A. <u>**Optimal Data Set (ODS) Individual Elements**</u>

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 the asterisked 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 service personnel (by FTE) available to provide direct client services 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, 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			

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. LOCUS level of care patient referred from			
22. The level of referral emergency needed for the patient (Urgent, Emergency, or Routine) if indicated			
23. ID number associated with each Provider as assigned by **COUNTY**			
24. Is the patient known to the crisis stabilization unit (CSU)?*			
25. Date of last CSU interaction of the patient*			
26. Has the patient been readmitted to a CSU within 90 days of discharge from a CSU*			
27. Does the patient have an arrest history prior to service initiation?*			
28. Name of the personnel managing the patient			
29. Date client's referral is closed (not admitted).			
30. Date of first point of contact (FPOC) with patient			
31. Days elapsed between the assessment date and the FPOC date			
32. Hours elapsed between the assessment date and the FPOC date			
33. Date of assessment for patient			

34. Days elapsed between the assessment date and the referral date			
35. Status of patient if declined or not declined			
36. Does the patient have a history of substance use?			
37. Does the patient have a history of mental illness?			
38. Was the patient court ordered to seek treatment?			
39. Functional Assessment Rating Scale (FARS) Score of patient at initial assessment			
40. What functioning tool(s) is used for the patient (FARS. Global Appraisal of Individual Needs Short Screener (GAIN-SS), or other clinical assessments>			
41. Assessment Score at initial assessment			
42. Date of initial FARS assessment of patient			
43. Substance use score of patient at admission			
44. Date of service initiation for the patient (initial service date following assessment)			
45. Total amount of service days that client receives			
46. Correlated ICD10 code for patient			
47. ICD10 code description			
48. Date that patient was housed			
49. Has the patient received a Baker Act prior to treatment?*			
50. Date of the 5th service session that the patient attended			
51. 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.			
52. 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?*			
53. Date of last release from inpatient services*			
54. Date of patient's last entrance into hospitalization*			
55. Date of patient's last discharge from hospitalization*			
56. FARS Score of patient at discharge			
57. Date of FARS exam at discharge			
58. Final assessment score of other functional or clinical assessments			
59. Reason for patient discharge			
60. LOCUS level of care patient discharged to			
61. Patient's housing status at discharge			
62. Patient's employment status at discharge			
63. Did the patient complete a Department of Children and Families (DCF) satisfaction survey? Patient's DCF Survey Score and/or equivalent survey as identified by **AGENCY** and approved by **COUNTY***			
64. Patient's substance use score at discharge			
65. 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:

C.   **Key Performance Indicators (KPIs)**

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

Attachment agreed upon both PARTIES:

Recipient: **Provider:**
Pinellas County Human Services   AGENCY NAME

By:_____   By:_____
Karen Yatchum, Director

                                                                      Name:_____