Basic Client Information (BCI) and State Hospital Readmission (SHR) Data Field Crosswalk

Instructions for Completing Part 1

To facilitate review of the State Data Crosswalk, please do not alter the structure of this template. States are only allowed to add rows as is necessary in mapping the state data elements.

Please note that the Crosswalk template does not include all BCI and SHR data elements for state mapping. When reporting BCI and SHR data files all data elements listed in the Instruction Manual must be reported following the record layout specified for each file.

In columns E and F of the Data Crosswalk Worksheet, insert the State data code and the State data item description corresponding to the CLD item specified in Column B in the same row. Please note, you should not copy and paste any of the CLD codes/descriptions under the State code/descriptions except in rare occasions when the state uses the same codes/descriptions. Do not leave any rows blank.

Use column G "Comment" to provide operational definitions and other contextual information that my help in understanding the mapping of the State data. States can use 'Not Collected' or 'Not Used' labels in their mapping. Please note the appropriate use of these terms as illustrated below.

Labeling a data element that is not collected: If the CLD data element is not currently collected by the State, write "Not Collected" under the state data item description column. For example, if the State is not collecting Substance Use Diagnosis on any of its population, write "Not Collected" for all categories and leave the code blank. If the State has current initiative or plans to build its capacity, please provide a brief description in Part II of the crosswalk.

Labeling a category that is not used: If no State category corresponds to a CLD category, label the category as "Not Used." For example, under the Residential Status data element, there is a CLD category of "Crisis Residence." If there is no such facility in the State that corresponds to Crisis Residence, then put "Not Used" in the state data item description column and leave the code blank.

Labeling a data element that is collected only for certain population: If a data element is not collected for all served population, please provide a brief description for whom the information is not collected. For example, if the State is not collecting outcome data (employment status) for all non-SMI population who receive services, state this in the comment column of the crosswalk. Please note the corresponding coding procedure for this subpopulation (see Mapping to a CLD 'Not Collected' code).

Mapping to a CLD 'Unknown' code: Map the corresponding State code/description if the State uses specific coding procedure for unknown values. Or if the State allows for blank or null fields in their system, specify in the comment column "this code will be used when values are blank or null." Or if the State does not allow reporting of unknown values, specify in the comment column "value will be reported for all clients."

Mapping to a CLD 'Not Collected' code: If the State collects the data element for all of its served population, then specify 'not used' in the state data item description column. However, if the data element is collected only for some population and not for others, specify in the comment column "this code will be used for [specify the population for whom the values of this data element will not be reported because they are not being collected]. Please note, do not use this code for blank values for whom this data element are supposed to be collected. They should be treated as unknown.

Mapping to a CLD translated data elements: The State should develop a coding procedure to report a CLD translated data element - see Manual Appendix for a list of translated data elements. Do not insert 'Not Used' or 'Not Collected' for these data elements. Instead, please provide a complete explanation of how the State will operationalize the codes by specifying what State data fields will be used and the algorithm or method of coding. It should be brief but clear and concise.

Mapping to a CLD calculated or constructed data elements: The State should develop a formula or a method of calculating/constructing these data elements. Please specify in the comment column or in Part 2 the formula and/or method used to report the values for these data elements.

Mapping of State codes from 2 or more databases: If the codes are the same, show only one mapping. If the codes are different, distinguish the mapping by the database. For example, to report race, community-based programs do not use Hispanics as a race but state hospital does. Map by using the label 'Not Used' and in the comment column specify "community-programs." Add another row and map the appropriate State Code and State Code Description to the CLD 'Hispanics' in the race data element. Under the comment column, specify "State Hospital"

The SHR Discharge Reason should not be used to determine the client's treatment status at the end of the reporting period unless it resulted to a change in the client's enrollment status in the SMHA caseload (i.e. a client discharged from the state hospital ceased to receive services from any SMHA-provided or funded programs).

See the MH-CLD State Instruction Manual Appendix for a completed *sample* crosswalk.

