

# **FY 2010 Uniform Reporting System (URS) Data Definitions**

**August 2010**

**The CMHS uniform data reporting system is organized around a common set of data elements, standardization of service names and definitions. This document provides a summary of key definitions.**

| Word                                | Definition  |
|-------------------------------------|---|
| Access                              | Access refers to the degree to which services are quickly and readily available.  |
| Admission                           | The number of persons admitted, readmitted, or transferred to a specified service setting during the reporting period.  |
| American Indian or Alaska Native    | “A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliations or community attachment” (U.S. Census Bureau, 2000 Census of Population, Public Law 94-171 Redistricting Data File).  |
| Appropriateness                     | Appropriate services are those that are individualized to address a client’s strengths and weaknesses, cultural context, service preferences, and recovery goals.   |
| Asian                               | “A person having origins in any of the original people of Far East and South East Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam” (U.S. Census Bureau, 2000 Census Population, Public Law 97-171 Redistricting Data File).   |
| Assertive Community Treatment (ACT) | 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, the Health Care Financing Administration (HCFA, the prior name for the Centers for Medicaid and Medicare 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. |
| Atypical Antipsychotic Medication   | This refers to a group of antipsychotic drugs used to treat psychiatric conditions. Atypical medications include Aripiprazole (abilify), Clozapine (Clozaril), Quetiapine (Seroquel), Olanzapine (Zyprexa), Risperidone (Rispredal) or Ziprasidone (Geodon, Zeldox).  |
| Average Length of Stay              | This represents the average time a client receives services in a specified service setting (state psychiatric hospital, community mental health, etc.)  |

| Word                      | Definition  |
|---------------------------|---|
|                           | during a specified time period. This is generally computed by counting all the days that clients received service during the time period and dividing by the number of clients that received the service during the same period (days a person was on furlough or not receiving services are not counted).  |
| Black or African American | “A person having origins in any of the black racial groups of Africa. It includes people who indicate their race as “Black, African Am., or Negro,” or provide written entries such as African American, Afro American, Kenyan, Nigerian or Haitian” (U.S. Census Bureau, 2000 Census Population, Public Law 97-171 Redistricting Data File).   |
| Case Management Services  | Includes activities for the purpose of locating services, linking the client/patient with these services, monitoring the client’s/patient’s receipt of these services on behalf of the patient/client. Case Management can be provided by an individual or a team; may include both face-to-face and telephone contact with the client/patient as well as contact with other service providers.   |
| Community Services        | Services that are provided in a community setting. Community services refer to all services not provided in an inpatient setting.   |
| Convenience Sample        | A type of non-probability sample where the consumers are selected, in part or in whole, at the convenience of the researcher. The researcher makes no attempt, or only a limited attempt, to insure that the sample is an accurate representation of some larger group or population. An example would be giving the consumer survey to all persons who attend services in a given week or month. |
| Consumer-run Services     | Mental health treatment or support services that are provided by current or former mental health consumers. Includes social clubs, peer-support groups, and other peer-organized or consumer-run activities.  |
| Discharge                 | A discharge is the formal termination of service, generally when treatment has been completed or through administrative discharge.  |
| Dually Diagnosed          | A person has both an alcohol or drug problem and an emotional/psychiatric problem.  |
| Employed                  | This is a broad category of full or part time employment under the competitive labor market environment and supported employment.   |
| Family-like arrangements  | A broad range of living arrangements that simulate a family situation. This includes foster care and small group homes.   |
| Family Psychoeducation    | 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 psychoeducation programs                         |

| Word                            | Definition   |
|---------------------------------|--|
|                                 | may be either multi-family or single-family focused. Core characteristics of family psychoeducation programs include the provision of emotional support, education, and resources during periods of crisis, and problem-solving skills.  |
| Foster Care                     | Provision of a living arrangement in a household other than that of the client's biological family.  |
| Foster Home                     | A home licensed by a County or State Department to provide care to children, adolescents, and/or adults. This includes Therapeutic Foster Care Facilities. Therapeutic Foster Care is a service that provides treatment for troubled children within private homes of trained families.  |
| Forensic Clients                | <p>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:</p> <ol style="list-style-type: none"> <li>a. 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.</li> <li>b. COMPETENCY: Defendants who are detained and evaluated as to their mental competence to stand trial.</li> <li>c. TRANSFERS FROM CRIMINAL JUSTICE/JUVENILE JUSTICE: Services to adult or juvenile prisoners who have been transferred to the state hospital to receive services.</li> <li>d. 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</li> </ol> |
| Functional Family Therapy (FFT) | A phasic program where each step builds on one another to enhance protective factors and reduce risk by working with both the youth and their family.  |
| General Hospital                | A hospital with a separate psychiatric unit and specially allocated staff for the treatment of persons with mental illness.  |
| General Support                 | Includes transportation, childcare, homemaker services, day care, and other general services for clients/patients.   |

