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PPS PORTAL Reports Introduction

WHAT

The Program Participation System (PPS) Mental Health and Substance Use Modules are an electronic consumer-level data collection system for reporting of county-authorized services. The data generally do not include Medicaid-reimbursed services or commercial insurance-reimbursed services unless they are authorized or provided by a county-operated program. The original PPS data are transferred to another database that uses Business Objects software. Business Objects software is used to create the report views contained in the PPS PORTAL.

The record unit can be a “consumer” or a “consumer and service,” so records can resemble any of the following formats:

- When entered through the state’s online direct data entry screens, a record may consist only of the consumer’s demographic or profile information, such as episode start date, race, diagnosis, referral source, county of residence, substance used, etc. This is the episode level. The episode start and end dates are the boundaries around a client’s episode of care having one or more services.
- When entered through a batch file upload or file transfer protocol, the record will consist of the consumer’s profile information and one service consisting of additional data, such as the service start date, service end date, type of service, units of service, service closing reason, etc.

Important Disclaimer: Any reports in the PPS PORTAL that contain consumer-identifying information such as name, date of birth, address, or phone number are strictly confidential, subject to state and federal privacy laws, and may not be shared outside of authorized reporting agency staff. The same also applies to reports that have table cell or graph counts of persons who are younger than 25 as they too are subject to state and federal privacy laws.

WHO

All county departments of human services (Wis. Stat. § 46.23) and community programs (Wis. Stat. § 51.42) are required to report consumer services authorized by the county. Consumers reported in PPS will usually correspond to the funds reported on the F-20942 expenditure report. In most cases, the county authorizing the service should be the county that reports the service in PPS.

All consumers new to PPS must first be registered in PPS and receive a Master Client Index Number. Then an episode of care may be opened and associated service records submitted. All consumer service records and episodes must be closed eventually by the reporting agency, as appropriate, and in a timely manner. If there has not been any service activity for 90 days, consideration should be given to closing the episode. Closed consumer episodes will have the most complete information.

WHEN

PPS data are submitted by county reporting agencies within 45 days after the end of a month or quarter, although data may be submitted daily, if desired. The PPS Portal Reports’ data are refreshed and
updated every Monday. The PPS database is dynamic and never closed to submitting data no matter how late it may be.

UPDATES

The PPS data system is updated periodically. PPS evolved from the previous Human Services Reporting System (HSRS) 2012 and 2013. Most counties transitioned to PPS during 2012 so tracking trends using 2012 data should be done with some caution.

County reporting agencies change their status occasionally; for example, they may transition from a department of community programs to a human services department. When this occurs, a primary reporting agency field code changes from a number between 2000 and 2999 to a number between 4000 and 4999. Every effort is made to keep the PPS system’s and the PPS Portal Reports’ agency codes current.

PPS MATERIALS LINKS

For more detailed information about the PPS mental health and substance use data, consult the PPS home page on the DHS website.
CONSUMER PROFILES
(Alcohol and Other Drug Abuse [AODA Only]) Primary Substance Among Service Discharges By Year

Summary
This report shows the primary substance documented in PPS for consumers who were served by your county during the most recent complete year, and the two years previous for comparison. The purpose of this report is to give you a high-level understanding of the most common substance use needs of the consumers served by your county. In addition, the report should help you identify any documentation gaps for the primary substance reported to PPS and help you identify whether there are any issues with the accuracy of the data reported.

Inclusion Criteria
Consumers are included in this report if:

1. They were served by your county during the most recent complete calendar year, or the two years previous AND
2. The service has a documented end date (no incomplete services are included in this report) AND
3. The service has ended, as indicated by Standard Program Category (SPC) End Reason other than 19 (which indicates that the service is continuing) AND
4. The consumer was not documented as a co-dependent (i.e., the consumers appearing in this report are only those who have a substance use problem and not those seeking services due to problems arising from his/her relationship with someone who abuses substances).

Definition of Terms

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Substance</td>
<td>In PPS, this data is documented in the Primary Substance Problem field.</td>
<td>The primary substance is the substance which is chiefly responsible for this admission to services.</td>
</tr>
</tbody>
</table>

Next Steps:
If the data presented in this report doesn’t seem accurate, please:

1. Check first with your county’s local data sources or appropriate administrative, data, or program staff to confirm that the PPS data is inaccurate.
2. If you cannot resolve the inaccuracies by fixing your local data system or your PPS data submission process, contact Kathryn VerPlanck for issues related to the substance use module.
(Mental Health [MH Only]) Consumer Blue Ribbon Commission (BRC) Target Population

Summary

BRC Target Population is used only in the mental health module to provide an overall clinical assessment of the consumer’s level of need; the substance use module uses a different categorization to indicate the consumer’s need for brief or non-treatment services.

In this report, admissions are counted rather than consumers; consumers with two admissions in a given year will have their BRC Target Population field counted twice, whether their BRC Target Population field remained the same or changed between admissions.

The first figure and table in this report describes the number and percentage of admissions within each BRC Target Population level of need category for the most recently completed year.

The second figure in this report shows the BRC Target Population level of need for admissions during the most recent complete calendar year and the two years previous for comparison.

