

CMHS Uniform Reporting System
FY 2011 Table Reporting Instructions

August 2011

These tables have been prepared by the CMHS-funded State Data Infrastructure Coordinating Center (SDICC) as the NASMHPD Research Institute, Inc. (NRI). For additional information about the reporting guidelines/instructions, please contact Ted Lutterman (ted.lutterman@nri-inc.org) or Azeb Berhane (azeb.berhane@nri-inc.org) or Bernadette Phelan (bernadette.phelan@nri-inc.org).

Completed 2011 URS data are due **no later than** December 1, 2011. If for any reason, you are unable to meet the data-reporting deadline you **must** contact Dr. Olinda Gonzales at CMHS. Please send in your completed 2011 URS Tables to Azeb Berhane (azeb.berhane@nri-inc.org). If you have any questions about your data submission or the Excel reporting tables, please contact Azeb via email or phone (703-738-8167).

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Fiscal Year 2011 CMHS Uniform Reporting System: Guidelines for Tables

Scope of Reporting:

Based on the discussions by state workgroups and input provided by state representatives during the regional conference calls, guidelines have been developed for the scope of reporting. A basic tenet is that the “scope” will represent the mental health “system” that comes under the auspices of the state mental health agency (SMHA).

This approach resulted in concern regarding comparisons that might be made across states that might have disparate mandates and dissimilar systems. After much discussion, the decision regarding scope was that representation of the SMHA system was more critical than comparability across states. The principle proposed was that there needed to be common understanding that these data could not be used to compare states but could be used to track a state’s performance across time and to produce U.S. totals.

Major points of discussion were how persons served under Medicaid and through support of local dollars would be counted. For both these areas, persons would be counted insofar as they were considered part of the SMHA system, and had received services from programs funded or operated by the SMHA. Persons would be counted if they could be identified and if they had received face-to-face service(s) in the reporting period.

More specifically, the following guidelines should be used for including and counting persons in the URS:

1. Include all persons served directly by the SMHA (including persons who received services funded by Medicaid)
2. Include all persons in the system for whom the SMHA contracts for services (including persons whose services are funded by Medicaid).
3. Include any other persons who are counted as being served by the SMHA or come under the auspices of the SMHA system. This includes Medicaid waivers, if the mental health component of the waiver is considered part of the SMHA system.
4. Count all identified persons who have received mental health services, including screening, assessment, and crisis services. Telemedicine services should be counted if they are provided to registered or identified clients.
5. For states where a separate state agency is responsible for children’s mental health services, where feasible, efforts should be made to unduplicate clients between the child and adult mental health agencies among children aging out of the children’s system and into the adult system. If this unduplication is not feasible, please report the potential duplication to indicate there is an overlap between the age “0-17 group” and the age “18 and over group” but that data is unduplicated within each group.

Persons who should not be included in the URS tables:

1. Persons who just received a telephone contact should not be included, unless it was a telemedicine service to a registered client. Hotline calls to anonymous clients should not be counted.

2. Persons who only received a Medicaid funded mental health service from a provider who was not part of the SMHA system should not be included.
3. Persons who only received a service through a private provider or medical provider not funded by the SMHA should not be included.
4. Persons with a single diagnosis of substance abuse or intellectual disability should not be included. All persons with a diagnosis of mental illness should be counted, including persons with a co-occurring diagnosis of substance abuse or intellectual disability.

General Data Entry Instructions for all URS Tables

Sheet Names: Please **do not** rename any of the sheets (table) names within the excel file

Totals: The URS excel tables are all programmed to automatically calculate totals for most rows and columns. Therefore, please **do not** enter data in any of the 'total' cells where the total has already been calculated.

Check boxes: Many of the URS tables include checkboxes to enable CMHS and other users to better understand the data being submitted (for example, Table 2a includes check boxes for states to indicate if the client counts are duplicated or unduplicated). Please make sure to answer all checkbox questions.

State Footnotes: Each URS table includes a space for states to provide footnotes detailing information about their data. Please use these data footnotes to explain where your state's reporting data may differ from recommended definitions or to identify other data issues. Please note that table footnotes cannot be greater than 255 characters. If your data note(s) exceeds the character length limit, please enter the entire note on the General Comments sheet.

Changes to the 2011 CMHS Uniform Reporting System (URS) Tables

No changes have been made to the 2011 URS Tables.

Table 1: Estimated Prevalence of State Population with SMI and SED

This table summarizes the estimates of adults and children residing within the state with serious mental illness (SMI) and serious emotional disturbances (SED), respectively. The table calls for estimates for two time periods – one for the report year and one for three years into the future. CMHS will provide this data to states based on the standardized methodology developed and published in the Federal Register and the state level estimates for both adults with SMI and children with SED.

Table 1		
Report Year:		
State Identifier:		
	Current Report Year	Three Years Forward
Adults with Serious Mental Illness (SMI)		
Children with Serious Emotional Disturbances (SED)		

Note: This Table will be completed for the States by CMHS.

Table 2: Profile of Persons Served – All Programs by Age, Gender and Race/Ethnicity

This table provides an aggregate profile of persons served by the SMHA in the reporting year. The reporting year should be the latest state fiscal/calendar year for which data are available. This profile is for clients receiving inpatient and/or community-based services either directly provided or funded by the SMHA. If possible, unduplicated counts should be reported. Provide footnote if duplicated count is reported.

The URS tables use the Federal Office of Management and Budget (OMB) standards regarding how all Federal Agencies must collect race and ethnicity information. The OMB rules allow for two tables as set up on Table 2a and 2b. Table 2a focuses on race: White, Black, Asian, Native Hawaiian and Other Pacific Islander, American Indian and Alaska Native, More than One Race, and Race Unknown. Table 2B collects information on Hispanic or Latino Origin.

The OMB standard for reporting of race and ethnicity is different from the way states historically compiled Race and Ethnicity data in three (3) key areas:

1. Native Hawaiian or other Pacific Islander (NHPI) was previously compiled as part of Asian. This NHPI category needs to be collected separately by states;
2. More than One Race: Programs now need to allow persons to identify multiple racial categories. Thus, a reporting category of More than one Race needs to be compiled by SMHAs. The More than One Race should be calculated by counting all individuals who identified that they are of multiple racial groups (or for states that collect a single category of multi-racial, the count of persons with this racial identification);
3. Ethnicity: Hispanic or Latino Origin should be compiled separately from the “race” categories collected. The URS Tables are set up this way with Table 2B, Table 5B, and 14B collecting data on the number of persons of Hispanic or Latino Origin.

Because not all states have implemented the OMB standards for Race and Ethnicity, the URS Tables continue to include an option for states to report “Hispanic” within the “Race” categories on Table 2A (and Table 5A as well as 14A). However, CMHS expects that states will change their MIS to reflect the OMB guidance and will eventually be able to report the new categories and the collection of Hispanic within the Race categories of Table 2A will be dropped.

If a person is identified as a combination of racial groups (e.g., white and black), that person should be counted only once and should be reported in the “more than one race” category.

Data Entry Instructions

Table 2A

Report Year: Please enter the four digit year for which data are being reported in cell B9

State Identifier: Please enter the two character state abbreviation in cell B10

Number of Consumers Served should be reported in the appropriate age rows and race/gender columns (rows 13 to 19 and columns F to AC). These are numeric fields; therefore, please do not enter any other characters. Enter data under the Hispanic column **only** if your SMHA has not implemented the two-question format to collect race and ethnicity (Hispanic/Latino Origin) information.

Data Footnotes: Please enter relevant data notes on age in cell B24, on gender in cell B25, on race/ethnicity in cell B26, and overall data notes in cell B27

Table 2B (please note, the total persons served is the same population reported on Table 2A)

Report Year: Please enter the four digit year for which data are being reported in cell B9

State Identifier: Please enter the two character state abbreviation in cell B10

Number of Consumers Served should be reported in the appropriate age rows and ethnicity/gender columns (rows 13 to 20 and columns B to J). These are numeric fields; therefore, please do not enter any other characters

Data Footnotes: Please enter relevant data notes on age in cell B21, on gender in cell B22, on race/ethnicity in cell B23, and overall data notes in cell B24.

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 3: Profile of Persons Served in the Community Mental Health Setting, State Psychiatric Hospitals and Other Settings

This table provides a profile of the clients that received publicly funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers. **NEED TO CHECK WITH OLINDA TO SEE IF WE SHOULD ADD INSTITUTIONS UNDER THE JUSTICE SYSTEM AS A SERVICE SETTING (CONSISTENT WITH CLD)**

Instructions:

1. States that have county psychiatric hospitals that serve as surrogate state hospitals should report persons served in such settings as receiving services in state hospitals.
2. If forensic hospitals are part of the state mental health agency system, include them in your reporting of state psychiatric hospital data.
3. Persons who receive outpatient and other ambulatory services from state psychiatric hospitals should be included in the Community Mental Health Program row.
4. Persons who receive inpatient psychiatric care from a private provider or medical provider licensed and/or contracted by the SMHA should be counted in the "Other Psychiatric Inpatient" row. Persons who receive Medicaid funded inpatient services from a provider that is not licensed or contracted by the SMHA are excluded from reporting.
5. A person who is served in both community settings and inpatient settings should be reported in both rows.
6. Definitions of Service Settings are included in the Data Definitions document.

Data Entry Instructions

Report Year: Please enter the four digit year for which data are being reported in cell C8

State Identifier: Please enter the two character state abbreviation in cell C9

Number of Consumers Served should be reported in the appropriate service setting rows and age/gender columns (rows 12 to 15 and columns C to Q). These are numeric fields; therefore, please do not enter any other characters

Data Footnotes: Please enter relevant data notes on age in cell C16, on gender in cell C17, and overall data notes in cell C18

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 4: Profile of Adult Clients by Employment Status

This table describes the employment status of adult clients (age 18 and above) served in community settings during the reporting year. The focus is on employment for the working age population, recognizing, however, that there are clients who are disabled, retired or homemakers, caregivers, etc. and not a part of the workforce. These persons should be reported in the “Not in Labor Force” category. Unemployed refers to persons who are **actively** looking for work but have not found employment. Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.

