CONSUMER PERCEPTION SURVEY (CPS)

Mental Health Statistical Improvement Project (MHSIP)

Data Dictionary

for the

Older Adult Survey

University of California, Los Angeles

Integrated Substance Abuse Programs

Spring 2024

Table of Contents

For more information visit the UCLA – CPS website at https://www.uclaisap.org/mh-consumer-perception-survey.html

Older Adult Survey

OADULT. txt

Field Name	Type	Column Position		Width	Description	Format/Coding
		Start	**End**			
					ADMINISTRATIVE DATA	
COUNTYID	text	1	2	2	County identifier (i.e., county code) *county/city submitting record*	01 - 66 See Appendix A for codes. Prefilled on DMH TELE*form* forms
CCN	text	3	11	9	County client number *(CSI equivalent)*	9 character field Right justify, use left leading zeros See Appendix B for examples
FORMTYPE	text	12	12	1	Age specific form	O = Older Adult Prefilled on DMH TELE*form* forms
FORMLANG	text	13	14	2	Language of instrument	See Appendix C for codes. Prefilled on DMH TELE*form* forms
REASON	text	15	15	1	If the instrument is not completed, the PRIMARY reason must be indicated.	1 = Refused (consumer refused to complete) 2 = Impairment (e.g., cognitive) 3 = Language (i.e., form not available in consumer's preferred language) 4 = Other
SRVYDATE	text	16	23	8	Date of survey administration **NOTE: This field is returned to counties in the format: *yyyymmdd***	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples.
*TELEHEALTH1	text	24	24	1	Thinking about the services you received, how much of it was by telehealth?	1 = None 2 = Very Little 3= About Half 4 = Almost All 5 = All 9 = Missing
*TELEHEALTH2	text	25	25	1	How helpful were telehealth visits?	1 = Much Worse 2 = Somewhat Worse 3 = About the same 4 = Somewhat better 5 = Much better 8 = Not Applicable 9 = Missing

*TELEHEALTH3	text	26	26	1	I prefer to receive more of my Mental Health treatment at this program by telehealth.	.1 = Strongly Disagree 2 = Disagree 3 =I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
REPTUNIT	text	27	34	8	County Reporting Unit	* This item is not required by DMH. If used, data will be collected and returned to counties for their use.

