Block Grant Reporting Section

FY 2016
FY2017

CFDA 93.958
(Mental Health)

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

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Section A. Introduction

Title XIX, Part B, Subpart III of the Public Health Service Act (42 U.S.C. 300x-52(a)) requires the Secretary of the Department of Health and Human Services, acting through the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), to determine the extent to which States and Jurisdictions have implemented the State plan for the prior fiscal year. The purpose of the Annual Report is to provide information to assist the Secretary in making this determination.

States and Jurisdictions are requested to prepare and submit their reports for the last completed State Fiscal Year (SFY) in the format provided in this guidance. The report will address the purposes for which the MHBG were expended, the recipients of grant funds, and the authorized activities conducted and services purchased with such funds. Particular attention should be given to the progress made toward accomplishing the goals and performance indicators identified in the States' and Jurisdictions' plans.

All States and Jurisdictions are required to prepare and submit their respective reports utilizing SAMHSA's Web Block Grant Application System (BGAS). This report must be received by SAMHSA not later than December 1 in order for the State or Jurisdiction to receive its next grant. If the due date falls on a weekend or Federal holiday, the report will be due on the next business day. The following schedule includes specific due dates for annual reports:

Due Dates for MH and Combined BG Components				
FY for which the state is applying for funds	**Application Due**	**Plan Due**	**Planning Period**	**MHBG Report Due**
2016	**7/1/2015**	**Yes**	**7/1/15 – 6/30/17**	**12/1/2015 Report year is Last Completed SFY**
2017	**7/1/2016**	**No***	**Updates only**	**12/1/2016 Report year is Last Completed SFY**

States and Jurisdictions are required to complete the Reporting Document. The Reporting Document is comprised of the following sections:

Section B: Implementation Report - In this section, States and Jurisdictions are required to provide a brief review of the extent to which their respective plans were implemented, the progress towards the priorities and goals identified in the Block Grant plan covering the last completed fiscal year. The report should also include a brief review of areas that the State or Jurisdiction identified in that Block Grant Plan as needing improvement and changes that the State or Jurisdiction would propose to achieve the goals established for the priorities.

Section C: State Agency Expenditure Reports - In this section, States and Jurisdictions should provide information regarding expenditures for authorized activities and services for mental health.

Section D: Populations and Services Report - In this section, States and Jurisdictions must provide specific information regarding the number of individuals that were served with MHBG funds. In addition, States and Jurisdictions should provide specific information regarding the services these individuals received.

Section E: Performance Indicators and Accomplishments - In this section of the report, States and Jurisdictions are required to complete the Performance Indicator tables. Performance indicators should be reported using the table format provided in this document. The purpose of the performance indicator tables is to show progress made over time as measured by SAMHSA's National Outcome Measures (NOMS) for mental health services as well as any State- or Jurisdiction-selected performance indicators.

B. Implementation Report

The information States and Jurisdictions entered into the performance indicator tables (Plan Table 1) in the planning section of the 2016/2017 Behavioral Health Assessment and Plan will automatically populate cells 1 – 6 in the progress report tables below. States and Jurisdictions are required to indicate whether each first-year performance target/outcome measurement identified in the 2016/2017 Plan was "Achieved" or "Not Achieved" in Cell 7, Report of Progress toward goal attainment. If a target was not achieved, a detailed explanation must be provided as well as the remedial steps proposed to meet the target.

MHBG Table 1 - *Priority Area and Annual Performance Indicators – Progress Report*

Priority Areas and Annual Performance Indicators	
1. Priority Area:	2. Priority Type (SAP, SAT, MHP, MHS):
3. Population(s) (SMI, SED, PWWDC, IVDUs, HIV EIS, TB, OTHER):	
4. Goal of the priority area:	
5. Strategies to attain the goal:	
6. Annual Performance Indicators to measure goal success: Indicator #1:	
a) Baseline measurement (Initial data collected prior to the first-year target/outcome):	
b) First-year target/outcome measurement (Progress – end of SFY 2016):	
c) Second-year target/outcome measurement (Final – end of SFY 2017):	
d) Data source:	
e) Description of data:	
f) Data issues/caveats that affect outcome measures:	
7. Report of Progress toward Goal Attainment: First-year Target: ____ Achieved _____ Not Achieved (If not achieved, explain why.)	
Reason why target was not achieved, and changes proposed to meet target:	

C. State Agency Expenditure Reports

States and Jurisdictions should provide information regarding MHBG and State funds expended for authorized activities to prevent and treat mental illness during the last completed State fiscal year (SFY). Please complete the tables described below. Please Note: Data for all tables contained in the Uniform Reporting System (URS) will continue to be submitted into the URS data base maintained by the URS Contractor. Please complete the tables described below.

MHBG Table 2 (URS Table 7) - *State Agency Expenditure Report* MHBG Table 2 provides information on Mental Health Expenditures and Sources of Funding. This includes funding from Medicaid, the MHBG and other federal funding sources, state, local and other funds.

MHBG Table 3 - *MHBG Expenditures by Service MHBG* Table 3 is to be used to report MHBG expenditures by unduplicated individual and specific services.

MHBG Table 4 - *Set-aside for Children's Mental Health Service* This table provides a report of state-wide expenditures for children's mental health services during the last completed State fiscal year (SFY).

MHBG Table 5 (URS Table 8) - *Profile of Mental Health Block Grant Expenditures for Non-Direct Service Activities* MHBG Table 5 is used to report expenditures of MHBG funds for non-direct service activities that are funded or conducted by the State Mental Health Authority during the last completed State fiscal year (SFY).

MHBG Table 6 (URS Table 10) - *Statewide Entity Inventory* This table reports payments to recipients of MHBG funds including intermediaries, e.g., administrative service organizations, and other organizations which provided mental health services during the last completed State fiscal year.

MHBG Table 7 - *Maintenance of Effort for Statewide Expenditures for Mental Health Service* This table reports expenditures of all statewide non-Federal expenditures for authorized activities to prevent and treat mental illness during the last completed State fiscal year (SFY).

MHBG Table 2 (URS Table 7*) - MHBG State Agency Expenditure Report*

This table describes expenditures for public mental health services provided or funded by the State mental health agency by source of funding. **Include ONLY funds expended by the executive branch agency administering the MH Block Grant.**

MHBG **State Agency Expenditures Report**							
MHBG Table 2							
Report Period- From:			**To:**				
State Identifier:							
			Source of Funds				
ACTIVITY (See instructions for using Row 1.)	**A. Substance Abuse Block Grant**	**B. Mental Health Block Grant.**	**C. Medicaid (Federal, State, and local)**	**D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)**	**E. State funds**	**F. Local funds (excluding local Medicaid)**	**G. Other**
1. Substance Abuse Prevention and Treatment							
a. Pregnant Women and Women with Dependent Children							
b. All Other							
2. Primary Prevention*		$	$	$	$	$	$
3. EBP for Early Intervention (5 percent)		$					
4. Tuberculosis Services							
5. HIV Early Intervention Services							
5. State Hospital							
6. Other 24 Hour Care		$	$	$	$	$	$
7. Ambulatory/Community Non-24 Hour Care		$	$	$	$	$	$
8. Administration (excluding program / provider level		$	$	$	$	$	$
9. Total		$	$	$	$	$	$

* States may only use MH Block Grant funds to provide primary prevention services to the priority populations of adults with serious mental illness and children with serious emotional disturbance.