Instructions:

1. Employed means competitively employed, part-time or full-time. Supported Employment and transitional employment, under competitive employment conditions should be reported as “employed”. Informal labor for cash, i.e. day labor is counted as employed
2. Sheltered employment should be reported as “Not in Labor Force”
3. The last known employment status of persons served in community settings should be reported (please note, the total number of consumers reported on Table 4 cannot be greater than the total number of adult consumers served in community programs as reported on Table 3)

Data Entry Instructions

Report Year: Please enter the four digit year for which data are being reported in cell B8

State Identifier: Please enter the two character state abbreviation in cell B9

Number of Consumers should be reported in the appropriate employment status rows and age/gender columns (rows 12 to 15 and columns B to M). These are numeric fields; therefore, please do not enter any other characters. Please note, the employment status of adult consumers served in community settings should be reported. Do not include report the employment status of consumers under the age of 18 and those adults served in non-community settings.

What populations are included: Please respond to this question by checking the appropriate radio-button at the bottom of the table. “All Clients” refers to all adult consumers served in community programs; “Only Selected Groups” refers to a subpopulation of all adult consumers served in community programs, for example, adults served in community settings receiving SMI-related services only.

Data Footnotes: Please enter relevant data notes on age in cell B19, on gender in cell B20, and overall data notes in cell B21

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

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

The workgroup exploring employment found that the primary diagnosis of consumers results in major differences in employment status. The workgroup has recommended that we explore the ability of states to report employment by primary diagnosis. The workgroup recommended five diagnostic clusters for reporting (DSM IV codes):

1. Schizophrenia and Related Disorders (295)
2. Bipolar and Mood Disorders (296, 300.4, 301.11, 301.13, 311)
3. Other Psychoses (297, 298)
4. All Other Diagnoses
5. No DX and Deferred DX (799.9, V71.09)

Report the primary diagnosis (diagnosis that was the focus of mental health treatment) at the time employment status was measured (and if that is not available, please report the last known diagnosis). **Consumers should only be counted once by their primary diagnosis** (e.g., persons with multiple diagnoses should only be reported based on primary diagnosis). If primary diagnosis is not identified in the database, use the first listed diagnosis.

Data Entry Instructions

Report Year: Please enter the four digit year for which data are being reported in cell B8

State Identifier: Please enter the two character state abbreviation in cell B9

Number of Consumers should be reported in the appropriate employment status rows and age/gender columns (rows 12 to 16 and columns B to E). These are numeric fields; therefore, please do not enter any other characters. Please note, the population reported on Table 4a is the same as that reported on Table 4 (table 4a simply reports consumers reported on Table 4 by diagnosis), therefore, the totals on both tables must match.

Data Footnotes: Please enter relevant data notes in cell B 19

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 5A: Profile of Clients by Type of Funding Support

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the SMHA. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Non-Medicaid Sources, and (4) Medicaid Status Not Available.

Data Entry Instructions

Report Year: Please enter the four digit year for which data are being reported in cell B10

State Identifier: Please enter the two character state abbreviation in cell B11

Number of Consumers Served should be reported in the appropriate funding rows and race/gender columns (rows 14 to 17 and columns F to AC). These are numeric fields; therefore, please do not enter any other characters. Enter data under the Hispanic column **only** if your SMHA has not implemented the two-question format to collect race and ethnicity (Hispanic/Latino Origin) information

If a state is unable to unduplicate between the categories of *Medicaid (only Medicaid)* and *People Served by Both Medicaid and Non-Medicaid Sources*, the combined number should be reported in the *People Served by Both Medicaid and Non-Medicaid Sources* category and the check box “*People served by Both Medicaid and Non-Medicaid*” should be checked.

Data Footnotes: Please enter relevant data notes on age in cell B22, on gender in cell B23, and overall data notes in cell B24

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 5b: Profile of Clients by Type of Funding Support

Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total counts of persons served for each row on Table 5a should be the same for the rows in Table 5b.

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Unknown.

Data Entry Instructions

Report Year: Please enter the four digit year for which data are being reported in cell B10

State Identifier: Please enter the two character state abbreviation in cell B11

Number of Consumers Served should be reported in the appropriate funding rows and race/gender columns (rows 14 to 17 and columns B to J). These are numeric fields; therefore, please do not enter any other characters.

Data Footnotes: Please enter relevant data notes on age in cell B19, on gender in cell B20, and overall data notes in cell B21

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 6: Profile of Clients Turnover

This table reflects client flow and turnover.

1. *Total Served at the Beginning of the Year (Unduplicated)* column represents an unduplicated count of all persons receiving services at the start of the reporting period. This includes all persons who are on the active books as consumers at the start of the year.
2. *Admissions during the Year (Duplicated)* column represents all additions or new admissions during the reporting period. If a person has multiple admissions during that reporting period, all admissions will be counted.
3. As in Table 2, there may be duplication across age categories (for transition age children), depending on the state's ability to unduplicate between children and adult systems of care.
4. *Discharges during the Year (Duplicated)* column represents all discharges during the reporting period. If a person has multiple discharges during that reporting period, all discharges should be counted.
5. As in table 3, there may be duplication across the state hospital and the community systems.
6. Length of Stay for clients in facility more than 1 year column: this column should be used to report persons in hospital for **over** a year (persons in the hospital for exactly 1 year should be reported in the prior column of persons in hospital for one year or less).

Data Entry Instructions

Report Year: Please enter the four digit year for which data are being reported in cell B6

State Identifier: Please enter the two character state abbreviation in cell B7

Total Served at the Beginning of Year (unduplicated) – column B (these are all numeric fields; therefore please do not enter any other characters)

- State Hospitals – enter data in rows 11 to 13 only
- Other Psychiatric Inpatients – enter data in rows 15 to 18 only
- Residential Treatment Centers – enter data in rows 19 to 21 only
- Community Programs – enter data in rows 23 to 25 only

Admissions during the Year (duplicated) – column C (these are all numeric fields; therefore please do not enter any other characters)

- State Hospitals – enter data in rows 11 to 13 only
- Other Psychiatric Inpatients – enter data in rows 15 to 18 only
- Residential Treatment Centers – enter data in rows 19 to 21 only
- Community Programs – enter data in rows 23 to 25 only

Discharges during the Year (duplicated) – column C (these are all numeric fields; therefore, please do not enter any other characters)

- State Hospitals – enter data in rows 11 to 13 only
- Other Psychiatric Inpatients – enter data in rows 15 to 18 only
- Residential Treatment Centers – enter data in rows 19 to 21 only

Length of Stay (in Days): Discharged Patients – columns E and F (these are all numeric fields; therefore please do not enter any other characters)

Average (column E)

- State Hospitals – enter data in rows 10 to 13 only (please enter the overall average LOS for all age groups in cell E10)
- Other Psychiatric Inpatients – enter data in rows 14 to 17 only (please enter the overall average LOS for all age groups in cell E14)
- Residential Treatment Centers – enter data in rows 18 to 21 only (please enter the overall average LOS for all age groups in Cell E18)

Median (column F)

- State Hospitals – enter data in rows 10 to 13 only (please enter the median LOS for all age groups in cell F10)
- Other Psychiatric Inpatients – enter data in rows 14 to 17 only (please enter the median LOS for all age groups in cell F14)
- Residential Treatment Centers – enter data in rows 18 to 21 only (please enter the median LOS for all age groups in Cell F18)

For Clients in Facility for 1 Year or Less: Length of Stay (in Days): Residents at the end of the Year:
columns G and H (these are all numeric fields, therefore, please do not enter any other characters).

Average (column G)

- State Hospitals – enter data in rows 10 to 13 only (please enter the overall average LOS for all age groups in cell G10)
- Other Psychiatric Inpatients – enter data in rows 14 to 17 only (please enter the overall average LOS for all age groups in cell G14)
- Residential Treatment Centers – enter data in rows 18 to 21 only (please enter the overall average LOS for all age groups in Cell G18)

Median (column H)

- State Hospitals – enter data in rows 10 to 13 only (please enter the median LOS for all age groups in cell H10)
- Other Psychiatric Inpatients – enter data in rows 14 to 17 only (please enter the median LOS for all age groups in cell H14)
- Residential Treatment Centers – enter data in rows 18 to 21 only (please enter the median LOS for all age groups in Cell H18)

For Clients in Facility for more than 1 Year: Length of Stay (in Days): Residents at the end of the Year:
columns I and J (these are all numeric fields, therefore, please do not enter any other characters).

Average (column I)

- State Hospitals – enter data in rows 10 to 13 only (please enter the overall average LOS for all age groups in cell I10)
- Other Psychiatric Inpatients – enter data in rows 14 to 17 only (please enter the overall average LOS for all age groups in cell I14)
- Residential Treatment Centers – enter data in rows 18 to 21 only (please enter the overall average LOS for all age groups in Cell I18)

Median (column J)

- State Hospitals – enter data in rows 10 to 13 only (please enter the median LOS for all age groups in cell J10)

- Other Psychiatric Inpatients – enter data in rows 14 to 17 only (please enter the median LOS for all age groups in cell J14)
- Residential Treatment Centers – enter data in rows 18 to 21 only (please enter the median LOS for all age groups in Cell J18)

Data Notes: Please enter relevant State Hospital data notes in cell B26, Other Psychiatric Inpatient in cell B27, Residential Treatment Centers in cell B28, Community Programs in cell B29, and overall data notes in cell B30

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 7: Profile of Mental Health Service Expenditures & Sources of Funding

This table describes expenditures for public mental health services provided or funded by the State mental health agency by source of funding.

This table will be completed by the NASMHPD Research Institute, Inc. (NRI) using data from the FY2008 SMHA-Controlled Revenues and Expenditures Study.

Table 7.				
Report Year:				
State Identifier:				
	State Hospital	Other 24 Hour Care*	Ambulatory/ Community Non-24 Hour Care	Total
Total	Data will come from the NRI's FY'2005 SMHA Revenues and Expenditures Study.			
Medicaid				
Community MH Block Grant				
Other CMHS				
Other Federal (non-CMHS)				
State				
Other				
* Other 24 Hour Care: is "residential care" from both state hospitals and community ("Ambulatory/Community). Thus, "Other 24 Hour Care" expenditures are also included in the state hospital and/or "Ambulatory/Community" Columns as applicable.				

Table 8: Profile of Community Mental Health Block Grant (MHBG) Expenditures for Non-Direct Service Activities

This table is used to describe the use of CMHS MHBG funds for non-direct service activities that are sponsored, or conducted by the State Mental Health Authority.