| Word  | Definition   |
|---|--|
| Hispanic or Latino  | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."  |
| Homeless/Shelter  | <p>A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is:</p> <ol style="list-style-type: none"> <li>a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations,</li> <li>b. An institution that provides a temporary residence for individuals intended to be institutionalized, or</li> <li>c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).</li> </ol>   |
| Housing Services  | Assistance to clients/patients in finding and/or maintaining appropriate housing arrangements  |
| Illness Self-Management   | <p>Illness Self-Management (also called illness management or wellness management) is a broad set of rehabilitation methods aimed at teaching individuals with 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 psychoeducation 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.</p> |
| In-Home Family Services   | Mental health treatment and support services offered to children and adolescents with mental illness and to their family members in their homes.   |
| Institutional Setting   | An institutional care facility in which care is provided on a 24 hour, 7 day a week basis. This level of care may include a Skilled Nursing/Intermediate Care Facility, Nursing Homes, Institutes of Mental Disease (IMD), Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), Veterans Affairs Hospital, or State Hospital.  |
| Integrated Services for Persons with Mental Illness and Substance Abuse | 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  |

| Word  | Definition   |
|---|--|
|   | 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.  |
| Jail/Correctional Facility                                | Individual in a Jail and/or Correctional facility. This setting may include a Jail, Correctional Facility, Detention Centers, Prison, Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.   |
| Living Independently                                      | A client who lives in a private residence and requires no assistance in activities of daily living.  |
| Medicaid Client   | Mental health clients to whom some services were reimbursable through Medicaid.  |
| Medication Management                                     | <p>The critical elements identified for evidence-based medication management approaches are the following:</p> <ol style="list-style-type: none"> <li>1. Utilization of a systematic plan for medication management</li> <li>2. Objective measures of outcome are produced</li> <li>3. Documentation is thorough and clear</li> <li>4. Consumers and practitioners share in the decision-making</li> </ol> |
| MHA Non-Direct Service Expenditures of the MH Block Grant | MHA = State Mental Health Agency expenditures of the mental health block grant for non-treatment/non-treatment related services  |
| MHA Administration  | MHBG funds used to pay for activities related to the planning, organization, management, funding, and oversight of direct services   |
| MHA Data  | MHBG funds used to pay for activities to obtain, analyze, and report data for planning, collection/reporting, management, or evaluation purposes. Collection of data for URS reporting or other mental health block grant purposes should be included.   |
| MHA Other Activities                                      | MHBG funds used to pay for other specific non-direct service activities of State MHAs that further the provision of mental health services in the State  |
| MHA Planning Council                                      | MHBG funds used to pay for activities that comply with the mandate of State MHAs to form and operate a State Planning Council. This may include expenditures to convene the Planning Council and its work to development and review the mental health block grant plan, the mental health block grant application and annual block grant implementation report.  |
| MHA Technical Assistance                                  | MHBG funds used to pay for the provision or sponsorship of training, education, or technical support in the planning, operation or management of public mental health programs in the State  |
| More Than One Race  | An OMB race category for a person who identifies himself/herself with more than one racial group   |

| Word  | Definition   |
|---|--|
| Multisystemic Therapy (MST)                     | MST views the individual as nestled within a complex network of interconnected systems (family, school, peers). 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  |
| Native Hawaiian or Other Pacific Islander       | “A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as “Native Hawaiian.: “Guamanian or Chamorro,” “Samoaan,” and “Other Pacific Islander” (U.S. Census Bureau, 2000 Census Population, Public Law 97-171 Redistricting Data File). |
| New Generation Medications                      | See Atypical Medications definition.   |
| Non-Institutional Settings                      | A setting that provides mental health services, but not on an inpatient facility or nursing home level of care (e.g., care is provided in a community based setting).  |
| Non-Medicaid Services                           | Services not covered or paid for by Medicaid   |
| Not In Labor Force                              | Persons who are not employed or actively looking for employment. This category includes persons who are retired, work in non-competitive employment settings such as sheltered workshops or other sheltered employment, plus others such as homemakers, students, volunteers, disabled, etc.   |
| Nursing Home                                    | An establishment that provides living quarters and care for the elderly and the chronically ill. This includes assisted living outside a nursing home  |
| Peer Support                                    | These include a wide range of supports, services, and advocacy provided by peers (mental health treatment consumers) to other peers. These services may include but are not limited to: self-help support groups, telephone support lines, drop-in centers, residential programs, outreach services, education, and advocacy.        |
| Private Residence                               | Individual lives in a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO).   |
| Random Sample                                   | A subset of the population derived using a sampling technique that gives each member of the population an equal chance of being selected.  |
| Residential Care                                | This level of care may include a Group Home, Therapeutic Group Home, Board and Care, Residential Treatment, or Rehabilitation Center, or Agency-operated residential care facilities.  |
| Residential Treatment Center for Children (RTC) | “An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth primarily 17 years old and younger. It has a clinical program that is directed                     |