MHBG Table 3 (Requested) - *MH Block Grant Expenditures by Service*

Table 3 is to be used to report MHBG expenditures by unduplicated individual and specific services.

MHBG Block Grant Expenditures by Service				
MHBG Table 3				
State Identifier:				
Report Period- From: To:				
Service	**Unduplicated Individuals**	**Unit Type**	**Unit Quantity**	**MHBG Expenditures**
Healthcare Home/Physical Health				
General and specialized outpatient medical services				
Acute Primary care				
General Health Screens, Tests and Immunizations				
Comprehensive Care Management				
Care coordination and Health Promotion				
Comprehensive Transitional Care				
Individual and Family Support				
Referral to Community Services				
Prevention and Wellness				
Screening, Brief Intervention and Referral to Treatment (SBIRT)				
Brief Motivational Interviewing				
Screening and Brief Intervention for Tobacco Cessation				
Parent Training				
Facilitated Referral				
Relapse Prevention/Wellness Recovery Support				
Warm Line				
Engagement Services				
Assessment				
Specialized Evaluations				
Service Planning				
Consumer/Family Education				
Outreach				
Outpatient Services				
Individual Evidenced Based Therapies				
Group Therapy				
Family Therapy				
Multi-family counseling				
Consultation with Caregivers				
Medication Services				
Medication management				
Pharmacotherapy				
Laboratory Services				
Community Support Services				
Parent/Caregiver Support				
Skill Building				
Case management				

MHBG Block Grant Expenditures by Service				
MHBG Table 3				
State Identifier:				
Report Period- From: To:				
Service	**Unduplicated Individuals**	**Unit Type**	**Unit Quantity**	**MHBG Expenditures**
Continuing care				
Behavior management				
Supported employment				
Permanent supportive housing				
Recovery housing				
Therapeutic mentoring				
Traditional healing services				
Recovery Support Services				
Peer Support				
Recovery Support Coaching				
Recovery Support Center Services				
Supports for Self Directed Care				
Other Supports				
Personal care				
Homemaker				
Respite				
Supported education				
Transportation				
Assisted Living				
Recreational services				
Trained Behavioral Health Interpreters				
Interactive Communication Technology Devices				
Intensive Support Services				
Substance Abuse Intensive Outpatient (IOP)				
Partial hospital				
Assertive Community Treatment				
Intensive home based services				
Multi-systemic Therapy				
Intensive Case Management				
Out of Home Residential Services				
Crisis residential/stabilization				
Adult Substance Abuse Residential				
Adult Mental Health Residential				
Youth Substance Abuse Residential				
Children's Residential Mental Health				
Therapeutic foster care				
Acute Intensive Services				
Mobile crisis				
Peer based crisis services				
Urgent care				
23 hr. observation bed				
Inpatient detoxification				
24/7 crisis hotline				

MHBG Block Grant Expenditures by Service				
MHBG Table 3				
State Identifier:				
Report Period- From: To:				
Service	Unduplicated Individuals	Unit Type	Unit Quantity	MHBG Expenditures
Other (please list)				

MHBG Table 4 *Set-Aside for Children's Mental Health Services*

States and Jurisdictions are required not to spend less than the amount expended in FY 2008.

Statewide Expenditures for Children's Mental Health Services	
MHBG Table 4:	
State Identifier:	
Report Period: From: To:	
Actual SFY 2008	Actual SFY 2015

MHBG Table 5 (URS Table 8*) Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities*

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

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

MHBG Table 5	**Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities**
State Identifier:	
Report Period- From:	To:
Service	**Expenditures**
MHA Technical Assistance Activities	
MHA Planning Council Activities	
MHA Administration	
MHA Data Collection/Reporting	
MHA Activities Other Than Those Above	
Total Non-Direct Services	
Comments on Data:	

MHBG Table 6 (URS Table 10) *Statewide Entity Inventory*

Statewide Entity Inventory															
MHBG Table 6															
State Identifier:															
Report Period- From:								**To:**							
									Source of Funds						
										SA Block Grant				**MH Block Grant**	
									A	**B**	**B**	**D**	**E**	**F**	**G**	**H**
Entity Number	**I-SATS ID (for SABG)**	**Area Served (Statewide or Sub-State Planning Area)**	**Provider/Program Name**	**Street Address**	**City**	**State**	**Zip**	**Total Block Grant Funds**	**Prevention (other than primary prevention) and Treatment Services**	**Pregnant Women and Women with Dependent Children**	**Primary Prevention**	**Early Intervention Services for HIV**	**Adults with serious mental illness**	**Children with a serious emotional disturbance**	**Non-Direct Service Activities**
								$	$	$	$	$	$	$	$
								$	$	$	$	$	$	$	$
Total								$	$	$	$	$	$	$	$

MHBG Table 7 *Maintenance of Effort for State Expenditures on Mental Health Services*

Maintenance of Effort for State Expenditures on Mental Health Services		
MHBG Table 7:		
State Identifier:		
Report Year:		
Total Expenditures for State _____		
Period A	Expenditures B	B1 (2013) + B2 (2014) 2 C
SFY 2013 (1)		
SFY 2014 (2)		
SFY 2015 (3)		

Are the expenditure amounts reported in Column B "actual" expenditures for the fiscal years involved?

	Yes	No
SFY 2013		
SFY 2014		
SFY 2015		

If any estimated expenditures are provided, please indicate when "actual" expenditure data will be submitted to SAMHSA: ___/___/_____
mm/dd/yyyy

D. Populations and Services Report

States and Jurisdictions are requested to provide information regarding individuals that are served by the state mental health authority using MHBG Tables 8 through 14.

MHBG Table 8A and 8b *Profile of Clients by Type of Funding Support* MHBG Tables 8A and 8B provide the number of female and male clients by race and by ethnicity that have: Medicaid Only, Non-Medicaid Sources, Both Medicaid and Non-Medicaid, and Status Not Available.

MHBG Table 9 (URS Table 1) *Profile of the State Population by Diagnosis* MHBG Table 9 provides the number of Adults with SMI and Children with SED in the reporting year and in three years forward.

MHBG Table 10 (URS Table 12) *State Mental Health Agency Profile* MHBG Table 10 provides the Populations covered in State hospitals and Community program in age categories; 0-3, 4-17 and 18 and above.

MHBG Tables 11A and 11B (URS Tables 2A and 2B) *Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity* MHBG Tables 11A and 11B provide an aggregate profile of unduplicated persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. States and Jurisdictions are to provide this information on all programs by age, gender, race/ethnicity.

