
URS MADE EASY

A Basic Approach to Understanding the URS

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BACKGROUND

- **2001: Start of the Data Infrastructure Grant**
 - **Birth of the Uniform Reporting System**
 - a mechanism to collect state level data
 - for state benchmarking against its own performance over time

 - **2004: Introduction of the mental health national outcome measures (NOMS)**
 - Formed part of the URS
 - Additional tables: Social Connectedness and Improved Functioning
 - Change in focus: Looking at change measures
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URS Resources

- **Manuals:**
 - **URS Definitions**
 - **URS Instructions**
 - **URS Reporting Templates (Excel Spreadsheet; On-line Reporting)**

 - **State Data Infrastructure Coordinating Center (SDICC) within the NRI**

 - **User Groups and Other States**

 - **CMHS**
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Common Myths About URS

- **Myth #1: States report all consumers served including persons with only substance abuse diagnosis.**
 - Fact: URS reporting includes only persons served with mental illness, including those with co-occurring substance abuse.

 - **Myth #2: States report only data for SMI and SED consumers.**
 - Fact: URS reporting includes all persons served by the State Mental Health Agency (SMHA).

 - **Myth #3: I don't have to submit the State Capacity Checklist.**
 - Fact: Each year, states should submit the State Capacity Checklist with their URS Tables. This gives a snapshot of the state reporting capacity.
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Common Myths About URS ... continued

- ***Myth #4: I don't have to submit the Commissioner's Preference Form every year.***
 - Fact: Each year, states are required to submit the Commissioner's Preference Form to inform CMHS and the SDICC of the state's preferred method of URS data submission.

 - ***Myth #5: It is okay not to submit the URS data on December 1***
 - Fact: December 1 was set by Congress for states to submit the MHBG Implementation Report in which URS Tables are a part of. The date is not a SAMHSA discretionary option.

 - ***Myth #6: Once data is submitted to NRI, I don't have to worry about it again.***
 - Fact: URS data are reviewed by the NRI and it is not unusual to receive questions about your data.
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Reporting Hints

Table 1: Profile of the State Population by Diagnosis

Table 2A: Profile of Persons Served, All Programs, by Age, Gender and Race (NOM)

Table 2B: Profile of Persons Served, All Programs by Ethnicity (NOM)

Table 3: Profile of Persons Served in the Community MH Setting, State Psychiatric Hospitals and Other Setting (NOM)

Table 4: Profile of Adult Clients by Employment Status (NOM)

Table 4A: Profile of Adult Clients by Employment Status by Primary Diagnosis Reported

Reporting Hints ... continued

Table 5A: Profile of Clients by Type of Funding Support, by Gender and Race

Table 5B: Profile of Clients by Type of Funding Support, by Ethnicity

Table 6: Profile of Client Turnover

Table 7: Profile of MH Service Expenditures and Sources of Funding

Table 8: Profile of Community MHBG Expenditures for Non-Direct Service Activities

Table 9: Social Connectedness and Improved Functioning (NOMS)

Reporting Hints ... continued

Table 10: Profile of Agencies Receiving Block Grant Funds Directly from the State MHA

Table 11: Summary Profile of Client Evaluation of Care (NOM)

Table 11A: Consumer Evaluation of Care by Consumer Characteristics

Table 12: State Mental Health Agency Profile

Table 13: Profile of Unmet Needs of the State Population

Table 14A: Profile of Persons with SMI/SED Served by Age, Gender and Race

Table 14B: Profile of Persons with SMI/SED Served by Ethnicity

Table 15: Living Situation Profile (NOM)

Reporting Hints ... continued

Table 14B: Profile of Persons with SMI/SED Served by Ethnicity

Table 15: Living Situation Profile (NOM)

