staying in programs with beds/units not dedicated for persons who are homeless or staying with family or friends).

Website	http://sandbox.hudhdx.info/
Source Reference	

Acronym	PIT
Other References	
Availability and Cost	<p>Reports available freely on the web: nationally, by state, and by CoC: http://www.hudhre.info/index.cfm?do=viewHomelessRpts</p> <ul style="list-style-type: none"> • Select a year (2005-2011), then select “Population/Subpopulation.” • Select scope: national; state; or Continuum of Care (CoC). • If CoC, can select California, and then choose from a list of CoCs. There are 42 CoCs in CA; some are single counties (e.g., LA City + County is a single Coc) and others combine a few small counties. <p>By CoC, by state, or nationally:</p> <ul style="list-style-type: none"> • 3 categories: Emergency Shelter; Transitional Housing; Unsheltered: Number of households, number of persons; reported by households w/ only individuals, and households w/ adults & children. • Two categories: Sheltered; Unsheltered. Number of persons by subpopulation, including chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, unaccompanied youth (under 18). While HUD does not require subpopulations to be reported for unsheltered persons, every CA CoC I looked at did report unsheltered persons by subpopulation. • Only difference between CoC, State, and National are the level at which the data are aggregated. Categories are identical, including having sheltered & unsheltered both by subpopulation.
Link to Instrument(s)	http://hudhre.info/documents/2012HICandPITGuidance.pdf
Link to Data	http://www.hudhre.info/index.cfm?do=viewHomelessRpts
Contact Information	Contacts by CoC: http://www.hudhre.info/index.cfm?do=viewCocContacts
Administration/Scoring	
Notes	

School Health Policies and Practices Study

Acronym	SHPPS
Developer	Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC)
Description	<p>SHPPS examines 8 components of school health programs across the nation. They are i) health education ii) physical education and activity iii) health services iv) mental health and social services v) nutrition services vi) healthy and safe school environment vii) faculty and staff health promotion viii) family and community involvement. The 2006 version included 23 questionnaires, 3 questionnaires were developed for the mental health component, one each for the state, district and school levels. The district and school level questionnaires were introduced in 2006. The study aims to answer:</p> <ul style="list-style-type: none"> - What are the characteristics of each school health program component at the state, district, school, and classroom (where applicable) levels and across elementary, middle, and high schools? - Are there persons responsible for coordinating and delivering each school health program component and what are their qualifications and educational backgrounds? - What collaboration occurs among staff from each school health program component and with staff from outside agencies and organizations? - How have key policies and practices changed over time?
Population	The survey is aimed at the elementary, middle and high school levels. The survey includes a nationally representative sample of public school districts, public and private schools, and classes or courses covering required health instruction or physical education.
Instrument Type	Questionnaires administered via computer-assisted personal interview or computer assisted telephone interview
Availability (Years)	1994 (no mental health questionnaire), 2000, 2006
Latest Year	2006 (State and district level data collection is underway for 2012. School and classroom level data planned for 2014)
Instrument Frequency	Intermittent (Approximately every 6 years – current round ongoing)
Data Coverage	National (Nationally representative sample)
Reliability/Validity	Details of the reliability and validity can be found in a report of the methodology
PEI Goal(s)	Mental health (PEI) workforce (Education)/Policies
Example questions	<ol style="list-style-type: none"> 1. Do mental health or social services staff provide... <ol style="list-style-type: none"> a. Tobacco use cessation? b. Alcohol or other drug use treatment c. Counseling after a natural disaster or other emergency or crisis situation? d. Crisis intervention for personal problems? e. Identification of emotional or behavioral disorders, such as anxiety,

Acronym	SHPPS
	<p>depression, or ADHD? f. Counseling for emotional or behavioral disorders, such as anxiety, depression, or ADHD? g. Stress management h. Weight management?</p> <p>2. Do mental health or social services staff provide... a. Nutrition and dietary behavior counseling? b. Physical activity and fitness counseling? c. Pregnancy prevention d. HIV prevention e. STD prevention? f. Suicide prevention g. Tobacco use prevention? h. Alcohol or other drug use prevention? i. Violence prevention, for example bullying, fighting, or homicide? j. Injury prevention and safety counseling?</p>
Website	http://www.cdc.gov/HealthyYouth/shpps/index.htm
Source Reference	Brener ND, Weist M, Adelman H, Taylor L, Vernon-Smiley M. Mental health and social services: results from the School Health Policies and Programs Study 2006. J Sch Health. 2007; 77: 486-499
Other References	
Availability and Cost	
Link to Instrument(s)	2006 - State ; 2006 - District ; 2006 - Classroom ; 2000 - State ; 2000 - District ; 2000 - School ;
Link to Data	Data files and documentation ; State level mental health 2006 ; CA mental health 2006 ; San Bernardino mental health 2006 ; San Diego mental health 2006 ; San Francisco mental health 2006 ; Los Angeles mental health 2006
Contact Information	Division of Adolescent and School Health 4770 Buford Hwy, NE MS K29 Atlanta, GA 30341 cdcinfo@cdc.gov
Administration/Scoring	State-level estimates are based on a census and are not weighted. District-, school-, and classroom level data are based on representative samples and are weighted to produce national estimates.
Notes	

