

**CHILDREN'S MENTAL HEALTH
BENCHMARKING PROJECT
SECOND YEAR REPORT**

APPENDICES

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PREPARED BY:



Dougherty Management Associates, Inc.

**CHILDREN'S MENTAL HEALTH
BENCHMARKING PROJECT
SECOND YEAR REPORT**

**APPENDIX I
DATA COLLECTION INSTRUMENT**

DOUGHERTY MANAGEMENT ASSOCIATES, INC.
CHILDREN'S MENTAL HEALTH BENCHMARKING PROJECT
DATA COLLECTION INSTRUMENT
INSTRUCTIONS

Thank you, in advance, for participating in this project. In addition to this hard copy, you may also print out additional copies of the Data Collection Instrument from the Reports page of our Web site: www.doughertymanagement.com or call Sara Nechasek (781-863-8003) and she will e-mail you the document in a Word file.

We have included a Data Collection Instrument for your Mental Health Authority and an Addendum for Medicaid data. If you can respond to the Medicaid Addendum as well as the Mental Health Authority (MHA) pages, we will much appreciate your doing so. In case you cannot, we would appreciate your forwarding a copy of the Medicaid Addendum to the most appropriate staff person at your State Medicaid Agency. In addition, we may be following up with the Medicaid agency. By gathering both Medicaid and MHA utilization and spending data, we are trying to describe the two primary funding streams for your children's mental health system. While we recognize that agencies other than the MHA and Medicaid may also expend significant funds on child mental health, those funding sources are outside the domain of this study at this time.

We ask that, to the extent possible, you provide your data in the spaces allotted on the attached sheets. When you have provided as much data as you can, please fax the form to Dougherty Management Associates, Inc. at 781-863-1519 or mail it to Dougherty Management Associates, 9 Meriam Street, Suite 4, Lexington, MA 02420. If you have any questions, or if you are unable to submit your data by August 31st, please call Sara Nechasek at 781-863-8003, or e-mail her at saran@doughertymanagement.com. We trust that you won't mind if we call you to clarify any items whose interpretation is uncertain. Thank you.

Definitions: For your reference, we define below some of the terms we use in the data collection instrument whose exact meanings may not otherwise be clear.

1. **Inpatient Services:** 24 hour, medically supervised services for a primary mental health diagnosis.
2. **Readmission:** Defined as returned to a hospital following a discharge; this would exclude those who were not discharged (such as those who were on leave with or without consent, and elopements).
3. **Residential Services:** Services provided over a 24-hour period or any portion of the day which a child resided, on an on-going basis, in a state facility or other facility and received treatment.
4. **Outpatient Visit:** Treatment delivered to a child or family in a mental health clinic, health care setting, or in a community setting (e.g. professional office, school, home, etc.). For the purpose of this project, an outpatient visit is one encounter for outpatient treatment. Please indicate the unit of measurement if other than one hour.
5. **Case Management Services:** Activities for the purpose of locating services other than those provided by your organization, linking the client/patient with these services, and monitoring the client/patient's receipt of those services. May be provided by an individual or a team; may include both face-to-face and telephone contact with the client/patient as well as contact with other service providers.
6. **Emergency Services:** A planned program to provide psychiatric care in emergency situations with staff specifically assigned for this purpose. Includes crisis intervention, which enables the individual, family members and friends to cope with the emergency while maintaining the individual's status as a functioning community member to the greatest extent possible.

DOUGHERTY MANAGEMENT ASSOCIATES, INC.
CHILDREN'S MENTAL HEALTH BENCHMARKING PROJECT DATA COLLECTION INSTRUMENT
MENTAL HEALTH AUTHORITY

Respondent _____

Job Title _____ Agency Name _____

County or State _____

Phone _____ Fax # _____ E-mail _____

Please answer as many questions as possible for children's mental health services funded by your public mental health system. This Mental Health Authority Data Collection Instrument requests data on expenditures and service utilization that are your agency's fiscal responsibility, recognizing that this will probably include expenditures that are matched by Medicaid. Utilization and cost data that are only the fiscal responsibility (from a state/county budget perspective) of the Medicaid agency should be separately reported on the Medicaid Addendum. Be aware that we do not expect you to be able to provide data for all the questions. If you can only answer the most general question in a given section, but cannot respond to the more specific questions, your data will still be very helpful to us.

Please provide data on all children from birth through age 17. Please indicate here if you are reporting on a different age range _____. If the data are for a different age range for any individual indicator, please specify in your response.

For each indicator, provide data for the most recent year available. Please indicate the Calendar Year (CY) or Fiscal Year (FY) for which you are reporting most or all data _____. If you are reporting data for a different year for any individual indicator, note that in the column to the right of the data.