MHBG Table 12 (URS Table 3) *Profile of Persons Served In the Community Mental Health Settings, State Psychiatric Hospitals and Other Settings* MHBG Table 12 provides an aggregate profile of unduplicated persons in the reporting year for services funded through the MHBG. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the MHBG. The client profile takes into account all institutional and community services for all such programs. States and Jurisdictions are to provide this information on all programs by age, gender, race, and ethnicity.

MHBG Tables 13A,13 B and 13C (URS Tables 14A and 14B) *Profile of Persons with SMI/SED Served By Age, Gender and Race/Ethnicity* MHBG Tables 13A, 13B and 13C request counts for persons with SMI or SED using the definitions provided by the CMHS. MHBG Tables 13A, 13B and 13C included individuals receiving services in programs provided or funded by the state mental health agency. These tables count only clients who meet the CMHS definition of SMI or SED. States and Jurisdictions should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using the state's definitions of SMI and SED and provide information in these tables describing your state's definition.

MHBG Table 14 (URS Table 6) *Profile of Client Turnover* MHBG Table 14 requests information regarding the profile of client turnover in various out-of-home settings (e.g. state hospitals, inpatient

psychiatric hospitals, residential treatment centers). Information collected by this table requests admissions, discharges, and length of stay.

MHBG Table 8A. Profile of Clients by Type of Funding Support (URS Table 5A)

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 State Mental Health Authority. 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.

MHBG Table 8A
Report Period- From: To:
State Identifier:

	Total				American Indian or Alaska Native			Asian			Black or African American		
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
Medicaid (only Medicaid)													
Non-Medicaid Sources (only)													
People Served by Both Medicaid and Non-Medicaid Sources													
Medicaid Status Not Available													
Total Served													

☐ Data Based on Medicaid Services ☐ Data Based on Medicaid Eligibility, not Medicaid Paid Services ☐ 'People Served by Both' includes people with any Medicaid

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (Overall):	

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 Not Available.
If a state is unable to unduplicate between people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' check box should be checked.

MHBG Table 8A (Con't)
Report Period- From: To:
State Identifier:

	Native Hawaiian or Other Pacific Islander			White			Hispanic * *use only if data for MHBG Table 3b are not available.*			More Than One Race Reported			Race Not Available		
	Female	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**
Medicaid (only Medicaid)															
Non-Medicaid Sources (only)															
People Served by Both Medicaid and Non-Medicaid Sources															
Medicaid Status Not Available															
Total Served															

(continued on next page)

MHBG Table 8B. (URS 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 persons covered by Medicaid would be the total indicated in MHBG Table 8A.

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

MHBG Table 8B.													
Report Period- From To:													
State Identifier:													
	Not Hispanic or Latino			**Hispanic or Latino**			**Hispanic or Latino Origin Unknown**			**Total**			
	Female	**Male**	**Not Available**	**Female**	**Mal**	**Not Availabl e**	**Female**	**Male**	**Not Available**	**Female**	**Mal e**	**Not Availabl e**	**Tota l**
Medicaid Only													
Non-Medicaid Only													
People Served by Both Medicaid and Non-Medicaid Sources													
Medicaid Status Unknown													
Total Served													
Comments on Data (for Age):													
Comments on Data (for Gender):													
Comments on Data (Overall):													

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.

MHBG Table 9 (URS Table 1). Profile of the State Population by Diagnosis

This table summarizes the estimates of adults residing within the State with serious mental illness (SMI) and children residing within the state with serious emotional disturbances (SED). 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.

MHBG Table 9		
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.

MHBG Table 10 (URS 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.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

MHBG Table 10	
Report Year:	
State Identifier:	

Populations Served

1 **Which of the following populations receive services operated or funded by the state mental health agency? Please indicate if they are included in the data provided in the tables. (Check all that apply.)**

	Populations Covered			Included in Data	
	State Hospitals	Community Programs		State Hospitals	Community Programs
1. Aged 0 to 3	☐ Yes	☐ Yes	☐ Yes	☐ Yes	
2. Aged 4 to 17	☐ Yes	☐ Yes	☐ Yes	☐ Yes	
3. Adults Aged 18 and over	☐ Yes	☐ Yes	☐ Yes	☐ Yes	
4. Forensics	☐ Yes	☐ Yes	☐ Yes	☐ Yes	
Comments on Data:					

2 **Do all of the adults and children served through the state mental health agency meet the Federal definitions of serious mental illness and serious emotional disturbances?**

☐ Serious Mental Illness
☐ Serious Emotional Disturbances

2.a. If no, please indicate the percentage of persons served for the reporting period who met the federal definitions of serious mental illness and serious emotional disturbance?

2.a.1	Percent of adults meeting Federal definition of SMI:	
2.a.2	Percentage of children/adolescents meeting Federal definition of SED	

3 **Co-Occurring Mental Health and Substance Abuse:**

3.a. What percentage of persons served by the SMHA for the reporting period have a dual diagnosis of mental illness and substance abuse?

3.a.1 Percentage of adults served by the SMHA who also have a diagnosis of substance abuse problem:

3.a.2. Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem:

3.b. What percentage of persons served for the reporting period who met the Federal definitions of adults with SMI and children/adolescents with SED have a dual diagnosis of mental illness and substance abuse.

3.b.1 Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance abuse problem:

3.b.2. Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:

3b.3 Please describe how you calculate and count the number of persons with co-occurring disorders

4 State Mental Health Agency Responsibilities

a. Medicaid: Does the State Mental Health Agency have any of the following responsibilities for mental health services provided through Medicaid? (Check All that Apply)

1. State Medicaid Operating Agency
2. Setting Standards
3. Quality Improvement/Program Compliance
4. Resolving Consumer Complaints
5. Licensing
6. Sanctions
7. Other

	b. Managed Care (Mental Health Managed Care		Are Data for these programs reported on URS Tables?
4.b.1	Does the State have a Medicaid Managed Care initiative?	Yes	Yes
4.b.2	Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care?	Yes	Yes
	If yes, please check the responsibilities the SMHA has:	Yes	
4.b.3	Direct contractual responsibility and oversight of the MCOs or BHOs	Yes	
4.b.4	Setting Standards for mental health services	Yes	
4.b.5	Coordination with state health and Medicaid agencies	Yes	
4.b.6	Resolving mental health consumer complaints	Yes	
4.b.7	Input in contract development	Yes	
4.b.8	Performance monitoring		
4.b.9	Other		

5	**Data Reporting: Please describe the extent to which your information systems allows the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for Table MHBG 11a and MHBG 11b, which require unduplicated counts of clients served across your entire mental health system.**

Are the data reporting in the tables?