Inclusion Criteria

Admissions are included in this report if:

- The admission occurred during the most recent complete year OR
- The admission occurred during the previous two years.

Definition of Terms

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term From PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRC Target Population</td>
<td>BRC Target Population</td>
<td>This is an overall clinical assessment of service needs. The following categories are available: H = Ongoing, high intensity, comprehensive services L = Ongoing, low intensity services S = Short-term situational services (crisis only, inpatient only, etc.) See the PPS MH Handbook for more extensive definitions of these categories.</td>
</tr>
<tr>
<td>Episode Start Year</td>
<td>This field is derived from the Episode Start Date field in PPS.</td>
<td>An episode of services is a continuous set of services used to address the client’s current needs. The Episode Start Year is the year during which the episode began. The Episode Start Date is the date of the first service (including intake/assessment).</td>
</tr>
</tbody>
</table>

Next Steps:

If the data presented in this report does not seem accurate, please:

1. Check first with your county’s local data sources or appropriate administrative, data, or program staff to confirm that the PPS data is inaccurate.
2. If you cannot resolve the inaccuracies by fixing your local data system or your PPS data submission process, contact Kathryn VerPlanck for issues related to the mental health module.
Adults vs. Youth Served

Summary

The first figure and table in this report show the proportion of adults versus youth served in your county during the most recently completed reporting year.

The second figure and table in this report show the number of adults and youth served in the most recent complete year and the previous two years for comparison.

The purpose of this report is to give your organization insight into the demographics of the population you serve and provide historical data for comparison with the most recent year. This should help you identify trends in your consumer’s demographics and pinpoint any potentially incorrect or missing data.

Inclusion Criteria

Consumers are included in this report if they have a service documented in the most recently completed year or the two years prior.

Definition of Terms

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of Service</td>
<td>The Year of Service field in this report is derived from the SPC Delivery Date documented in PPS. Each consumer with at least one SPC Delivery Date in the current year or previous two years is included in this report.</td>
<td>This field gives the year during which a consumer was provided a service.</td>
</tr>
<tr>
<td>Youth</td>
<td>This field is calculated using the Birth Date and SPC Delivery Date documented in PPS.</td>
<td>This field is calculated as the difference between the consumer’s birth date and the service delivery date. Anyone 17 or under at the time of their service is categorized as youth.</td>
</tr>
<tr>
<td>Adult</td>
<td>This field is calculated using the Birth Date and SPC Delivery Date documented in PPS.</td>
<td>This field is calculated as the difference between the consumer’s birth date and the service delivery date. Anyone 18 or older at the time of their service is categorized as an adult.</td>
</tr>
</tbody>
</table>

Next Steps:

If the data presented in this report doesn’t seem accurate, please:

1. Check first with your county’s local data sources or appropriate administrative, data, or program staff to confirm that the PPS data is inaccurate.
2. If you cannot resolve the inaccuracies by fixing your local data system or your PPS data submission process, contact Kathryn VerPlanck for issues related to the mental health and substance use modules.
CCS/CRS/CST/CSP Demographics

Summary
Each of these reports gives demographics specific to CCS/CRS/CST/CSP. The demographics report includes the same data elements as the CCS/CRS/CST/CSP reports, but includes all consumers served by your county. The following information is included in this report: age group, race and ethnicity, and gender for both AODA and MH.

Inclusion Criteria
Consumers are included in this report if they received at least one CCS/CRS/CST/CSP service during the most recent complete calendar year.

Definition of Terms

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group</td>
<td>The consumers’ ages are calculated from the Birth Date field in PPS.</td>
<td>Consumers’ ages are calculated based on their age during the most recent complete calendar year.</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>This field is pulled from the Hispanic/Latino field documented in PPS.</td>
<td>Hispanic/Latino is documented by either a yes or a no, and includes all persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.</td>
</tr>
<tr>
<td>Race</td>
<td>This data is pulled from the Race field documented in PPS.</td>
<td>The options available for race are: Asian, Black or African American, White, Native Hawaiian or Pacific Islander, and American Indian or Alaska Native.</td>
</tr>
<tr>
<td>Gender</td>
<td>This data element is pulled from the Gender field in PPS.</td>
<td>The options available for gender are: female, male, and unknown.</td>
</tr>
</tbody>
</table>

Next Steps:
If the data presented in this report doesn’t seem accurate, please:

1. Check first with your county’s local data sources or appropriate administrative, data, or program staff to confirm that the PPS data is inaccurate.
2. If you cannot resolve the inaccuracies by fixing your local data system or your PPS data submission process, contact Kathryn VerPlanck for issues related to the mental health and substance use modules.
Referral Source

Summary
This report gives an overview of the referral sources that were reported to PPS for consumers who received services from your county during the most recent complete calendar year or the two years prior. The purpose of this report is to give you a high-level understanding of how consumers are being referred to your programs. This information should help you understand the demographics of individuals you serve, target outreach efforts to underrepresented referral sources, and ensure that your documentation of referral source in PPS is complete and accurate.

The figures in this report (for AODA and MH) display the distribution of referral sources by year of service. The tables in the report list all referral source categories, map them to the original referral source (as entered into PPS), and provide the number of distinct consumers and percentage of consumers associated with each original referral source.