Survey of Inmates in Federal Correctional Facilities / Survey of Inmates in State Correctional Facilities

Acronym	SIFCF / SISCF
Developer	Bureau of Justice Statistics (BJS), Federal Bureau of Prisons
Description	The SIFCF and SISCF are nationwide, stratified two-stage surveys of inmates in federally owned and operated (SIFCF) and state (SISCF) correctional facilities. The SIFCF has been implemented since 1974 and the SISCF since 1991. Prisons are selected in the first stage and inmates to be interviewed are selected in the second stage. The units (correctional facilities and inmates) are sampled based on sampling criteria laid out in the reliability/validity section. The SIFCF and SISCF are joint efforts by the Bureau of Justice Statistics (BJS) and the Federal Bureau of Prisons. Both surveys are conducted concurrently and include the same data items. They are similar to the Survey of Inmates in Local Jails (SILJ); the mental health history section of all three surveys is identical.
Population	Adults (18+); representative
Instrument Type	Interview
Availability (Years)	1991, 1997, 2004 (SIFCF) 1974, 1979, 1986, 1991, 1997, 2004 (SISCF)
Latest Year	2004; pending additional data (survey collection has been suspended but is expected to resume in 2014)
Instrument Frequency	Periodically
Data Coverage	National, state
Reliability/Validity	http://www.icpsr.umich.edu/icpsrweb/NACJD/support/faqs/2010/10/survey-of-inmates-in-state-and-federal http://www.icpsr.umich.edu/cgi-bin/file?comp=none&study=4572&ds=0&file_id=898493 (2004)
PEI Goal(s)	Incarceration (adult; enhanced questions on mental health histories included in 2004)
Example questions	<ul style="list-style-type: none"> • During the last year: Have you lost your temper easily, or had a short fuse more often than usual? Have you been angry more often than usual? Have you hurt or broken things on purpose, just because you were angry? Have you thought a lot about getting back at someone you have been angry at? Have you had difficulty feeling close to friends or family members? Have there been times when your thoughts raced so fast that you had trouble keeping track of them? Have you given up hope for your life or your future? • Have you ever been told by a mental health professional, such as a psychiatrist or psychologist, that you had: A depressive disorder; Manic-depression, bipolar disorder, or mania; Schizophrenia or another psychotic disorder; Post-traumatic stress disorder; (etc.) When were you most recently told that you had this (<i>these</i>) conditions? • Because of an emotional or mental problem, have you EVER taken a medication prescribed by a psychiatrist or other doctor? Were you taking medication prescribed by a doctor for a mental or emotional problem? • Because of an emotional or mental problem, have you EVER been admitted

Acronym	SIFCF / SISCF
	<p>to a mental hospital, unit or treatment program where you stayed overnight? Because of a mental or emotional problem have you EVER received counseling or therapy from a trained professional? Because of a mental or emotional problem have you EVER received any other mental health treatment or services?</p> <ul style="list-style-type: none"> • Have you ever attempted suicide? Have you ever considered suicide?
Website	http://bjs.ojp.usdoj.gov/index.cfm?ty=dcdetail&iid=273 (SIFCF) http://bjs.ojp.usdoj.gov/index.cfm?ty=dcdetail&iid=275 (SISCF)
Source Reference	<p>U.S. Dept. of Justice, Bureau of Justice Statistics. SURVEY OF INMATES IN STATE AND FEDERAL CORRECTIONAL FACILITIES, 2004 [Computer file]. ICPSR04572-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [producer and distributor], 2007-02-28. doi:10.3886/ICPSR04572.v1</p>
Other References	
Availability and Cost	<p>Most of the data are publicly available for download after logging in with a Google or Facebook account. Certain variables are restricted from general dissemination to protect respondent privacy. A list of these variables for the 2004 survey can be found at http://www.icpsr.umich.edu/icpsrweb/NACJD/studies/4572/detail. To obtain these data, a Restricted Data Use Agreement form must be submitted to the Inter-University Consortium for Political and Social Research at the University of Michigan. More details can be found at the above link.</p>
Link to Instrument(s)	http://bjs.ojp.usdoj.gov/content/pub/pdf/sisfcf04_q.pdf (2004) http://bjs.ojp.usdoj.gov/content/pub/pdf/sisfcfq.pdf (1997)
Link to Data	http://www.icpsr.umich.edu/icpsrweb/NACJD/series/70/studies?sortBy=7
Contact Information	Tracy Snell: Tracy.L.Snell@usdoj.gov
Administration/Scoring	
Notes	