Instructions:

1. States should only report on the expenditures of the MHBG by the SMHA or programs that they directly contract with.
2. States should not report on expenditures by programs more than one-level down from the State in funding: e.g., if a state provides CMHBG funds to county mental health authorities, which in turn contract with private, not-for-profit mental health providers, only the expenditures by the SMHA and the county mental health authorities should be reported in this table.

Data Entry Instructions

Report Year: Please enter the four digit year for which data are being reported in cell B8

State Identifier: Please enter the two character state abbreviation in cell B9.

Estimated Total Block Grant: Please enter dollar amounts in column B, rows 12 to 16. These are numeric fields; therefore, please do not enter any other characters.

Data Notes: Please enter relevant data notes in cell B18

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 9: SAMHSA NOMs: Social Connectedness & Improved Functioning

This Table is used to report the results of the Social Connectedness and Improved Functioning NOMs that are collected as part of the SMHAs 2011 Consumer Survey.

Recommended Scoring Rules

1. Recode ratings of “not applicable” as missing values.
2. Exclude respondents with more than 1/3rd of the items in that domain missing.
3. Calculate the mean score of the domain items per survey.
4. FOR ADULTS: count the number of respondents with mean scores less than 2.5 (note: the cut-off score of 2.5 is based on the recommended coding of responses where strongly agree = 1)
5. FOR YSS-F: count the number of respondents with mean scores greater than 3.5 (note the cut-off score of 3.5 is based on the recommended coding of responses where strongly agree = 5)
6. Report the number of “positive” responses (for adults, this number is derived from step 4 above and for YSS-F this number is derived from step 5 above) and the total number of “responses” (this number is derived by counting the number of surveys from step 3 above) for each domain.

Items to Score:

Adult MHSIP Social Connectedness Domain Items:

1. I am happy with the friendships I have.
2. I have people with whom I can do enjoyable things.
3. I feel I belong in my community.
4. In a crisis, I would have the support I need from family or friends.

Adult MHSIP Functioning Domain Items:

1. I do things that are more meaningful to me.
2. I am better able to take care of my needs.
3. I am better able to handle things when they go wrong.
4. I am better able to do things that I want to do.
5. My Symptoms are not bothering me as much (already is part of the MHSIP Adult Survey)

YSS-F Social Connectedness Domain Items:

1. I know people who will listen and understand me when I need to talk
2. I have people that I am comfortable talking with about my child's problems.
3. In a crisis, I would have the support I need from family or friends.
4. I have people with whom I can do enjoyable things

YSS-F Functioning Domain Items:

1. My child is better able to do things he or she wants to do.
2. My child is better at handling daily life. (existing YSS-F Survey item)
3. My child gets along better with family members. (existing YSS-F Survey item)
4. My child gets along better with friends and other people. (existing YSS-F Survey item)
5. My child is doing better in school and/or work. (existing YSS-F Survey item)
6. My child is better able to cope when things go wrong. (existing YSS-F Survey item)

Note: the YSS-F functioning domain relies on 5 items that are also used in calculating the YSS-F “Outcomes Domain”.

Data Entry Instructions

Report Year: Please enter the four digit year for which data are being reported in cell C6

State Identifier: Please enter the two character state abbreviation in cell C7

Adult Consumer Survey Results (these are numeric fields; therefore, please do not enter any other characters)

1. Social Connectedness: Please enter the number of **positive** responses (scores < 2.5) in cell C9 and the total number of **responses** in cell D9.
2. Functioning: Please enter the number of **positive** responses in cell C10 and the total number of **responses** in cell D10
3. The percent positive is automatically calculated once the positive and total response numbers are entered.

Child/Adolescent Consumer Survey Results (these are numeric fields; therefore, please do not enter any other characters)

1. Social Connectedness: Please enter the number of **positive** responses (scores >3.5) in cell C13 and the total number of **responses** in cell D13
2. Functioning: Please enter the number of **positive** responses in cell C14 and the total number of **responses** in cell D14
3. The percent positive is automatically calculated once the positive and total response numbers are entered

Data Footnotes: Please enter relevant data notes in cell B15

Adult Social Connectedness and Functioning Measures: please provide a response to each question by clicking on the appropriate radio button

1. If you did not use the recommended social connectedness questions, please report the measure (name of the survey tool) used in cell E18
2. If you did not use the recommended functioning questions, please report the measure used in cell E19
3. If you did not collect the social connectedness and functioning measures as part of your YSS-F survey, please report the source used in cell C30

Child/Family Social Connectedness and Functioning Measures: please provide a response to each question by clicking on the appropriate radio button

1. If you did not use the recommended social connectedness questions, please report the measure used in cell E26
2. If you did not use the recommended functioning questions, please report the measure used in cell E27
3. If you did not collect the social connectedness and functioning measures as part of your MHSIP adult consumer survey, please report the source used in cell C22.

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

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

This table is used to provide an inventory of providers/agencies who directly receive Block Grant allocations. Only report those programs that receive MHBG funds to provide services. Do not report planning council member reimbursements or other administrative reimbursements related to running the MHBG Program.

Data Entry Instructions

Report Year: Please enter the four digit year for which data are being reported in cell B10

State Identifier: Please enter the two character state abbreviation in cell B11

Agency Name: Please use column A to enter agency names (starting from row 13)

Address: Please use column B to enter agency address (starting from row 13)

Name of Director: Please use column C to enter the agency director’s name (starting from row 13)

Phone Number: Please use column D to enter the agency phone number (starting from row 13)

Amount of Block Grant Allocation: Please use column E to enter the amount of block grant dollars the agency received (starting from row 13). Please enter dollar amount **only** in this column.

IMPORTANT NOTE: Please do **not** use more than one row for each program. **Do not merge any columns, rows and/or cells. If the provided data entry area is not sufficient to enter all agencies, simply continue entering data on the next row (row 38).**

Please do **not** use more than **one row** per agency (“Agency A” in the picture below) or add blank spaces to format your data entry (“Agency B” in the picture below). You do not need to format the data you enter – simply type in the all information in the appropriate cell with no blank spaces (“Agency C” in the picture). If all of the data

instructions are not followed your data will not be uploaded in the central URS database correctly. If you use more than one row per agency/program, the data processing system will treat each row as a separate program. Data should be reported on the

	A	B	C	D	E	F	G
1	Table 10. Profile of Agencies Receiving Block Grant Funds Directly from the State MHA						
2	<i>This table is to be used to provide an inventory of providers/agencies who directly receive Block Grant allocations. Only report those programs that receive MHBG funds to provide services. Do not report planning council member reimbursements or other administrative reimbursements related to running the MHBG Program.</i>						
3	<i>Please use only one row for each program</i>						
4	PLEASE DO NOT ADD, MERGE, DELETE OR MOVE COLUMNS AND/OR CELLS!						
5	Table 10						
6	Report Year:						
7	State Identifier:						
8	Agency Name	Address	Name of Director	Phone #	Amount of Block Grant Allocation to Agency		
9	Agency A	Stree Address	Person A	(123) 456-7890	\$123,456		
10		City, State	Assistant Director				
11		Zip Code					
12		Stree Address, City, State, Zip Code	Person B, Assistant Director	(123) 456-7890	\$123,456		
13	Agency B	Stree Address, City, State, Zip Code	Person C, Assistant Director	(123) 456-7890	\$123,456		
14	Agency C	Stree Address, City, State, Zip Code	Person C, Assistant Director	(123) 456-7890	\$123,456		

standard Excel table – PDF files submitted to fulfill the table 10 reporting requirements will **not** be processed and the file will be sent back to the state.

Table 11: Summary Profile Client Evaluation of Care

Adult Consumer Surveys:

The official 28 Item version of MHSIP is the recommended survey instrument. If other version of the MHSIP Survey is used, individual items should be combined to calculate indicator scores using the questions listed below.

The following are recommendations that relate to the Adult Survey:

- 1) **Statewide Surveys:** States should only report consumer survey results from surveys that are conducted on a statewide basis – preferably surveys conducted with a “scientific” sampling technique.
 - a. States that only have pilot data or only data from a few providers or a region of the state should not report data.
 - b. States should use centrally administered and implemented surveys using the same protocol across all providers. – i.e., individual community providers should not each conduct their own surveys using different methodologies.
 - c. States should describe their sampling methodology when they submit data.
- 2) **Sample Size:** adequate sample size (“n”) should be collected for surveys to be reported. States are requested to report the confidence interval and confidence levels for their surveys. States should use a sufficient sample size to report results at 95% confidence levels.
- 3) **Specific Questions to Use:** Based on the assumption that most states are using either the official 28 item MHSIP Consumer Survey, or a state variation of the MHSIP Consumer Survey
 - a. **MHSIP Consumer Survey: Perception of Access**
 - The location of services was convenient.
 - Staff was willing to see me as often as I felt it was necessary.
 - Staff returned my calls within 24 hours.
 - Services were available at times that were good for me.
 - I was able to get all the services I thought I needed
 - I was able to see a psychiatrist when I wanted to
 - b. **MHSIP Consumer Survey: Perception of Quality and Appropriateness**
 - Staff believed that I could grow, change and recover.
 - I felt free to complain.
 - Staff told what side effects to watch for.
 - Staff respected my wishes about who is and is not to be given information about my treatment.
 - Staff was sensitive to my cultural/ethnic background.
 - Staff helped me obtain the information needed so I could take charge of managing my illness.
 - I was give information about my rights
 - Staff encouraged me to take responsibility for how I live my life.
 - I was encouraged to use consumer-run programs.
 - c. **MHSIP Consumer Survey: Perceptions of Outcomes**
 - I deal more effectively with daily problems.
 - I am better able to control my life.
 - I am better able to deal with crisis.

- I am getting along better with my family.
 - I do better in social situations.
 - I do better in school and/or work.
 - My symptoms are not bothering me as much.
 - My housing situation has improved.
- d. MHSIP Consumer Survey: **Perception of Participation in Treatment Planning**
- I felt comfortable asking questions about my treatment and medications.
 - I, not staff, decided my treatment goals.
- e. MHSIP Consumer Survey: **General Satisfaction**
- I liked the services that I received here.
 - If I had other choices, I would still get services at this agency.
 - I would recommend this agency to a friend or family member.

Instructions

1. Domain scores should only be calculated using surveys that had 2/3 or more of the items complete for that domain.
2. Report the number of “positive” responses and the total number of responses for each domain
3. Confidence levels should be calculated for each domain, since each domain may have a different number of valid responses. Confidence intervals should be reported at the 95% level.