**Table 16: Profile of Adults with SMI and Children with SED
Receiving Specific Services (NOM)**

**Table 17: Profile of Adults with SMI Receiving Specific Services
During the Year (NOM)**

**Table 18: Profile of Adults with Schizophrenia Receiving New
Generation Medications during the Year**

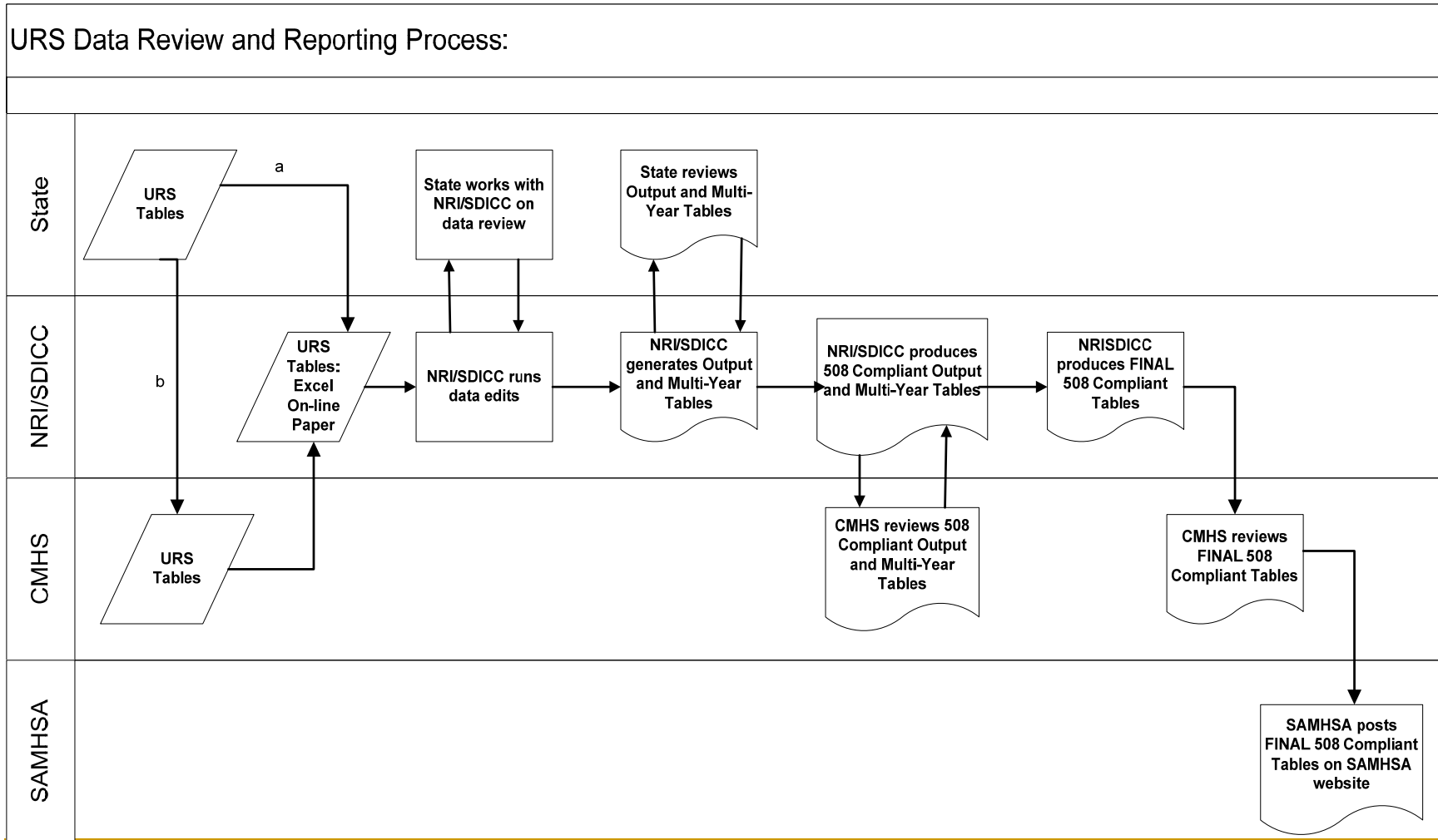
Table 19A: Profile of Criminal Justice Involvement (NOM)

Table 19B: Profile of Change in School Attendance (NOM)

Reporting Hints ... continued

- **Table 20A: Profile of Non-Forensic (Voluntary and Civil Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge (NOM)**
 - **Table 20B: Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge (NOM)**
 - **Table 21: Profile of Non-Forensic (Voluntary and Civil Involuntary) Patients Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) Within 30/180 Days of Discharge**
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What Happens To The Data After They Are Submitted?



