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## **POLICY MANUAL**

**State Board of Behavioral Health and Developmental Services  
Department of Behavioral Health and Developmental Services**

### **POLICY 1030 (SYS) 90-3 Consistent Collection and Use of Data About Individuals and Services**

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<b>Authority</b>	Board Minutes Dated: June 27, 1990 Effective Date: June 27, 1990 Approved by Board Chairman s/Greer D. Wilson, Ed.D.
<b>References</b>	§ 37.2-500, § 37.2-504, §37.2-508, § 37.2-601, § 37.2-605, and § 37.2-608 of the Code of Virginia (1950), as amended STATE BOARD POLICY 1021 (SYS) 87-9 Core Services Taxonomy STATE BOARD POLICY 1034 (SYS) 05-1 Partnership Agreement STATE BOARD POLICY 4018 (CSB) 86-9 Community Services Board Performance Contracts Current Community Services Performance Contract Current Community Consumer Submission (CCS) Extract Specifications Current State Facility Director Performance Agreements Current Core Services Taxonomy Current Department of Mental Health, Mental Retardation and Substance Abuse Services Information Technology Strategic Plan Current version of AVATAR (State Facility Information System)
<b>Supersedes</b>	STATE BOARD POLICY 1037 (SYS) 05-4 Individual Consumer Information and the Community Consumer Submission
<b>Background</b>	The Department recognizes that development of efficient and compatible information systems, identification and implementation of data reporting requirements that are cost-effective and consistent, and use of the data that these systems produce are integral to the effective, efficient, and accountable provision and management of services to individuals receiving services, hereafter referred to as individuals, and the responsible stewardship of financial and human resources. Beginning in the early 1980s, the Department, in collaboration with the Virginia Association of Community Services Boards (VACSB) Data Task Force and representatives from state facilities, initiated efforts to standardize data collection for community services boards and

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**Background**  
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behavioral health authorities, hereafter referred to as CSBs, and state hospitals and training centers, hereafter referred to as state facilities. By 1985, this collaboration produced the original core services taxonomy, the first individualized client data elements (ICDE) that listed minimum data elements to be collected by CSBs, and the community services performance contract, all of which established routine reporting requirements and a minimum data set for CSBs or state facilities.

In 1993, the VACSB established the Administration Committee, which included department staff, to review and update data collection and reporting documents. The committee developed the Reporting Requirements for CSBs Manual that included the core services taxonomy, ICDE, and reporting requirements. Until Fiscal Year (FY) 2004, the Department collected and used only aggregate, summary data about individuals receiving services from CSBs, except for some data about individuals receiving substance abuse services. As state and federal reporting requirements became more extensive and complex, the Department and CSBs identified a need respond in a more efficient, less burdensome manner.

The Department and VACSB Data Management Committee (DMC) developed the community consumer submission (CCS) in 2002 and 2003 to meet this need and replace the ICDE. The Department issued the original CCS specifications for implementation in FY 2004. CCS requirements were incorporated into the FY 2004 and FY 2005 community services performance contracts. The CCS enables CSBs and the Department to meet federal and other reporting requirements more efficiently and effectively, respond more easily to ad hoc data requests, maintain fewer stand-alone software applications and reports, and reduce administrative workloads. The CCS extracts data from CSB information systems, replacing additional data entry in separate applications; this eliminates repetitive entry of the same information in different automated or manual reports and ensures greater data accuracy, consistency, and reliability. CCS application software transmits extracted individual and services data to the Department. The Department analyzes this data and uses it to satisfy state and federal reporting requirements, respond to requests for information, and monitor and analyze service operations.

The Department and DMC developed a second version, CCS 2, in 2004 and 2005 to address additional data and reporting requirements and a third version, CCS 3, in 2009 to include additional data elements and implement a new paradigm for collecting and reporting data. Data elements are defined in the current CCS 3 Extract Specifications, and services for which information is collected through the CCS are defined in the taxonomy. The CCS is an excellent example of the partnership and collaboration that exists between the Department and CSBs.

Sections 37.2-500, 37.2-508, 37.2-601, and 37.2-608 of the Code authorize the Department to fund community mental health, developmental, and substance abuse services through performance contracts with each CSB. Sections 37.2-504

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**Background**  
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and 37.2-605 require CSBs to release data and information about individuals receiving services to the Department, as long as it implements procedures to protect the confidentiality of that data and information. Sections 37.2-508 and 37.2-608 require CSBs to provide data and information about individuals receiving services to the Department in order to receive state-controlled funds.

STATE BOARD POLICY 1021 defines the core of mental health, developmental, and substance abuse services to be provided by CSBs and states that the current core services taxonomy shall be used to classify, describe, and measure the services delivered by all CSBs and state facilities.

STATE BOARD POLICY 1034 continues the collaborative approach that produced the core services taxonomy, performance contract, and ICDE. This policy recognizes and supports the evolution in the relationship between CSBs and the Department and its state facilities to a more collegial partnership and establishes the Central Office, State Facility, and CSB Partnership Agreement as the ongoing basis for this relationship. The agreement states that, where possible, joint work groups, representing CSBs, the Central Office, and state facilities, shall review all surveys, measures, or other requirements for relevance, cost benefit, validity, efficiency, and consistency with this statement prior to implementation and on an ongoing basis as requirements change.