“The confidence interval (also called margin of error) is the plus-or-minus figure usually reported in newspaper or television opinion results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be “sure” that if you had asked the question of the entire

The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level.

When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. The wider the confidence interval you are willing to accept, the more certain you can be that the whole population answers would be within that range” (from <http://www.surveysystem.com/sscalc.htm#one>).
4. Question 1 on the use of the MHSIP consumer survey: if a state or program conducted the MHSIP consumer survey using the wording from the “official” 28 item adult MHSIP survey, then the state should check that they used the official version. If a state added additional questions to the survey, but added them after the original 28 items, then they are still doing the official MHSIP survey. However, if a state modified the wording of the official 28-item MHSIP, or added questions in the middle of the 28 items, then the state should check that they did a “state variation of MHSIP.

Recommended Scoring Rules

1. In reporting each domain score, include only surveys with at least 2/3rd of the domain items completed.
2. Recode ratings of “not applicable” as missing values.

3. Calculate the mean score of the domain items per survey.
4. Count the number of respondents with mean scores less than 2.5 (note: the cut-off score of 2.5 is based on the recommended coding of responses where strongly agree = 1)
5. Report the number of “positive” responses (this number is derived from step 4 above) and the total number of “responses” (this number is derived by counting the number of surveys from step 3 above) for each domain.

Children/Adolescent Consumer Surveys:

The workgroup recommended survey instrument for children/adolescents is the Youth Services Survey for Families (YSS-F)

Questions for each Domain for the YSS-F Survey are as follows:

Good Access to Service

- The location of services was convenient for us.
- Services were available at times that were convenient for us.

Satisfaction with Services

- Overall, I am satisfied with the services my child received
- The people helping my child stuck with us no matter what.
- I felt my child had someone to talk to when he/she was troubled.
- The services my child and/or family received were right for us.
- My family got the help we wanted for my child.
- My family got as much help as we needed for my child.

Positive Outcomes of Services

- My child is better at handling daily life.
- My child gets along better with family members.
- My child gets along better with friends and other people.
- My child is doing better in school and/or work.
- My child is better able to cope when things go wrong.
- I am satisfied with our family life right now.

Participation in Treatment

- I helped to choose my child’s services.
- I helped to choose my child’s treatment goals.
- I was frequently involved in my child’s treatment.

Cultural Sensitivity

- Staff treated me with respect.
- Staff respected my family's religious/spiritual beliefs.
- Staff spoke with me in a way that I understood.
- Staff were sensitive to my cultural/ethnic background.

Recommended Scoring Rules

1. In reporting each domain score, include only surveys with at least 2/3rd of the domain items completed.
2. Recode ratings of “not applicable” as missing values.
3. Calculate the mean score of the domain items per survey.
4. Count the number of respondents with mean scores greater than 3.5 (note the cut-off score of 3.5 is based on the recommended coding of responses where strongly agree = 5).
5. Report the number of “positive” responses (this number is derived from step 4 above) and the total number of “responses” (this number is derived by counting the number of surveys from step 3 above) for each domain.

Data Entry Instructions

Report Year: Please enter the four digit year for which data is being reported in cell C6

State Identifier: Please enter the two character state abbreviation in cell C7

Adult Consumer Survey Results: Please enter the number of positive responses, total number of responses and confidence interval for each domain (rows 9 to 13 and columns C to E)

Child/Adolescent Consumer Survey Results: Please enter the number of positive responses, total number of responses and confidence interval for each domain (rows 16 to 20) and columns C to E)

Comments on Data: Please enter relevant data notes in cell B23.

Adult Consumer Surveys: Please provide responses to the questions at the bottom of the table

1. Indicate if the Official 28 Item MHSIP Adult Outpatient Consumer survey was used (question 1)
 - a. Provide a response to question 1a **only** if your response to question 1 is ‘no’
2. If you translated the MHSIP survey into Spanish, please check the box, and if the survey was translated into other language(s), list the language(s) in cell C36
3. Provide a response to question 2a (sample methodology) **only** if you surveyed a sample of mental health consumers (your response to question 2 is “2. Sample of MH Consumers”). If you used a sample methodology other than those listed, please enter your response in cell C46
4. If the population descriptions listed under question 3 do not fully describe the population surveyed, please enter a description in cell A58
5. If your survey was administered by a group other than (or in addition to) those listed under question 4b, please enter your response in cell C73
6. Please enter the number of surveys attempted (question 6a) in cell E81, the number of survey contacts made (question 6b) in cell E82, the number of surveys completed (question 6c) in cell E83, and the response rate (question 6d) in cell E84
7. If your response to question 7b is ‘no’, please enter a description in cell B91

Child/Family Consumer Surveys:

1. If the official YSS-F survey is used click on the ‘yes’ checkbox. If you did not use the YSS-F please enter the survey used in cell C100
2. If you translated the YSS-F into Spanish, please check the box, and if the survey was translated into other language(s), list the language(s) in cell C104

3. Provide a response to question 2a (sample methodology) **only** if you surveyed a sample of mental health consumers (your response to question 2 is “2. Sample of MH Consumers”). If you used a sample methodology other than those listed, please enter your response in cell C
4. If you survey persons no longer receiving services (question 2b), please enter a description how this is done (question 2c) in cell A119
5. If the population description listed under question 3 do not fully describe the population surveyed, please enter a description in cell A126
6. If your survey was administered by a group other than (or in addition to) those listed under question 4b, please enter your response in cell C141
7. Please enter the number of surveys attempted (question 6a) in cell E149, the number of survey contacts made (question 6b) in cell E150, the number of surveys completed (question 6c) in cell E151, and the response rate (question 6d) in cell E152
8. If your response to question 7b is ‘no’, please enter a description in cell B160

IMPORTANT NOTE: To ensure your data is processed with no errors **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the specified cells above **will not** be uploaded into the central URS database.

Table 11a: Consumer Evaluation of Care by Consumer Characteristics (Optional Table by Race/Ethnicity)

This table provides a more detailed reporting of the consumer survey data reported on Table 11 by breaking out the number of positive responses and total responses by race/ethnicity.

- States should report Consumer Survey Results for each domain by Race/ethnicity in addition to the Total rate reported in Table 11.
- Patient categories should not be cross tabs: e.g., report results for age, then for race, not age by race.
- States should only report results for patient categories when there are at least 25 or 30 subjects in the category, i.e., do not report results for very small “n” categories.

Data Entry Instructions

Report Year: Please enter the four digit year for which data are being reported in cell B6

State Identifier: Please enter the two character state abbreviation in cell B7

Please click on the appropriate radio button (row 9 for adults and row 22 of child/adolescent family survey results) to indicate whether the you used the 2 question format to collect race/ethnicity information (please note, if you do not provide a response to this question, the built-in formula will not work)

Number of consumers reporting positively and total number of responses: Please enter numbers in the appropriate consumer survey domain row and race/ethnicity columns (rows 13 to19 (for adults, and rows 26 to 32 for child/adolescent family survey results) and columns D to S for adults). These are numeric fields; therefore, please do not enter any other characters.

Comments on Data: Please enter the relevant data notes in cell B33.

IMPORTANT NOTE: To ensure your data is processed with no errors **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the specified cells above **will not** be uploaded into the central URS database.

Table 12: State Mental Health Agency Profile

The purpose of this profile is to obtain information that provides a context for the data provided in the tables. This profile covers the populations served, services for which the state mental health agency is responsible, data reporting capacities, especially related to duplication of numbers served as well as certain summary administrative information.

Data Entry Instructions

Report Year: Please enter the four digit year for which data are being reported in cell C8

State Identifier: Please enter the two character state abbreviation in cell C9

1. Please provide a response on the appropriate checkboxes listed under question 1
2. If all adults and children served meet the federal definition of serious mental illness (SMI) and serious emotional disturbance (SED), respectively, please check the appropriate checkbox under question 2. If only a percentage of adults and children served meet the federal definition of SMI and SED please enter the percent of adults who meet the definition in cell E27 and the percent of children who meet the definition in cell E28. Please note, if you check the boxes for “serious mental illness” and “serious emotional disturbance” it means 100% of consumers served meet the federal definition of SMI, and 100% of children meet the federal definition of SED. Also, these are numeric fields; therefore please do not enter any other characters (e.g. do not enter ‘NA’ in these fields – if the number is not available, please indicate this as a data note either in Cell C20 or the General Comments Sheet)
3. Percent of consumers served by the SMHA who also have a diagnosis of substance abuse problems: please enter the adult percent in cell F33 and children/adolescents in cell F34. These are numeric fields; therefore please do not enter any other characters (e.g. do not enter ‘NA’ in these fields – if the number is not available, please indicate this as a data note either in Cell C20 or the General Comments Sheet)

Percent of consumers served who meet the federal definition for SMI/SED and who also have a diagnosis of substance abuse problems: please enter the adult percent in cell F37 and children/adolescent percent in Cell F38. These are numeric fields; therefore please do not enter any other characters (e.g. do not enter ‘NA’ in these fields – if the number is not available, please indicate this as a data note either in Cell C20 or the General Comments Sheet)

Please describe how you calculated the number of persons with co-occurring disorders in cell C40. As in the example provided for entering program information on table 10, please do not add extra spaces or format the this cell – simply type in your description without any additional formatting

4. If the SMHA has responsibilities for mental health services provided through Medicaid other than or in addition to those listed (4a), please enter the responsibility in cell C51

Managed Care: If the SMHA has responsibilities other than or in addition to those listed (4.b.), please enter the responsibility in cell E65

5. Please check the appropriate checkbox(es). If you are currently unable to provide unduplicated client counts, please describe your plans to report unduplicated clients counts by the end of your data infrastructure grant in cell B75
6. Please enter Report Year in cell C78; state identifier in cell C79; year being reported **from** in cell C81 **to** in Cell E81; person responsible for data submission in cell C82, contact person phone number in cell C83, contact person address in cells C84 to C85, and contact person in cell C86

IMPORTANT NOTE: To ensure your data is processed with no errors **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the specified cells above **will not** be uploaded into the central URS database.

Table 13: Profile of Unmet Need of the State Population

This table provides estimates of adults with serious mental illness and children with serious emotional disturbances that have unmet service needs. This table is to be completed based on a standardized unmet needs estimation methodology being developed by the Center for Mental Health Services. CMHS will provide the methodology for estimating unmet needs to each State.