Field Name	Type	Column Position		Width	Description	Format/Coding
CONSUMER PERCEPTION SURVEYS						
MHSIP Consumer Survey Questions						
LIKESVCS	numeric	35	35	1	MHS_01. I like the services that I received here.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
CHOICES	numeric	36	36	1	MHS_02. If I had other choices, I would still get services from this agency.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
RECOMEND	numeric	37	37	1	MHS_03. I would recommend this agency to a friend or family member.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
LOCATION	numeric	38	38	1	MHS_04. The location of services was convenient (parking, public transportation, distance, etc.).	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
STAFWILL	numeric	39	39	1	MHS_05. Staff were willing to see me as often as I felt it was necessary.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
RETCALL	numeric	40	40	1	MHS_06. Staff returned my calls within 24 hours.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
TIMEGOOD	numeric	41	41	1	MHS_07. Services were available at times that were good for me.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
GETALL	numeric	42	42	1	MHS_08. I was able to get all the services I thought I needed.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
SEEDOC	numeric	43	43	1	MHS_09. I was able to see a psychiatrist when I wanted to.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
RECOVER	numeric	44	44	1	MHS_10. Staff here believe that I can grow, change, and recover.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
COMFQEST	numeric	45	45	1	MHS_11. I felt comfortable asking questions about my treatment and medication.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
COMPLAIN	numeric	46	46	1	MHS_12. I felt free to complain.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
RIGHTS	numeric	47	47	1	MHS_13. I was given information about my rights.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
TAKERESP	numeric	48	48	1	MHS_14. Staff encouraged me to take responsibility for how I live my life.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
SIDEFFCT	numeric	49	49	1	MHS_15. Staff told me what side effects to watch out for.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
RESPECT	numeric	50	50	1	MHS_16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
GOALS	numeric	51	51	1	MHS_17. I, not staff, decided my treatment goals.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
CULTURE	numeric	52	52	1	MHS_18. Staff were sensitive to my cultural background (race, religion, language, etc.).	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
MEMANAGE	numeric	53	53	1	MHS_19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
SELFHELP	numeric	54	54	1	MHS_20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
DAILYPRB	numeric	55	55	1	MHS_21. As a direct result of the services I received, I deal more effectively with daily problems.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
CONTROL	numeric	56	56	1	MHS_22. As a direct result of the services I received, I am better able to control my life.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
CRISIS	numeric	57	57	1	MHS_23. As a direct result of the services I received, I am better able to deal with crisis.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
BETTRFAM	numeric	58	58	1	MHS_24. As a direct result of the services I received, I am getting along better with my family.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
BETTRSOC	numeric	59	59	1	MHS_25. As a direct result of the services I received, I do better in social situations.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
BETTRSCH	numeric	60	60	1	MHS_26. As a direct result of the services I received, I do better in school and/or work.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
HOUSING	numeric	61	61	1	MHS_27. As a direct result of the services I received, my housing situation has improved.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
SYMPTOMS	numeric	62	62	1	MHS_28. As a direct result of the services I received, my symptoms are not bothering me as much.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
MEANINGFUL	numeric	63	63	1	MHS_29. As a direct result of the services I received, I do things that are more meaningful to me.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
BETTRNEED	numeric	64	64	1	MHS_ 30. As a direct result of the services I received, I am better able to take care of my needs.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
BETTRHANDLE	numeric	65	65	1	MHS_31. As a direct result of the services I received, I am better able to handle things when they go wrong.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
DOWANTS	numeric	66	66	1	MHS_32. As a direct result of the services I received, I am better able to do things that I want to do.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
HAPYFREND	numeric	67	67	1	MHS_33. As a direct result of the services I received, I am happy with the friendships I have.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
DOTHINGS	numeric	68	68	1	MHS_34. As a direct result of the services I received, I have people with whom I can do enjoyable things.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
BELONG	numeric	69	69	1	MHS_35. As a direct result of the services I received, I feel I belong in my community.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
SUPPORT	numeric	70	70	1	MHS_36. As a direct result of the services I received, in a crisis, I would have the support I need from family or friends.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
Quality of Life Questions					
LIFESAT	numeric	71	71	1	QOL_1. How do you feel about your life in general?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
LIVARANG	numeric	72	72	1	QOL_2A. How do you feel about the living arrangements where you live?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
PRIVACY	numeric	73	73	1	QOL_2B. How do you feel about the privacy you have there?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
STAYLONG	numeric	74	74	1	QOL_2C. How do you feel about the prospect of staying on where you currently live for a long period of time?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
SPARETIM	numeric	75	75	1	QOL_3A. How do you feel about the way you spend your spare time?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
ENJOY	numeric	76	76	1	QOL_3B. How do you feel about the chance you have to enjoy pleasant or beautiful things?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
FUN	numeric	77	77	1	QOL_3C. How do you feel about the amount of fun you have?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
RELAX	numeric	78	78	1	QOL_3D. How do you feel about the amount of relaxation in your life?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
FAMACT	numeric	79	79	1	QOL_4A. How do you feel about the way you and your family act toward each other?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 8 = No Family / Not Applicable 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
FAMGEN	numeric	80	80	1	QOL_4B. How do you feel about the way things are in general between you and your family?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 8 = No Family / Not Applicable 9 = Missing
DOPEOPLE	numeric	81	81	1	QOL_5A . How do you feel about the things you do with other people?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 8 = Not Applicable 9 = Missing
TIMEPEOP	numeric	82	82	1	QOL_5B. How do you feel about the amount of time you spend with other people?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 8 = Not Applicable 9 = Missing
SEEPEOP	numeric	83	83	1	QOL_ 5C. How do you feel about the people you see socially?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 8 = Not Applicable 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
AMTFREND	numeric	84	84	1	QOL_5D. How do you feel about the amount of friendship in your life?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 8 = Not Applicable 9 = Missing
VICVIOL	numeric	85	85	1	QOL_6A. In the past month, were you the victim of any violent crimes such as assault, rape, mugging or robbery?	0 = No 1 = Yes 9 = Missing
VICPROP	numeric	86	86	1	QOL_6B. In the past month, were you the victim of any non-violent crimes such as burglary, theft of your property or money, or being cheated?	0 = No 1 = Yes 9 = Missing
ARREST	numeric	87	87	1	QOL_7. In the past month, how many times have you been arrested for any crimes?	0 = No arrests 1 = 1 arrest 2 = 2 arrests 3 = 3 arrests 4 = 4 or more arrests 9 = Missing
SAFESTRT	numeric	88	88	1	QOL_8A. How do you feel about how safe you are on the streets in your neighborhood?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
SAFELIVE	numeric	89	89	1	QOL_8B. How do you feel about how safe you are where you live?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
ROBBED	numeric	90	90	1	QOL_8C. How do you feel about the protection you have against being robbed or attacked?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
GENHLTH	numeric	91	91	1	QOL_9. In general, would you say your health is _____?	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor 9 = Missing
FEELHLTH	numeric	92	92	1	QOL_10A. How do you feel about your health in general?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
FEELPHYS	numeric	93	93	1	QOL_10B. How do you feel about your physical condition?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing
FEELEMOT	numeric	94	94	1	QOL_10C. How do you feel about your emotional well-being?	1 = Terrible 2 = Unhappy 3 = Mostly Dissatisfied 4 = Mixed 5 = Mostly Satisfied 6 = Pleased 7 = Delighted 9 = Missing