Inclusion Criteria
Consumers are included in this report if they were documented in PPS as having received at least one service during the most recent complete year or the two years prior.

Definition of Terms

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Source Category</td>
<td>This field is derived from the Referral Source field documented in PPS.</td>
<td>For readability and ease of interpretation, this measure groups related referral sources (as entered in PPS) into condensed categories. Refer to the table in the report for specific mappings.</td>
</tr>
<tr>
<td>Referral Source</td>
<td>This field directly corresponds to the Referral Source field documented in PPS.</td>
<td>The referral source is the individual, agency, or program that referred the consumer to the county for services.</td>
</tr>
</tbody>
</table>

Next Steps:
If the data presented in this report doesn’t seem accurate, please:

1. Check first with your county’s local data sources or appropriate administrative, data, or program staff to confirm that the PPS data is inaccurate.
2. If you cannot resolve the inaccuracies by fixing your local data system or your PPS data submission process, contact Kathryn VerPlanck for issues related to the mental health and substance use modules.
DATA QUALITY
(MH Only) Open Episodes Need Status Update

Summary
A “Status Update” refers to an update to a consumer’s functional status every six months as long as they are participating in mental health services. The primary functional indicators included in the status update are living arrangement, employment status, and criminal justice system involvement. For consumers with a documented BRC Target Population category of “Ongoing, High Intensity, Comprehensive Services” (H) or “Ongoing, Low Intensity, Comprehensive Services” (L), an updated consumer status must be documented every six months. To help make this documentation simpler, we have compiled this report, which provides a list of all consumers with a status update currently due or overdue. The report gives the number of months since the consumer’s last status update, the date of the consumer’s last status update, the consumer’s first and last name, their PPS Client ID, and their birthdate to allow you to look up the consumer in PPS and complete the documentation.

Inclusion Criteria
Consumers are included in this report if they meet the following criteria:

- They have an ongoing level of need as recorded in the BRC Target Population field as either “Ongoing, High Intensity, Comprehensive Services” (H) OR “Ongoing, Low Intensity, Comprehensive Services” (L) AND
- They have an open episode of care (do not have a documented episode end date) AND
- Their most recent consumer status update was documented at least five months ago.

Definition of Terms

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term From PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Months Since Last Update</td>
<td>This term is derived from the Consumer Status Date field documented in PPS.</td>
<td>This field is calculated as the difference between the current date and the date of the most recent consumer status update.</td>
</tr>
<tr>
<td>Last Status Update</td>
<td>This term directly corresponds with the Consumer Status Date documented in PPS.</td>
<td>This field is the date of the most recent status update documented.</td>
</tr>
<tr>
<td>Name and Date of Birth (DOB)</td>
<td>This field directly corresponds with the consumer’s name and date of birth as documented in PPS.</td>
<td>These fields are included to aid in looking up and updating the consumer’s status update.</td>
</tr>
<tr>
<td>Count (at the bottom of the report table)</td>
<td>N/A</td>
<td>The number of consumers listed in the table who need a consumer status update for your county.</td>
</tr>
</tbody>
</table>

Next Steps:
Consumers who have not had a consumer status update in more than five months will appear in this report and therefore require an update. There are several steps you need to take to address this issue:

1. If the consumer’s episode was left open erroneously and they are no longer receiving services, go back to your agency records for the client and find the most recent consumer status information to
record in the PPS MH system. Next, close all open services and document an end date for the episode.

2. If the consumer’s episode is active, you need to document a consumer status update for this person. If a consumer is missing many six-month consumer status updates, you are only required to record a current update and then continue with updates every six months from now on.

3. If your agency has a high number of missing consumer status updates, review your policies to ensure your agency staff and contractors are collecting consumer status data at six-month intervals. Review your training protocols to ensure all staff are aware of, and trained on, this requirement.
Episodes Without Services

Summary
We define an open episode as a continuous set of services used to address the consumer’s current needs with no more than a 90-day (AODA) or 180-day (MH) break between services. This report provides a list of consumers in your county who have an episode that is currently open (does not have an episode end date), but who do not have any documented services within the past 90 or 180 days.

This report is intended to help you identify consumers whose episodes either need to be closed or updated to reflect their latest receipt of services.

Inclusion Criteria
Consumers are included in this report if:

- They have an episode with a start date on or after 01/01/2013, AND
- The episode (referenced above) does not have an Episode End Date, AND
- It has been at least 90 days or 180 days since their last documented service.

Definition of Terms

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days Since Last Service</td>
<td>This is a derived field, using the SPC Delivery Date documented in PPS.</td>
<td>This field shows the number of days since the consumer’s last service, calculated using the current date and the most recent delivery date. Because delivery date is only documented in months, the number of days is calculated by multiplying the number of months by 30.</td>
</tr>
<tr>
<td>Service Documented On</td>
<td>This field directly corresponds to the most recent SPC Delivery Date documented in PPS.</td>
<td>This gives the date that the consumer’s most recent service occurred, according to what has been entered in PPS.</td>
</tr>
<tr>
<td>Name and DOB</td>
<td>These fields directly respond to the Name and Date of Birth fields documented in PPS.</td>
<td>These columns give the consumer’s name and DOB to help you access their records in PPS.</td>
</tr>
</tbody>
</table>

Next Steps
1. If the consumer’s episode is open in error and an end date should have been documented, first record all missing services and close all remaining open services, then document the missing Episode End Date in PPS as the actual case closing date. Do not record the current date as the Episode End Date if the client’s case was closed three months ago (for example). The Episode End Date should be the same as, or very similar to, the last service end date.
2. If the consumer has had services more recently than the report reflects, document those services in PPS.
Quarterly Data Monitoring

Summary
This report displays the data your county has reported to PPS for the specified quarter and compares it to the data your county reported for the same quarter in the previous year. The data is compared by number of consumers, number of services, number of services by SPC Code, number of services by delivery month, number of consumers by age, and numbers of consumers by program (MH only).