5.a. **Unduplicated** :counted once even if they were served in both State hospitals and community programs and if they were served in community mental health agencies responsible for different geographic or programmatic areas. ☐

5.b. **Duplicated:** across state hospital and community programs ☐

5.c. **Duplicated:** within community programs ☐

5.d. **Duplicated:** Between Child and Adult Agencies ☐

5.e. **Plans for Unduplication:** If you are not currently able to provide unduplicated client counts across all parts of your mental health system, please describe your plans to get unduplicated client counts by the end of your Data Infrastructure Grant.

6	**Summary Administrative Data**			
6.a.	Report Year			
6.b.	State Identifier			
	Summary Information on Data Submitted by SMHA:			
6.c.	Year being reported: From:		to	
6.d.	Person Responsible for Submission			
6.e.	Contact Phone Number:			
6.f.	Contact Address			
6.g.	E-mail:			

MHBG Table 11A (URS Table 2A). Profile of Persons Served, All Programs by Age, Gender, Race/Ethnicity

This table provides an aggregate profile of persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. Please provide unduplicated counts if possible.

Please report the data under the categories listed - "Total" are calculated automatically.

MHBG Table 11A.	
Report Year:	
State Identifier:	

	Total				American Indian or Alaska Native			Asian			Black or African American		
	Female	**Male**	**Not Availab le**	**Total**	**Female**	**Male**	**Not Availabl e**	**Female**	**Male**	**Not Availabl e**	**Female**	**Male**	**Not Availabl e**
0-17 years													
18-24 years													
25-44 years													
45-64 years													
65+ years													
Total													
Pregnant Women													
Are these numbers unduplicated?													

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (for Race/Ethnicity):

Comments on Data (Overall):

(*continued on next page*)

MHBG Table 11A.	
Report Year:	
State Identifier:	

	Native Hawaiian or Other Pacific Islander			White			Hispanic * *use only if data for MHBG Table 11b are not available.*			More Than One Race Reported			Race Not Available		
	Female	**Male**	**Not Availabl e**	**Female**	**Male**	**Not Availabl e**	**Female**	**Male**	**Not Availabl e**	**Female**	**Male**	**Not Availabl e**	**Female**	**Male**	**Not Availabl e**
0-17 years															
18-24 years															
25-44 years															
45-64 years															
65+ years															
Total															
Pregnant Women															

MHBG Table 11B (URS Table 2B). 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 are Hispanic/Latino or not Hispanic/Latino. Total persons served would be the total as indicated in MHBG Table 11A.

Please report the data under the categories listed - "Total" are calculated automatically.

MHBG Table 11B.													
Report Year:													
State Identifier:													
	Not Hispanic or Latino			**Hispanic or Latino**			**Hispanic or Latino Origin Not Available**			**Total**			
	Female	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Total**
0-17 years													
18-24 years													
25-44 years													
45-64 years													
65+ years													
Total													
Pregnant Women													
Comments on Data (for Age):													
Comments on Data (for Gender):													
Comments on Data (for Ethnicity):													
Comments on Data (Overall):													

MHBG Table 12 (URS Table 3). Profile of Persons served in tCommunity Mental Health Settings, State Psychiatric Hospitals and OtherSettings

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.

MHBG Table 12												
Report Year:												
State Identifier:												
MHBG Table 12 Service Setting	**Age 0-17**			**Age 18-20**			**Age 21-64**			**Age 65+**		
	Female	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**
Community Mental Health Programs												
State Psychiatric Hospitals												
Other Psychiatric Inpatient												
Residential Treatment Centers												

(*continued on next page*)

MHBG Table 12 (cont.) Profile of Persons served in Community Mental Health Settings, State Psychiatric Hospitals and Other Settings

Table 12							
Report Year:							
State Identifier:							
	Age Not Available			**Total**			
Table 12 Service Setting	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Total**
Community Mental Health Programs							
State Psychiatric Hospitals							
Other Psychiatric Inpatient							
Residential Treatment Centers							
Comments on Data (for Age):							
Comments on Data (for Gender):							
Comments on Data (Overall):							

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Instructions:

1 States that have county psychiatric hospitals that serves 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.

3 Persons who receive non-inpatient care in state psychiatric hospitals should be included in the Community MH Program Row

4 Persons who receive inpatient psychiatric care through a private provider or medical provider licensed and/or contracted through the SMHA should be counted in the "Other Psychiatric Inpatient" row. Persons who receive Medicaid funded inpatient services through a provider that is not licensed or contracted by the SMHA should not be counted here.

5 A person who is served in both community settings and inpatient settings should be included in both rows

6 RTC: CMHS has a standardized definition of RTC for Children: “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 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).”

Table 13A Profile of Persons with SMI/SED Served by Age, Gender and Race/Ethnicity

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

MHBG Table 13A									
Report Year:									
State Identifier:									
MHBG Table 13A Service Setting	**Age 0-17**			**Age 18-20**			**Age 21-64**		
	Female	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**
Community Mental Health Programs									
State Psychiatric Hospitals									
Other Psychiatric Inpatient									
Residential Treatment Centers									

(*continued on next page*)

MHBG Table 13A (cont.) Profile of Persons served in the community mental health setting, State Psychiatric Hospitals and Other Settings

MHBG Table 13A										
Report Year:										
State Identifier:										
	Age 65+			**Age Not Available**			**Total**			
MHBG Table 13A Service Setting	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Total**
Community Mental Health Programs										
State Psychiatric Hospitals										
Other Psychiatric Inpatient										
Residential Treatment Centers										
Comments on Data (for Age):										
Comments on Data (for Gender):										
Comments on Data (Overall):										

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

☐ Data Based on Medicaid Services ☐ Data Based on Medicaid Eligibility, not Medicaid Paid Services ☐ 'People Served by Both' includes people with any Medicaid

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.

3 Persons who receive non-inpatient care in state psychiatric hospitals should be included in the Community MH Program Row

4 Persons who receive inpatient psychiatric care through a private provider or medical provider licensed and/or contracted through the SMHA should be counted in the "Other Psychiatric Inpatient" row. Persons who receive Medicaid funded inpatient services through a provider that is not licensed or contracted by the SMHA should not be counted here.

5 A person who is served in both community settings and inpatient settings should be included in both rows

6 RTC: CMHS has a standardized definition of RTC for Children: "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 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)."

MHBG Table 13B (URS Table 14A). Profile of Persons with SMI/SED served by Age, Gender and Race/Ethnicity

This is a developmental table similar to MHBG Tables 11a and 11b (URS Table 2A. and 2B). This table requests counts for persons with SMI or SED using the definitions provided by the CMHS. MHBG Table 11A and 11B (URS Table 2A. and 2B). included all clients served by publicly operated or funded programs. This table counts only clients who meet the CMHS definition of SMI or SED. For many states, this table may be the same as MHBG Tables 11 A and 11B (URS Table 2A. and 2B). For 2013, states should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definitions of SMI and SED and provide information below describing your state's definition.

Please report the data under the categories listed - "Total" are calculated automatically.

