

**Attachment 3:
Optimal Data Set
Provider Tracking Tool**

A. Optimal Data Set (ODS) Individual Elements

COUNTY will work with **AGENCY** to onboard reporting and identify available ODS elements in **Provider's** current file/record keeping system in a collaborative process. All elements shall be collected in compliance with HIPAA and 42 C.F.R. Part 2. Items with an asterisk (*) are recognized to be system issues that may not be reportable by the **AGENCY**. **AGENCY** will not be required to regularly report on ODS elements for compliance purposes until mutually agreed upon herein.

Optimal Data Set Element	Currently Available	Work in Progress	Not Applicable at this Time
1. ID number associated with each Provider			
2. Name of each Provider			
3. Month and Year of data collection			
4. The number of active case managers (by FTE) available to provide case management service for the reporting periods			
5. The number of clients (range) the staffing pattern can support at any given time			
6. ID number associated with each patient and/or ID number as deidentified for ODS submission			
7. Sex of patient			
8. Date of birth of patient and/or age range, birth year, or age, as appropriate			
9. Age of patient and/or age, as appropriate and in compliance with HIPAA			
10. Housing status of patient			
11. Zip code of patient, as appropriate and in compliance with HIPAA			
12. Race of patient			
13. Language preference of patient			
14. Employment type of patient			
15. Military veteran status of patient			
16. ID number associated with a referral of a patient			

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17. Date of referral of patient			
18. ID number associated with each patient and/or ID number as deidentified for ODS submission			
19. Current Status of patient's referral			
20. Person or place in which the referral of the patient originated			
21. The level of emergency needed for the patient			
22. ID number associated with each Provider as assigned by COUNTY			
23. Is the patient known to the crisis stabilization unit (CSU)?*			
24. Date of last CSU interaction of the patient*			
25. Has the patient been readmitted to a CSU within 90 days of discharge from a CSU*			
26. Does the patient have an arrest history prior to service initiation?*			
27. Name of the case manager for the patient			
28. Date client's referral is closed(not admitted).			
29. Date of first point of contact (FPOC) with patient			
30. Days elapsed between the assessment date and the FPOC date			
31. Hours elapsed between the assessment date and the FPOC date			
32. Date of assessment for patient			
33. Days elapsed between the assessment date and the referral date			
34. Status of patient if declined or not declined			

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35. Does the patient have a history of substance use?*			
36. Does the patient have a history of mental illness?*			
37. Was the patient court ordered to seek treatment?			
38. Functional Assessment Rating Scale (FARS) Score of patient at initial assessment			
39. What functioning tool was used for the patient; FARS or Global Appraisal of Individual Needs Short Screener (GAIN-SS)?			
40. Date of initial FARS assessment of patient			
41. Substance use score of patient at admission			
42. Date of service initiation for the patient			
43. Total amount of service days that client receives			
44. Correlated ICD10 code for patient			
45. Date that patient was housed			
46. Has the patient received a Baker Act prior to treatment?*			
47. Date of the 5th case management session that the patient attended			
48. Number of hours spent in face-to-face contact or direct telephone or video conference with an individual receiving services or a collateral contact per client.			
49. Does the patient have a readmission within 28 days to acute mental health and addiction services inpatient unit(s) for clients engaged in case management services?*			

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50. Date of last release from inpatient services*			
51. Date of patient's last entrance into hospitalization*			
52. Date of patient's last discharge from hospitalization*			
53. FARS Score of patient at discharge			
54. Date of FARS exam at discharge			
55. Reason for patient discharge			
56. Patient's housing status at discharge			
57. Patient's employment status at discharge			
58. Did the patient complete a Department of Children and Families (DCF) survey? Patient's DCF Survey Score and/or equivalent survey as identified by AGENCY and approved by COUNTY *			
59. Patient's substance use score at discharge			
60. Did the patient acquire any arrest history between service initiation and discharge?*			
TOTAL:			
	Reportable	In progress	Nonreportable

B. ODS Reporting Timeline

Upon execution of this document, **AGENCY** agrees to initiate reporting on the elements noted as "reportable" for the programs and services listed in the box below. The first official report submission for compliance purposes shall occur no later than 30 days following the end of the first full month of service following the execution of this document.

Programs/services included:

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C. Key Performance Indicators (KPIs)

KPIs below will be calculated by the **COUNTY** utilizing the available ODS elements listed above, as submitted by the **AGENCY**.

Optimal Data Set Key Performance Indicator Calculations			
Indicator	Indicator ID	Indicator	Calculation
Access	A01	Wait time from referral to first point of contact / initial screening	date of referral sent (-) date of first point of contact
Access	A02	Wait time from first point of contact / screening to assessment	date of assessment in calendar days(-)date of first point of contact
Access	A03	Wait time from assessment to case management program referral	date of case management program referral in calendar days(-)date of assessment
Access	A04	Wait time from case management program referral to case management service initiation.	date of case management service initiation(-)date of case management program referral
Access	A05	Percentage of unique clients seen within 48 hours for an urgent referral	$[(\text{Sum Total clients i date of service initiation}(-)\text{date of referral is } < \text{ than 48 hours and marked "urgent"}) / (\text{Total "urgent" clients})] * 100$
Access	A06	Percentage of unique clients assessed for case management services within 14 days from referral	$[(\text{Sum Total clients if date of assessment}(-)\text{date of referral is } < \text{ than 14 days}) / (\text{Total clients referred})] * 100$
Access	A07	Percentage of unique clients waiting more than two weeks for case management service initiation	$[(\text{Sum Total clients if date of case management program referral}(-)\text{date of case management service initiation is } > \text{ than 14 days}) / (\text{Total clients referred})] * 100$
Access	A08	Number of individuals waiting for access to case management service	Sum of total clients if referral status is: awaiting contact, awaiting screening/assessment, awaiting service initiation; and clients declined for service