Reports are available for the previous four quarters. At the beginning of each quarter, a report for the previous quarter will be made available and the report for the oldest available quarter will be removed.

Inclusion Criteria
Consumers are included in this report if they were documented in PPS as having received a service during the specified quarter. Services are included in this report if they were documented as having a delivery date during the specified quarter.

Definition of Terms

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery Date</td>
<td>This data is pulled directly from the Delivery Date in PPS.</td>
<td>The Delivery Date is the month and year in which a service was delivered to the consumer.</td>
</tr>
<tr>
<td>SPC Code</td>
<td>This data comes from the Standard Program Category/Subprogram field in PPS.</td>
<td>The SPC code is a three-digit code (possibly with a two-digit sub-code) that corresponds to the service provided.</td>
</tr>
<tr>
<td>Adult</td>
<td>This field is calculated using the Birth Date and Delivery Date documented in PPS.</td>
<td>This field is calculated as the difference between the consumer’s birth date and the service delivery year. Anyone 18 or older at the time of their service is categorized as an adult.</td>
</tr>
<tr>
<td>Youth</td>
<td>This field is calculated using the Birth Date and Delivery Date documented in PPS.</td>
<td>This field is calculated as the difference between the consumer’s birth date and the service delivery year. Anyone 17 or under at the time of their service is categorized as a youth.</td>
</tr>
<tr>
<td>Program</td>
<td>N/A</td>
<td>This refers to four of the MH programs your county may administer: CCS, CRS, CSP, and CST.</td>
</tr>
</tbody>
</table>

Next Steps
1. If the number of MH or AODA consumers has dropped by more than 25% from the previous year, you should investigate the reason for the drop and determine if it is the result of incomplete data submission to PPS or is a result of some external factor affecting your county.
2. If any of the other reports seem to have a large drop in number of consumers or services between years, check with your appropriate administrative, data, or program staff to confirm the completeness of their PPS data submission.
Incorrect Service Dates

Summary
This report displays services your county has reported to PPS which may have an incorrect Delivery Date or SPC Start and End Date. A service must have a Delivery Date which occurs within the timeframe specified by the SPC Start and End Dates. Services which occur over a period of time longer than a month are to be reported to PPS in one month intervals. The Delivery Date is meant to indicate the month during which the units of service were delivered to the consumer.

This report is intended to help you identify services where SPC Start and End Dates or Delivery Dates were incorrectly submitted so that you might correct them.

Inclusion Criteria
Services are included in this report if the Delivery Date falls outside of the date range specified by the SPC Start Date and the SPC End Date.

Definition of Terms

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPS Client ID</td>
<td>N/A</td>
<td>This is the unique number assigned to the consumer to identify them within PPS. This number should help you locate the consumer within PPS.</td>
</tr>
<tr>
<td>Episode Start and Episode End Date</td>
<td>This data is pulled directly from the Episode Start and End Dates in PPS.</td>
<td>An episode of services is a continuous set of services used to address the consumer’s current needs. The start and end dates are when a particular episode was started or stopped. The end date may be null if the episode is ongoing.</td>
</tr>
<tr>
<td>SPC Start and SPC End Date</td>
<td>This data is pulled directly from the SPC Start and End Dates in PPS.</td>
<td>The SPC Start and End Dates are the dates on which the service began and ended. The SPC End Date may be null if the service is ongoing.</td>
</tr>
<tr>
<td>Delivery Date</td>
<td>This data is pulled directly from the Delivery Date in PPS.</td>
<td>The Delivery Date is the month and year in which a service was delivered to the consumer.</td>
</tr>
</tbody>
</table>

Next Steps
1. Review your data submission process to ensure only correct dates are being reported to PPS.
2. Resolve the services listed in the report by correcting the indicated service’s Delivery Date or SPC Start and End Dates.
OUTCOMES

(AODA Only) Status on Admission vs. Discharge

Summary
Each tab of this report shows the distribution of consumers by status at admission and at discharge for the following measures: employment, living arrangement, use frequency, support group attendance, and arrests.

In order to conduct an assessment of consumer status over time on several outcome measures, each figure in this report gives the admission and discharge statuses for all consumers who have been served by your county since 2013 (including those documented prior to PPS using HSRS data when available).