Survey of Inmates in Local Jails

Acronym	SILJ
Developer	Bureau of Justice Statistics
Description	The SILJ is a nationwide, stratified two-stage survey of inmates in local jails. The SILJ was implemented in 1978. Jails are selected in the first stage and inmates to be interviewed are selected in the second stage. The units (local jails and inmates) are sampled based on sampling criteria laid out in in the reliability/validity section. The SILJ is similar to the Survey of Inmates in Federal Correctional Facilities (SIFCF) and the Survey of Inmates in State Correctional Facilities (SISCF). The mental health history section of all three surveys is identical.
Population	Adults (18+), juveniles (under 18); representative
Instrument Type	Interview

Availability (Years)	1978, 1983, 1989, 1996, 2002
Latest Year	2002; no subsequent data to be collected (survey collection has been suspended but is expected to resume at an unspecified future time)
Instrument Frequency	Periodically
Data Coverage	National, state
Reliability/Validity	http://www.icpsr.umich.edu/cgi-bin/file?comp=none&study=4359&ds=0&file_id=890743 (2002)
PEI Goal(s)	Incarceration (adult; enhanced questions on mental health histories included in 2002)
Example questions	<ul style="list-style-type: none"> • During the last year: Have you lost your temper easily, or had a short fuse more often than usual? Have you been angry more often than usual? Have you hurt or broken things on purpose, just because you were angry? Have you thought a lot about getting back at someone you have been angry at? Have you had difficulty feeling close to friends or family members? Have there been times when your thoughts raced so fast that you had trouble keeping track of them? Have you given up hope for your life or your future? • Have you ever been told by a mental health professional, such as a psychiatrist or psychologist, that you had: A depressive disorder; Manic-depression, bipolar disorder, or mania; Schizophrenia or another psychotic disorder; Post-traumatic stress disorder; (etc.) When were you most recently told that you had this (<i>these</i>) conditions? • Because of an emotional or mental problem, have you EVER taken a medication prescribed by a psychiatrist or other doctor? Were you taking medication prescribed by a doctor for a mental or emotional problem? • Because of an emotional or mental problem, have you EVER been admitted to a mental hospital, unit or treatment program where you stayed overnight? Because of a mental or emotional problem have you EVER received counseling or therapy from a trained professional? Because of a mental or emotional problem have you EVER received any other mental health treatment or services? • Have you ever attempted suicide? Have you ever considered suicide?

Website	http://bjs.ojp.usdoj.gov/index.cfm?ty=dcdetail&iid=274
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Acronym	SILJ
Source Reference	U.S. Dept. of Justice, Bureau of Justice Statistics. SURVEY OF INMATES IN LOCAL JAILS, 2002 [UNITED STATES] [Computer file]. Conducted by U.S. Dept. of Commerce, Bureau of the Census. ICPSR04359-v2. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [producer and distributor], 2006-11-21. doi:10.3886/ICPSR04359.v2
Other References	
Availability and Cost	Most of the data are publicly available for download after logging in with a Google or Facebook account. Certain variables are restricted from general dissemination to protect respondent privacy. To obtain these data, a Restricted Data Use Agreement form must be submitted to the Inter-University Consortium for Political and Social Research at the University of Michigan. More details can be found at http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/4359/detail .
Link to Instrument(s)	http://bjs.ojp.usdoj.gov/content/pub/pdf/quest_archive/siljq02.pdf (2002) http://bjs.ojp.usdoj.gov/content/pub/pdf/siljq.pdf (1996)
Link to Data	http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/69/studies?sortBy=7
Contact Information	Tracy Snell: Tracy.L.Snell@usdoj.gov
Administration/Scoring	
Notes	

Treatment Episode Data Set

Acronym	TEDS
Developer	Substance Abuse and Mental Health Services Administration
Description	<p>TEDS is part of SAMHSA’s Drug and Alcohol Service Information System. TEDS is a compilation of data on the demographic and substance abuse characteristics of admissions to (and more recently, on discharges from) substance abuse treatment. TEDS is comprised of two separate components, the Admissions Data System and the Discharge Data System. The Admissions Data System has two components: a minimum data set that includes demographic and drug history data, and a supplemental data set that includes related data items.</p>
Population	Individuals admitted for substance abuse treatment in one of the 50 states.
Instrument Type	Administrative data. The data are routinely collected by State administrative systems and then submitted to SAMHSA in a standard format.
Availability (Years)	1992 -2010
Latest Year	2009
Instrument Frequency	Annual
Data Coverage	<p>This source includes data on almost 2 million admissions reported by more than 10,000 facilities to the 50 States, the District of Columbia, and Puerto Rico over the 12-month period. Treatment facilities that are operated by private for-profit agencies, hospitals, and the State correctional system, if not licensed through the State substance abuse agency, may be excluded from TEDS. TEDS does not include data on facilities operated by Federal agencies (the Bureau of Prisons, the Department of Defense, and the Veterans Administration).</p> <p><i>California - It includes admissions to facilities that are licensed or certified by the State substance abuse agency to provide substance abuse treatment (or are administratively tracked for other reasons). In general, facilities reporting TEDS data are those that receive State alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of alcohol and/or drug treatment services.</i></p>
Reliability/Validity	<p>States continually review the quality of their data processing. When systematic errors are identified, States may revise or replace historical TEDS data files. TEDS continues to accept data revisions for admissions occurring in the previous five years. While this process represents an improvement in the data, the numbers of admissions reported here may differ slightly from those in earlier or subsequent reports and tables.</p> <p>http://www.samhsa.gov/data/About.aspx</p>
PEI Goal(s)	Homelessness
Example questions	<p>Contents of the data set</p> <ol style="list-style-type: none"> 1. TEDS discharge data system <ul style="list-style-type: none"> • Type of service at discharge • Date of last contact • Date of Discharge