Please provide unduplicated counts for each question or, if you are aware of minor duplications, you may use the *Comments* section at the end of this Instrument to let us know what causes them. If the numbers you are providing are estimates, please use the same *Comments* area to let us know what technique(s) you use to develop them.

TOTAL NUMBER OF CHILDREN RECEIVING SERVICES			#	Year
1.	a.	How many children received <u>any</u> mental health service from the public mental health system within the reporting year?		
	b.	Please provide numbers of children in the following demographic categories:		
		Age: 0 - 6 _____ 7 - 12 _____ 13 - 17 _____		
		Gender: Male _____ Female _____		
	Race/Ethnicity: Please provide data on race/ethnicity of the above children, using whatever categories you typically use: ----- ----- -----			
2.	a.	Does the above number include children who were eligible for Medicaid? Yes ___ No ___		
	b.	If yes, please specify the number of Medicaid eligible children who are included:		

	c.	To be eligible for funding by your MHA, must a child meet Serious Emotional Disturbance (SED) criteria? Yes _____ No _____ Other criteria? Yes _____ No _____		
	d.	Are you reporting here on children whose mental health services are wholly funded by Medicaid? Yes _____ No _____		
FINANCIAL			\$	Year
3.		Total expenditures by your mental health authority for mental health services to the children reported above.	\$	
INPATIENT CARE			#	Year
4.	a.	Number of children hospitalized under the authority of your state mental health agency.		
	b.	Number of days those children spent in inpatient hospital settings.		
	c.	Number of episodes of inpatient care those children experienced.		
	d.	Total cost of inpatient care for the population reported above for your MHA.	\$	
5.		Number of children readmitted to inpatient care within 30 days from discharge (from any inpatient facility).		
6.		Number of children readmitted to inpatient care within 90 days from discharge (from any inpatient facility).		
7.		Please specify the type(s) of inpatient care included in the data provided above:		
	a.	State hospital	Included _____	
	b.	Private psychiatric hospital	Included _____	
	c.	General hospital with psychiatric unit	Included _____	
	d.	Other (specify) _____		
OTHER (NON-HOSPITAL) 24 HOUR CARE			#	Year
8.	a.	Number of children who received care in 24-hour non-hospital based mental health treatment facilities, for example, group homes, residential treatment centers, therapeutic foster care.		
	b.	Total number of days spent in these 24-hour non-hospital based mental health treatment facilities.		
	c.	Total cost of Other 24 Hour Care	\$	
	d.	Please specify what care is included in these numbers (i.e., types of facilities). ----- -----		
	e.	What percentage of Other 24 hour care is Therapeutic Foster Care? % of Children served _____ % of Days _____ % of Dollars spent _____		
COMMUNITY BASED SERVICES: LESS THAN 24 HOUR CARE			#	Year
9.		Outpatient Services: Office/clinic and Home/community		
	a.	Total number of children who received outpatient care in office, clinic, school, home and other community settings.		

	b.	Total number of outpatient visits that were delivered in office, clinic, school, home and other community settings. Indicate unit of measurement, if other than one hour. _____		
	c.	Total dollars spent on outpatient care.	\$	
	d.	Of the total number of children who received outpatient services, specify the number of children who received the services in office or clinic settings.		
	e.	Of the total number of outpatient service visits, specify the number delivered in office or clinic settings.		
	f.	Total dollars spent on office or clinic based outpatient services.	\$	
	g.	Of the total number of children who received outpatient services, specify the number of children who received the services in schools, homes or other community settings.		
	h.	Number of outpatient services delivered in schools, homes or other community settings.		
	i.	Total dollars spent on outpatient services delivered in schools, homes or other community settings.	\$	
10.		Day Treatment and Partial Hospitalization		
	a.	Total number of children who received day treatment and partial hospitalization services.		
	b.	Total number of day treatment and partial hospitalization services delivered.		
	c.	Total dollars spent on day treatment and partial hospitalization services.	\$	
11.		Case Management Services		
	a.	Number of children who received case management services.		
	b.	Number of units of case management service delivered.		
	c.	Total dollars spent on case management services.	\$	
12.		Emergency Services		
	a.	Number of children who received emergency services.		
	b.	Number of emergency service encounters delivered.		
	c.	Total dollars spent on emergency services.	\$	
13.		Other Services (all services that are not specified above, including any unique services you offer that do not fit into standard categories)		
	a.	Please list the services included in this section:		
	b.	Number of children who received Other Services.		
	c.	Number of Other Service encounters delivered.		
	d.	Total dollars spent on Other Services.	\$	
INTERSYSTEM			#	Year
14.	a.	Number of children who received any mental health service and also had at least one encounter with the juvenile justice system at any time during the year.		

	b.	What types of juvenile justice encounters are included in this number? (e.g., arrests, charges, convictions, incarcerations, etc.)		
			