Inclusion Criteria
Consumers are included in this report if:

- The consumer was served by your county and documented in either PPS or HSRS, AND
- The consumer has an Episode Start Date after January 1, 2013, AND
- The consumer was not documented as a co-dependent or collateral (i.e., the consumers appearing in this report are only those who have a substance use problem, and not those seeking services due to problems arising from his/her relationship with someone who has a substance use problem), AND
- The consumer was not documented as receiving a brief service, AND
- The consumer’s services are documented as completed, with valid SPC end reason and valid service end date, so the following are true:
  - The consumer’s SPC end reason was not 19—“Services Continuing”—AND
  - The consumer’s SPC end date is not null

Definition of Terms

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Status</td>
<td>The categories are derived from the Employment Status field in PPS, but have been organized into broader categories for ease of interpretation.</td>
<td>These values are derived from the values entered in PPS, and grouped into the following categories: 1. Full time 2. Part time 3. Unemployed 4. Not in the labor force 5. N/A 6. Unknown</td>
</tr>
<tr>
<td>Detailed Employment Status</td>
<td>These categories correspond directly with the values entered into the Employment Status section of the Closing Status and the Employment Status field in PPS.</td>
<td>These values are pulled directly from PPS.</td>
</tr>
<tr>
<td>Term Used in Report</td>
<td>Term from PPS</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Living Arrangement</td>
<td>These values are pulled directly from the Living Arrangement portion of the Closing Status and the Living Arrangement at Admission fields in PPS.</td>
<td>As documented in PPS at the consumer’s admission and discharge. This is a category with the following options: 1. Crisis stabilization home/center 2. Foster home 3. Institutional setting, hospital, nursing home 4. Jail or correctional facility 5. Living with parents (under age 18 only) 6. Living with relatives, friends (under age 18 only) 7. Other living arrangement 8. Private residence w/out supervision (adults only) 9. Street, shelter, no fixed address, homeless 10. Supervised licensed residential facility 11. Supported residence (adults only) 12. Unknown</td>
</tr>
<tr>
<td>Use Frequency</td>
<td>This field corresponds directly with the Use Frequency field documented in PPS.</td>
<td>This field indicates how often the substance was used during the 30 days prior to the start of the episode or prior to discharge. This is a category with the following options: 1. No use in the past month 2. 1-3 times in the past month 3. 1-2 times per week 4. 3-6 times per week 5. Daily 6. Unknown 7. Not Reported</td>
</tr>
<tr>
<td>Support Group</td>
<td>This field corresponds directly with the Support Group Attendance at Admission field and the Support Group Attendance portion of the Closing Status in PPS.</td>
<td>This field indicates how frequently support groups were attended 30 days prior to admission or discharge. This is a category with the following options: 1. 16 or more times in the past 30 days 2. 8-15 times in the past 30 days 3. 4-7 times in the past 30 days 4. 1-3 times in the past 30 days 5. No attendance in the past 30 days 6. Unknown</td>
</tr>
<tr>
<td>Arrests</td>
<td>This field corresponds directly with the Number of Arrests 30 Days Prior to Admission field and the Arrests portion of the Closing Status.</td>
<td>This is the number of arrests 30 days prior to admission and the number of arrests 30 days prior to discharge. This is documented in PPS as an integer, grouped into the following categories for readability: 1. None 2. From 1 to 10 3. From 11 to 20 4. 21 or More 5. Unknown 6. Not Documented</td>
</tr>
</tbody>
</table>
Next Steps:
If the data presented in this report doesn’t seem accurate, please:

1. Check first with your county’s local data sources or appropriate administrative, data, or program staff to confirm that the PPS data is inaccurate.
2. If you cannot resolve the inaccuracies by fixing your local data system or your PPS data submission process, contact Kathryn VerPlanck for issues related to the substance use module.
SPC End Reason Outcomes

Summary
This report shows the distribution of the outcomes that were reported by your county during the most recent complete year. Outcomes have been split into three categories: completed treatment with change, ongoing need for treatment, and incomplete treatment.

The first figure (in both the AODA and MH reports) provides a visual representation of the distribution of the three outcome categories. The following table in each report gives the mapping for SPC End Reasons (as they are documented in PPS) and their associated outcome categories.

Inclusion Criteria
Consumers were included in this report if they had a service documented during the most recent, completed year.

Definition of Terms

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome Category</td>
<td>This is a derived field, not documented directly in PPS, but based on the values documented for consumers’ SPC End Reason.</td>
<td>This is a categorization of the outcome achieved based on the consumer’s SPC End Reason. Possible values for this category are: 1. Completed treatment with change 2. Ongoing need for treatment 3. Incomplete treatment</td>
</tr>
<tr>
<td>SPC End Reason</td>
<td>This field directly corresponds to the SPC End Reason documented in PPS.</td>
<td>This field describes why a consumer was discharged from a service. The possible values are: 1. Completed service—major improvement 2. Completed service—moderate improvement 3. Completed service—minimal or no positive change 4. Incomplete—referred to another non-alcohol/drug agency, program or service before completing service 5. Behavioral termination—staff/program decision to terminate due to rule violation 6. Withdrew against staff advice before completing service 7. Funding/authorization expired, same service not reopened 8. Incarcerated 9. Death 10. Incomplete—referral to another AODA agency or program 11. Incomplete—transfer to another AODA service within an agency or program 12. Funding/authorization expired, same service reopened 13. Service is continuing</td>
</tr>
</tbody>
</table>
Next Steps:
If the data presented in this report doesn’t seem accurate, please:

1. Check first with your county’s local data sources or appropriate administrative, data, or program staff to confirm that the PPS data is inaccurate.
2. If you cannot resolve the inaccuracies by fixing your local data system or your PPS data submission process, contact Kathryn VerPlanck for issues related to the mental health and substance use modules.
SERVICE UTILIZATION

(AODA Only) Monthly Service Activity by Provider AKA 32-T

Summary
This report shows service and episode information for consumers served in the previous complete year. This information is sorted by the delivery month and the provider. This report is meant to help you monitor the monthly volume of each of your providers. Previously, this report was available to you through HSRS and was known as the 32-T.

