

NYS Office of Mental Health PCS 2019

Data Dictionary

Data Label	Data Type	Data Description																																		
Survey Year	Number	Dates for 2019 Patient Characteristic Survey are between 10/21/2019 and 10/27/2019.																																		
Program Category	Text	‘Emergency’, ‘Inpatient’, ‘Outpatient’, ‘Residential’, or ‘Support’. Click here to view OMH’s program category definitions.																																		
Region Served	Text	Represents region where client received service. Regions include ‘Central NY’, ‘Hudson River’, ‘Long Island’, ‘New York City’, ‘Western’. The following counties comprise the OMH regions: <table><tr><th>REGION</th><th>COUNTY</th></tr><tr><td rowspan="17">Central New York</td><td>Broome</td></tr><tr><td>Cayuga</td></tr><tr><td>Chenango</td></tr><tr><td>Clinton</td></tr><tr><td>Cortland</td></tr><tr><td>Delaware</td></tr><tr><td>Essex</td></tr><tr><td>Franklin</td></tr><tr><td>Fulton</td></tr><tr><td>Hamilton</td></tr><tr><td>Herkimer</td></tr><tr><td>Jefferson</td></tr><tr><td>Lewis</td></tr><tr><td>Madison</td></tr><tr><td>Montgomery</td></tr><tr><td>Oneida</td></tr><tr><td>Onondaga</td></tr><tr><td>Oswego</td></tr><tr><td>Otsego</td></tr><tr><td>Saint Lawrence</td></tr><tr><td rowspan="8">Hudson River</td><td>Albany</td></tr><tr><td>Columbia</td></tr><tr><td>Dutchess</td></tr><tr><td>Greene</td></tr><tr><td>Orange</td></tr><tr><td>Putnam</td></tr><tr><td>Rensselaer</td></tr><tr><td>Rockland</td></tr><tr><td>Saratoga</td></tr><tr><td>Schenectady</td></tr></table>	REGION	COUNTY	Central New York	Broome	Cayuga	Chenango	Clinton	Cortland	Delaware	Essex	Franklin	Fulton	Hamilton	Herkimer	Jefferson	Lewis	Madison	Montgomery	Oneida	Onondaga	Oswego	Otsego	Saint Lawrence	Hudson River	Albany	Columbia	Dutchess	Greene	Orange	Putnam	Rensselaer	Rockland	Saratoga	Schenectady
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		<p>Schoharie Sullivan Ulster Warren Washington Westchester</p> <p>Long Island Nassau Suffolk</p> <p>New York City Bronx Kings New York Queens Richmond</p> <p>Western New York Allegany Cattaraugus Chautauqua Chemung Erie Genesee Livingston Monroe Niagara Ontario Orleans Schuyler Seneca Steuben Tioga Tompkins Wayne Wyoming Yates</p>
Age Group	Text	'Child', 'Adult', 'Unknown'
Sex	Text	'Female', 'Male', 'Unknown'.
Transgender	Text	'No, Not Transgender', 'Yes, Transgender', 'Client Did Not Answer', or 'Unknown'.
Sexual Orientation	Text	'Bisexual', 'Lesbian or Gay', 'Straight or Heterosexual', 'Other', 'Client Did Not Answer', or 'Unknown'.
Hispanic Ethnicity	Text	'Yes', 'No, Not Hispanic/Latino', or 'Unknown'.
Race	Text	'Black Only', 'Multi-Racial', 'Other' (includes American Indian/Alaska Native Only, Asian Only, Native

Data Label	Data Type	Data Description
		Hawaii/Other Pac Islander Only, and Other Race Only), 'White Only' or 'Unknown Race'.
Living Situation	Text	'Private Residence', 'Institutional Setting', 'Other Living Situation', or 'Unknown'. Click here to view OMH's residential program definitions
Household Composition	Text	'Lives Alone', 'Cohabitates with Others', 'Not Applicable', or 'Unknown'.
Preferred Language	Text	'English', 'Spanish', 'Indo-European', 'Asian and Pacific Island', 'Afro-Asiatic' 'All Other Languages', or 'Unknown'.
Religious Preference	Text	'I belong to a formal religious group', 'I do not have a formal religion, nor am I a spiritual person', 'I consider myself spiritual, but not religious', or 'Data not available'
Veteran Status	Text	'Yes', 'No', or 'Unknown'.
Employment Status	Text	'Employed', 'Non-paid/Volunteer', 'Not In Labor Force: Unemployed and not looking for work', 'Unemployed, looking for work', or 'Unknown Employment Status'.
Number of Hours Worked Each Week	Text	'01-14 Hours', '15-34', '35 Hours or More', 'Not Applicable', or 'Unknown Employment Hours'.
Education Status	Text	'No Formal Education', 'Pre-K to Fifth Grade', 'Middle School to High School', 'Some College', 'College or Graduate Degree', 'Other', or 'Unknown'.
Special Education Services	Text	'Yes', 'No', 'Not Applicable', 'Unknown'.
Mental Illness	Text	'Yes', 'No', or 'Unknown'.
Intellectual Disability	Text	'Yes', 'No', or 'Unknown'.
Autism Spectrum	Text	'Yes', 'No', or 'Unknown'.
Other Developmental Disabilities	Text	'Yes', 'No', or 'Unknown'.
Alcohol Related Disorder	Text	'Yes', 'No', or 'Unknown'.
Drug Substance Disorder	Text	'Yes', 'No', or 'Unknown'.
Opioid Related Disorder	Text	'Yes', 'No', or 'Unknown'.
Mobility Impairment Disorder	Text	'Yes', 'No', or 'Unknown'.