Acronym	TEDS
	<ul style="list-style-type: none"> • Reason for discharge, transfer, or discontinuance of treatment <p>2. TEDS Admission: Minimum Data Set</p> <ul style="list-style-type: none"> • Client/codependent • Transaction type (admission or transfer) • Date of admission • Type of service at admission • Age • Sex • Race • Ethnicity • Number of prior treatment episodes • Principal source of referral • Education • Employment status • Substance problem (primary, secondary, and tertiary) <ul style="list-style-type: none"> - Usual route of administration - Frequency of use - Age at first use • Use of methadone planned as part of treatment <p>3. TEDS Admissions: Supplemental data Set</p> <ul style="list-style-type: none"> • Pregnancy status at time of admission • Veteran status • Psychiatric problem in addition to alcohol or drug problem • DSM diagnosis • Marital status • Living arrangement • Source of income/support • Health insurance • Expected/actual primary source of payment • Detailed "Not in labor force" • Detailed criminal justice referral • Days waited to enter treatment • Detailed drug code (primary, secondary, and tertiary)

Website	http://oas.samhsa.gov/dasis.htm - teds2
Source Reference	
Other References	
Availability and Cost	Publicly available at no cost
Link to Instrument(s)	http://www.samhsa.gov/data/DASIS.aspx - TEDS
Link to Data	SAMDHA
Contact Information	CA state contact: Wee The (916) 324-5965
Administration/Scoring	

Acronym

TEDS

Notes

TEDS is an admission-based system, and TEDS admissions do not represent individuals. Thus, for example, an individual admitted to treatment twice within a calendar year would be counted as two admissions.

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Uniform Data System

Acronym	UDS
Developer	Health Resources and Services Administration, Bureau of Primary Health Care (HRSA, BPHC)
Description	<p>“The UDS is a reporting requirement for grantees of the following HRSA primary care programs, as defined in the Public Health Service Act:</p> <ul style="list-style-type: none"> • Community Health Center, Section 330 (e) • Migrant Health Center, Section 330 (g) • Health Care for the Homeless, Section 330 (h) • Public Housing Primary Care, Section 330 (i) <p>All new grantees that receive Health Center grant awards and are operational by October of the reporting year are required to submit UDS reports.”</p> <p>“The Uniform Data System (UDS) tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. UDS data are collected from grantees and reported at the grantee, state, and national levels.”</p> <p>“The data are reviewed to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. The data help to identify trends over time, enabling HRSA to establish or expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations. UDS data are compared with national data to review differences between the U.S. population at large and those individuals and families who rely on the health care safety net for primary care. UDS data also inform Health Center Program grantees, partners, and communities about the patients served by Health Centers.”</p> <p>Quoted from http://bphc.hrsa.gov/healthcenterdatastatistics/index.html</p>
Population	All individuals of any age (adult or child) receiving services in HRSA primary care clinics. All HRSA primary care clinics are included each year, and new HRSA grantees are included if they were operational by October of the calendar year. Comparisons over time are possible.
Instrument Type	Administrative Data
Availability (Years)	1996-ongoing; reports freely available online for 2006-2010
Latest Year	2010
Instrument Frequency	Each calendar year; final submission is March 31 of following year
Data Coverage	Reported at grantee, state, and national level
Reliability/Validity	
PEI Goal(s)	<p>Access [structure] (public MH service availability in public *health* clinics)</p> <p>Mental health [structure] (workforce capacity in public *health* clinics)</p> <p>Mental health [process] (utilization of MH services in public *health* clinics)</p>