Field Name	Type	Column Position		Width	Description	Format/Coding
					CONSUMER BACKGROUND	
HOWLONG	text	95	95	1	How long have you received services here?	1 = This is my first visit here 2 = > 1 visit, but < one month 3 = 1 to 2 months 4 = 3 to 5 months 5 = 6 months to 1 year 6 = More than 1 year 9 = Missing
LES12AREST	text	96	96	1	Were you arrested since you began to receive mental health services?	0 = No 1 = Yes 9 = Missing
LES12PSTAREST	text	97	97	1	Were you arrested during the 12 months prior to that?	0 = No 1 = Yes 9 = Missing
LES12POLICE	text	98	98	1	Since you began to receive mental health services, have your encounters with the police . . .	1 = Been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program) 2 = Stayed the same 3 = Increased 8 = Not applicable (they had no police encounters this year or last year) 9 = Missing
MOR12AREST	text	99	99	1	Were you arrested during the last 12 months?	0 = No 1 = Yes 9 = Missing
MOR12PSTAREST	text	100	100	1	Were you arrested during the 12 months prior to that?	0 = No 1 = Yes 9 = Missing
MOR12POLICE	text	101	101	1	Over the last year, have your encounters with the police . . .	1 = Been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program) 2 = Stayed the same 3 = Increased 8 = Not applicable (they had no police encounters this year or last year) 9 = Missing
GENDER_1	text	102	102	1	What is your gender?	0 = No 1 =Male

Field Name	Type	Column Position	Width	Description	Format/Coding
GENDER_2	text	103	103	1	What is your gender?	0 = No 1=Female
GENDER_3	text	104	104	1	What is your gender?	0 = No 1 = Non Binary
GENDER_4	text	105	105	1	What is your gender?	0 = No 1 = Transgender-female to male
GENDER_5	text	106	106	1	What is your gender?	0 = No 1 = Transgender – male to female
GENDER_6	text	107	107	1	What is your gender?	0 = No 1=Another gender identity
SO_1	text	108	108	1	What is your sexual orientation?	0 = No 1 = Straight/Heterosexual
SO_2	text	109	109	1	What is your sexual orientation?	0 = No 1 = Gay or Lesbian
SO_3	text	110	110	1	What is your sexual orientation?	0 = No 1 = Bisexual
SO_4	text	111	111	1	What is your sexual orientation?	0 = No 1 =Another sexual orientation
SO_5	text	112	112	1	What is your sexual orientation?	0 = No 1 = Unknown
SO_6	text	113	113	1	What is your sexual orientation?	0 = No 1 = Prefer not to answer
HISPANIC	text	114	114	1	Are you of Mexican / Hispanic / Latino origin?	0 = No 1 = Yes 9 = Unknown / Missing
AMERIND	text	115	115	1	Is your race American Indian / Alaskan Native?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
ASIAN	text	116	116	1	Is your race Asian?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
BLACK	text	117	117	1	Is your race Black / African American?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)

PACISLND	text	118	118	1	Is your race - Native Hawaiian / Other Pacific Islander	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
WHITE	text	119	119	1	Is your race White / Caucasian?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
OTHERACE	text	120	120	1	Is your race another race?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
UNKRACE	text	121	121	1	Is your race Unknown?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
DOB	text	122	129	8	What is your date of birth? **NOTE: This field is returned to counties in the format: *yyyymmdd***	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples.
LANGUAGE	text	130	130	1	Were the written documents or the services you received provided in the language you prefer?	0 = No 1 = Yes 9 = Missing
SURVEYCOLLECT	text	131	131	1	Indicate if survey was collected on paper or online	P = Paper O = Online
*COMMENTS	*	*	*	*	Comments	* This item is not reported to DMH and is for county use only
SOURCEDATE	text	133	140	8	Indicates the first day of the month for the survey period. Example for May 20, 2024: 05/20/2024	*mm/dd/yyyy*