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Hearing Impairment	Text	'Yes', 'No', or 'Unknown'.
Visual Impairment	Text	'Yes', 'No', or 'Unknown'.
Speech Impairment	Text	'Yes', 'No', or 'Unknown'.
Hyperlipidemia	Text	'Yes', 'No', or 'Unknown'.
High Blood Pressure	Text	'Yes', 'No', or 'Unknown'.
Diabetes	Text	'Yes', 'No', or 'Unknown'.
Obesity	Text	'Yes', 'No', or 'Unknown'.
Heart Attack	Text	'Yes', 'No', or 'Unknown'.
Stroke	Text	'Yes', 'No', or 'Unknown'.
Other Cardiac	Text	'Yes', 'No', or 'Unknown'.
Pulmonary/Asthma	Text	'Yes', 'No', or 'Unknown'.
Alzheimer or Dementia	Text	'Yes', 'No', or 'Unknown'
Kidney Disease	Text	'Yes', 'No', or 'Unknown'.
Liver Disease	Text	'Yes', 'No', or 'Unknown'.
Endocrine Condition	Text	'Yes', 'No', or 'Unknown'.
Neurological Condition	Text	'Yes', 'No', or 'Unknown'.
Traumatic Brain Injury	Text	'Yes', 'No', or 'Unknown'.
Joint Disease	Text	'Yes', 'No', or 'Unknown'.
Cancer	Text	'Yes', 'No', or 'Unknown'.
Other Chronic Med. Condition	Text	'Yes', 'No', or 'Unknown'
No Chronic Med. Condition	Text	<p>'Yes' – Indicates individual DOES NOT have a chronic medical condition</p> <p>'No' – Indicates individual has at least one chronic medical condition</p> <p>'Unknown' – Indicates that it is not known whether individual has a chronic medical condition</p>

Data Label	Data Type	Data Description
Unknown Chronic Med. Condition	Text	<p>‘Yes’ – Indicates that it is not known whether individual has a chronic medical condition</p> <p>‘No’ – Indicates individual has at least one chronic medical condition</p>
Cannabis Recreational Use	Text	‘Yes’, ‘No’, or ‘Unknown’.
Cannabis Medicinal Use	Text	‘Yes’, ‘No’, or ‘Unknown’.
Smokes	Text	‘Yes’, ‘No’, or ‘Unknown’.
Received Smoking Medication	Text	‘Yes’, ‘No’, or ‘Unknown’.
Received Smoking Counseling	Text	‘Yes’, ‘No’, or ‘Unknown’.
Serious Mental Illness	Text	‘Yes’, ‘No’, or ‘Unknown’.
Alcohol 12m Service	Text	‘Yes’, ‘No’, or ‘Unknown’
Opioid 12m Service	Text	‘Yes’, ‘No’, or ‘Unknown’
Drug/Substance 12m Service	Text	‘Yes’, ‘No’, or ‘Unknown’
Principal Diagnosis Class	Text	‘Mental Illness’, ‘Not MI- Developmental Disorders’, ‘Not MI- Organic Mental Disorder’, ‘Not MI- Other’, ‘Substance-related and Addictive Disorders’, or ‘Unknown’.
Additional Diagnosis Class	Text	‘Mental Illness’, ‘Not MI- Developmental Disorders’, ‘Not MI- Organic Mental Disorder’, ‘Not MI- Other’, ‘Substance-related and Addictive Disorders’, ‘No Additional Diagnosis’, or ‘Unknown’.
SSI Cash Assistance	Text	‘Yes’, ‘No’, or ‘Unknown’
SSDI Cash Assistance	Text	‘Yes’, ‘No’, or ‘Unknown’
Veterans Disability Benefits	Text	‘Yes’, ‘No’, or ‘Unknown’
Veterans Cash Assistance	Text	‘Yes’, ‘No’, or ‘Unknown’
Public Assistance Cash Program	Text	‘Yes’, ‘No’, or ‘Unknown’
Other Cash Benefits	Text	‘Yes’, ‘No’, or ‘Unknown’
Medicaid and Medicare Insurance	Text	‘Yes’, ‘No’, or ‘Unknown’

Data Label	Data Type	Data Description
No Insurance	Text	<p>'Yes' – Indicates individual DOES NOT have any health insurance</p> <p>'No' – Indicates individual has at least one type of health insurance</p> <p>'Unknown' – Indicates that it is not known whether individual has health insurance</p>
Unknown Insurance Coverage	Text	<p>'Yes' – Indicates that it is not known whether individual has health insurance</p> <p>'No' – Indicates individual has at least one type of health insurance</p>
Medicaid Insurance	Text	'Yes', 'No', or 'Unknown'
Medicaid Managed Insurance	Text	'Yes', 'No', 'Not Applicable', 'Unknown'.
Medicare Insurance	Text	'Yes', 'No', or 'Unknown'
Private Insurance	Text	'Yes', 'No', or 'Unknown'
Child Health Plus Insurance	Text	'Yes', 'No', or 'Unknown'
Other Insurance	Text	'Yes', 'No', or 'Unknown'
Criminal Justice Status	Text	'Yes', 'No', or 'Unknown'
Three Digit Residence Zip Code	Text	Three digit residential zip code. Three digit zip code 777 indicates the client lived other State in the United States or Other Country, Three digit zip code 888 indicates the client was homeless at the time of the survey, and three digit zip code 999 indicates the residential zip code is unknown.