Acronym	UDS
Example questions	<p>Access [structure] / Mental health [structure]:</p> <ul style="list-style-type: none"> • Number of mental health service providers, by category: psychiatrists; licensed clinical psychologists; LCSWs, other licensed providers; other staff [Table 5] • Number of substance abuse service providers [Table 5] • All direct costs for the provision of mental health services, other than substance abuse services, including but not limited to staff, fringe benefits, supplies, equipment depreciation, and related travel [Table 8] • All direct costs for the provision of substance abuse services including but not limited to staff, fringe benefits, supplies, equipment depreciation, and related travel [Table 8] • State government grants and contracts, specify, and \$ amt [Table 9E] • Local government grants and contracts, specify, and \$ amt [Table 9E] <p>Mental health [process]:</p> <ul style="list-style-type: none"> • Number of MH services visits, by provider type [Table 5] • Number of MH services patients (total; not by provider type) [Table 5] • Number of substance abuse visits [Table 5] • Number of substance abuse services patients [Table 5] • By primary diagnosis category (alcohol-related; other substance; tobacco use; depression & other mood d/o; anxiety d/o including PTSD; attention deficit & disruptive behavior d/o; other mental d/o, excluding drug/alcohol but INCLUDING mental retardation): <ul style="list-style-type: none"> • Number of visits per primary diagnosis [Table 6] • Number of patients per primary diagnosis [Table 6]
Website	http://bphc.hrsa.gov/healthcenterdatastatistics/index.html
Source Reference	
Other References	
Availability and Cost	Reports at state and national level available online at no cost. State reports include list of grantees in each state.
Link to Instrument(s)	Reporting instructions for grantees: http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/2011manual.PDF
Link to Data	<p>National: http://bphc.hrsa.gov/healthcenterdatastatistics/nationaldata/index.html</p> <p>State: http://bphc.hrsa.gov/healthcenterdatastatistics/statedata/index.html</p> <p>Note that within each data display page (year/nat'l or year/state) there is a link to the full PDF report for that year and location.</p>
Contact Information	<p>UDS Help Desk: UDS content questions udshelp330@bphcdata.net or 1-866-837-4357 (866-UDS-HELP) Monday through Friday (except federal holidays) 8:30 AM to 5:30 PM (ET)</p>

Acronym	UDS
Administration/Scoring	Reporting instructions for grantees: http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/2011manual.PDF

Notes	<p>Probably not useful for homelessness:</p> <ul style="list-style-type: none"> • Table 4 asks for data on how many clients were homeless; however, this is not disaggregated into clients receiving mental vs. other health services. • More elaborate data on homelessness are only collected from Health Care for the Homeless grantees. • All of this is explained under “CHARACTERISTICS OF TARGETED SPECIAL POPULATIONS” on pages 28-29 of the manual. <p>Some health centers are receiving funding under the American Recovery and Reinvestment Act (ARRA).</p> <ul style="list-style-type: none"> • “The ARRA, signed into law February 17, 2009, provides approximately \$500 million in grants to: support new health center sites and service areas; increase services and providers at existing sites; and address spikes in uninsured patients. It also provides \$1.5 billion in grants to support health center construction, renovation and equipment, and the acquisition of health information technology systems.” • This is something to be aware of, to the extent that health center improvements due to the ARRA could be misattributed to the MHSA. Whether that could happen will depend on where the ARRA grants were awarded and whether any of the grants funded improvements in MH staffing at these health centers. • Quarterly reporting requirements for ARRA grantees do track mental health clients and mental health staff (psychiatrists, psychologists, LCSWs, other licensed MH providers, and other MH staff). http://bphc.hrsa.gov/recovery/hcqr11manual.pdf
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Uniform Reporting System

Acronym	URS
Developer	Center for Mental Health Services (CMHS), a division of Substance Abuse and Mental Health Services Administration (SAMHSA)
Description	The URS is intended to provide uniform reporting of state-level data to describe the public mental health system and the outcomes of its programs. It has been implemented since 2002. The units are all states in the US; there is no sampling among states. Topics covered include funding sources, persons in community mental health programs and in state psychiatric hospitals, demographic characteristics of persons served, and homeless persons served. These data are used to track individual states' performance over time and to develop a national picture of the public mental health systems of the states.
Population	Adult, juvenile; representative
Instrument Type	Administrative data

Availability (Years)	2007 – 2010
Latest Year	2010; pending additional data
Instrument Frequency	Annual
Data Coverage	National with state-specific reports
Reliability/Validity	No information found
PEI Goal(s)	Improved mental health / decreased prolonged suffering, timely access, school dropout, homelessness, unemployment
Example questions	<p>The following are broad categories covered in the survey (PEI goals are included in bold where appropriate):</p> <ul style="list-style-type: none"> • Estimated Prevalence of State Population with serious mental illness (SMI) and serious emotional disturbance (SED) • Profile of Persons Served – All Programs by Age, Gender and Race/Ethnicity • Profile of Persons Served in the Community Mental Health Setting, State Psychiatric Hospitals and Other Settings • Profile of Adult Clients by Employment Status (unemployment) • Profile of Adult Clients by Employment Status: by Primary Diagnosis Reported (unemployment) • Profile of Clients by Type of Funding Support • Profile of Clients Turnover • Profile of Mental Health Service Expenditures & Sources of Funding • Profile of Community Mental Health Block Grant (MHBG) Expenditures for Non-Direct Service • SAMHSA NOMs: Social Connectedness & Improved Functioning • Profile of Agencies Receiving Block Grant Funds Directly from the SMHA • Summary Profile Client Evaluation of Care (timely access) • Consumer Evaluation of Care by Consumer Characteristics • State Mental Health Agency Profile • Profile of Unmet Need of the State Population • Profile of Persons with SMI/SED Served by Age, Gender, and Race/Ethnicity • Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity • Living Situation Profile (homelessness) • Guidelines for Reporting Evidence-Based Practices