MHBG Table 13B
Report Year:
State Identifier:

	Total				American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander		
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 Years																
13-17 years																
18-20 years																
21-64 years																
65-74 years																
75+ years																
Not Available																
Total																

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (for Race/Ethnicity):

Comments on Data (Overall):

(continued on next page)

MHBG Table 13B.
Report Year:
State Identifier:

	White			Hispanic *use only if data for MHBG Table 13c are not available			More Than One Race Reported			Race Not Available		
	Female	Male	Not Available				Female	Male	Not Available	Female	Male	Not Available
0-12 Years												
13-17 years												
18-20 years												
21-64 years												
65-74 years												
75+ years												
Not Available												
Total												

1. State Definitions Match the Federal Definitions:

Yes No Adults with SMI, if No describe or attach state definition:

Yes No Diagnoses included in state SMI definition:

Yes No Children with SED**,** if No describe or attach state definition:

Yes No Diagnoses included in State SED definition:

MHBG Table 13C (URS Table 14B). Profile of Persons with SMI/SED served by Age, Gender and 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. The total persons served who meet the Federal definition of SMI or SED should be the total as indicated in MHBG Table 13b.

Please report the data under the categories listed - "Total" are calculated automatically.

MHBG Table 13C													
Report Year:													
State Identifier:													
	Not Hispanic or Latino			**Hispanic or Latino**			**Hispanic or Latino Origin Not Available**			**Total**			
	Female	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Total**
0 - 12 Years													
13 - 17 years													
18 - 20 years													
21-64 years													
65-74 years													
75+ years													
Not Available													
Total													
Comments on Data (for Age):													
Comments on Data (for Gender):													
Comments on Data (for Race/Ethnicity):													
Comments on Data (Overall):													

MHBG Table 14 (URS Table 6): Profile of Client Turnover

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

MHBG Table 14.									
Report Year:									
State Identifier:									
Profile of Service Utilization	**Total Served at Beginning of Year (unduplicated)**	**Admissions During the year (duplicated)**	**Discharges During the year (duplicated)**	**Length of Stay (in Days): Discharged Patients**		**For Clients in Facility for Less Than 1 Year: Average Length of Stay (in Days): Residents at end of year**		**For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year**	
				Average (Mean)	**Median**	**Average (Mean)**	**Median**	**Average (Mean)**	**Median**
State Hospitals									
Children (0 to 17 years)									
Adults (18 yrs and over)									
Age Not Available									
Other Psychiatric Inpatient									
Children (0 to 17 years)									
Adults (18 yrs and over)									
Age Not Available									
Residential Tx Centers									
Children (0 to 17 years)									
Adults (18 yrs and over)									
Age Not Available									
Community Programs									
Children (0 to 17 years)									
Adults (18 yrs and over)									
Age Not Available									
Comments on Data (State Hospital):									
Comments on Data (Other Inpatient):									
Comments on Data (Residential Treatment):									
Comments on Data (Community Programs):									
Comments on Data (Overall):									

E. Performance Data and Outcomes

MHBG Table 15 (URS Table 17) *Profile of Adults with Serious Mental Illnesses Receiving Specific Services during the Year* MHBG Table 15 provides the number of unduplicated Adults with SMI receiving family psycho education, integrated treatment for co-occurring disorders, illness self-management and medication management.

MHBG Table 16A (URS Table 4) *Profile of Adult Clients by Employment Status* MHBG Table 16A describes the status of adults clients served in the report year by the public mental health system in terms of employment status. The focus is on employment for the working age population, recognizing, however, that there are clients who are disabled, retired or who homemakers, care-givers, are etc and not a part of the workforce. These persons should be reported in the "Not in Labor Force" category. This category has two subcategories: retired and other. (The totals of these two categories should equal the number in the row for "Not in Labor Force"). Unemployed refers to persons who are 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.

MHBG Table 16B (URS Table 4A) *Profile of Adult Clients by Employment Status, by Primary Diagnosis Reported* MHBG Table 16B request information on the status of adult clients served in the report year by the public mental health system in terms of employment status by primary diagnosis reported.

MHBG Table 17 (URS Table 15) *Living Situation Profile* MHBG Table 17 requests information regarding the number of Individuals in Each Living Situation as collected by the most recent assessment in the reporting period. Specifically, information is collected on the individual's last known living situation. Living situations include, but are not limited to: private residence, foster care, residential care, jail/correctional facility, homeless shelter and other.

MHBG Table 18 (URS Table 19B) *Profile of Change in School Attendance* MHBG Table 18 measures the change in days attended over time. Information requested includes information on suspensions, expelled, and changes in the school attendance.

MHBG Table 19 (URS Table 9) *Social Connectedness and Improved Functioning* MHBG Table 19 requests states and jurisdictions to provide information for youth and adults regarding Social Connectedness. In addition, States are requested to provide information on functional domains that provide a general sense of an individual's ability to develop and maintain relationships, cope with challenges and a sense of community belonging.

MHBG Table 20A (URS Table 11) *Summary Profile of Client Evaluation of Care* MHBG Table 20A requests information that evaluates the "experience" of care for individuals that participate in the public mental health system. Specifically, the evaluation focuses on several areas including: access, quality and the appropriateness of services, participation in treatment planning and general satisfaction with services. Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state

fiscal year for which data are available. This profile is based on a client's last known Living Situation.

MHBG Table 20B (URS Table 11A) *Consumer Evaluation of Care by Consumer Characteristics: Race/Ethnicity*

MHBG Table 21 (URS Table 19A) *Profile of Criminal Justice or Juvenile Justice Involvement* MHBG Table 21 requests information to measure the change in Arrests over time.

MHBG Table 22 (URS Table 16) *Profile of Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances Receiving Specific Services* MHBG Table 22 requests information regarding the number and demographics of individuals that are receiving specific evidenced-based services. In addition, the table requests information on if and how States and Jurisdictions monitor the fidelity for the evidenced based services.

MHBG Table 23A (URS Table 20A) *Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge* MHBG Table 23A provides the total number of discharges within the year, the number of readmissions within 30-days and 180-days and the percent readmitted by age, gender, race, and ethnicity.

MHBG Table 23B (URS Table 20B) *Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital within 30/180 Days of Discharge* MHBG Table 23B provides the total number of discharges within the year, the number of readmissions within 30-days and 180-days and the percent readmitted by age, gender, race, and ethnicity.

MHBG Table 24 (URS Table 21) *Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) within 30/180 Days of Discharge* MHBG Table 24 provides the total number of discharges from inpatient care units w/I the year, the number of readmissions w/I 30-days and 180-days and the percent readmitted by age, gender, race, and ethnicity.