Part 1a

Header Record

Client Level Data Project Data		State Data		Comment
H-02	Reporting State Code		Please insert two digit state abbreviation below	
H-04	Start of the Report Period (YYYYMM)		Please insert the start of the state's reporting period below	
H-05	End of the Report Period (YYYYMM)		Please insert the end of the state's reporting period below	
H-07	Optional Data Elements Report Flag		Please indicate whether the state is reporting one or more optional data elements below	
H-08	Diagnostic Code Identifier		Please specify which disease standard classification the state will be using to report clients' diagnoses below	

Part 1. Basic Client Information and State Hospital Data F

	MH-CLD Data			State Data	
MH-CLD Field #	Code	Data Item Description	State Code		Data Item Description
C-02	**Client Treatment Status At the Start of the Reporting Period**				
	1	New Client			
	2	Continuing Client			
C-03	**Client Treatment Status At the End of the Reporting Period**				
	01	Continuing Client			
	12	Discharged with Treatment Completed			
	22	Discharged Due to Lost Contact/ Administrative Discharge			
	32	Discharged to Corrections, Jail			
	42	Discharged Due to Death of Client			
	52	Aged Out			
	62	Discharged Due to Other Specified Reasons			
	72	Discharged, Reason Unknown			
	82	Discharged, Reason Not Collected			
C-04	**Sex**				
	1	Male			
	2	Female			
	7	Unknown			
	8	Not Collected			
C-05	**Age**				
	0-85	Any Number up to 85			
	97	Unknown			
	98	Not Collected			
C-06	**Race**				
	02	American Indian or Alaska Native			
	03	Asian or Pacific Islander [Temporary code]			
	13	Asian			
	23	Native Hawaiian or Other Pacific Islander			
	04	Black or African American			
	05	White			
	20	Some Other Race alone			
	21	Two or More Races			
	22	Hispanic			
	97	Unknown			
	98	Not Collected			
C-07	**Ethnicity**				

MH-CLD Data			State Data		
MH-CLD Field #	Code	Data Item Description	State Code	Data Item Description	
	01	Hispanic Origin regardless of race			
	11	Puerto Rican [Optional]			
	12	Mexican [Optional]			
	13	Cuban [Optional]			
	14	Other Specific Hispanic [Optional]			
	02	Not of Hispanic Origin			
	97	Unknown			
	98	Not Collected			
C-08	**SMI/SED Status**				
	1	SMI			
	2	SED			
	3	At Risk for SED [Optional]			
	4	Not SMI or SED			
	7	Unknown			
	8	Not Collected			
C-09	**Competitive Employment Status-- At Admission or Start of the Reporting Period**				
	01	Full Time			
	02	Part Time			
	03	Unemployed			
	05	Employed--Full Time/Part Time Not Differentiated [Temporary code]			
	14	Not in Labor Force, Homemaker			
	24	Not in Labor Force, Student			
	34	Not in Labor Force, Retired			
	44	Not in Labor Force, Disabled			
	64	Not in Labor Force, Other Reported Classification			
	74	Not in Labor Force, Sheltered/Non-Competitive Employment			
	84	Not in Labor Force, Classification Not Specified [Temporary Code]			
	96	Not Applicable			
	97	Unknown			
	98	Not Collected			
C-10	**Competitive Employment Status -- At Discharge or End of the Reporting Period**				
	01	Full time			
	02	Part time			
	03	Unemployed			
	05	Employed - Full Time/Part Time Not Differentiated [Temporary code]			

	MH-CLD Data			State Data	
MH-CLD Field #	Code	Data Item Description	State Code		Data Item Description
	14	Not in Labor Force, Homemaker			
	24	Not in Labor Force, Student			
	34	Not in Labor Force, Retired			
	44	Not in Labor Force, Disabled			
	64	Not in Labor Force, Other Reported Classification			
	74	Not in Labor Force, Sheltered/Non-Competitive Employment			
	84	Not in Labor Force, Classification not Specified [Temporary Code]			
	96	Not Applicable			
	97	Unknown			
	98	Not Collected			
C-11		**Competitive Employment Status Update Flag**			
	0	Data Reported in C-10 is Not an Update for Data Reported in C-09			
	1	Data Reported in C-10 is an Update for Data Reported in C-09			
	8	Update Status Unknown			
C-12		**Residential Status - At Admission or Start of the Reporting Period**			
	01	Homeless			
	02	Foster Home/Foster Care			
	03	Residential Care			
	04	Crisis residence			
	05	Institutional Setting			
	06	Jail/Correctional Facility/Other Institutions under the Justice System			
	07	Private Residence - Living Arrangement Unknown [for adults only]			
	17	Private Residence - Independent Living [for adults only]			
	27	Private Residence - Dependent Living [for adults only]			
	37	Private Residence Regardless of Living Arrangement [for children only]			
	08	Other Residential Status			
	97	Unknown			
	98	Not Collected			
C-13		**Residential Status - At Discharge or End of the Reporting Period**			
	01	Homeless			
	02	Foster Home/Foster Care			
	03	Residential Care			
	04	Crisis residence			
	05	Institutional Setting			
	06	Jail/Correctional Facility/Other Institutions under the Justice System			