Note: States should not report data for this indicator in 2011. SAMHSA [has stated] will provide this estimation methodology for states.

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

This table uses the same format as Tables 2A and 2B to gather information on the SMHA clients served who had and SMI or SED. This table requests counts for persons with SMI or SED using the definitions provided by CMHS. Table 2A and 2B included all clients served by publicly operated or funded programs. This table counts only clients who meet the Federal (CMHS definition published in the Federal Register) definition of SMI or SED. For many states, this table may be the same as Tables 2A and 2B (if all clients served have an SMI or SED). States should report using the Federal Definitions of SMI and SED if possible, if not, please report using your state's definitions of SMI and SED and provide the requested information at the bottom of the table describing your state's definition.

Because the URS collects information on SMI and SED status in several places, the information below may help clarify the difference in what is reported on various tables:

- Table 1 – refers to the estimated prevalence of SMI and SED using the Federal Register definition. This is most likely higher than the number of consumers with SMI/SED served because not all people with SMI/SED receive treatment services from the SMHA system.
- Table 14 – refers to SMI and SED clients served by the SMHA per the Federal Register definition or state definition.
- In comparison with Table 2, The SMI/SED number reported on Table 14 may be the same or less than the number reported in Table 2 (never higher than Table 2).
- Table 16 (denominator) refers to SMI and SED clients served by the SMHA. This number should match the data from Table 14 of SMI/SED. Because Tables 16 does not require the 3-way cross tab of SMI/SED status (by age by gender by race), some states may have more complete data for Table 16.

Data Entry Instructions

Report Year: Please enter the four digit report year in cell B10

State Identifier: Please enter the two character state abbreviation in cell B11

Number of consumers with SMI/SED served should be reported in the appropriate age rows and race/gender columns (rows 14 to 20 and columns F to AC). These are numeric fields; therefore, please do not enter any other characters.

Comments on Data: Please enter relevant data notes on age in cell B22, on gender in cell B23, on race/ethnicity in cell B24, and overall notes in cell B25.

Please indicate if your state's definition of SMI/SED matches the federal definition by clicking on the appropriate radio button at the bottom of the table. If the state's definition does not match the federal definition of SMI, after clicking on the 'no' button, please enter a description of your state's definition of SMI in cell(s) G28-G29 and the diagnoses included in the state definition in cell(s) G30-31; and enter a description of your state's definition of SED in cell(s) G32-33 and the diagnoses included in the state definition in cell G34.

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not be** uploaded into the central URS database.

Table 14B: Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

Of the total persons served, please indicate the age, gender and the number of persons who meet the Federal definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. Please note, the total persons served should be the total as indicated in Table 14A.

Data Entry Instructions

Report Year: Please enter the four digit report year for which data are being reported in cell B10

State Identifier: Please enter the two digit state abbreviation in cell B11

Number of consumers with SMI/SED served should be reported in the appropriate age rows and ethnicity/gender columns (rows 14 to 20 and columns B to J. These are numeric fields; therefore, please do not enter any other characters.

Comments on Data: Please enter relevant data notes on age in cell B22, on gender in cell B23, on race/ethnicity in cell B24, and on overall data notes in cell B25.

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 15: Living Situation Profile

This table provides an aggregate profile of persons living situation in the reporting year. The reporting year should be the latest state fiscal year for which data are available.

Instructions

Report the number of persons in each living situation based on their most recent assessment or most recent available information on record. For persons with two or more living situations during the reporting year, report only the **last known living situation**. Please indicate how often your SMHA measures living situation by checking the appropriate checkbox(es) at the bottom of the reporting table.

A person should be counted in the "Homeless" category if he/she was reported homeless at their most recent (last) assessment during the reporting period (or at discharge for patients discharged during the year). The "last" Assessment could occur at Admission, Discharge, or at some point during treatment.

Please see the URS Data Definitions document for a definition of each living situation.

Data Entry Instructions

Report Year: Please enter the four digit year for which data are being reported in cell B12

State Identifier: Please enter the two character state abbreviation in cell B13

Number of consumers in each living situation: Please enter the number of consumers in the appropriate age (rows 15 to 18), gender (rows 21 to 23), race (rows 26 to 33), and ethnicity (rows 36 to 38) rows, and living situation categories (columns B to K). These are numeric fields; therefore, please do not enter any other characters. The data reporting table is populated with built-in formula to calculate totals for each category – please do not enter any data in any of the 'total' cells. Please note, the total number of consumers reported by age, gender, race, and ethnicity for each living situation category must match (for example, if the total number of consumers living in private residence reported by age = 50, the numbers reported by gender, race, and ethnicity must also equal 50)

Comments on Data: Please enter relevant data notes in cell B40.

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not be** uploaded into the central URS database.

Guidelines for Reporting Evidence-Based Practices (Tables 16 and 17)

Table 16: Profile of Adults with SMI and Children with SED Receiving Specific Services during the year

Table 17: Profile of Adults with SMI Receiving Specific Services during the Year

PURPOSE

The purpose of this document is to provide guidelines for reporting evidence-based practices (EBPs) on the Uniform Reporting System (URS) that is part of SAMHSA's Center for Mental Health Services (CMHS) Community Mental Health Block Grant Reporting. Up to this point, guidelines have been relatively broad: states have elected to report their activities in the evidence-based practices categories if they were providing services that conformed to the definitions provided. The purpose of these guidelines is to help states assess whether their particular services align with the critical components of specific EBPs for DIG reporting.

DEVELOPMENT OF GUIDELINES

To get data that were more systematically uniform and that conformed better with the evidence-based form of the practice, CMHS charged the DIG Coordinating Center to convene a sub-group of state representatives to develop a set of guidelines for reporting EBPs recognizing that many states were not monitoring fidelity for many of the EBPs.

That is, at this stage, requiring fidelity was considered too stringent and restrictive for purposes of reporting EBPs on the URS tables. Many states are currently moving forward with the implementation of EBPs and the objective of these guidelines is to facilitate reporting of these state activities. The charge to the group essentially was to develop guidelines based on fidelity that could remove some of the ambiguity of what could be counted under this category.

To proceed with this task, a subset of state representatives involved with the Data Infrastructure Grants initiative was identified as the EBP workgroup. They convened several times on conference calls; draft recommendations were presented and reviewed by all states on the regional monthly DIG calls. Based on these activities, draft guidelines that are provided in this report were developed.

Please note: In no sense are these intended to be a revised definition of the practice or an identification of a new set of fidelity measures or critical elements. These guidelines are to help states identify whether they should report their activities in these tables or not. The intent is to obtain information if states are moving forward with implementation of the evidence-based form of the practice.

USE OF GUIDELINES FOR DIG REPORTING

As stated above, the intent of these guidelines is to provide guidance for states to decide whether they should report data on EBPs. They are not intended to be prescriptive or to set inflexible boundaries, but to indicate whether the services being reported conform broadly to the evidence-based practices.

ASSERTIVE COMMUNITY TREATMENT

DEFINITION

A team based approach to the provision of treatment, rehabilitation and support services. ACT/PACT models of treatment are built around a self-contained multi-disciplinary team that serves as the fixed point of responsibility for all patient care for a fixed group of clients. In this approach, normally used with clients with severe and persistent mental illness, the treatment team typically provides all client

services using a highly integrated approach to care. Key aspects are low caseloads and the availability of the services in a range of settings. The service is a recommended practice in the PORT study (Translating Research Into Practice: The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations, Lehman, Steinwachs and Co-Investigators of Patient Outcomes Research Team, Schizophrenia Bulletin, 24(1):1-10, 1998) and is cited as a practice with strong evidence based on controlled, randomized effectiveness studies in the Surgeon General's report on mental health (Mental Health: A Report of the Surgeon General, December, 1999, Chapter 4, "Adults and Mental Health, Service Delivery, Assertive Community Treatment"). Additionally, CMS (formerly HCFA) recommended that state Medicaid agencies consider adding the service to their State Plans in HCFA Letter to State Medicaid Directors, Center for Medicaid and State Operations, June 07, 1999.

FIDELITY MEASURE

<http://store.samhsa.gov/product/SMA08-4345>

MINIMUM REQUIREMENTS FOR REPORTING ACT

- Small caseload: Client/ provider ratio of 10:1 or fewer is the ideal
- Multidisciplinary team approach: This is a team approach rather than an approach which emphasizes services by individual providers. The team should be multidisciplinary and could include a psychiatrist, nurse, substance abuse specialist. For reporting purposes, there should be at least 3 FTE on the team
- Includes clinical component: In addition to case management, the program directly provides services such as: psychiatric services, counseling / psychotherapy, housing support, substance abuse treatment, employment/rehabilitative services
- Services provided in community settings: Program works to monitor status, develop community living skills in the community rather than the office
- Responsibility for crisis services: Program has 24-hour responsibility for covering psychiatric crises.

ACT IS NOT INTENSIVE CASE MANAGEMENT

Reporting of Other EBPs provided by ACT Teams: If specific EBPs (such as Supported Employment, Supported Housing, etc.) are provided as a component of ACT, they should be reported under ACT and not separately under other practices. In the “comments” section of the tables, please list any EBPs that are provided as a component of ACT (for example, if Supported Employment (SE) is provided as part of ACT, do not provide separate numbers for persons receiving SE services, but do list in the ACT Comment area that Supported Employment is provided as part of ACT).

Please note that to report these as EBPs; they should conform to the reporting guidelines for each EBP provided in this document.

SUPPORTED EMPLOYMENT

DEFINITION

Mental Health Supported Employment (SE) is an evidence-based service to promote rehabilitation and return to productive employment for persons with serious mental illnesses. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake through follow-along. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to public), in normalized settings, and utilize multiple employers. The SE team has a small client: staff ratio. SE contacts occur in the home, at the job site, or in the community. The SE team is assertive in engaging and retaining clients in treatment, especially utilizing

face-to-face community visits, rather than phone or mail contacts. The SE team consults/works with family and significant others when appropriate. SE services are frequently coordinated with Vocational Rehabilitation benefits.