15.		Number of children who received any mental health service and also received special education services for emotional or behavioral conditions at any time during the year.		
16.		Number of children who received any mental health service and also received any substance abuse treatment service at any time during the year.		
17.		Number of children who received any mental health service and also received child protective services at any time during the year.		
18.		Number of children who received any mental health service and were in foster care or other out-of-home placement (under the purview of the child welfare agency) at any time during the year.		
MISCELLANEOUS			#	Year
19.		Number of children who received any mental health service whose families were homeless or residing in a transitional shelter at any time during the year.		
20.	a.	Do you measure clinical outcomes of children's mental health services? Yes_____ No _____		
	b.	If Yes, what instrument(s) or techniques are you using?		

COMMENTS

**THANK YOU AGAIN FOR PARTICIPATING IN THIS PROJECT.
PLEASE FAX THIS COMPLETED FORM TO :
DOUGHERTY MANAGEMENT ASSOCIATES, INC. - 781-863-1519**

DOUGHERTY MANAGEMENT ASSOCIATES, INC.
CHILDREN'S MENTAL HEALTH BENCHMARKING PROJECT
DATA COLLECTION INSTRUMENT
INSTRUCTIONS
MEDICAID AGENCY ADDENDUM

Thank you, in advance, for participating in this project. In addition to this hard copy, you may also print out additional copies of the Data Collection Instrument from the Reports page of our Web site: www.doughertymanagement.com or call Sara Nechasek (781-863-8003) and she will e-mail you the document in a Word file.

The section below represents an Addendum for Medicaid data. The Mental Health Authority in your state has received a parallel Instrument and has also been asked to forward a copy of this Addendum to you. ***Regarding financial data, in this addendum we are seeking all mental health expenditures by your Medicaid agency (i.e., where Medicaid pays for the state match). When providing dollar figures, please include Federal and State contributions.*** Please be aware that we are separately requesting data from the Mental Health Authority for those Medicaid eligible services for which they provide the state match. By gathering both Medicaid and MHA utilization and spending data, we are trying to describe the two primary funding streams for your children's mental health system. While we recognize that agencies other than the MHA and Medicaid may expend significant funds on child mental health, those sources of state funds are outside the domain of this study at this time.

We ask that, to the extent possible, you provide your data in the spaces allotted on the attached sheets. We trust that you won't mind if we call you to clarify any items whose interpretation is uncertain. When you have provided as much data as you can, please fax the form to Dougherty Management Associates, Inc., at 781-863-1519, or mail it to *Dougherty Management Associates, 9 Meriam Street, Suite 4, Lexington, MA 02420*. If you have any questions, or if you are unable to submit your data by August 31st, please call Sara Nechasek at 781-863-8003, or e-mail her at saran@doughertymanagement.com. Thank you.

Definitions: For your reference, we define below the terms we use in the data collection instrument whose exact meanings may not otherwise be clear.

1. **Inpatient Services:** Acute, 24 hour, medically supervised services for a primary mental health diagnosis.
2. **Readmission:** Defined as returned to a hospital following a discharge; this would exclude those who were not discharged (such as those who were on leave with or without consent, and elopements).
3. **Residential Services:** Medicaid reimbursable services provided over a 24-hour period or any portion of the day which a patient resided, on an on-going basis, in a state facility or other approved facility and received treatment.
4. **Outpatient Visit:** Treatment delivered to a child or family in a mental health clinic, health care setting, or in a community setting (e.g. professional office, school, home, etc.). For the purpose of this project, an outpatient visit is one encounter for outpatient treatment. Please indicate the unit of measurement if other than one hour.
5. **Case Management Services:** Activities for the purpose of locating services other than those provided by your organization, linking the client/patient with these services, and monitoring the client/patient's receipt of those services. May be provided by an individual or a team; may include both face-to-face and telephone contact with the client/patient as well as contact with other service providers.
6. **Emergency Services:** A planned program to provide psychiatric care in emergency situations with staff specifically assigned for this purpose. Includes crisis intervention, which enables the individual, family members and friends to cope with the emergency while maintaining the individual's status as a functioning community member to the greatest extent possible.

DOUGHERTY MANAGEMENT ASSOCIATES, INC.
CHILDREN'S MENTAL HEALTH BENCHMARKING PROJECT DATA COLLECTION INSTRUMENT
MEDICAID AGENCY ADDENDUM

Respondent _____

Job Title _____ Agency Name _____

County or State _____

Phone _____ Fax # _____ E-mail _____

Please provide as many data elements as are available concerning children's mental health services funded by Medicaid. We are separately requesting Mental Health Authority spending and utilization data. Be aware that we do not expect you to be able to provide data for all the questions. If you can only answer the most general question in a given section, but cannot respond to the more specific questions, your data will still be very helpful to us.