Acronym	URS
	<ul style="list-style-type: none"> • Profile of Adults with Schizophrenia Receiving New Generation Medications during the Year (Optional) • Profile of Criminal Justice or Juvenile Justice Involvement • Profile of Change in School Attendance (school dropout) • Readmission to any State Psychiatric Inpatient Hospital within 30/180 Days of Discharge
Website	http://www.samhsa.gov/dataoutcomes/urs/
Source Reference	Not found
Other References	http://www.nri-inc.org/projects/SDICC/urs_forms.cfm
Availability and Cost	State-specific reports provide comprehensive data, but raw data cannot be downloaded
Link to Instrument(s)	http://www.nri-inc.org/projects/SDICC/Forms/2011_URS_instructions.pdf (2011)
Link to Data	http://www.samhsa.gov/dataoutcomes/urs/2010/California.pdf (2010 California report) http://www.samhsa.gov/dataoutcomes/urs/ (all state reports for all years can be found here)
Contact Information	Mark Sticklin: mark.sticklin@dmh.ca.gov ; (916) 651-3440 Point of contact for California URS Each state has its own point of contact, whose information is available in each state-specific report
Administration/Scoring	
Notes	This data are collected voluntarily by states with most data derived from public mental health systems. Large variation ranges exist in this data due to variations in systems, capacity, collection methods, and variable definitions.

Youth Risk Behavior Surveillance System

Acronym	YRBSS; sometimes just YRBS
Developer	CDC
Description	<p>The Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including— Behaviors that contribute to unintentional injuries and violence; Tobacco use; Alcohol and other drug use; Sexual risk behaviors; Unhealthy dietary behaviors; Physical inactivity.</p> <p>YRBSS includes a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.</p> <p>State and local agencies that conduct a YRBS can add or delete questions to meet their policy or programmatic needs. Specific guidance on the parameters that must be followed during questionnaire modification is provided to those agencies funded by CDC to conduct a YRBS.</p>
Population	<p>High school survey: students in grades 9-12. Middle school survey: students in grades 6-8?</p>
Instrument Type	Telephone interview survey
Availability (Years)	<p>1991-2011.</p> <p>However, for the state surveys, not all states participated every year. For the high school state survey, California did not participate from 2001-2007. For those years that CA did participate (1991-1999, 2009, maybe 2011? Only reported through 2009 so far), its data were unweighted. CA has never participated in the middle school state survey.</p> <p>For the school-based survey for high school students, CA school districts did participate more regularly, and with weighted data:</p> <ul style="list-style-type: none"> • LA has weighted data for 1997, 2001-2009 • San Bernardino has weighted data from 2001-2009 • San Diego has weighted data from 1991-2009 • San Francisco has weighted data from 1997, 2001, 2005-2009 <p>For the school-based survey for middle school students:</p> <ul style="list-style-type: none"> • LA has never participated. • San Bernardino has weighted data from 2001-2009 • San Diego has weighted data from 1995 only. • San Francisco has weighted data from 1997-2009 <p>Participation tables shown here: http://www.cdc.gov/healthyyouth/yrbs/history-states.htm</p>