MHBG Table 15 (URS Table 17): Profile of Adults with Serious Mental Illnesses Receiving Specific Services During The Year:

MHBG Table 15				
Report Year:				
State Identifier:				
	ADULTS WITH SERIOUS MENTAL ILLNESS			
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)	Receiving Illness Self Management	Receiving Medication Management
Age				
18-20				
21-64				
65-74				
75+				
Not Available				
TOTAL				
Gender				
Female				
Male				
Not Available				
Race				
American Indian/ Alaska Native				
Asian				
Black/African American				
Hawaiian/Pacific Islander				
White				
Hispanic*				
More than one race				
Unknown				
Hispanic/Latino Origin				
Hispanic/Latino Origin				
Non Hispanic/Latino				
Hispanic origin not available				
Do You monitor fidelity for this service?	Yes No	Yes No	Yes No	Yes No
IF YES,				
What fidelity measure do you use?				
Who measures fidelity?				
How often is fidelity measured?				
	Yes No	Yes No	Yes No	Yes No
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?				
Have staff been specifically trained to implement the EBP?				

	* Hispanic is part of the total served.			
Comments on Data (overall):				
Comments on Data (Family Psychoeducation):				
Comments on Data (Integrated Treatment for Co-occurring Disorders):				
Comments on Data (Illness Self Management):				
Comments on Data (Medication Management):				
* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available				

MHBG Table 16A (URS Table 4) Profile of Adult Clients by Employment Status

This table describes the status of adults clients served in the report year by the public mental health system in terms of employment status. The focus is on employment for the working age population, recognizing, however, that there are clients who are disabled, retired or who are homemakers, care-givers, etc and not a part of the workforce. These persons should be reported in the "Not in Labor Force" category. This category has two subcategories: retired and other. (The totals of these two categories should equal the number in the row for "Not in Labor Force"). Unemployed refers to persons who are 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.**

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

MHBG Table 16 A																
Report Year:																
State Identifier:																
	18-20			**21-64**			**65+**			**Age Not Available**			**Total**			
Adults Served	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Female**	**Male**	**Not Available**	**Total**
Employed: Competitively Employed Full or Part Time (includes Supported Employment)																
Unemployed																
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)																
Not Available																
Total																

How Often Does your State Measure Employment Status?

What populations are included:

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (Overall):	

MHBG Table 16B (URS Table 4A) Optional 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 and the impact of diagnosis on employment. The workgroup recommended 5 diagnostic clusters for reporting.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

MHBG Table 10020					
Report Year:					
State Identifier:					
Clients **Primary Diagnosis**	**Employed: Competitively Employed Full or Part Time (includes Supported Employment)**	**Unemployed**	**Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)**	**Employment Status Not Available**	**Total**
Schizophrenia & Related Disorders (295)					
Bipolar and Mood Disorders (296, 300.4, 301.11, 301.13, 311)					
Other Psychoses (297, 298)					
All Other Diagnoses					
No Dx and Deferred DX (799.9, V71.09)					
Diagnosis Total					
Comments on Data (for Diagnosis):					

MHBG Table 17 (URS Table 15).
Living Situation Profile:

Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period
All Mental Health Programs by Age, Gender, and Race/Ethnicity

Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

MHBG Table 18											
Report Year:											
State Identifier:											
	Private Residence	**Foster Home**	**Residential Care**	**Crisis Residence**	**Children's Residential Treatment**	**Institutional Setting**	**Jail/ Correctional Facility**	**Homeless/ Shelter**	**Other**	**NA**	**Total**
0-17											
18-64											
65 +											
Not Available											
TOTAL											
Female											
Male											
Not Available											
TOTAL											
American Indian/Alaska Native											
Asian											
Black/African American											
Hawaiian/Pacific Islander											
White/Caucasian											
Hispanic *											
More than One Race Reported											
Race/Ethnicity Not Available											
TOTAL											

(continued on next page)

MHBG Table 17 (cont.) Living Situation Profile:

Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period
All Mental Health Programs by Age, Gender, and Race/Ethnicity

Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please report the data under the Living Situation categories listed - "Total" are calculated automatically.

MHBG Table 17											
Report Year:											
State Identifier:											
	Private Residence	**Foster Home**	**Residential Care**	**Crisis Residence**	**Children's Residential Treatment**	**Institutional Setting**	**Jail/ Correctional Facility**	**Homeless/ Shelter**	**Other**	**NA**	**Total**
Hispanic or Latino Origin											
Non Hispanic or Latino Origin											
Hispanic or Latino Origin Not Available											
TOTAL											
Comments on Data:											

How Often Does your State Measure Living Situation? ☐ At Admission ☐ At Discharge ☐ Monthly ☐ Quarterly ☐ Other: describe: _____

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as an Ethnic Origin are not available

Table 18 (URS Table 19b) Profile of Change in School Attendance

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

1. This is a developmental measure. To assist in the development process, we are asking states to report information on the school attendance outcomes of mental health consumers with their December 2007 MHBG submission.

2. The SAMHSA National Outcome Measure for School Attendance measures the change in days attended over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer Self-Report items on School Attendance, you may report them here.

3. If your SMHA has data on School Attendance from alternatives sources, you may also report that here. If you only have data for School attendance for consumers in this year, please report that in the T2 columns. If you can calculate the change in Attendance from T1 to T2, please use all these columns.

4. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.

5. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

Table 19b. Profile of Change in School Attendance

State: _____ **Time period in which services were received:** _____

For Consumers in Service for at least 12 months

	T1			T2			T1 to T2 Change						Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Over the last 12 months, the number of days my child was in school have					
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No response	Total Responses
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender																		
Male																		0
Female																		0
Gender NA																		0
Age																		
Under 18																		0

For Consumers Who Began Mental Health Services during the past 12 month

	T1			T2			T1 to T2 Change						Impact of Services					
	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Since starting to receive MH Services, the number of days my child was in school have					
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No response	Total Responses
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender																		
Male																		0
Female																		0
Gender NA																		0
Age																		
Under 18																		0

See Page 2 for additional Questions about the source of this data

Source of School Attendance Information: 1) Consumer survey (recommended items) 2) Other Survey: Please send us items _____ 3) Mental health MIS 4) State Education Department 5) Local Schools/Education Agencies 6) Other (specify) _____

Measure of School Attendance: 1) School Attendance 2) Other: (Specify)

Mental health programs include: ☐ 1) Children with SED only ☐ 2) Other Children (specify) ☐ 3) Both.