Please provide data on all children from birth through age 17. Please indicate here if you are reporting on a different age range _____. If the data are for a different age range for any individual indicator, please specify in your response.

For each indicator, provide data for the most recent year available. Please indicate here the Calendar Year (CY) or Fiscal Year (FY) for which you are reporting most or all data _____. If you are reporting data for a different year for any individual indicator, note that in the column to the right of the data.

Please provide unduplicated counts for each question or, if you are aware of minor duplications, you may use the *Comments* section at the end of this Instrument to let us know what causes them. If the numbers you are providing are estimates, please use the same *Comments* area to let us know what technique(s) you use to develop them.

Again, when providing dollar figures, please include Federal, State and local contributions. Do not include spending for services that would be reported by your Mental Health Authority.

ENROLLMENT/ELIGIBILITY			#	Year
I.	a.	How many children were enrolled in Medicaid (whether or not they received any mental health service) during the reporting year?		
	b.	How is the Medicaid enrollment number provided above calculated? (please check one below)		
		Average Monthly Enrollment _____ Total number enrolled in Medicaid during the year _____ Other _____		
II.	a.	Do you enroll Medicaid eligible children in HMOs? Yes _____ No _____		
	b.	If yes, how many Medicaid children are enrolled in HMOs? (Please specify total member months.)		
	c.	Are mental health services carved into the HMO benefit? Yes _____ No _____		
	d.	If yes, what mental health services are carved in? (Please specify)		

	e.	Are you providing any data for services to children in HMOs? Yes _____ No _____		
	f.	If yes, what data are you providing?		
TOTAL NUMBER OF CHILDREN RECEIVING SERVICES			#	Year
1.	a.	How many children received any mental health service paid for by Medicaid within the reporting year?		
	b.	Please provide numbers of children in the following demographic categories:		
		Age: 0 - 6 _____ 7 - 12 _____ 13 - 17 _____		
		Gender: Male _____ Female _____		
		Race/Ethnicity: Please provide data on race/ethnicity of the above children, using whatever categories you typically use:		
FINANCIAL			\$	Year
2.		What was the total number of Medicaid dollars paid for all mental health services to children for the year?		
INPATIENT CARE			#	Year
3.	a.	Number of children who experienced psychiatric hospitalizations paid for by Medicaid.		
	b.	Number of days of inpatient psychiatric care paid for by Medicaid.		
	c.	Number of episodes of inpatient psychiatric care paid for by Medicaid.		
	d.	Total cost of inpatient psychiatric care paid for by Medicaid.	\$	
4.		Number of children readmitted to inpatient psychiatric care within 30 days from discharge (from any inpatient facility).		
5.		Number of children readmitted to inpatient psychiatric care within 90 days from discharge (from any inpatient facility).		
6.		Please specify the type(s) of inpatient care included in the numbers above:		
	a.	State hospital	Included _____	
	b.	Private psychiatric hospital	Included _____	
	c.	General hospital with psychiatric unit	Included _____	
	d.	Other (specify) _____		

OTHER (NON-HOSPITAL) 24 HOUR CARE			#	Year
7.	a.	Number of children who received Medicaid-paid care in 24-hour non-hospital based mental health treatment facilities (for example, group homes, residential treatment centers, therapeutic foster care)?		
	b.	Total number of Medicaid-paid days spent in these 24-hour non-hospital based mental health treatment facilities.		
	c.	Total cost of Other 24 Hour Care	\$	
	d.	Please specify what care is included in these numbers (i.e., types of facilities). ----- -----		
	e.	What percentage of Other 24 hour care is Therapeutic Foster Care? % of Children served _____ % of Days _____ % of Dollars spent _____		
COMMUNITY BASED SERVICES: LESS THAN 24 HOUR CARE			#	Year
8.	Outpatient Services: Office/clinic and Home/community			
	a.	Total number of children who received Medicaid funded outpatient care in office, clinic, school, home and other community settings.		
	b.	Total number of Medicaid paid outpatient visits that were delivered in office, clinic, school, home and other community settings. Indicate unit of measurement, if other than one hour. _____		
	c.	Total Medicaid dollars spent on outpatient care.	\$	
	d.	Of the total number of children who received Medicaid outpatient services, specify the number of children who received the services in office or clinic settings.		
	e.	Of the total number of outpatient service visits, specify the number delivered in office or clinic settings.		
	f.	Total dollars spent on office or clinic based outpatient services.	\$	
	g.	Of the total number of children who received Medicaid outpatient services, specify the number of children who received the services in schools, homes or other community settings.		
	h.	Number of Medicaid outpatient services delivered in schools, homes or other community settings.		
	i.	Total Medicaid dollars spent on outpatient services delivered in schools, homes or other community settings.	\$	
9.	Day Treatment and Partial Hospitalization			
	a.	Total number of children who received Medicaid funded day treatment and partial hospitalization services.		
	b.	Total number of Medicaid funded day treatment and partial hospitalization services delivered.		
	c.	Total Medicaid dollars spent on day treatment and partial hospitalization services.	\$	