STATE BOARD POLICY 4018 establishes the community services performance contract as the primary funding and accountability mechanism between the Department and CSBs. The Department has funded community services through these contracts since 1985. All of the services in the community services performance contract and the associated contract reports are defined in the current core services taxonomy and reported through the CCS.

The Department maintains an Information Technology Strategic Plan, as required by the Virginia Information Technologies Agency. This plan identifies the Department's current strategic information technology initiatives and projects. AVATAR is the information system that collects data and information and produces reports about individuals and services in state facilities and bills responsible parties for those services.

The community services performance contract requires the Department and representatives of CSBs to work together to ensure that data and reporting requirements are consistent with each other and with the current core services taxonomy, CCS, and applicable federal requirements. The Department and CSBs accomplish this through their membership on and participation in the VACSB DMC.

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**Background**  
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**Purpose**

To articulate policy for the collection and use of data and information about services and individuals receiving services by the Department, CSBs, and state facilities and to establish the CCS as the mechanism to collect, report, and utilize data and information about individuals receiving services from CSBs.

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**Policy**

It is the policy of the Board that the Department, state facilities, and CSBs shall collect and report data and information that are consistent to the greatest extent possible about individuals and the services they receive. The Department, state facilities, and CSBs shall use this data and information to monitor and evaluate the effectiveness and efficiency of state facility and community services; to identify, monitor, and report individual outcome and provider performance measures; and to make decisions about the development and operation of state facility and community services. The Department, in collaboration with state facilities and CSBs, shall establish consistent data collection and data reporting requirements for CSBs and state facilities.

Further, it is the policy of the Board that, in all circumstances, the Department, state facilities, and CSBs shall identify collaboratively the minimum data needed to satisfy a specific requirement or accomplish a particular task or responsibility, in order to limit the imposition of additional workload burdens on direct service and administrative support staff. Nothing in this policy should be construed to limit the abilities of the Department, state facilities, or CSBs to obtain or utilize any data or information necessary to carry out their legal responsibilities, duties, or authorities.

**Policy**

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It is also the policy of the Board that all current and future requirements for individual and service data and information shall be consistent, to the greatest extent possible, with each other and with the current core services taxonomy, CCS, and AVATAR and other state facility information systems. Consistent data is critical for quality assurance activities, accountability, and meaningful and reliable individual outcome and provider performance data. All current and future requirements for individual and service data and information shall be identified and addressed collaboratively by the Department, state facilities, and CSBs in accordance with the partnership agreement established in STATE BOARD POLICY 1034. The core services taxonomy and CCS shall be developed and revised collaboratively by the Department, state facilities, and CSBs in accordance with that partnership agreement.

Further, it is the policy of the Board that data and information about individuals receiving services from CSBs and the services they receive shall be collected through the CCS to the greatest extent practicable. The Department and CSBs shall use the CCS whenever possible to collect and report all required data and information and avoid the development and implementation of separate, stand-

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alone data collection and information system applications.

It is also the policy of the Board that the Department shall identify points of responsibility within the Department's Central Office for:

- the design of automated information systems,
- the collection of state facility and community services data,
- the coordination of responses to requests for individual, service, financial, and human resource data from state facilities and CSBs, and
- the accuracy and reliability of automated CSB and state facility data.

Further, it is the policy of the Board that the Department shall establish, to the greatest extent possible within available resources, automated information systems and other mechanisms to:

- Assist CSBs and state facilities to reduce the paper work required to maintain clinical records and to collect and report individual and service data;
- Track the movement of individuals among state facilities, between state facilities and CSBs, and among CSBs;
- Measure provider performance and individual outcomes to assess the effectiveness of services;
- Support the development of an integrated system of quality improvement for state facility and CSB services;
- Address federally-mandated individual, service, and manpower reporting requirements; and

**Policy**  
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- Establish a data collection mechanism in which the Department, each state facility, and each CSB has access to the financial, individual, service, and human resources data that they mutually agree is critical to the management and operation of Virginia's public mental health, developmental, and substance abuse services system.

It is also the policy of the Board that the Department, in conjunction with CSBs and state facilities, shall develop procedures that ensure the confidentiality of shared data and information about individuals. Documentation of those procedures shall be made available upon request. The Department, state facilities, and CSBs shall comply with the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, Confidentiality of Alcohol and Substance Abuse Records (42 C.F.R. Part 2), and other applicable current or future federal or state statutes or regulations regarding confidentiality of information about individuals in their collection, transmission, disclosure, retention, and use of all individual or service data and information.

Further, it is the policy of the Board that the Department shall make available, to the greatest extent possible within available resources, technical assistance and

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guidance to CSBs and state facilities about the procurement of automated data processing hardware and software and technical assistance and funding to support ongoing training of information technology and data management staff at state facilities and CSBs.

It is also the policy of the Board that each CSB and state facility shall develop policies and plans for ensuring the confidentiality, timeliness, quality, validity, and reliability of its automated data and information.

Further, it is the policy of the Board that the Department shall provide for formal liaison with the Virginia Association of Community Services Boards to ensure the VACSB's involvement in issues pertaining to:

- data collection and reporting activities of the Department, CSBs, and state facilities;
- the development of uniform definitions and conventions used in data collection, reporting, and analysis activities; and
- the review of procedures to ensure that they comply with the Health Insurance Portability and Accountability Act and other statutory or regulatory confidentiality requirements.

Finally, it is the policy of the Board that the Commissioner shall ensure that compliance with this policy is reflected in annual community services performance contracts and state facility director performance agreements.

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