

**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 | [(Sum Total clients if receiving case management services who are seen <= 7 days post hospitalization) / (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 | [(Sum if total clients are "housed") / (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. | [(Sum if total clients are "housed") / (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