10.	Case Management Services		
a.	Total number of children who received case management services.		
b.	Total number of units of case management service delivered.		
c.	Total Medicaid dollars spent on case management services.	\$	
11.	Emergency Services		
a.	Number of children who received Medicaid funded mental health emergency services.		
b.	Number of Medicaid funded mental health emergency services delivered.		
c.	Total Medicaid dollars spent on mental health emergency services.	\$	
12.	Other Medicaid funded services (all services that are not specified above, including any unique services you offer that do not fit into standard categories)		
a.	Please list the services included in this section: ----- -----		
b.	Number of children who received Medicaid funded Other Services.		
c.	Number of Medicaid funded Other Service encounters delivered.		
d.	Total Medicaid dollars spent on Other Services.	\$	
INTERSYSTEM		Yes/No	If yes, #
13.	a.	Have you ever matched Medicaid files and juvenile justice files to determine or estimate how many children who received any mental health service also had at least one encounter with the criminal justice system at any time during the year?	
	b.	What types of juvenile justice encounters are included in this number? (e.g., arrests, charges, incarcerations, etc.) ----- -----	
14.		Have you ever matched Medicaid files and substance abuse service files to determine or estimate how many children who received any mental health service also received substance abuse services at any time during the year?	
15.		Have you ever matched Medicaid files and special education files to determine or estimate how many children who received any mental health service also received special education services for emotional or behavioral conditions at any time during the year?	
16.		Have you ever matched Medicaid files and child protection files to determine how many enrolled children who received any mental health service also received child protection services at any time during the year?	
17.		Have you ever matched Medicaid files and child protection files to determine how many enrolled children who received any mental health service also were in foster care or other out-of-home placement (under the purview of the child welfare agency) at any time during the year?	

MISCELLANEOUS		#	Year
18.	Number of children who received any mental health service whose families were homeless or residing in a transitional shelter at any time during the year.		
19.	Please describe any clinical or performance measurement initiatives through which your department is examining the outcomes of Medicaid funded children’s mental health services. Please indicate what instrument(s) or techniques you are using.		

COMMENTS

THANK YOU AGAIN FOR PARTICIPATING IN THIS PROJECT.
PLEASE FAX THIS COMPLETED FORM TO :
DOUGHERTY MANAGEMENT ASSOCIATES, INC. - 781-863-1519

CHILDREN'S MENTAL HEALTH BENCHMARKING PROJECT SECOND YEAR REPORT

APPENDIX II SECOND YEAR DATA SPECIFICATIONS

Data Calculations

Mental Health Authority: Eligibility Criteria

Mental Health Authority: Juvenile Justice System Types of Encounters

Mental Health Authority: Types of Inpatient Facilities Included

Medicaid: Types of Inpatient Facilities Included

Mental Health Authority: Readmission Rates- Population Included

Medicaid: Intersystem Data Reported

Mental Health Authorities: Respondents Using Clinical Outcomes Measurement

Ages and Years of Data Reported

Census 2000: Population Under 18 Years of Age



Second Year Data Specifications

CHILDREN'S MENTAL HEALTH BENCHMARKING INSTITUTE

DATA CALCULATIONS

ACCESS & UTILIZATION

Children Served per 1,000 Population

Mental Health Authority: Children Served per 1,000 Population - The number of children receiving a MHA mental health service multiplied by 1,000 and divided by the population under 18.

Medicaid: Children Served per 1,000 Population - The number of children receiving a mental health service paid for by Medicaid multiplied by 1,000 and divided by the population under 18.

Medicaid: Penetration Rate

The number of children receiving a Medicaid mental health service divided by the number of youth enrolled in Medicaid.

Inpatient Days per 1,000 Population

The total number of inpatient psychiatric treatment days multiplied by 1,000 and divided by the population under 18 (for both MHA and Medicaid).

Average Length of Stay (ALOS)

The total number of inpatient days for psychiatric treatment divided by the total number of episodes of inpatient care (for both MHAs and Medicaid agencies).

30- and 90-Day Readmission Rates

The number of children readmitted to an inpatient facility for psychiatric care within 30 or 90 days of discharge multiplied by 100 and divided by the total number of inpatient episodes of care for children receiving psychiatric treatment. (for both MHAs and Medicaid agencies).