FIDELITY MEASURE

<http://store.samhsa.gov/product/SMA08-4365>

MINIMUM REQUIREMENTS FOR REPORTING SUPPORTED EMPLOYMENT

- **Competitive employment:** Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status. Employment is competitive so that potential applicants include persons in the general population
- **Integration with treatment:** Employment specialists are part of the mental health treatment teams with shared decision making. They attend regular treatment team meetings (not replaced by administrative meetings) and have frequent contact with treatment team members
- **Rapid job search:** The search for competitive jobs occurs rapidly after program entry
- **Eligibility based on consumer choice (not client characteristics):** No eligibility requirements such as job readiness, lack of substance abuse, no history of violent behavior, minimal intellectual functioning, and mild symptoms
- **Follow-along support:** Individualized follow-along supports are provided to employer and client on a time-unlimited basis. Employer supports may include education and guidance. Client supports may include crisis intervention, job coaching, job counseling, job support groups, transportation, treatment changes (medication), and, networked supports (friends/family)

SUPPORTED EMPLOYMENT IS NOT:

- Prevocational training
- Sheltered work
- Employment in enclaves (that is in settings, where only people with disabilities are employed)
- [If an employment specialist is part of an ACT team, this should be reported under ACT and not separately as supported employment]

SUPPORTED HOUSING

DEFINITION

Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assists clients to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation.

Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities. Criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), and right to tenure, service choice, service individualization and service availability.

FIDELITY MEASURE

http://download.ncadi.samhsa.gov/ken/pdf/toolkits/housing/29473_PSHousing_Evaluating.pdf

MINIMUM REQUIREMENTS FOR REPORTING SUPPORTED HOUSING

- Target population: Targeted to persons who would not have a viable housing arrangement without this service
- Staff assigned: Specific staff are assigned to provide supported housing services
- Housing is integrated: That is, supported housing provided for living situations in settings that are also available to persons who do not have mental illnesses
- Consumer has the right to tenure: The ownership or lease documents are in the name of the consumer
- Affordability: Supported housing assures that housing is affordable (consumers pay no more than 30-40% on rent and utilities) through adequate rent subsidies, etc

SUPPORTED HOUSING IS NOT:

- Residential treatment services
- A component of case management or ACT

FAMILY PSYCHOEDUCATION

DEFINITION

Family psycho-education is offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through the active involvement of family members in treatment and management and to alleviate the suffering of family members by supporting them in their efforts to aid the recovery of their loved ones. Family psycho-education programs may be either multi-family or single-family focused. Core characteristics of family psycho-education programs include the provision of emotional support, education, resources during periods of crisis, and problem-solving skills.

FIDELITY MEASURE

<http://store.samhsa.gov/product/SMA09-4423>

MINIMUM REQUIREMENTS FOR REPORTING FAMILY PSYCHO-EDUCATION

- A structured curriculum is used.
- Psycho-education is a part of clinical treatment.

FAMILY PSYCHO-EDUCATION IS NOT:

Several mechanisms for family psycho-education exist. The evidence-based model, promoted through SAMHSA's EBP implementation resource kit ("toolkit") involves a clinician. For DIG reporting, do not include family psycho-education models not involving a clinician as part of clinical treatment.

Note: Some states are providing NAMI's Family-to-Family program and not the family psycho-education EBP described above. If a state is providing NAMI's Family-to-Family program, this should be reported under family psycho-education with an asterisk and a note indicating that the numbers reflect the NAMI program and not the EBP described above.

INTEGRATED TREATMENT FOR CO-OCCURRING DISORDER (MENTAL HEALTH SUBSTANCE ABUSE)

DEFINITION

Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear

seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses.

FIDELITY MEASURE

<http://store.samhsa.gov/product/SMA08-4367>

MINIMUM REQUIREMENTS FOR REPORTING INTEGRATED TREATMENT

- Multidisciplinary team: A team of clinical, working in one setting provides MH and SA interventions in a coordinated fashion.
- Stagewise interventions: That is, treatment is consistent with each client's stage of recovery (engagement, motivation, action, relapse prevention)

INTEGRATED TREATMENT IS NOT:

- Coordination of clinical services across provider agencies

ILLNESS SELF-MANAGEMENT AND RECOVERY

DEFINITION

Illness Self-Management and Recovery (also called illness management or wellness management) is a broad set of rehabilitation methods aimed at teaching individuals with mental illness, strategies for collaborating actively in their treatment with professionals, for reducing their risk of relapses and re-hospitalizations, for reducing severity and distress related to symptoms, and for improving their social support. Specific evidence-based practices that are incorporated under the broad rubric of illness self-management are psycho-education about the nature of mental illness and its treatment, "behavioral tailoring" to help individuals incorporate the taking of medication into their daily routines, relapse prevention planning, teaching coping strategies to managing distressing persistent symptoms, cognitive-behavior therapy for psychosis, and social skills training. The goal of illness self-management is to help individuals develop effective strategies for managing their illness in collaboration with professionals and significant others, thereby freeing up their time to pursue their personal recovery goals.

FIDELITY MEASURE

<http://store.samhsa.gov/product/SMA09-4463>

MINIMUM REQUIREMENTS FOR REPORTING ILLNESS SELF-MANAGEMENT & RECOVERY

Service includes a specific curriculum that includes mental illness facts, recovery strategies, using medications, stress management and coping skills. It is critical that a specific curriculum is being used for these components to be counted for reporting.

EVIDENCE-BASED ILLNESS MANAGEMENT IS NOT:

Advice related to self-care but a comprehensive, systematic approach to developing an understanding and a set of skills that help a consumer be an agent for his or her own recovery.

MEDICATION MANAGEMENT

DEFINITION

In the toolkit on medication management there does not appear to be any explicit definition of medication management. However the critical elements identified for evidence-based medication management approaches are the following:

- Utilization of a systematic plan for medication management
- Objective measures of outcome are produced

- Documentation is thorough and clear
- Consumers and practitioners share in the decision-making

FIDELITY MEASURE

<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/>

MINIMUM REQUIREMENTS FOR REPORTING MEDICATION MANAGEMENT

- Treatment plan specifies outcome for each medication.
- Desired outcomes are tracked systematically using standardized instruments in a way to inform treatment decisions.
- Sequencing of antipsychotic medication and changes are based on clinical guidelines.

EVIDENCE-BASED MEDICATION MANAGEMENT IS NOT:

Medication prescription administration that occurs without the minimum requirements specified above.

MULTISYSTEMIC THERAPY (MST)

DEFINITION

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior. The multisystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra-familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems. The goal is to facilitate change in this natural environment to promote individual change. The caregiver is viewed as the key to long-term outcomes.

FIDELITY MEASURE

Not available

MINIMUM REQUIREMENTS

- Services take into account the life situation and environment of the child / adolescent and involve peers, school staff, parents, etc.
- Services are individualized
- Services are provided by MST Therapists or masters-level professional
- Services are time-limited
- Services are available 24/7

THERAPEUTIC FOSTER CARE

DEFINITION

Children are placed with foster parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. In addition, therapeutic foster parents are given a higher stipend than traditional foster parents, and they receive extensive pre-service training and in-service supervision and support. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed.”

FIDELITY MEASURE

Not Available

MINIMUM REQUIREMENTS FOR REPORTING

- There is an explicit focus on treatment
- There is an explicit program to train and supervise treatment foster parents
- Placement is in the individual family home

THERAPEUTIC FOSTER CARE IS NOT:

An enhanced version of regular foster care

FUNCTIONAL FAMILY THERAPY (FFT)

DEFINITION

Functional Family Therapy (FFT) is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes. Treatment occurs in phases where each step builds on one another to enhance protective factors and reduce risk by working with both the youth and their family. The phases are engagement, motivation, assessment, behavior change, and generalization.

FIDELITY MEASURE

Not Available

MINIMUM REQUIREMENTS

- Services are provided in phases related to engagement, motivation, assessment, behavior change, etc.
- Services are short-term, ranging from 8-26 hours of direct service time
- Flexible delivery of service by one and two person teams to clients in-home, clinic, juvenile court, and at time of re-entry from institutional placement

Data Entry Instructions for Table 16

Report Year: Please enter the four digit report year in cell B7

State Identifier: Please enter the two character state abbreviation in cell B8

Please enter the unduplicated number of adults with serious mental illness and children with serious emotional disturbances who received each service category during the reporting year in the appropriate age, gender, race and ethnicity rows and EBP columns (**age:** adults – rows 14 to 18; children – rows 12 to 14; **gender:** rows 22 to 24; **race:** rows 27 to 34; **ethnicity:** rows 37 to 39; and, columns B to D (for adult EBPs), columns F to H (for children EBPs).

Please enter the unduplicated number of adults with SMI in column E following the same rows for age, gender, race, and ethnicity specified above; and the unduplicated number of children with SED served in column I following the same rows for age, gender, race, and ethnicity specified above. Please note, the total unduplicated number of adults with SMI and children with SED is the total number of adults/children with SMI/SED served by the SMHA during the reporting period and not a sum of the total number of adults/children receiving each EBP (the numbers reported on Table 16 should be the same numbers reported on Table 14).

Please note, the rows and columns specified above (demographic rows and EBP/SMI/SED columns) are numeric fields. Please do not enter any other characters.

For each EBP please provide a response **to all** of the radio button questions at the bottom of the table.

If you monitor fidelity for any of the EBPs, please specify the fidelity measure, who measures fidelity and how often fidelity is measured as follows:

EBP	Fidelity Measure Used	Who measures fidelity	How often fidelity measured
Supported Housing	cell B45	cell B46	cell B47
Supported Employ.	cell C45	cell C46	cell C47
ACT	cell D45	cell D46	cell D47
TFC	cell F45	cell F46	cell F47
MST	cell G45	cell G46	cell G47
FFT	cell H45	cell H46	cell H47

Comments on Data: Please enter relevant overall data notes in cell B53, on supported housing in cell B54, on supported employment in cell B55, on ACT in cell B56, on TFC in cell B57, on MST in cell B58, and on FFT in cell B59.

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Data Entry Instructions for Table 17

Report Year: Please enter the four digit report year in cell B7

State Identifier: Please enter the two character state abbreviation in cell B8

Please enter the unduplicated number of adults with serious mental illness who received each service category during the reporting year in the appropriate age, gender, race and ethnicity rows and EBP columns (**age:** rows 12 to 16; **gender:** rows 19 to 22; **race:** rows 25 to 32; **ethnicity:** rows 35 to 37; and, columns B to E). These are numeric fields; therefore, please do not enter any other characters.