		MH-CLD Data		State Data	
MH-CLD Field #	Code	Data Item Description	State Code	Data Item Description	
	07	Private Residence - Living Arrangement not Known [for adults only]			
	17	Private Residence - Independent Living [for adults only]			
	27	Private Residence - Dependent Living [for adults only]			
	37	Private Residence Regardless of Living Arrangement [for children only]			
	08	Other Residential Status			
	97	Unknown			
	98	Not Collected			
C-14	**Residential Status Update Flag**				
	0	Data Reported in C-13 is Not an Update for Data Reported in C-12			
	1	Data Reported in C-13 is an Update for Data Reported in C-12			
	8	Update Status Unknown			
C-15	**Service Setting Status Throughout the Reporting Period**				
	1	State Psychiatric Hospital			
	2	SMHA-Funded/Operated Community-Based Program			
	3	Residential Treatment Center			
	4	Other Psychiatric Inpatient			
	5	Institution under the Justice System			
C-16	**One Service Date Flag**				
	1	One Service Date			
	2	Multiple Service Dates			
C-17	**Mental Health Diagnosis--One**				
	XXX.XXXX	DSM-IV, DSM-5, ICD-9 or ICD-10 Mental Health Diagnosis Code			
	999.9997	Unknown			
	999.9998	Not Collected			
C-18	**Mental Health Diagnosis--Two**				
	XXX.XXXX	DSM-IV, DSM-5, ICD-9 or ICD-10 Mental Health Diagnosis Code			
	999.9996	No Second Diagnosis			
	999.9997	Unknown			
	999.9998	Not Collected			
C-19	**Mental Health Diagnosis--Three**				
	XXX.XXXX	DSM-IV, DSM-5, ICD-9 or ICD-10 Mental Health Diagnosis Code			
	999.9996	No Third Diagnosis			
	999.9997	Unknown			
	999.9998	Not Collected			
C-20	**Substance Use Diagnosis**				

MH-CLD Data			State Data		
MH-CLD Field #	Code	Data Item Description	State Code	Data Item Description	
	XXX.XXXX	DSM-IV, DSM-5, ICD-9 or ICD-10 Substance Use Diagnosis Code			
	999.9996	No Substance Use Diagnosis			
	999.9997	Unknown			
	999.9998	Not Collected			
C-21	**Substance Use Disorder**				
	1	Yes			
	2	No			
	7	Unknown			
	8	Not Collected			
C-22	**Number of Arrests in Prior 30 Days -- At Admission or Start of the Reporting Period**				
	0-96	Any Number up to 96			
	97	Unknown			
	98	Not Collected			
C-23	**Number of Arrests in Prior 30 Days -- At Discharge or End of the Reporting Period**				
	0-96	Any Number up to 96			
	97	Unknown			
	98	Not Collected			
C-24	**School Attendance Status -- At Discharge or End of the Reporting Period**				
	1	Yes			
	2	No			
	6	Not Applicable			
	7	Unknown			
	8	Not Collected			
C-25	**School Grade Level**				
	00	No Years of Schooling			
	01-12	Grades 1 through 12			
	13	Nursery School, Preschool (Including Head Start)			
	14	Kindergarten			
	15	Self-contained Special Education Class (No Equivalent Grade Level)			
	16	Vocational School			
	17	College Undergraduate Freshman (1st Year)			
	18	College Undergraduate Sophomore (2nd Year)			
	19	College Undergraduate Junior (3rd Year)			
	20	College Undergraduate Senior (4th Year) or Bachelor's Degree			