EXPENDITURES

Expenditures per Child Served

Total MHA service expenditures divided by the number of children receiving a MHA funded mental health service.

Total Medicaid service expenditures for mental health services divided by the number of children receiving a Medicaid funded mental health service.

Outpatient Expenditures per Child Receiving Outpatient Services

Mental Health Authority Outpatient Expenditures – Total MHA expenditures for outpatient services divided by the number of children receiving an outpatient service under the mental health authority.

Medicaid Outpatient Expenditures – Total Medicaid expenditures for outpatient mental health services divided by the number of children receiving an outpatient mental health service reimbursed by Medicaid.

Inpatient Expenditures per Child Hospitalized

Mental Health Authority Inpatient Expenditures - Total MHA expenditures for inpatient psychiatric care divided by the number of children hospitalized under the mental health authority.

Medicaid Inpatient Expenditures - Total Medicaid expenditures for inpatient psychiatric care divided by the number of children who experienced psychiatric hospitalization reimbursed by Medicaid.

Inpatient Expenditures as a Percentage of Total Mental Health Expenditures for Children

Mental Health Authority Expenditures – Total expenditures for inpatient psychiatric care multiplied by 100 and divided by the total MHA service expenditures.

Medicaid Expenditures – Total expenditures for inpatient psychiatric care multiplied by 100 and divided by the total Medicaid expenditures for mental health services.

INTERSYSTEM

Substance Abuse Services

The number of children who received any mental health service and also received any substance abuse treatment service at any time during the year multiplied by 100 and divided by the total number of children served.

Juvenile Justice Involvement

The number of children who received any mental health service and had at least one encounter with the juvenile justice system at any time during the year multiplied by 100 and divided by the total number of children served.

Out-of-Home Placement

The number of children who received at least one mental health service and were in foster care or other out-of-home placement (under the purview of the child welfare agency) at any time during the year multiplied by 100 and divided by the total number of children served.

Child Protective Services

The number of children who received any mental health service and also received child protective services at any time during the year multiplied by 100 and divided by the total number of children served.

Special Education

The number of children who received any mental health service and also received special education services for emotional or behavioral conditions at any time during the year multiplied by 100 and divided by the total number of children served.

DEMOGRAPHICS

Gender

Proportion of children receiving a mental health service under the Mental Health Authority or Medicaid agency who are male and female.

Age

Proportion of children receiving a mental health service under the Mental Health Authority or Medicaid agency who are ages 0-6 years, 7-12 years, 13-17 years, or 18-21 years.



Second Year Data Specifications
CHILDREN'S MENTAL HEALTH BENCHMARKING INSTITUTE

MENTAL HEALTH AUTHORITY: ELIGIBILITY CRITERIA

State	SED Criteria	Other Criteria
Los Angeles, CA	X	
Colorado	X	
Delaware		Clinical and Financial
District of Columbia		Not Specified
Florida	X	Emotional Disturbance or At Risk
Idaho	X	
Indiana	X	
Louisiana	X	CAFAS
Maryland		Not Specified
Massachusetts	X	Other Not Specified
Mississippi	X	
Nebraska		Not Specified
New Hampshire	X	At Risk
New Mexico		Not Specified
Oklahoma		200% Poverty or Court Order
South Dakota	X	
Vermont		Not Specified
Virginia		Not Specified
Washington State	X	Crisis services
Clark, WA		Not Specified
King, WA	X	



Second Year Data Specifications
CHILDREN'S MENTAL HEALTH BENCHMARKING INSTITUTE

MENTAL HEALTH AUTHORITY: JUVENILE JUSTICE SYSTEM INVOLVEMENT

Type of Juvenile Justice System involvement counted:

1. Los Angeles, CA: 'Not available'
2. San Diego, CA: Incarcerations
3. Colorado: Detention and committed in the Division of Youth Corrections
4. Delaware: Active with sister agency Division of Youth Rehab Services
5. Florida: 'Information not available'
6. Indiana: Not specified
7. Mississippi: Minor charges and violations requiring court appearances
8. Nebraska: Probation, parole or other court involvement
9. Oklahoma: Office of Juvenile Affairs custody
10. Vermont: Convictions (felonies/misdemeanors) for personal/sexual/property and drug crimes
11. Clark, WA: Arrests, charges, convictions, and incarcerations
12. Washington State: Incarcerations and parole