Acronym	YRBSS; sometimes just YRBS
	http://www.cdc.gov/healthyouth/yrebs/history-states_ms.htm
Latest Year	2009; 2011 results will be available in summer 2012
Instrument Frequency	Biannual.
Data Coverage	National, state, and school district (depending on the survey), but participation by states can be sparse (see above).
Reliability/Validity	http://www.cdc.gov/mmwr/PDF/rr/rr5312.pdf
PEI Goal(s)	Suicide [Outcomes] Mental Health / Prolonged Suffering [Outcomes] School Dropout [Process] Incarceration [Process]
Example questions	<p>Demographics</p> <ul style="list-style-type: none"> • How old are you? [A. 12 years old or younger / B. 13 years old / C. 14 years old / D. 15 years old / E. 16 years old / F. 17 years old / G. 18 years old or older] • What is your sex? [A. Female / B. Male] • In what grade are you? [A. 9th grade / B. 10th grade / C. 11th grade / D. 12th grade / E. Ungraded or other grade] • Are you Hispanic or Latino? [A. Yes / B. No] • What is your race? (Select one or more responses.) [A. American Indian or Alaska Native / B. Asian / C. Black or African American / D. Native Hawaiian or Other Pacific Islander / E. White] <p>Suicide [Outcomes] and Mental Health [Outcomes] The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.</p> <ul style="list-style-type: none"> • 24. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? [A. Yes / B. No] • 25. During the past 12 months, did you ever seriously consider attempting suicide? [A. Yes / B. No] • 26. During the past 12 months, did you make a plan about how you would attempt suicide? [A. Yes / B. No] • 27. During the past 12 months, how many times did you actually attempt suicide? [A. 0 times / B. 1 time / C. 2 or 3 times / D. 4 or 5 times / E. 6 or more times] • 28. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse? [A. I did not attempt suicide during the past 12 months / B. Yes / C. No] <p>Mental Health [Outcomes], School Dropout [Process], Incarceration [Process]</p> <p>The next 10 questions ask about violence-related behaviors.</p> <ul style="list-style-type: none"> • 12. During the past 30 days, on how many days did you carry a

Acronym**YRBSS; sometimes just YRBS**

weapon such as a gun, knife, or club? [A. 0 days / B. 1 day / C. 2 or 3 days / D. 4 or 5 days / E. 6 or more days]

- 13. During the past 30 days, on how many days did you carry a gun? [A. 0 days / B. 1 day / C. 2 or 3 days / D. 4 or 5 days / E. 6 or more days]
- 14. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property? [A. 0 days / B. 1 day / C. 2 or 3 days / D. 4 or 5 days / E. 6 or more days]
- 15. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? [A. 0 days / B. 1 day / C. 2 or 3 days / D. 4 or 5 days / E. 6 or more days]
- 16. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? [A. 0 times / B. 1 time / C. 2 or 3 times / D. 4 or 5 times / E. 6 or 7 times / F. 8 or 9 times / G. 10 or 11 times / H. 12 or more times]
- 17. During the past 12 months, how many times were you in a physical fight? [A. 0 times / B. 1 time / C. 2 or 3 times / D. 4 or 5 times / E. 6 or 7 times / F. 8 or 9 times / G. 10 or 11 times / H. 12 or more times]
- 18. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse? [A. 0 times / B. 1 time / C. 2 or 3 times / D. 4 or 5 times / E. 6 or more times]
- 19. During the past 12 months, how many times were you in a physical fight on school property? [A. 0 times / B. 1 time / C. 2 or 3 times / D. 4 or 5 times / E. 6 or 7 times / F. 8 or 9 times / G. 10 or 11 times / H. 12 or more times]
- 20. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose? [A. Yes / B. No]
- 21. Have you ever been physically forced to have sexual intercourse when you did not want to? [A. Yes / B. No]

The 2 next questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

- 22. During the past 12 months, have you ever been bullied on school property? [A. Yes / B. No]
- 23. During the past 12 months, have you ever been electronically bullied? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.) [A. Yes / B. No]

The next 6 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these

Acronym**YRBSS; sometimes just YRBS**

questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

- 40. During your life, on how many days have you had at least one drink of alcohol? [A. 0 days / B. 1 or 2 days / C. 3 to 9 days / D. 10 to 19 days / E. 20 to 39 days / F. 40 to 99 days / G. 100 or more days]
- 41. How old were you when you had your first drink of alcohol other than a few sips? [A. I have never had a drink of alcohol other than a few sips / B. 8 years old or younger / C. 9 or 10 years old / D. 11 or 12 years old / E. 13 or 14 years old / F. 15 or 16 years old / G. 17 years old or older]
- 42. During the past 30 days, on how many days did you have at least one drink of alcohol? [A. 0 days / B. 1 or 2 days / C. 3 to 5 days / D. 6 to 9 days / E. 10 to 19 days / F. 20 to 29 days / G. All 30 days]
- 43. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours? [A. 0 days / B. 1 day / C. 2 days / D. 3 to 5 days / E. 6 to 9 days / F. 10 to 19 days / G. 20 or more days]
- 44. During the past 30 days, how did you usually get the alcohol you drank? [A. I did not drink alcohol during the past 30 days / B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station / C. I bought it at a restaurant, bar, or club / D. I bought it at a public event such as a concert or sporting event / E. I gave someone else money to buy it for me / F. Someone gave it to me / G. I took it from a store or family member / H. I got it some other way]
- 45. During the past 30 days, on how many days did you have at least one drink of alcohol on school property? [A. 0 days / B. 1 or 2 days / C. 3 to 5 days / D. 6 to 9 days / E. 10 to 19 days / F. 20 to 29 days / G. All 30 days]

The next 4 questions ask about marijuana use. Marijuana also is called grass or pot.