Inclusion Criteria
Consumers are included in this report if they received an AODA service during the previous complete calendar year.

Term Definitions

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Number</td>
<td>This field is pulled from the Provider Number field in PPS.</td>
<td>The provider number is the number assigned to identify the agency, facility, or person that is delivering the service to the consumer.</td>
</tr>
<tr>
<td>PPS Client ID</td>
<td>N/A</td>
<td>This is the unique number assigned to the consumer to identify them within PPS. This number should help you locate the consumer within PPS.</td>
</tr>
<tr>
<td>Episode Start and Episode End Date</td>
<td>This data is pulled directly from the Episode Start and End Dates in PPS.</td>
<td>An episode of services is a continuous set of services used to address the consumer’s current needs. The start and end dates are when a particular episode was started or stopped. The end date may be null if the episode is ongoing.</td>
</tr>
<tr>
<td>SPC Code</td>
<td>This data comes from the Standard Program Category/Subprogram field in PPS.</td>
<td>The SPC Code is a three-digit code (possibly with a two-digit sub-code) that corresponds to the service provided.</td>
</tr>
<tr>
<td>SPC Code Description</td>
<td>This data corresponds with the SPC Code description in PPS.</td>
<td></td>
</tr>
<tr>
<td>SPC End Reason</td>
<td>This data is pulled from the SPC End Reason field documented in PPS.</td>
<td>The SPC End Reason is the reason the consumer was discharged from the service. This field may be null if the service is ongoing.</td>
</tr>
<tr>
<td>SPC Start and End Date</td>
<td>This data is pulled directly from the SPC Start and End Dates in PPS.</td>
<td>The SPC Start and End Dates are the dates on which the service began and ended. The SPC End Date may be null if the service is ongoing.</td>
</tr>
<tr>
<td>Unit Days</td>
<td>This is calculated from the Unit Type and the Unit Quantity fields in PPS.</td>
<td>The number of days of care provided.</td>
</tr>
<tr>
<td>Unit Hours</td>
<td>This is calculated from the Unit type and the Unit Quantity fields in PPS.</td>
<td>The number of hours of care provided.</td>
</tr>
</tbody>
</table>
Next Steps:
If the data presented in this report doesn’t seem accurate, please:

1. Check first with your county’s local data sources or appropriate administrative, data, or program staff to confirm that the PPS data is inaccurate.
2. If you cannot resolve the inaccuracies by fixing your local data system or your PPS data submission process, contact Kathryn VerPlanck for issues related to the substance use module.
(MH Only) Monthly Service Activity by Provider AKA 32-T

Summary
This report shows service and episode information for consumers served in the previous complete year. This information is sorted by the delivery month and the provider. This report is meant to help you monitor the monthly volume of each of your providers. Previously, this report was available to you through HSRS and was known as the 32-T.

Inclusion Criteria
Consumers are included in this report if they received an MH service during the previous complete calendar year.

Term Definitions

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Number</td>
<td>This field is pulled from the Provider Number field in PPS.</td>
<td>The provider number is the number assigned to identify the agency, facility, or person that is delivering the service to the consumer.</td>
</tr>
<tr>
<td>PPS Client ID</td>
<td>N/A</td>
<td>This is the unique number assigned to the consumer to identify them within PPS. This number should help you locate the consumer within PPS.</td>
</tr>
<tr>
<td>Episode Start and Episode End Date</td>
<td>This data is pulled directly from the Episode Start and End Dates in PPS.</td>
<td>An episode of services is a continuous set of services used to address the consumer’s current needs. The start and end dates are when a particular episode was started or stopped. The end date may be null if the episode is ongoing.</td>
</tr>
<tr>
<td>SPC Code</td>
<td>This data comes from the Standard Program Category/Subprogram field in PPS.</td>
<td>The SPC code is a three-digit code (possibly with a two-digit sub-code) that corresponds to the service provided.</td>
</tr>
<tr>
<td>SPC Code Description</td>
<td>This data corresponds with the SPC Code description in PPS.</td>
<td></td>
</tr>
<tr>
<td>SPC End Reason</td>
<td>This data is pulled from the SPC End Reason field documented in PPS.</td>
<td>The SPC End Reason is the reason the consumer was discharged from the service. This field may be null if the service is ongoing.</td>
</tr>
<tr>
<td>SPC Start and End Date</td>
<td>This data is pulled directly from the SPC Start and End Dates in PPS.</td>
<td>The SPC Start and End Dates are the dates on which the service began and ended. The SPC End Date may be null if the service is ongoing.</td>
</tr>
<tr>
<td>Unit Days</td>
<td>This is calculated from the Unit Type and the Unit Quantity fields in PPS.</td>
<td>The number of days of care provided.</td>
</tr>
<tr>
<td>Unit Hours</td>
<td>This is calculated from the Unit type and the Unit Quantity fields in PPS.</td>
<td>The number of hours of care provided.</td>
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</tbody>
</table>
**Next Steps:**
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1. Check first with your county’s local data sources or appropriate administrative, data, or program staff to confirm that the PPS data is inaccurate.
2. If you cannot resolve the inaccuracies by fixing your local data system or your PPS data submission process, contact Kathryn VerPlanck for issues related to the mental health module.
Episodes Opened/Closed by Month