For each EBP please provide a response **to all** of the radio button questions at the bottom of the table.

If you monitor fidelity for any of the EBPs, please specify the fidelity measure, who measures fidelity and how often fidelity is measured as follows:

EBP	Fidelity Measure Used	Who measures fidelity	How often fidelity measured
Family Psychoeducation	cell B43	cell B44	cell B45
Integrated Treatment for Co-occurring Disorders	cell C43	cell C44	cell C45
Illness Self-Management and Recovery	cell D43	cell D44	cell D45
Medication Management	cell E43	cell E44	cell E45

Comments on Data: Please enter relevant overall data notes in cell B51, on family psychoeducation in cell B52, on Integrated Treatment for Co-Occurring Disorders in cell B53, on Illness Self-Management and Recovery in cell B54, and on Medication Management in cell B55.

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 18: Profile of Adults with Schizophrenia Receiving New Generation Medications during the Year [Optional Table]

This table is used to report the unduplicated number of adults with schizophrenia that received new generation medications in state psychiatric hospitals, community settings, and state mental health system; and the unduplicated number of all adults with a primary diagnosis of schizophrenia that received any service in the specified setting during the year.

Data Entry Instructions

Report Year: Please enter the four digit year for which data are being reported in cell B7

State Identifier: Please enter the two character state abbreviation in cell B8

Please enter the unduplicated number of adults with schizophrenia receiving new generation medications and the unduplicated number of adults with schizophrenia served in each setting during the year in the appropriate age, gender, race, and ethnicity rows (**age:** rows 12 to 16; **gender:** rows 20 to 22; **race:** rows 25 to 32; **ethnicity:** rows 35 to 37 (columns B to G))

Please indicate if specific clinical guidelines are followed by clicking on the 'yes' or 'no' radio buttons at the bottom of the table. If clinical guidelines are used, please list the guidelines used in cell B42 (state hospitals), cell D42 (community settings) and cell F42 (state mental health system)

Comments on Data: Please enter relevant overall data notes in cell B45, state hospitals in cell B46, on community settings in cell B47, and on state mental health system in cell B48

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 19A: Profile of Criminal Justice or Juvenile Justice Involvement

This table has been designed to allow states that have implemented the Consumer Survey Module for Criminal Justice to report results by age and gender. If your state has administrative data for arrests, please report arrests this year, in the cells for “T2 Most Recent 12 Months” and arrests in the prior year under *T1: Prior 12 months*. Data reported on this table is used to calculate CMHS’ NOM on Change in Arrests between T1 and T2.

Instructions

Change in Arrests

T1 (“T1” Prior to recent 12 months – more than 1 year ago) columns –report the total number of individuals arrested, not arrested, and had no response in the three columns for each category (under 18 by gender; over 18 by gender).

- For states that used the recommended consumer survey questions, please put the number of persons who responded “Yes” (arrested), “No” (Not Arrested) or “No Response” (number of consumers who left this question blank) to the *questions*:
 - “Were you arrested during the 12 months prior to beginning mental health services?” (*for new clients*) Or
 - “Were you arrested during the 12 months prior to that (months 13-24)?” (*for continuing clients*)

T2 (“T2” Most recent 12 months – this year) columns –report the total number of individuals arrested, not arrested, and had no response in the three columns for each category (under 18 by gender; over 18 by gender).

- For states that used the recommended consumer survey questions, please put the number of persons who responded “Yes” (arrested), “No” (Not Arrested) or “No Response” (number of consumers who left this question blank) to the *questions*:
 - “Were you arrested since you began to receive mental health services?” (*for new clients*) Or
 - “Were you arrested during the last 12 months?” (*for continuing clients*)

T1 to T2 Change Columns – these columns provide a breakout of the data reported under the T1 and T2 columns and are the information used to calculate the Arrest NOM measure for CMHS.

T1 to T2 Change – If arrested in T1 (prior 12 months) columns – Of the total number of individuals reported under T1 Arrested, how many had an arrest in T2, had no arrest in T2, or had no response in T2?

- To calculate the information for this section of the table, a state should take the number of persons who responded “Yes” they were arrested during T1 and then report the arrest status of those persons at T2 (number “Arrested” during T2 + Number “Not Arrested” during T2 + “number “Arrest Status Not Available during T2).

T1 to T2 Change – If not arrested in T1 (prior 12 months) columns – Of the total number of individuals reported under T1 Not Arrested, how many had an arrest in T2, had no arrest in T2, and had no response in T2?

- To calculate the information for this section of the table, a state should take the number of persons who responded “No” they were NOT Arrested during T1 and then report the arrest status of those persons at T2 (number “Arrested” during T2 + Number “Not Arrested” during T2 + “number “Arrest Status Not Available during T2).

Assessment of the Impact of Services Columns: This section of the table is designed to allow state to report results based on consumer responses to the question about the impact of services on criminal justice involvement (states reporting administrative data on arrest should leave this column blank):

- Over the last 12 months, my encounters with the police have...
 1. # Reduced (fewer encounters)
 2. # Stayed the Same
 3. # Increased
 4. # Not Applicable
 5. No Response

Example of Reporting: If a State had the following responses to the consumer survey questions about arrests at T1 and T2 for new clients:

Section A: Number Arrested at T1 and T2

1. “Were you arrested during the 12 months prior to beginning mental health services?”
 - 50 Yes, 200 No, 25 No Response (total of 275 surveyed)
2. “Were you arrested since you began to receive mental health services?”
 - 10 Yes, 235 No, 30 No Response (total of 275 surveyed)

Section B: T1 to T2 Change in Arrests:

1. To calculate the first change measure “If arrested in T1 (prior 12 months)” columns, you must analyze the 50 “Yes” respondents who said “Yes” they were arrested during T1 to see if those respondents were arrested again during T2. For example, of the 50 respondents who were arrested at T1, their T2 responses were:
 - 20 Yes, 20 No, 10 No Response (total of 50 Arrested at T1)
2. To calculate this change measure, you must analyze the 200 “No” respondents who said “No” they were NOT arrested during T1 to see if those respondents were arrested during T2. For example, of the 200 respondents who were NOT Arrested at T1, their T2 responses were:
 - 25 Yes, 172 No, 3 No Response (total of 200 Not Arrested at T1)

Section C: Assessment of the Impact of Services:

1. Report the number of responses to each of the response options from the “Assessment of the Impact of Services” questions: 275 responses
 - Over the last 12 months, my encounters with the police have...
 1. 100 Reduced (fewer encounters)
 2. 50 Stayed the Same
 3. 50 Increased
 4. 50 Not Applicable
 5. 25 No Response

Data Entry Instructions

State: Please enter the two character state identifier in cell B11

Time period in which services were received: Please enter the time period in cell J11

Please enter the total number of consumers for whom criminal justice data is available in the appropriate age/gender rows and columns (for consumers in service for at least 12 months: **children**: rows 19 to 21; **adults**: rows 23 to 25; for consumers who began mental health services during the past 12 months: **children**: rows 33 to 35; **adults**: rows 37 to 39; and columns B to R. Please note these are numeric fields; therefore do not enter any other characters.

Please respond to **all** checkbox/radio button questions located at the bottom of the table.

- If you used a data source other than those listed for **adults** please enter the source in cell N44, and for **children** please enter the source in cell N47
- If arrests are not the measure for **adult** criminal justice involvement, please enter the measure used in cell H49, and for **children** please enter the measure in cell H51
- Mental health program included: if you included 'other adults' please specify adults included in cell I53; and if you included 'other children' please specify children included in cell I54
- If reported data covers less than the whole state for **adults** please enter a description in cell I56, and for **children** enter description in cell I57
- Total Number of Persons Surveyed (please note these are numeric fields; therefore do not enter any other characters):
 - Please enter the total number of **children** from which your survey sample was drawn in cell G61, and **adults** in cell I61
 - Please enter the total sample size for **children** in cell G62, and **adults** cell I62
 - Please enter the total number of **children** survey contacts made in cell G63, and **adults** in cell I63
 - Please enter the total number of **children** surveys completed in G64, and **adults** in cell I64
 - Please enter response rate for **children** in cell G65, and **adults** in I65

Comments on Data: Please enter relevant data notes in cell B66.

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 19B: Profile of Change in School Attendance

This table has been designed to allow states that have implemented the consumer survey school attendance module to report results by age and gender. If you are reporting administrative data, please report school attendance this year, in the cells for “T2 Most Recent 12 Months: and school attendance in the prior year under “T1: Prior 12 Months.”

This table follows the same logic rules for reporting as Table 19a discussed above. States are asked to report the numbers of persons suspended/expelled, not suspended/expelled and the number of persons with no response at T1 and T2, and then to further analyze the responses from consumers suspended/expelled at T1 to detail how many of them were also suspended/expelled at T2 and the number of persons not suspended/expelled at T2. Finally, states (only those that are reporting the results of the consumer survey questions on school attendance) are to report on the Assessment of the Impact of Services on School Attendance items.

- T1 (“T1” Prior 12 months – more than 1 year ago) columns – simply report the total number of individuals suspended, not suspended, and had no response in the three columns for each category (by gender and age).
- T2 (“T2” Most recent 12 months – this year) columns – simply report the total number of individuals suspended, not suspended, and had no response in the three columns for each category (by gender and age).
- T1 to T2 Change Columns – these columns provide a breakout of the data reported under the T1 and T2 columns.
- T1 to T2 Change – If suspended in T1 (prior 12 months) columns – Of the total number of individuals reported under T1 Suspended, how many were suspended in T2, had not suspended in T2, and had no response in T2?
- T1 to T2 Change – If not Suspended in T1 (prior 12 months) columns – Of the total number of individuals reported under T1 Not Suspended, how many were suspended in T2, had not suspended in T2, and had no response in T2?

Assessment of the Impact of Services on School Attendance: Report the number of responses to each of the survey items under the questions: “Since starting to receive services, the number of days my child was in school is:”

- a. Greater
- b. About the same
- c. Less
- d. Does not apply (please select why this does not apply)
 - i. child did not have a problem with attendance before starting services
 - ii. child is too young to be in school
 - iii. child was expelled from school
 - iv. child is home schooled
 - v. Child dropped out of school
 - vi. Other:
- e. No Response

Data Entry Instructions

State: Please enter the two character state identifier in cell B12

Time period in which services were received: Please enter the time period in cell J12

Please enter the total number of consumers for whom school attendance data is available in the appropriate age/gender rows and columns (for consumers in service for at least 12 months: **gender:** rows 20 to 22; **age:** row 24; for consumers who began mental health services during the past 12 months: **gender:** rows 33 to 35; **age:** row 37; and columns B to R. Please note these are numeric fields; therefore do not enter any other characters.