- 46. During your life, how many times have you used marijuana? [A. 0 times / B. 1 or 2 times / C. 3 to 9 times / D. 10 to 19 times / E. 20 to 39 times / F. 40 to 99 times / G. 100 or more times]
- 47. How old were you when you tried marijuana for the first time? [A. I have never tried marijuana / B. 8 years old or younger / C. 9 or 10 years old / D. 11 or 12 years old / E. 13 or 14 years old / F. 15 or 16 years old / G. 17 years old or older]
- 48. During the past 30 days, how many times did you use marijuana? [A. 0 times / B. 1 or 2 times / C. 3 to 9 times / D. 10 to 19 times / E. 20 to 39 times / F. 40 or more times]
- 49. During the past 30 days, how many times did you use marijuana on school property? [A. 0 times / B. 1 or 2 times / C. 3 to 9 times / D. 10 to 19 times / E. 20 to 39 times / F. 40 or more times]

Acronym**YRBSS; sometimes just YRBS**

The next 10 questions ask about other drugs.

- 50. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase? [A. 0 times / B. 1 or 2 times / C. 3 to 9 times / D. 10 to 19 times / E. 20 to 39 times / F. 40 or more times]
- 51. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase? [A. 0 times / B. 1 or 2 times / C. 3 to 9 times / D. 10 to 19 times / E. 20 to 39 times / F. 40 or more times]
- 52. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high? [A. 0 times / B. 1 or 2 times / C. 3 to 9 times / D. 10 to 19 times / E. 20 to 39 times / F. 40 or more times]
- 53. During your life, how many times have you used heroin (also called smack, junk, or China White)? [A. 0 times / B. 1 or 2 times / C. 3 to 9 times / D. 10 to 19 times / E. 20 to 39 times / F. 40 or more times]
- 54. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)? [A. 0 times / B. 1 or 2 times / C. 3 to 9 times / D. 10 to 19 times / E. 20 to 39 times / F. 40 or more times]
- 55. During your life, how many times have you used ecstasy (also called MDMA)? [A. 0 times / B. 1 or 2 times / C. 3 to 9 times / D. 10 to 19 times / E. 20 to 39 times / F. 40 or more times]
- 56. During your life, how many times have you taken steroid pills or shots without a doctor's prescription? [A. 0 times / B. 1 or 2 times / C. 3 to 9 times / D. 10 to 19 times / E. 20 to 39 times / F. 40 or more times]
- 57. During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription? [A. 0 times / B. 1 or 2 times / C. 3 to 9 times / D. 10 to 19 times / E. 20 to 39 times / F. 40 or more times]
- 58. During your life, how many times have you used a needle to inject any illegal drug into your body? [A. 0 times / B. 1 time / C. 2 or more times]
- 59. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property? [A. Yes / B. No]

The next 7 questions ask about sexual behavior.

- 60. Have you ever had sexual intercourse? [A. Yes / B. No]
- 61. How old were you when you had sexual intercourse for the first time? [A. I have never had sexual intercourse / B. 11 years old or younger / C. 12 years old / D. 13 years old / E. 14 years old / F. 15 years old / G. 16 years old / H. 17 years old or older]
- 62. During your life, with how many people have you had sexual intercourse? [A. I have never had sexual intercourse / B. 1 person / C.

Acronym	YRBSS; sometimes just YRBS
	<p>2 people / D. 3 people / E. 4 people / F. 5 people / G. 6 or more people]</p> <ul style="list-style-type: none"> • 63. During the past 3 months, with how many people did you have sexual intercourse? [A. I have never had sexual intercourse / B. I have had sexual intercourse, but not during the past 3 months / C. 1 person / D. 2 people / E. 3 people / F. 4 people / G. 5 people / H. 6 or more people] • 64. Did you drink alcohol or use drugs before you had sexual intercourse the last time? [A. I have never had sexual intercourse / B. Yes / C. No] • 65. The last time you had sexual intercourse, did you or your partner use a condom? [A. I have never had sexual intercourse / B. Yes / C. No] • 66. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select only one response.) [A. I have never had sexual intercourse / B. No method was used to prevent pregnancy / C. Birth control pills / D. Condoms / E. Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any IUD / F. Withdrawal / G. Some other method / H. Not sure]

Website	http://www.cdc.gov/HealthyYouth/yrbs/index.htm
Source Reference	
Other References	http://www.cdc.gov/healthyouth/yrbs/publications.htm
Availability and Cost	Data are freely available online.
Link to Instrument(s)	http://www.cdc.gov/healthyouth/yrbs/questionnaire_rationale.htm
Link to Data	http://www.cdc.gov/healthyouth/yrbs/data/index.htm
Contact Information	http://www.cdc.gov/healthyouth/yrbs/contactyrbs.htm
Administration/Scoring	Methodology: http://www.cdc.gov/mmwr/PDF/rr/rr5312.pdf

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