MH-CLD Data			State Data		
MH-CLD Field #	Code	Data Item Description	State Code		Data Item Description
	21	Graduate or Professional School (e.g., Master's, Doctoral, Medical, or Law School)			
	97	Unknown			
	98	Not Collected			
C-26	**School Attendance Status -- At Admission or Start of the Reporting Period**				
	1	Yes, client has attended school at any time in the past 3 months			
	2	No, client has not attended school at any time in the in the past 3 months			
	6	Not Applicable			
	7	Unknown			
	8	Not Collected			
O-01	**Gender Identity [Optional reporting]**				
	01	Male			
	02	Female			
	03	Transgender (Male to Female)			
	13	Transgender (Female to Male)			
	23	Transgender [Temporary Code]			
	04	Two-Spirit [American Indian or Alaska Native only]			
	06	Other			
	16	I don' t know			
	26	Prefer not to answer			
	97	Unknown			
	98	Not Collected			
O-02	**Sexual Orientation [Optional reporting]**				
	01	Straight or Heterosexual			
	02	Lesbian or Gay			
	03	Bisexual			
	04	Two-Spirit [American Indian or Alaska Native only]			
	06	Other			
	16	I don't know			
	26	Prefer not to answer			
	97	Unknown			
	98	Not Collected			
O-03	**Marital Status [Optional reporting]**				
	01	Never Married			

MH-CLD Field #	Code	Data Item Description	State Code	Data Item Description
		MH-CLD Data		**State Data**
	02	Married/Living as Couple		
	03	Separated		
	04	Divorced		
	05	Widowed		
	97	Unknown		
	98	Not Collected		
O-04		**Global Assessment of Functioning [Adults]/Children's Global Assessment Scale [Optional reporting]**		
	0-100	GAF/CGAS Score		
	997	Unknown		
	998	Not Collected		
O-05		**Type of Funding Support [Optional reporting]**		
	01	Medicaid Only		
	02	Medicaid and Non-Medicaid Sources		
	03	Non-Medicaid Only		
	97	Unknown		
	98	Not Collected		
O-06		**Mental Health Block Grant Funded Services [Optional reporting]**		
	01	Yes, MHBG Used to Pay for Services & Supports		
	02	No, MHBG Funds Were Not Used		
	97	Unknown		
	98	Not Collected		
O-07		**Veteran Status [Optional reporting]**		
	1	Veteran		
	2	Not a Veteran		
	7	Unknown		
	8	Not Collected		
R-03		**Discharge Reason**		
	01	Completed State Hospital Inpatient Treatment		
	02	Released By or To Courts		
	03	Left Against Medical Advise/Eloped or Failed to Return from Leave/Non Compliance with Treatment and/or Policy		
	04	Client Choice		
	05	Extended Placement		
	06	Death		

	MH-CLD Data			State Data	
MH-CLD Field #	Code	Data Item Description	State Code		Data Item Description
	07	Discharged to Other Inpatient Provider			
	08	Discharged to an Acute Medical Facility for Medical Services			
	09	Discharged, Reason Not Classified Elsewhere			
	97	Unknown			
	98	Not Collected			
R-05	**Admission Legal Status**				
	01	Voluntary - Self			
	02	Voluntary - Others (by guardian, parents, etc.)			
	03	Involuntary - Civil			
	04	Involuntary - Criminal			
	05	Involuntary - Juvenile Justice			
	06	Involuntary - Civil - Sexual			
	97	Unknown			
	98	Not Collected			

Comment
Please use this column space to provide explanations, definitions, limitations, or other contextual information pertinent to data collection, reporting, and mapping. In particular, if the state is not collecting any given data fields or categories, please provide explanations. If the State is not collecting or reporting data for a subset of the population, also provide explanations. If the State has concrete plans to collect or report them in the future, indicate an approximate date that the State plans to begin submission of the data fields/categories for all or the subset of the population. If the State is collecting optional data fields but opted not to report, cite reasons.

Field Crosswalk

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Basic Client Information (BCI) and State Hospital Readmission (SHR) Data Elements Crosswalk

Instructions for Completing Part 2

Part 2 of the crosswalk is used to provide contextual information, including state data collection protocol and reporting capabilities, and data footnotes. Please be brief and concise. All or a portion of the contextual information provided may be used as data footnotes in reports including the analysis of the State data.