Appendix A: County Codes

Code	Name	Code	Name
01	Alameda	31	Placer
02	Alpine	32	Plumas
03	Amador	33	Riverside
04	Butte	34	Sacramento
05	Calaveras	35	San Benito
06	Colusa	36	San Bernardino
07	Contra Costa	37	San Diego
08	Del Norte	38	San Francisco
09	El Dorado	39	San Joaquin
10	Fresno	40	San Luis Obispo
11	Glenn	41	San Mateo
12	Humboldt	42	Santa Barbara
13	Imperial	43	Santa Clara
14	Inyo	44	Santa Cruz
15	Kern	45	Shasta
16	Kings	46	Sierra
17	Lake	47	Siskiyou
18	Lassen	48	Solano
19	Los Angeles	49	Sonoma
20	Madera	50	Stanislaus
21	Marin	52	Tehama
22	Mariposa	53	Trinity
23	Mendocino	54	Tulare
24	Merced	55	Tuolumne
25	Modoc	56	Ventura
26	Mono	57	Yolo
27	Monterey	63	Sutter/Yuba
28	Napa	65	Berkeley City
29	Nevada	66	Tri-City
30	Orange		

Appendix B: Explanation of Data File Export Format

Data File Export Format

Counties using their own technology must convert their survey data to a standard export format before they are sent to the State (i.e., ASCII text - fixed width). The data must also be left-justified (i.e., a field value should start at the column position specified in the data dictionary and fill in the column spaces from left to right), with the exception of CCN (County Client Number) which is right-justified with leading zero's added to fill vacant columns in county client numbers with less than 9 characters. Below are a few example records which illustrate what the export format should look like.

	CCN (County Client Number)									**DOB** (Client Date of Birth)							
Column #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Consumer 1	0	0	Z	1	2	3	4	5	6	0	6	0	9	1	9	5	5
Consumer 2	9	8	7	6	5	4	3	2	1	1	1	1	7	1	9	6	0
Consumer 3	0	Y	7	6	5	4	3	2	1	0	0	0	0	1	9	5	5

CCN

Consumer 1 and *Consumer 3* have county client numbers which are seven and eight characters wide instead of the nine characters allocated in the Data Dictionary (county client number widths vary across counties). Notice that the field values are right-justified with leading zero's added to fill vacant columns in CCN's with less than 9 characters.

DOB

Notice for *Consumer 1 and Consumer 3* the date values in the Date of Birth columns (positions 10-17) are in the MMDDYYYY format, have leading zeros, and do *not* include placeholders. For example, for *Consumer 1* notice that columns numbered 10 and 11 (which indicate month) and columns numbered 12 and 13 (which indicate day) each have a leading zero. *Consumer 3* has an estimated year of birth and zeros for month and day of birth. This conforms to the CSI requirements regarding missing date of birth information.

When the complete date of birth is unknown, as much of the date as is known shall be reported. If nothing is known, estimate and report an approximate year of birth and use zeros for the month and day. If only the age in years is known, calculate the year of birth and use zeros for the month and day. If the year and month of birth are known, but the exact day of birth is not, report the year and month only, and use zeros for the day.

DHCS Data Portal Access

To access and download your county's survey data, login to the DHCS data portal (link below) and then follow the path specified using your county name.

    Portal: https://portal.dhcs.ca.gov

    Path (*example*): DHCS-BHIS > Production > CPS > *Your countyname* > Reports

For additional questions on downloading data, send inquiries to CPSSupport@dhcs.ca.gov

Appendix C: Language Codes

Code	Language	Instrument Availability			
		Youth	Family	Adult	Older Adult
EN	English	√	√	√	√
AR	Armenian	√	√	√	√
AB	Arabic	√	√	√	√
CH	Chinese	√	√	√	√
FA	Farsi	√	√	√	√
HM	Hmong	√	√	√	√
KH	Khmer	√	√	√	√
KO	Korean	√	√	√	√
RU	Russian	√	√	√	√
SP	Spanish	√	√	√	√
TG	Tagalog	√	√	√	√
VI	Vietnamese	√	√	√	√
99	Missing / Not Reported				