Summary

This report includes two sets of graphs:

- The number of new, unique consumers admitted each month by your county over the past three years.
- The number of consumers discharged each month by your county over the past three years.

This report is intended to help you track trends in the number of episodes opened over time to identify patterns in the needs of your consumers and plan for future service volume and availability.

Inclusion Criteria

For consumers admitted, episodes were included in this report if the Episode Start Date was on or after January 1 of three years prior.

For consumers discharged, episodes were included in this report if the Episode End Date was on or after January 1 of three years prior.

Definition of Terms

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Episode Start Month</td>
<td>This term corresponds directly with the Episode Start Date documented in PPS.</td>
<td>The month during which the consumer was admitted.</td>
</tr>
<tr>
<td>Episode End Month</td>
<td>This term corresponds directly with the Episode End Date documented in PPS.</td>
<td>The month during which the consumer was discharged.</td>
</tr>
</tbody>
</table>

Next Steps:

If the data presented in this report doesn’t seem accurate, please:

1. Check first with your county’s local data sources or appropriate administrative, data, or program staff to confirm that the PPS data is inaccurate.
2. If you cannot resolve the inaccuracies by fixing your local data system or your PPS data submission process, contact Kathryn VerPlanck for issues related to the mental health and substance use modules.
Inpatient and Residential Admissions

Summary
This report gives a summary of consumers who received services with SPC code 202.00, 204.00, 205.00, 503.00, 503.10, 504.00, 505.00, 506.00, and 925.00 for Mental Health and 503.50, 503.60, 503.70, 703.10, 703.20, and 703.50 for Substance Use during the previous complete year or during the previous three years.

Inclusion Criteria
Consumers are included in this report if:

• They received a service with a code of 202.00, 204.00, 205.00, 503.00, 503.10, 503.50, 503.60, 503.70, 504.00, 505.00, 506.00, 703.10, 703.20, 703.50, or 925.00. In other words, if they received residential, emergency, or detox services.
• The service date was within the previous three years.

Definition of Terms

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Admissions</td>
<td>N/A</td>
<td>Each time a consumer has a service with one of the following codes: 202.00, 204.00, 205.00, 503.00, 503.10, 503.50, 503.60, 503.70, 504.00, 505.00, 506.00, 703.10, 703.20, 703.50, or 925.00 that consumer is included in the count of the number of admissions. This is not a count of unique consumers, so consumers who were admitted multiple times will be counted each time.</td>
</tr>
<tr>
<td>Number of Distinct Consumers</td>
<td>N/A</td>
<td>Each time a consumer has a service with one of the following codes: 202.00, 204.00, 205.00, 503.00, 503.10, 503.50, 503.60, 503.70, 504.00, 505.00, 506.00, 703.10, 703.20, 703.50, or 925.00 that consumer is included in the count of the number of admissions. This is a count of unique consumers, so each consumer is counted once per year, regardless of the number of admissions that consumer experienced.</td>
</tr>
</tbody>
</table>

Next Steps:
If the data presented in this report doesn’t seem accurate, please:

1. Check first with your county’s local data sources or appropriate administrative, data, or program staff to confirm that the PPS data is inaccurate.
2. If you cannot resolve the inaccuracies by fixing your local data system or your PPS data submission process, contact Kathryn VerPlanck for issues related to the mental health and substance use modules.
Number of Consumers Reported by Year

Summary
This report shows the number of consumers each month that your county reported as having received at least one service for each of the two previous calendar years.

Inclusion Criteria
Consumers were included in this report if your county reported through PPS that a service was provided to this consumer either last year or the year prior.

Definition of Terms

<table>
<thead>
<tr>
<th>Term used in Report</th>
<th>Term from PPS</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Consumers</td>
<td>Each consumer documented through PPS is counted once if they had a Delivery Date documented for either last year or the year prior.</td>
<td>The number of distinct consumers who had at least one service reported during the previous two calendar years.</td>
</tr>
<tr>
<td>Month of Service</td>
<td>This term is the month that was documented in the consumer’s Delivery Date field in PPS.</td>
<td>This parameter corresponds to the month that the consumer was reported to have received services.</td>
</tr>
</tbody>
</table>

Next Steps:
If the data presented in this report doesn’t seem accurate, please:

1. Check first with your county’s local data sources or appropriate administrative, data, or program staff to confirm that the PPS data is inaccurate.
2. If you cannot resolve the inaccuracies by fixing your local data system or your PPS data submission process, contact Kathryn VerPlanck for issues related to the mental health and substance use modules.
Service Utilization by Month

Summary
This report gives a summary of the types of services that were provided by your county during the most recent complete year.