Please respond to **all** checkbox/radio button questions located at the bottom of the table.

- If you used a data source other than those listed for please enter the source in cell M42
- If school attendance is not the measure used, please enter the measure used in cell G44,
- Mental health program included: if you included 'other children' please specify children included in cell G46
- If reported data covers less than the whole state for please enter a description in cell I48
- Total Number of Persons Surveyed (please note these are numeric fields; therefore do not enter any other characters):
 - Please enter the total number of people from which your survey sample was drawn in cell G52
 - Please enter the total sample size in cell G53
 - Please enter the total number of survey contacts made in cell G54
 - Please enter the total number of surveys completed in G55
 - Please enter response rate in cell G56

Comments on Data: Please enter relevant data notes in cell B57

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Tables 20A, 20B, and 21: Readmission to any State Psychiatric Inpatient Hospital within 30/180 Days of Discharge

Table 20A: Readmissions of Non-Forensic Patients to Any State Psychiatric Hospital within 30/180 Days of Discharge (number of episodes)

Table 20B: Readmissions of Forensic Patients to Any State Psychiatric Hospital within 30/180 Days of Discharge (number of episodes)

Table 21: (Optional Table) Readmissions to Any Psychiatric Inpatient Unit within 30/180 Days of Discharge (number of episodes)

RATIONALE FOR USE: A major outcome of the development of a community-based system of care is expected to be reduced utilization of state and county-operated psychiatric inpatient beds and better coordination of care between hospitals and community mental health systems. The goal is to decrease the number of consumers who are readmitted to psychiatric inpatient care within 30 and 180 days of being discharged.

CALCULATION OF MEASURE: The total number of admissions to any state psychiatric hospitals that occurred within 30 and 180 days following a discharge event from either the same or a different state psychiatric hospital divided by the total number of discharges from all the state psychiatric hospitals during the reporting year.

- Readmission to state psychiatric hospitals (SH) is defined as an admission to any SH within 30 or 180 days following a discharge event from the same or other state psychiatric hospital.
- Readmission to Any Inpatient Facility is defined as an admission to either the SH or other inpatient facility within 30 or 180 days following a discharge.

Percent readmitted is presented by age, gender, race, and Hispanic/Latino Origin.

The 180 day readmission measure includes persons who were readmitted within 30 days (e.g., the 180 day readmission calculation includes all individuals with a readmission between 0 and 180 days).

Since admissions and discharges of Forensic Patients are usually determined by the courts rather than the SMHA, there is a separate table (Table 20B) for reporting the readmission experiences of Forensic Patients.

MEASURE(S)

Table 20A and 20B Numerator: The number of readmissions to a state operated psychiatric hospital inpatient unit within a specified time period after discharge. Readmitted is defined as returned to any state hospital without contingency; this would exclude those who were not discharged, including on leave, visits, leaves without consent, and elopements. Persons who are discharged for the purpose of receiving medical treatment in another facility who return to the state psychiatric hospital should not be counted as a readmission when they return to the psychiatric hospital.

Optional Table 21 Numerator: The number of readmissions to either a state psychiatric hospital or Other Psychiatric Inpatient Hospital bed in programs that are funded by the SMHA (part of the SMHA system and reported on Table 3 as Other Psychiatric Hospitals).

Denominator: The total number of discharges from a state operated psychiatric hospital inpatient unit (not unduplicated). Discharged is defined as released from the hospital without contingency; this would exclude those who are released on leave, including visits, leaves without consent, discharges for medical treatment.

Optional Table 21 Denominator: The total number of discharges from a state operated psychiatric hospital inpatient unit or other psychiatric hospital inpatient unit (not unduplicated). Discharged is defined as released from the hospital without contingency; this would exclude those who are released on leave, including visits, leaves without consent, discharges for medical treatment.

Data Note: In order to measure all readmissions that occur within 30 or 180 days of discharge, a state must count readmissions that occur over a longer period of time than just a 12 month period. For example, the 30 day readmission rate the numerator is based on readmissions in a 13 month period. For the 180 day readmission rate, the numerator is based on readmissions in an 18 month period.

Example:

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
Discharges																				
30 Day Readmissions												→								
180 Day Readmissions													→							

In order to determine if a person discharged during the last month of the year (month 12) had a readmission within 30 days of discharge, you must look into the 13th month to determine if the person was readmitted within 30 days of discharge. Similarly, to identify persons with readmissions within 180 days of discharge for persons discharged during month 12, readmissions that occur within the next 6 months (months 13 to 18) must be examined.

ISSUES:

When reporting by age categories, if there are different ages between the first admission and the readmission, use the discharge age from the first admission.

DEFINITIONS:

FORENSIC CLIENTS: are mental health consumers who come to the mental health system due to their contact with the criminal justice systems. Specific forensic activities may include, but are not limited to: a) diagnosis of individuals placed in an inpatient unit for short-term psychiatric observation; b) provision of diagnostic and treatment support for correctional populations on an inpatient basis; providing security up to maximum levels; and provision of security staff in secure units for the rehabilitation and management of behaviorally problematic individuals. Forensic patients include:

NGRI/GBMI: "Not guilty by reason of insanity" (NGRI) and/or "guilty but mentally ill" (GBMI) have been referred by legal and law enforcement agencies for emergency psychiatric evaluations; and persons who are to be evaluated for dangerousness. Provision of Forensic services may occur within any of the separate state psychiatric hospital services, other hospital programs, community-based programs, and/or through the SMHA administrative offices.

COMPETENCY: Defendants who are detained and evaluated as to their mental competence to stand trial.

TRANSFERS FROM CRIMINAL JUSTICE/JUVENILE JUSTICE: Services to adult or juvenile prisoners who have been transferred to the state hospital to receive services.

SEXUALLY VIOLENT PREDATORS: An increasing population in many state mental health systems is persons deemed to be “Sexually Violent Predators”. These persons have been convicted of a sexual offence and been sent to the mental health system for treatment and control.

Table 20A, 20B, and 21 – Questions and Answers

- I. **Question:** Whom should states count – only persons served in the community, only state hospitals or all persons?

Answer: *This indicator focuses on the persons who are served in state hospitals and this are persons who are reported on URS Table 3 and Table 6 as served in state hospitals during the year.*

- II. **Question:** What about Other Psychiatric Inpatient Programs? Should they be reported?

Answer: *The Optional Table 21 for this indicator compiles information on persons who are served in other psychiatric inpatient programs reported on URS Table 3 and Table 6. Persons served in these programs would only be reported on this Optional Table 21, not Table 20 (which focuses on state psychiatric hospitals).*

- III. **Question:** Should the 30 and 180 day readmissions be unduplicated or duplicated (e.g., during the readmissions within 30/180 days of discharges, is it 0-30 days and 31-180 days or is it 0-30 days and 0-180 days thus making the 0-30 day group a subset of the 0-180 group to some degree)?

Answer: *All persons readmitted within 30 days (0-30 day) should be included in the 180 day readmission data (thus making the 0-30 days group a subset of the 0-180 day measure). The 180 day measure is an indicator of community tenure, therefore, it is important to calculate the 0-180 rate as complete rate and not have to add the 31-180 day numbers together with the 0-30 day numbers to calculate the desired rate.*

- IV. **Question:** If we split out the forensics, how are we determining who is a forensic readmission? Are we looking at their forensic status at discharge and readmission, just discharge or just readmission? There are four possible combinations of forensic status

Answer: *If a person’s forensic status or age changes between their discharge and their readmission, it is recommended that you report them in the category from their last discharge. This is consistent with the 16 State Study that recommended that states use the discharge client status, since that was thought to be more reliable (coming to an end of a hospital stay) than the readmission status.*

- V. **Question:** Optional Table 21: Other Psychiatric Hospital Inpatient readmissions: Should the Optional Table include only readmissions to non-state psychiatric hospitals, or should the table include all readmissions (include data from both state psychiatric hospital readmissions and other psychiatric inpatient readmissions)?

Answer: *The workgroup recommends that states should report the combined data of all readmissions to any psychiatric hospital. Each state should report the data as they can and describe if they are reporting combined data or data that excludes state psychiatric hospitals. Comparisons could be made over time for a single state, and rates can be calculated for output tables that make appropriate national comparisons (e.g., a state that supplied integrated data for both state hospitals and other inpatient would get the national rate of states that reported such data).*

Data Entry Instructions

Table 20A/B and 21

Report Year: Please enter the four digit year for which data are being reported in cell B7 (cell B6 on table 21)

State Identifier: Please enter the two character state abbreviation in cell B8 (cell B7 on table 21)

Please enter the total number of discharges, number of readmissions within 30 and 180 days in the appropriate demographic characteristic rows and columns (**age:** rows 15 to 21 (14 to 20 on table 21); **gender:** rows 24 to 26 (23 to 25 on table 21); **race:** rows 29 to 36 (28 to 35 on table 21); **ethnicity:** rows 39 to 41 (38 to 40 on table 21); and **total number of discharges:** column B; **30 day readmissions:** column C; **180 day readmissions:** column D). These are numeric fields; therefore, please do not enter any other characters.

On table 20a: Please specify whether forensic patients are included in Table 20a data by clicking on the appropriate radio button

On table 21: Please specify whether the reported data include readmissions from state psychiatric hospitals and whether forensic patients are included by clicking on the appropriate radio button

Comments on Data: Please enter relevant data notes on age in cell B45 (on table 20; cell B43 on table 20b).

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

General Comments

Please use this table to enter any general comments and/or additional footnotes. This can be used for both footnotes that exceed the 255 character length limit for a specific table, or it can be used for comments that apply to several tables, or are general comments for a state.

Data Entry Instructions

Please enter comment numbers in column A, reference table number in column B and your data comments/notes in column C (starting from row 6). As in the table 10 data entry instructions, please **do not format your entry – simply type in your note with no additional formatting**. Please type in as much of your data note as can fit in the cell instead of using several rows for one table. Comments entered as General Comments will be part of the final tables that are publicly available on the SAMHSA website, therefore, please enter your data notes as complete sentences.