Region for which data are reported: 1) The whole state 2) Less than the whole state (please describe)

What is the Total Number of Persons Surveyed or for whom School Attendance Data Are Reported

	Child/Adolescents
1. If data is from a survey, What is the total Number of people from which the sample was drawn?	
2. What was your sample size? (How many individuals were selected for the sample)?	
3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)	
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were data available for?	
5. What was your response rate? (number of Completed surveys divided by number of Contacts):	

MHBG Table 19 (URS Table 9): SOCIAL CONNECTEDNESS AND IMPROVED FUNCTIONING

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

MHBG Table 19: NOMS Social Connectedness & Functioning			
Report Year (Year Survey was Conducted):			
State Identifier:			
Adult Consumer Survey Results:	**Number of Positive Responses**	**Responses**	**Percent Positive (calculated)**
1. Social Connectedness			
2. Functioning			
Child/Adolescent Consumer Survey Results:	**Number of Positive Responses**	**Responses**	**Percent Positive (calculated)**
3. Social Connectedness			
4. Functioning			
Comments on Data:			

Adult Social Connectedness and Functioning Measures

1. Did you use the recommended new Social Connectedness Questions? Yes No _____ Measure used

2: Did you use the recommended new Functioning Domain Questions? Yes No _____ Measure used

3. Did you collect these as part of your MHSIP Adult Consumer Survey? Yes No

If No, what source did you use? _____

Child/Family Social Connectedness and Functioning Measures

4: Did you use the recommended new Social Connectedness Questions? Yes No _____ Measure used

5: Did you use the recommended new Functioning Domain Questions? Yes No _____ Measure used

6. Did you collect these as part of your YSS-F Survey? Yes No

If No, what source did you use? _____

Recommended Scoring Rules

Please use the same rules for reporting Social connectedness and Functioning Domain scores as for calculating other Consumer Survey Domain scores for Table MHBG Table 20a: E.g.:

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 of the items for each respondent.
4. FOR ADULTS: calculate the percent of scores less than 2.5. (percent agree and strongly agree).
5. FOR YSS-F: calculate the percent of scores greater than 3.5. (percent agree and strongly agree).

Items to Score in the Functioning Domain:

Adult MHSIP Functioning Domain:

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 (this question already is part of the MHSIP Adult Survey)

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)

Items to Score in the Social Connectedness Domain:

Adult MHSIP Social Connectedness Domain:

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.

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

MHBG Table 20A (URS Table 11): Summary Profile of Client Evaluation of Care

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

MHBG Table 20A			
Report Year (Year Survey was Conducted):			
State Identifier:			
Adult Consumer Survey Results:	**Number of Positive Responses**	**Responses**	**Confidence Interval***
1. Reporting Positively About Access.			
2. Reporting Positively About Quality and Appropriateness for Adults			
3. Reporting Positively About Outcomes.			
4. Adults Reporting on Participation In Treatment Planning.			
5. Adults Positively about General Satisfaction with Services.			
Child/Adolescent Consumer Survey Results:	**Number of Positive Responses**	**Responses**	**Confidence Interval***
1. Reporting Positively About Access.			
2. Reporting Positively about General Satisfaction for Children.			
3. Reporting Positively about Outcomes for Children.			
4. Family Members Reporting on Participation In Treatment Planning for their Children			
5. Family Members Reporting High Cultural Sensitivity of Staff.			
Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.			
**** Please report Confidence Intervals at the 95% level. See directions below regarding the calculation of confidence intervals.***			
Comments on Data:			

Adult Consumer Surveys

1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey Used?

1.a. If no, which version:
1. Original 40 Item Version
2. 21-Item Version
3. State Variation of MHSIP
4. Other Consumer Survey

1.b. If other, please attach instrument used.
1.c. Did you use any translations of the MHSIP into another language?

2. Other Language:

Adult Survey Approach:

2. Populations covered in survey? (Note all surveys should cover all regions of state)

2.a. If a sample was used, what sample methodology was used?

4. Other Sample:

Adult Consumer Surveys (Continued)

2.b Do you survey only people currently in services, or do you also Survey Persons no longer in service?

3. Please Describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.)

3.4 Other: describe: (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone		
Mail		
Face-to-face		
Web-Based		

4.b. Who administered the Survey? (Check all that apply)

6. Other: describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?

6. Sample Size and Response Rate

6a. How many Surveys were Attempted (sent out or calls initiated)?

6.b How many survey Contacts were made? (surveys to valid phone numbers or addresses)

6.c How many surveys were completed? (survey forms returned or calls completed)

6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these survey's as "completed" for the calculation of response rates?

7. Who Conducted the Survey

7.a. SMHA Conducted or contracted for the Survey (survey done at state level)

7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)

7.c. Other: Describe:

* Report Confidence Intervals at the 95% confidence level

Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll 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 relevant population between 43% (47-4) and 51% (47+4) would have picked that answer.
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%. (From www.surveysystem.com)

Child/Family Consumer Surveys

1. Was the MHSIP Children/Family Survey (YSS-F) Used?

If No, what survey did you use?

If no, please attach instrument used.

1.c. Did you use any translations of the Child MHSIP into another language?

2. Other Language:

Child Survey Approach:

2. Populations covered in survey? (Note all surveys should cover all regions of state)

2.a. If a sample was used, what sample methodology was used?

4. Other Sample:

2.b Do you survey only people currently in services, or do you also Survey Persons no longer in service?

2a. If yes to 2, please describe how your survey persons no longer receiving services.

3. Please Describe the populations included in your sample: (e.g., all children, only children with SED, etc.)

3.4 Other: describe: (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone		
Mail		
Face-to-face		
Web-based		

4.b. Who administered the Survey? (Check all that apply)

6. Other: describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?

6. Sample Size and Response Rate

6a. How many Surveys were Attempted (sent out or calls initiated)?	
6.b How many survey Contacts were made? (surveys to valid phone numbers or addresses)	
6.c How many surveys were completed? (survey forms returned or calls completed)	

6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these survey's as "completed" for the calculation of response rates?

7. Who Conducted the Survey

7.a. SMHA Conducted or contracted for the Survey (survey done at state level)

7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)

7.c. Other: Describe:

MHBG Table 20b (URS Table 11A) Consumer Evaluation of Care by Consumer Characteristics: (Optional Table by Race/Ethnicity.)

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 20b.	
Report Year:	
State Identifier:	

Adult Consumer Survey Results:

*State used the 2 question version for Hispanic Origin ○ Yes ○ No

Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other/ Not Available		Hispanic Origin*	
Adult Consumer Survey Results:	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.																		
2. Reporting Positively About Quality and Appropriateness.																		
3. Reporting Positively About Outcomes.																		
4. Reporting Positively about Participation in Treatment Planning																		
5. Reporting Positively about General Satisfaction																		
6. Social Connectedness																		
7. Functioning																		

Child/Adolescent Family Survey Results:

*State used the 2 question version for Hispanic Origin Yes No

Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other/ Not Available		Hispanic Origin*	
Child/Adolescent Family Survey Results:	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
Reporting Positively About Access.																		
Reporting Positively About General Satisfaction																		
Reporting Positively About Outcomes.																		
Reporting Positively Participation in Treatment Planning for their Children.																		
Reporting Positively About Cultural Sensitivity of Staff.																		
6. Social Connectedness																		
7. Functioning																		

Comments on Data:

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

MHBG Table 21 (URS Table 19a) Profile of Criminal Justice or Juvenile Justice Involvement:

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

1. This is a developmental measure. To assist in the development process, we are asking states to report information on the arrest histories of mental health consumers with their December 2007 MHBG submission.