The first figure in this report shows the general trends of the types of services provided to consumers during the entirety of the most recent complete year. The corresponding table shows the specific services and sub-services grouped by the month that the service was provided.

Inclusion Criteria
Consumers are included in this report if the data indicate that they received at least one service during the most recent complete year.

Definition of Terms

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Description</td>
<td>This term corresponds directly with the Service Procedure field in PPS.</td>
<td>This is a category that indicates the type of service that was provided.</td>
</tr>
<tr>
<td>Sub-Service Description</td>
<td>This term corresponds directly with the Service Procedure field in PPS.</td>
<td>This is a category that indicates a specific service provided, adding additional details to the Service Description.</td>
</tr>
<tr>
<td>Service Code</td>
<td>This term corresponds directly with the SPC Code field documented in PPS.</td>
<td>This is a numeric code that corresponds with a type of service.</td>
</tr>
</tbody>
</table>

Next Steps:
If the data presented in this report doesn’t seem accurate, please:

1. Check first with your county’s local data sources or appropriate administrative, data, or program staff to confirm that the PPS data is inaccurate.
2. If you cannot resolve the inaccuracies by fixing your local data system or your PPS data submission process, contact Kathryn VerPlanck for issues related to the mental health and substance use modules.
All Wisconsin Statewide
(AODA Only) Number of Consumers Served per Year – All Counties

Summary
This report presents the number of individuals who were provided AODA services by each Wisconsin county during specified years. The graphs are grouped by each county’s 2010 population and further grouped by proximity where necessary to make the graph more legible (by limiting the number of counties shown).

This report may indicate trends in the number of individuals your county has served over time, highlight potentially missing documentation, and allow you to benchmark the number of consumers that your county has served against other counties of similar size.

Inclusion Criteria
Consumers are included in this report if they have an AODA service documented in PPS in 2013 or later.

Term Definitions

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year Service Provided</td>
<td>This term comes from the consumer’s Delivery Date documented in PPS.</td>
<td>This term refers to the year during which the consumer was provided with an AODA service.</td>
</tr>
</tbody>
</table>

Next Steps:
If the data presented in this report doesn’t seem accurate, please:

1. Check first with your county’s local data sources or appropriate administrative, data, or program staff to confirm that the PPS data is inaccurate.
2. If you cannot resolve the inaccuracies by fixing your local data system or your PPS data submission process, contact Kathryn VerPlanck for issues related to the substance use module.
(MH Only) Number of Consumers Served per Year – All Counties

Summary
This report gives the number of individuals who were provided mental health services by each Wisconsin county during the past several years. The graphs are grouped based on each county’s 2010 population and by proximity to other counties where necessary to make the graph more legible (by limiting the number of counties shown).

This report may indicate trends in the number of consumers your county has served over time, highlight potentially missing documentation, and allow you to benchmark the number of consumers that your county has served against other counties of similar size.

Inclusion Criteria
Consumers are included in this report if PPS data indicate that this consumer was provided a mental health service during or after 2013.

Definition of Terms

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year Service Provided</td>
<td>This term comes from the consumer’s Delivery Date documented in PPS.</td>
<td>This term refers to the year during which the consumer was provided with a mental health service.</td>
</tr>
</tbody>
</table>

Next Steps:
If the data presented in this report doesn’t seem accurate, please:

1. Check first with your county’s local data sources or appropriate administrative, data, or program staff to confirm that the PPS data is inaccurate.
2. If you cannot resolve the inaccuracies by fixing your local data system or your PPS data submission process, contact Kathryn VerPlanck for issues related to the mental health module.
**Number Served Per Capita**

**Summary**
This report allows you to view the number of consumers served per 1,000 population in your county and all other counties in the state of Wisconsin. The population for each county is pulled from the 2010 U.S. census.

**Inclusion Criteria**
Consumers are included in this report if the data indicate that they received at least one service during the most recent complete year.

**Definition of Terms**

<table>
<thead>
<tr>
<th>Term Used in Report</th>
<th>Term from PPS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Name</td>
<td>This term is automatically assigned when you submit your data so it can also be considered the county who submitted the data.</td>
<td>This indicates which county reported having served the consumer.</td>
</tr>
<tr>
<td>Population</td>
<td>There is no corresponding term in PPS for this data element.</td>
<td>The population data for each county comes from the 2010 U.S. census numbers.</td>
</tr>
<tr>
<td>Number of Consumers Served</td>
<td>This field is calculated based on the number of distinct consumers that were documented as having at least one delivery date during the most recent complete calendar year.</td>
<td>N/A</td>
</tr>
<tr>
<td>Consumers Served Per 1,000 Population</td>
<td>N/A</td>
<td>This number is calculated based on the Number of Consumers Served field and the Population.</td>
</tr>
</tbody>
</table>

**Next Steps:**
If the data presented in this report doesn’t seem accurate, please:

1. Check first with your county’s local data sources or appropriate administrative, data, or program staff to confirm that the PPS data is inaccurate.
2. If you cannot resolve the inaccuracies by fixing your local data system or your PPS data submission process, contact Kathryn VerPlanck for issues related to the mental health and substance use modules.