Second Year Data Specifications
CHILDREN'S MENTAL HEALTH BENCHMARKING INSTITUTE

MENTAL HEALTH AUTHORITY: TYPES OF INPATIENT FACILITIES INCLUDED
INPATIENT EXPENDITURE AND INPATIENT UTILIZATION DATA

State	State Hospital	Private Psychiatric Hospital	General Hospital
Los Angeles, CA	X	X	X
San Diego, CA	X	X	
Colorado	X	X	X
Delaware		X	
District of Columbia	X		
Florida		X	X
Idaho	X	X	X
Indiana	X		
Louisiana	X		
Maryland	X		
Massachusetts	X	X (DMH contracted only)	
Minnesota	X		
Mississippi	X		
Missouri	X	X (State operated and funded only)	
Nebraska	X		
New Hampshire	X		
Oklahoma	X		
Rhode Island		X	X
South Dakota	X		
Vermont	X	X	X
Virginia	X		
Clark, WA		X	X
King, WA		X	X
Washington State	X	X	X



Second Year Data Specifications
CHILDREN'S MENTAL HEALTH BENCHMARKING INSTITUTE

MEDICAID DATA: TYPES OF INPATIENT FACILITIES INCLUDED
(Inpatient expenditure and inpatient utilization data)

State	State Hospital	Private Psychiatric Hospital	General Hospital with psychiatric unit	Other
Los Angeles, CA		X		
San Diego, CA		X		
Colorado	X	X	X	
Connecticut	X	X	X	
Florida			X	
Georgia			X	
Idaho	X	X	X	X
Illinois		X	X	
Indiana		X	X	
Louisiana				
Massachusetts		X	X	
Minnesota	X		X	
Nevada	X	X	X	
New Mexico		X	X	X
North Carolina	X	X	X	
Oklahoma	X	X	X	
Rhode Island		X	X	
South Carolina		X		
Utah		X	X	
Vermont		X	X	
Wyoming		X	X	



Second Year Data Specifications
CHILDREN'S MENTAL HEALTH BENCHMARKING INSTITUTE

MENTAL HEALTH AUTHORITY: READMISSION RATES

30 and 90 Day Readmission Rates: State Hospital Facilities Only

1. District of Columbia: FY 2000, Youth 0-17 years
2. Louisiana: FY 2000, Youth 0-17 years
3. Nebraska: FY 2001, Youth 0-18 years (30 Day Only)
4. New Hampshire: FY 2000, Youth 0-17 years
5. Oklahoma: FY 2000, Youth 0-17 years
6. Virginia: FY 2000, Youth 0-17 years



Second Year Data Specifications
CHILDREN'S MENTAL HEALTH BENCHMARKING INSTITUTE

MEDICAID INTERSYSTEM DATA

Only 5 sites could report on intersystem data for Medicaid enrollees receiving mental health services.

1. Los Angeles, CA: all intersystem variables
2. San Diego, CA: Special education
3. New Mexico: Child protection
4. North Carolina: Child protection (and can report on substance abuse, but did not)
5. Washington: Child protection

Oklahoma had collected juvenile justice data in the past but not for the reporting period.



Second Year Data Specifications
CHILDREN'S MENTAL HEALTH BENCHMARKING INSTITUTE

**MENTAL HEALTH AUTHORITIES: NUMBER OF RESPONDENTS USING
CLINICAL OUTCOMES MEASUREMENT**

Yes – 17

No – 6

Instrument(s) or techniques used:

CAFAS: Child/Adolescent Functional Assessment Scale (4)

CBCL: Child Behavior Check List (2)

CFARS: Children's Functional Assessment Rating Scale (2)