2. The SAMHSA National Outcome Measure for Criminal Justice measures the change in Arrests over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer self-report items on criminal justice, you may report them here.

3. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.

4. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.

5. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

State: _____ **Time period in which services were received:**

For Consumers in Service for at least 12 months

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Over the last 12 months, my encounters with the police have…					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Children/Youth (under age 18)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male																		0
Female																		0
Gender NA																		0
Total Adults (age 18 and over)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male																		0
Female																		0
Gender NA																		0

For Consumers Who Began Mental Health Services during the past 12 months

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Since starting to receive MH Services, my encounters with the police have…					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Children/Youth (under age 18)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male																		0
Female																		0
Gender NA																		0
Total Adults (age 18 and over)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male																		0
Female																		0
Gender NA																		0

State: Time period in which services were received:

Please Describe the Sources of your Criminal Justice Data

Source of adult criminal justice informati o
- ☐ 1) Consumer survey (recommended questions)
- ☐ 2) Other Consumer Survey: Please send copy of questions
- ☐ 3) Mental health MIS
- ☐ 4) State criminal justice agency
- ☐ 5) Local criminal justice agency
- ☐ 6) Other (specify) _____

Sources of children/youth criminal justice information:
- ☐ 1) Consumer survey (recommended questions)
- ☐ 2) Other Consumer Survey: Please send copy of questions
- ☐ 3) Mental health MIS
- ☐ 4) State criminal/juvenile justice agency
- ☐ 5) Local criminal/juvenile justice agency
- ☐ 6) Other (specify) _____

Measure of adult criminal justice involvement:
- ○ 1) Arrests
- ○ 2) Other: (specify) _____

Measure of children/youth criminal justice involvement:
- ○ 1) Arrests
- ○ 2) Other: (specify) _____

Mental health programs included:
- ☐ 1) Adults with SMI only
- ☐ 2) Other adults (specify) _____
- ☐ 3) Both (all adults)
- ☐ 1) Children with SED only
- ☐ 2) Other Children (specify) _____
- ☐ 3) Both (all Children)

Region for which adult data are reported:
- ○ 1) The whole state
- ○ 2) Less than the whole state (please describe) _____

Region for which children/youth data are reported:
- ○ 1) The whole state
- ○ 2) Less than the whole state (please describe) _____

What is the Total Number of Persons Surveyed or for whom Criminal Justice Data Are Reported

	Child/Adolescents	Adults
1. If data is from a survey, What is the total Number of people from which the sample was drawn?		
2. What was your sample size? (How many individuals were selected for the sample)?		
3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)		
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were CJ data available for?		
5. What was your response rate? (number of Completed surveys divided by number of Contacts):		

State Comments/Notes:

Instructions:

If you have responses to a survey by person not in the expected age group, you should include those responses with other responses from the survey. e.g. if a 16 or 17 year old responds to the Adult MHSIP survey, please include their responses in the Adult categories (since that was the survey they used).

Table 22: Profile of Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances Receiving Specific Services:

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 22.								
Report Year:								
State Identifier:								
	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Age								
0-12								
13-17								
18-20								
21-64								
65-74								
75+								
Not Available								
TOTAL	0	0	0	0	0	0	0	0
Gender								
Female								
Male								
Not Available								
Race/Ethnicity								
American Indian/Alaska Native								
Asian								
Black/African American								
Hawaiian/Pacific Islander								
White								
Hispanic*								
More than one race								
Not Available								
Hispanic/Latino Origin								
Hispanic/Latino Origin								
Non Hispanic/Latino								
Not Available								
Do You monitor fidelity for this service?	Yes / No	Yes / No	Yes / No		Yes / No	Yes / No	Yes / No	
IF YES, What fidelity measure do you use? Who measures fidelity? How often is fidelity measured?								
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	Yes / No	Yes / No	Yes / No		Yes / No	Yes / No	Yes / No	
Have staff been specifically trained to implement the EBP?								

* Hispanic is part of the total served. Yes No

Comments on Data (overall):	
Comments on Data (Supported Housing):	
Comments on Data (Supported Employment):	
Comments on Data (Assertive Community Treatment):	
Comments on Data (Therapeutic Foster Care):	
Comments on Data (Multi-Systemic Therapy):	
Comments on Data (Family Functional Therapy):	

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

MHBG Table 23A (URS Table 20A). Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

MHBG Table 23A.					
Report Year:					
State Identifier:					
	Total number of Discharges in Year	**Number of Readmissions to ANY STATE Hospital within**		**Percent Readmitted**	
		30 days	**180 days**	**30 days**	**180 days**
TOTAL	0	0	0		
Age					
0-12					
13-17					
18-20					
21-64					
65-74					
75+					
Not Available					
Gender					
Female					
Male					
Gender Not Available					
Race					
American Indian/ Alaska Native					
Asian					
Black/African American					
Hawaiian/Pacific Islander					
White					
Hispanic*					
More than one race					
Race Not Available					
Hispanic/Latino Origin					
Hispanic/Latino Origin					
Non Hispanic/Latino					
Hispanic/Latino Origin Not Available					
Are Forensic Patients Included?					
Comments on Data:					

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

MHBG Table 23B (URS Table 20B). Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

MHBG Table 23B.					
Report Year:					
State Identifier:					
	Total number of Discharges in Year	**Number of Readmissions to ANY STATE Hospital within**		**Percent Readmitted**	
		30 days	**180 days**	**30 days**	**180 days**
TOTAL	0	0	0		
Age					
0-12					
13-17					
18-20					
21-64					
65-74					
75+					
Not Available					
Gender					
Female					
Male					
Gender Not Available					
Race					
American Indian/ Alaska Native					
Asian					
Black/African American					
Hawaiian/Pacific Islander					
White					
Hispanic*					
More than one race					
Race Not Available					
Hispanic/Latino Origin					
Hispanic/Latino Origin					
Non Hispanic/Latino					
Hispanic/Latino Origin Not Available					
Comments on Data:					

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

MHBG Table 24 (URS Table 21). Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) Within 30/180 Days of Discharge

MHBG Table 24.					
Report Year:					
State Identifier:					
	Total number of Discharges in Year	**Number of Readmissions to ANY Psychiatric Inpatient Care Unit Hospital within**		**Percent Readmitted**	
		30 days	**180 days**	**30 days**	**180 days**
TOTAL	0	0	0		
Age					
0-12					
13-17					
18-20					
21-64					
65-74					
75+					
Not Available					
Gender					
Female					
Male					
Gender Not Available					
Race					
American Indian/ Alaska Native					
Asian					
Black/African American					
Hawaiian/Pacific Islander					
White					
Hispanic*					
More than one race					
Race Not Available					
Hispanic/Latino Origin					
Hispanic/Latino Origin					
Non Hispanic/Latino					
Hispanic/Latino Origin Not Available					
1. Does this table include readmission from state psychiatric hospitals?					
2. Are Forensic Patients Included?					
Comments on Data:					

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available