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			where reason is "program at capacity, no wait list"
Access	A09	Percentage of clients seen for services within 7-days after hospitalization for Mental Illness and/or addictions who are receiving case management	$[(\text{Sum Total clients if receiving case management services who are seen } \leq 7 \text{ days post hospitalization}) / (\text{Total clients receiving case management services who are hospitalized for mental illness and/or addictions})] * 100$
Access	A10	Number of clients declined for service, (Includes: Reason client would be declined for service)	Total number of clients that have been declined for case management service
Outputs	O01	Number of clients referred	Sum of clients where "Referral Source" is any value
Capacity	C01	Number of case managers by FTE	Sum of case manager FTEs providing case management services
Capacity	C02	Caseload per case manager	Sum of clients receiving case management services / total sum of case manager FTEs
Capacity	C03	Site Caseload	Total active number of case managers (by FTE) providing case management services (*) program's case manager to client ratio
Quality	Q01	Percent of adults with severe and persistent mental illness who live in a stable housing environment	$[(\text{Sum if total clients are "housed"}) / (\text{distinct count of clients})] * 100$
Quality	Q02	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.	$[(\text{Sum if total clients are "housed"}) / (\text{distinct count of clients})] * 100$

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Quality	Q03	Average length of time (days) experiencing homelessness (individual/ family) from admission to case management program	[(Sum of: date case management services initiated(-)date client housed) / (total clients where resident status at initiation is "homeless")]
Quality	Q04	Percent of individuals discharged who will not be readmitted to a crisis stabilization unit within 90 days of discharge.	[(Sum if clients who have a history of admission to the CSU who are not re-admitted within 90 days) / (Total number of clients who have a history of admission to the CSU)] *100
Quality	Q05	28 Day Readmission Rate to Acute Mental Health and Addiction Services Inpatient Unit(s) for consumers in active Case Management Services	[(Total number of clients engaged in case management re-admitted to acute mental health and addiction services inpatient units <= 28 days of discharge from inpatient unit) / (Total number of clients discharged from acute mental health and addiction services inpatient who are in active case management)] *100
Quality	Q06	Decrease in Baker Act exams for those engaged in Case Management Services	Sum of clients where "Client Baker Act status" is "Yes" while engaged in a case management program in a specified time period
Quality	Q07	Percentage of clients in Case Management Services that attend a 4th or 5th session	[(Total sum of clients attending a 4th and 5th case management session) / (Total sum clients where 4th and 5th case management session dates have elapsed)] *100
Quality	Q08	Average rating on the Social Connectedness Domain	[(Total sum of ratings on the Social Connectedness Domain) / (Total number of clients responding to survey)]
Quality	Q09	Discharge Type (how many Successful, how many negative, how many admin and how many neutral dc's)	Successful Discharge: Sum("Successfully completed treatment/services") Negative Discharge: Sum("Did not complete treatment - Voluntary/Involuntary", "Incarcerated", "Transferred to State Mental Health Treatment Facility") Administrative Discharge: Sum("Did not complete treatment, service non-adherence") Neutral Discharge: Sum("Client moved out of the service area")

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Quality	Q10	Improvement in client functioning (FARS scale)	Subtract total score for most recent update or discharge FARS from the ADMISSION total score[E.g., Admission = 100, current = 75. 100 – 75 = 25 = improvement] [(number of persons where the result is greater than zero) / (number of persons evaluated)] *100[paired t test]
Quality	Q11	Satisfaction Surveys (DCF)	Sum of clients reporting “Yes” to completing the DCF Satisfaction Survey
Quality	Q12	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	(number of clients with arrests following discharge (-) number with arrests prior to admission) / (number of clients with arrests prior to admission) * 100
Quality	Q13	Percentage change in clients who are employed from admission to discharge	[(distinct count of persons served when the employment status is (active military, USA; full time, unpaid family workers, part time) / (distinct count of persons served when the employment status is (active military, USA; full time, unpaid family workers, part time, unemployed))] * 100
Quality	Q14	Percent increase in those reporting a reduction (frequency, amount, or types) of alcohol and substance use from admission to discharge.	[(Total number of clients where scoring on the Substance Use/Disorder domain is lower at discharge than admission) / (Total number of clients reporting alcohol and substance use at admission)] * 100
Quality	Q15	Average number of hours spent in face-to-face or direct telephone contact with an individual receiving services or a collateral contact per client	[(Sum of the total hours spent in face-to-face contact or direct telephone or video conference with clients (or collateral contact) enrolled in case management services in a specified reporting period) / (Total number of clients enrolled in a case management program)

Attachment agreed upon both PARTIES:

Recipient:
Pinellas County Human Services

Provider:
AGENCY NAME

By: _____
Karen Yatchum, Director

By: _____

Name: _____

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SAMPLE