

TEDS

Combined Substance Abuse and Mental Health Treatment Episode Data Set (TEDS): State Instruction Manual with Data Submission System (DSS) Guide, Version 4.2, June 2017

General Guidelines

This section contains TEDS reporting guidelines applicable to both admission and discharge data. Unless specified, the guidelines are for both substance abuse and mental health data submissions.

Eligible Facilities

Substance Abuse TEDS:

Report data collected from all substance abuse treatment facilities and programs operating with public funds. Please submit data from privately funded programs if available to the state. The state data crosswalk should list all applicable facility types included in the state's TEDS reporting; these may include but are not limited to:

- Facilities that receive state/public funding
- Facilities that are licensed/certified by either the Single State Agencies (SSAs), Mental Health Departments, Departments of Public Health, or Health Departments
- Medicare-certified facilities
- Medicaid-certified facilities
- Federally qualified health centers (FQHC)
- Certified opioid treatment programs
- Community-based correctional programs
- Hospitals/VA hospitals/state hospitals
- State-licensed/certified solo practitioners
- State/correctional DUI/DWI providers
- State divisional service centers
- Private facilities

Mental Health TEDS:

All mental health programs and facilities under the auspices of the SMHA are covered in MH-TEDS reporting. These programs and facilities may be either operated or funded by the SMHA.

Eligible Clients

Substance Abuse TEDS:

Admission date: TEDS accepts admission records with an admission date of January 1, 2000, or later.

Clients: Data should be reported for all clients in the reporting facilities, regardless of individual client funding source – federal block grants, Medicaid, private insurance, self-pay, or free care. Indicate in the state data crosswalk which substance abuse treatment clients are included or excluded in TEDS reporting, for example:

- All clients in facility
- State/public-funded clients only
- All clients in facility except DUI
- SSA-funded clients with substance abuse or co-occurring substance abuse and mental health problems
- State/public-funded clients only are required; data on all clients are requested and received from some facilities

Mental Health TEDS:

Admission date: TEDS accepts admission records with an admission date of January 1, 1920, or later.

Clients: The scope of eligible clients should be consistent with URS reporting. Data should be reported for all child and adult clients who received mental health services from programs operated or funded by the SMHA. The following guidelines should be observed:

- Include all identified persons who received mental health and support services regardless of service setting. The reporting should cover all service types, including screening, assessment, and crisis services from programs operated or funded by the SMHA. This includes identified clients receiving only telemedicine services.
- Include all persons with mental illness (or co-occurring mental illness) who receive mental health and support services that are funded by Medicaid under the auspices of the SMHA.
- Include any other persons who are counted as being served by the SMHA or come under the auspices of the SMHA system. This includes persons served under Medicaid waivers if the mental health component of the waiver is considered to be part of the SMHA system.

URS

SAMHSA Uniform Reporting System Fiscal Year 2016 Table Reporting Instructions, October 2016 Guidelines for Tables

Scope of Reporting:

Based on the recommendations of the SAMHSA *Scope of Reporting Workgroup* (comprised of SAMHSA, SMHA, and NRI staff) and input provided by state representatives during regional conference calls, guidelines for the scope of reporting were developed in April 2002. A basic tenet is that the scope will represent the mental health system that comes under the auspices of the state mental health agency (SMHA).

This approach resulted in concern regarding comparisons that might be made across states that might involve disparate mandates and dissimilar systems. After much discussion, the decision regarding scope was that representation of the SMHA system was more critical than comparability across states. The principle proposed was that there needed to be common understanding that these data could not be used to compare states but could be used to track a state's performance across time and to produce U.S. totals.

A major point of discussion was how two different groups of persons would be counted (those who were served under Medicaid and those who were served through the support of local dollars). For both these areas, persons would be counted insofar as they were considered part of the SMHA system, and had received services from programs funded or operated by the SMHA. Persons would be counted if they could be identified and if they had received face-to-face service(s) in the reporting period.

More specifically, the following guidelines should be used for including and counting persons in the URS:

1. Include all persons served directly by the SMHA (including persons who received services funded by Medicaid)
2. Include all persons in the system who receive services from a SMHA-contracted provider (including persons whose services are funded by Medicaid).
3. Include any other persons who are counted as being served by the SMHA or come under the auspices of the SMHA system. This includes Medicaid waivers, if the mental health component of the waiver is considered part of the SMHA system.
4. Count all identified persons who have received mental health services, including screening, assessment, and crisis services. Telemedicine services should be counted if they are provided to registered or identified clients.
5. For states that have a separate state agency responsible for children's mental health services, efforts should be made, where feasible, to unduplicate clients between the child and adult mental health agencies among children aging out of the children's system and into the adult system. If this unduplication is not feasible, please report the potential duplication to indicate that there is an overlap between the age "0-17 group" and the age "18 and over group" but that within each separate group, data is not duplicated.

Persons who should not be included in the URS tables:

1. Persons who just received a telephone contact should not be included, unless it was a telemedicine service to a registered client. Hotline calls to anonymous clients should not be counted.
2. Persons who only received a Medicaid funded mental health service from a provider who was not part of the SMHA system should not be included.
3. Persons who only received a service through a private provider or medical provider not funded by the SMHA should not be included.
4. Persons with a single diagnosis of substance abuse or intellectual disability should not be included. All persons with a diagnosis of mental illness should be counted, including persons with a co-occurring diagnosis of substance abuse or intellectual disability.