Reporting Item/Data Element	Requested Information
Client duplication	Please specify areas and magnitude of possible client duplication. If none, please insert 'NA'
Admission	Describe the State definition or concept of admission
Discharge	Describe the State definition or concept of discharge
Administrative Discharges	Describe the State policy. If none, please describe the operational definition used in this reporting.
Access to State Hospital Data	Describe how the SMHA access state hospital data (e.g., cite if the SMHA has direct access to the state hospital data base, SMHA has to request data, SMHA receives periodic snapshot of state hospital data base, etc.)
Reporting of children's data	Describe how children's data are integrated in this reporting (e.g., cite if the SMHA has integrated database for adults and children; children system IT actively participates in all CMHS trainings for this reporting; etc.)
Data collection or data update policy/ practice/ schedule	Specify the frequency and types of data regularly updated by the State
Reporting exclusion	Cite reporting exclusions or under-reporting by the State (e.g. Clients under managed care although under the auspices of the SMHA are not included in this reporting). If none, please insert 'NA'
	Cite other reporting limitations
Other general comments not covered elsewhere	

	The data elements specified below require the State to provide explanations. Oth
Client ID	Cite if non-PHI ID was created for MH-CLD reporting or the State is using the existing non-PHI State ID.
	If ID was created for MH-CLD reporting, describe the method used in creating the non-PHI ID.
	Other State footnotes
Race	If the 1997 OMB guideline has not been adopted, describe the State data collection protocol for collecting race. Highlight deviation from OMB Guidelines. This includes States not fully implementing the OMB Guideline (e.g. i.e., state is using different race categories, is not using a self-identification method, or allows a client to select more than one race category). If the State has adopted OMB guidelines, please insert 'NA'
	Describe the state plan towards building capacity to adopt OMB Guidelines
	Other State footnotes
Ethnicity	If the 1998 OMB guideline has not been adopted, describe the state data collection protocol for collecting ethnicity. Highlight deviation from OMB Guidelines. If the State has adopted OMB guidelines, please insert 'NA'
	Describe the State Plan towards building capacity to adopt OMB Guidelines
	Other State footnotes
	Cite State definition for SMI and SED.
	If Code 3 (At Risk for SED) is used, cite the State definition of At Risk

SMI/SED Status	Describe if all adults with any mental illness are served by the SMHA, SMI only, or SPMI (seriously persistent mental illness) only. Similarly, specify if all children with any mental illness are served by the SMHA, children with emotional disturbance only, or SED only.
	Other State footnotes
Employment	Cite State's operational definition for employed, unemployed, and not in the labor force
	Specify if the State collects employment status for 16 and 17 year old clients
	Other State footnotes
Employment/ Residential Status Update Flag	If Code 0 (No Data Update) or Code 8 (Update Status Unknown) is used, please explain (e.g. State does not conduct regular update during treatment)
	Other State footnotes
Mental Health Diagnosis	If not completely explained in Part 2, describe how the SMHA collects diagnosis (Do you limit the number of diagnoses? To how many? Do you have it as administrative data? How often is it updated? Do you use the claims data for diagnosis?)
	Explain specifying the code, code description, and the corresponding disease standard classification if codes that do not map to the selected disease standard classification.
	Other State footnotes
Substance Use Disorder	Is the method of determining whether a client has co-occurring mental and SU disorders the same across the state or varies by individual providers? If the method is statewide, describe the method (e.g., diagnosis and screening questionnaire conducted to all clients at time of admission)
	Other State footnotes
Number of Arrests in Prior 30 Days	Describe the source of data or how the data are collected (e.g., based on semi-annual assessment of clients, clients are asked "have you been arrested in the past 30 days?" etc.)
	Other State footnotes:
School Attendance/School Grade Level	Describe the source of data or how the data are collected (e.g., based on semi-annual assessment of clients, clients are asked "has your child been attending school in the past 3 months?" etc.)
	Other State footnotes:
GAF/CGAS Score (optional field)	Cite if the State is using alternate scale/tool to rate functioning and specify the scale/tool used.
	Other State footnotes

State Comment

General Reporting

Data Footnotes

er footnotes on these data elements may be added. States may add other data elements where specific State data footnotes are needed.

State or territory	Client-Level data reported to the SMHA and included in SAM	
	Providers/agencies required to report	*Providers/agencies that report volunarily*

eporting Characteristics

MHSA reporting	Eligible clients reported	Other
Service setting		