GAF: Global Assessment of Functioning

YSSF: Youth Services Survey for Families

CCAR: Colorado Clinical Assessment Record

HAPI-C: Hoosier Assurance Plan Instrument for Children

CLEP

CSQ8

BERS

WAT

ROLES

CGAS



Second Year Data Specifications
CHILDREN'S MENTAL HEALTH BENCHMARKING INSTITUTE

AGES AND YEARS OF DATA REPORTED

	State	MHA Reporting Year	Medicaid Reporting Year	Age Range Reported	Any Different Ages Specified
1	Alabama		CY 2000	under 21	
2	San Diego, CA	FY 99/00	FY 99/00	0-17	
3	Los Angeles, CA	FY 00		0-17	
4	Colorado	FY 00	FY 00	0-17	
5	Connecticut		FY 99 (4/98-3/99)	0-20	
6	Delaware	FY 01		0-17	
7	District of Columbia	FY 00		0-17	
8	Florida	FY 01 (7/1/00-6/30/01)	FY 00	0-17	
9	Georgia		CY 2000	0-17	under 21# Ia.
10	Idaho	FY 00	FY 00	0-17	
11	Illinois		FY 00	0-17	
12	Indiana	FY 01	FY 00	0-17	
13	Louisiana	FY 01 (7/1/00-6/30/01)	FY 01		0-17 (MHA), under 19 (Medicaid)
14	Maryland	FY 00		0-17	
15	Massachusetts	FY 01 (7/1/00-6/30/01)	FY 00	0-18	both MHA/Medicaid
16	Minnesota		FY 00 (7/1/99-6/30/00)	0-17	
17	Mississippi	FY 00		0-17	
18	Missouri	CY 2000	FY 01	0-17	
19	Montana		FY 00	0-17	
20	Nebraska	FY 01		0-17	0-18 for #s 4,5,6
21	Nevada		CY 2000	0-17	
22	New Hampshire	FY 00		0-17	
23	New Mexico	FY 01 (7/1/00-6/30/01)	FY 00 (7/1/99-6/30/00)		0-17 (MHA), 0-20 (Medicaid)
24	North Carolina		FY 00 (7/1/99-6/30/00)	0-17	
25	Oklahoma	FY 00	FY 00	0-17	
26	Rhode Island	FY 01	FY 01 (7/1/00-6/30/01)	0-17	
27	South Carolina		FY 01	0-21	
28	South Dakota	FY 01 (6/1/00-5/31/01)		0-17	
29	Utah		FY 00	0-21	
30	Vermont	FY 00	FY 01	0-17	
31	Virginia	FY 00	FY 00	0-17	
32	Clark Co., WA	FY 01		0-17	
33	King Co., WA	CY 2000		0-20	
34	Washington State	FY 00	FY 00		0-17 (MHA), under 21 (Medicaid)
35	Wyoming		FY 01 (7/1/00-6/30/01)		



Second Year Data Specifications
CHILDREN'S MENTAL HEALTH BENCHMARKING INSTITUTE

CENSUS 2000: POPULATION UNDER 18 YEARS OF AGE

	State	Under 18 Year
1	Alabama	1,123,422
2	San Diego, CA	723,155
3	Los Angeles, CA	2,665,415
4	Colorado	1,100,795
5	Connecticut	841,688
6	Delaware	194,587
7	District of Columbia	114,992
8	Florida	3,646,340
9	Georgia	2,169,234
10	Idaho	369,030
11	Illinois	3,245,451
12	Indiana	1,574,396
13	Louisiana	1,219,799
14	Maryland	1,356,172
15	Massachusetts	1,500,064
16	Minnesota	1,286,894
17	Mississippi	775,187
18	Missouri	1,427,692
19	Montana	230,062
20	Nebraska	450,242
21	Nevada	511,799
22	New Hampshire	309,562
23	New Mexico	508,574
24	North Carolina	1,964,047
25	Oklahoma	892,360
26	Rhode Island	247,822
27	South Carolina	1,009,641
28	South Dakota	202,649
29	Utah	718,698
30	Vermont	147,523
31	Virginia	1,738,262
32	Clark Co., WA	99,083
33	King Co., WA	390,833
34	Washington State	1,513,843
35	Wyoming	128,873

**CHILDREN'S MENTAL HEALTH
BENCHMARKING PROJECT
SECOND YEAR REPORT**

**APPENDIX III
RESPONDENT LIST**



RESPONDENT LIST
CHILDREN'S MENTAL HEALTH BENCHMARKING PROJECT

No.	State Abr.	Respondents	Mental Health Authority Data	Medicaid Data
1	AL	Alabama		X
2	CA	San Diego, CA	X	X
3	CA	Los Angeles, CA	X	X
4	CO	Colorado	X	X
5	CT	Connecticut		X
6	DE	Delaware	X	
7	DC	District of Columbia	X	
8	FL	Florida	X	X
9	GA	Georgia		X
10	ID	Idaho	X	X
11	IL	Illinois		X
12	IN	Indiana	X	X
13	LA	Louisiana	X	X
14	MD	Maryland	X	X
15	MA	Massachusetts	X	X
16	MN	Minnesota	X	X
17	MS	Mississippi	X	
18	MO	Missouri	X	X
19	MT	Montana	X	X
20	NE	Nebraska	X	
21	NV	Nevada		X
22	NH	New Hampshire	X	
23	NM	New Mexico	X	X
24	NC	North Carolina		X
25	ND	North Dakota		X
26	OK	Oklahoma	X	X
27	RI	Rhode Island	X	X
28	SC	South Carolina		X
29	SD	South Dakota	X	
30	UT	Utah		X
31	VA	Virginia	X	X
32	VT	Vermont	X	X
33	WA	Clark Co., WA	X	
34	WA	King Co., WA	X	
35	WA	Washington State	X	X
36	WY	Wyoming		X

Second Year Data Summary:

*36 Sites Submitted Data: 31 States, 4 Counties and the District of Columbia
 18 Sites Submitted both Medicaid and Mental Health Authority Data; this gave us a total of 44 respondents
 (Compared to 13 sites in Year 1)*

States highlighted in bold had representatives at the Children's Mental Health Benchmarking Institute held in Santa Fe, New Mexico in November 2001.