Sample of NRI's Data Review

Multi-Year Check:	FY2005	FY2006	FY2007	change	Percent Change
Table 2	17,827	21,037	24,067	3,030	14.4%
Table 3: Community	9,322	16,835	20,915	4,080	24.2%
Table 3: State Hosp	1,453	1,452	1,291	(161)	-11.1%
Table 4: Employment	1,693	1,325	3,405	2,080	157.0%
Employed	712	585	2,817	2,232	381.5%
UnEmployed	235	297	-	(297)	-100.0%
Not In Labor Force	746	443	588	145	32.7%
Table 5: Medicaid	10,856	13,045	24,068	11,023	84.5%
Medicaid Only	10,168	12,148	10,786	(1,362)	-11.2%
Both	-	25	-	(25)	-100.0%
Non Medicaid Only	688	872	13,282	12,410	1423.2%
Table 6:	FY2005	FY2006	FY2007	change	Percent Change
State Hosp Start of Yr	58	49	63	14	28.6%
State Hosp Admissions	1,411	1,452	1,231	(221)	-15.2%
Comm Start of Year	-	-	-	-	#DIV/0!
Comm Admissions	-	-	-	-	#DIV/0!
Other Inp Start of yr	-	-	-	-	#DIV/0!
Other Inp Admiss	-	249	254	5	2.0%
RTC Start of Yr	-	879	315	(564)	-64.2%
RTC Admiss	986	1,294	943	(351)	-27.1%

Sample of NRI's Data Review

State	Amlnd	Asian	Black	Hawaiian	White	Hisp2	Multi	RaceNA	Total_Total _Total	calcTotal	diff
Table2a: by Race											
PROBLEM											

State	Amlnd	Asian	Black	Hawaiian	White	Hisp2	Multi	RaceNA	Total_Total	calcTotal	diff
1	8,266	636	1,280	287	12,948	0	0	650	24,067	24,067	-
2	407	180	36,967	17	60,644	0	663	3,147	102,025	102,025	-
3	227	154	14,031	76	49,274	0	420	5,046	69,228	69,228	-
4	0	0	0	0	0	0	0	0	-	-	-
5	4,871	971	10,688	278	125,675	0	1,478	3	143,964	143,964	-
6	4,686	30,979	102,736	870	232,467	150,633	18,298	117,645	658,314	658,314	-
7	1,595	701	4,064	832	47,382	0	2,883	17,741	75,198	75,198	-
8	313	556	14,346	105	49,892	0	1,285	12,724	79,221	79,221	-
9	8	63	8,661	4	682	396	23	3,246	13,083	13,083	-
10	87	51	2,714	14	5,829	0	256	805	9,756	9,756	-
11	820	1,075	61,082	492	183,800	0	15,648	0	262,917	262,917	-
12	0	2	3	1,222	4	0	0	1	1,232	1,232	-
13	499	4,642	59,057	343	66,757	0	1,313	15,037	147,648	147,648	-
14	0	141	4	490	33	0	37	42	761	747	(14)
15	79	2,392	218	3,390	4,210	0	2,296	4,562	17,147	17,147	-

What To Watch For

- **Type of data**

- **Client count vs Events**
- **Duplicated vs Unduplicated**
- **Total served vs SMI/SED only**
- **Community vs State Hospital/All Inpatient**
- **Population served during the reporting period vs at the beginning of the reporting period vs admissions**

- **Relationships of Tables**

- **Trump card #1: Table 2 (on total served population - all tables)**
 - **Trump card #2: Table 14 (on total SMI/SED population – reported on Tables 16 and 17)**
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What To Watch For

- **Tables Measuring Change**
 - **Table 19A (Criminal Justice Involvement)**
 - **Table 19B (School Attendance)**
 - **Survey scoring protocol**
 - **Reversed cut-off domain score between the adult survey and the youth survey for families**
 - **Exclusionary rule in calculating domain scores**
 - **Social connectedness and Improved Functioning protocol**
 - **Reporting of race versus ethnicity**
 - **2 question versus 1 question**
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Some Best Practices in Data Reporting

- **Use canned program to create data file for URS reporting**
 - **Periodic review of this program vis-à-vis URS Guidelines and Changes in State Recording procedures**
 - **Benchmarking of data against past performance**
 - **Frequent use and analysis of data**
 - **Use data edits (do not delete!)**
 - **Adoption of data integrity initiatives**
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Rules of Thumb for a 'Stress-Free' Reporting

- **If the “Caution” flag doesn’t show up, most likely your data is ok.**
 - **If you can explain any discrepancy in numbers, it is probably not a data extraction issue. Provide a footnote.**
 - **Outliers happen but don’t assume people know the reason. Provide a footnote.**
 - **If you have done all you can and the problem still persists, call for assistance.**
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