| Word                                | Definition   |
|-------------------------------------|--|
|                                     | by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's degree or doctorate. The primary reason for the admission of the clients is mental illness that can be classified by DSM-IV codes-other than the codes for mental retardation, developmental disorders, and substance-related disorders such as drug abuse and alcoholism (unless these are co-occurring with a mental illness)."  |
| Retired                             | Clients who have concluded their working or professional career and stopped working and have withdrawn from their occupation.  |
| School Attendance                   | Physical presence of a child in a school setting during scheduled class hours.   |
| School Based Services               | School-based treatment and support interventions designed to address emotional disturbances of children and youth, including activities that assist parents, teachers, and counselors in developing comprehensive strategies for addressing these disturbances. School-based services include counseling or other school-based programs for emotionally disturbed children, adolescents, and their families within the school.   |
| Serious Emotional Disturbance (SED) | Pursuant to section 1912(c) of the Public Health Service Act "children with a serious emotional disturbance" are persons: (1) from birth up to age 18 and (2) who currently have, or at any time during the last year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R. Federal Register Volume 58 No. 96 published Thursday May 20, 1993 pages 29422 through 29425.   |
| Serious Mental Illness (SMI)        | Pursuant to section 1912(c) of the Public Health Service Act, adults with serious mental illness SMI are persons: (1) age 18 and over and (2) who currently have, or at any time during the past year had a diagnosable mental behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance use disorders, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious mental illness. (3) That has resulted in functional impairment, which substantially interferes with or limits one or more major life activities. Federal Register Volume 58 No. 96 published Thursday May 20, 1993 pages 29422 through 29425. |
| State Psychiatric Hospital          | A state owned psychiatric inpatient facility licensed as a hospital.   |
| Stratified Random Sample            | A type of random sampling where sub-populations are represented equally or proportionately to the whole population.  |
| Substance Abuse                     | Misuse of medications, alcohol or other controlled substances.   |
| Supported Employment                | Mental Health Supported Employment (SE) is an evidence-based service to promote rehabilitation and return to productive employment for persons with serious mental illness' rehabilitation and their return to productive  |

| Word                    | Definition  |
|-------------------------|---|
|                         | <p>employment. 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.</p>  |
| Supported Housing       | <p>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 assist 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.</p> <p>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), right to tenure, service choice, service individualization and service availability.</p> |
| Therapeutic Foster Care | <p>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 to 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. A key difference between TFC and traditional foster care is the TFC family receives an extensive pre-service training and in service supervision and support.</p>   |
| Unduplicated Counts     | <p>Counting a client/consumer and their services uniquely. Unduplicated counts can exist at different levels: a program, a local system of care, or at the State level.</p>   |

| Word                      | Definition   |
|---------------------------|--|
| Unemployed                | <p>According to the U.S. Department of Labor :Persons are classified as unemployed if they do not have a job, have actively looked for work in the prior 4 weeks, and are currently available for work. Actively looking for work may consist of any of the following activities:</p> <ul style="list-style-type: none"> <li>• Contacting: <ul style="list-style-type: none"> <li>○ An employer directly or having a job interview</li> <li>○ A public or private employment agency</li> <li>○ Friends or relatives</li> <li>○ A school or university employment center</li> </ul> </li> <li>• Sending out resumes or filling out applications</li> <li>• Placing or answering advertisement</li> <li>• Checking union or professional registers</li> <li>• Some other means of active job search</li> </ul> |
| Vocational Rehabilitation | <p>Services that include job finding/development, assessment and enhancement of work-related skills, attitudes, and behaviors as well as provision of job experience to clients/patients. Includes transitional employment.</p>  |
| White                     | <p>“A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.” It includes people who indicate their race as “White’ or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish” (U.S. Census Bureau, 2000 Census Population, Public Law 97-171 Redistricting Data File).</p>   |