### URS Table 2A. Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

Comments on Data

(Overall):

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 DO									110/0	CLLL					
Please report the Table 2.	data unde 	r the cate	egories liste	d - "Total'	' are calcı	ulated au	tomatically.								
Report Year:														1	
State Identifier:														†	
State Identiner:		T	otal		Americ	an Indian Native	or Alaska		Asian		Black o	r African .	American	Native Hav	waiian or C Islander
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male
0-12 Years	0	0	0	0											
13-17 years	0	0	0	0											
18-20 years	0	0	0	0											
21-24	0	0	0	0											
25-44	0	0	0	0											
45-64	0	0	0	0											
65-74 years	0	0	0	0											
75+ years	0	0	0	0											
Not Available	0	0	0	0											
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pregnant Women	0			0											
Are these numbers	unduplica	ated?												-	
Comments on Data (for Age):															
Comments on Data (for Gender):															
Comments on Data															

her Pacific		White		Hispanio Table 2	C * use only 2b are not a	if data for vailable.	More Tha	n One Rac	e Reported	Rac	e Not Av	ailable/
Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0	0	0	0	0	0	0	0	0	0	0	0	0

## 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 Table 2A.

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

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

·	-		•					•					
Table 2.													
Report Year:													
State Identifier:							Hionon	io or Loti	no Origin				
	Not H	ispanic o	r Latino	His	panic or I	Latino		lot Availa			Т	otal	
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0 - 12 Years										0	0	0	(
13 - 17 years										0	0	0	(
18 - 20 years										0	0	0	(
21-24										0	0	0	(
25-44										0	0	0	(
45-64										0	0	0	(
65-74 years										0	0	0	(
75+ years										0	0	0	(
Not Available										0	0	0	(
Total	0	0	0	0	0	0	0	0	0	0	0	0	(
Pregnant Women										0			(
Comments on Data (for Age):													
Comments on Data (for Gender):													
Comments on Data (for Race/Ethnicity):													
Comments on Data (Overall):													

#### Table 3. Profile of Persons served in the community mental health setting, State Psychiatric Hospitals and Other Settings

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!

Table 3.														_
Report Year:														
State Identifier:														
		Age 0-1	L7		Age 18	-20		Age 21	-64		Age 65	5+	Age	Not Ava
Table 3.	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male
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 serve as surrogate state hospitals should report persons served in such settings as receiving services in state hospitals.
- If forensic hospitals are part of the state mental health agency system include them.
- Persons who receive non-inpatient care in state psychiatric hospitals should be included in the Community MH Program Row
- 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.
- A person who is served in both community settings and inpatient settings should be included in both rows

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)." If your state serves adults in residential treatment centers, these adults should be reported in the residential treatment center row using the appropriate age group columns.

ıilable		To	otal	
Not Available	Female		Not Available	Total
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0

#### 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!

Table 4.																
Report Year:																
State Identifier:																
		18-20			21-64			65+		Age	Not Av	ailable		T	otal	
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)															0	0
Unemployed													0	C	0	
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)													0	0 0	0	0
Not Available													0	C	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	C	0	0
How Often Does your Sta	ite Measu	re Empl	oyment St	atus?												
What populations are i	included	:														
Comments on Data (for Age):									-							
Comments on Data (for Gender):																
Comments on Data (Overall):																

## **Table 5A. Profile of Clients by Type of Funding Support**

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

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

	-														
Table 5A														_	
Report Year:															
State Identifier:															
		Т	otal		America	n Indian Native	or Alaska		Asian		Black o	African	American		Hawaiia cific Isla
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male
Medicaid (only Medicaid)	0	0	0	0											
Non-Medicaid Sources (only)	0	0	0	0											
People Served by Both Medicaid and Non-Medicaid Sources	0	0	0	0											
Medicaid Status Not Available	0	0	0	0											
Total Served	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Comments on Data (for Race):															
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.

n or Other ander		White			* use only o are not a	if data for available.		Than On Reporte		Race	Not Av	ailable
Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0	0	0	0	0	0	0	0	0	0	0	0	0

## **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 Table 5A.

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

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

Table 5B.													
Report Year:													
State Identifier:													
	Not H	ispanic (	or Latino	His	panic or I	Latino	Hispani	c or Latir Unknowi	no Origin n		Т	otal	
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Medicaid Only										0	0	0	C
Non-Medicaid Only										0	0	0	C
People Served by Both Medicaid and Non-Medicaid Sources										0	0	0	(
Medicaid Status Unknown										0	0	0	(
Total Served	0	0	0	0	0	0	0	0	0	0	0	0	C
Comments on Data (for Ethnicity):													
Comments on Data (for Gender):													
Comments on Data (Overall):													

Fach 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.	(1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources

#### Table 14A. Profile of Persons with SMI/SED served by Age, Gender and Race/Ethnicity

This is a developmental table similar to Table 2A. and 2B. This table requests counts for persons with SMI or SED using the definitions provided by the CMHS. 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 Tables 2A. and 2B. For 2007, 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 DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please report the data under the categories listed - "Total" are calculated automatically. Table 14A. Report Year: State Identifier: American Indian or Alaska **Native Hawaiian** Total **Native** Asian **Black or African American** Pacific Isla Not Not Not Not Male Available Total Female Male Available Female Male Available Female Male Available | Female | Male Female 0-12 Years 0 0 13-17 years 0 18-20 years 0 0 21-64 years Ol 65-74 years 0 0 Ol 75+ years 0 Not Available Ol 0 0 ol 0 ol 0 Total Comments on Data (for Age): Comments on Data (for Gender): Comments on Data (for Race/Ethnicity): Comments on Data (Overall):

#### 1. State Definitions Match the Federal Definitions:

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

Diagnoses included in state SMI definition:

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

Diagnoses included in state SED definition:

or Other		White			C *use onl 4b are not	y if data for available		Than On Reporte		Rac	e Not Ava	ailable
Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0	0	0	0	0	0	0	0	0	0	0	0	0

### **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!

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

Table 15.											
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							-				0
18-64											0
65 +											0
Not Available											0
TOTAL	0	0	0	0	0	0	0	0	0	0	0
Female											0
Male											0
Not Available											0
TOTAL	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaska Native											0
Asian											0
Black/African American											0
Hawaiian/Pacific Islander											0
White/Caucasian											0
Hispanic *											0
More than One Race Reported											0
Race/Ethnicity Not Available											0
TOTAL	0	0	0	0	0	0	0	0	0	0	0
Hispanic or Latino Origin											0
Non Hispanic or Latino Origin											0
Hispanic or Latino Origin Not Available											0
TOTAL	0	0	0	0	0	0	0	0	0	0	0

Comments on Data:		
COMMENS ON Data.		

How Often Does your State Measure Living Situation?

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

# **Living Situation Definitions**:

**Private Residence:** Individual lives in a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO).

**Foster Home:** Individual resides in a Foster Home. A Foster Home is a home that is licensed by a County or State Department to provide foster 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.

**Residential Care:** Individual resides in a residential care facility. 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.

**Crisis Residence:** A residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization. Crisis residences serve persons experiencing rapid or sudden deterioration of social and personal conditions such that they are clinically at risk of hospitalization but may be treated in this alternative setting.

**Children's Residential Treatment Facility:** Children and Youth Residential Treatment Facilities (RTF's) provide fully-integrated mental health treatment services to seriously emotionally disturbed children and youth. 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. The services are provided in facilities which are certified by state or federal agencies or through a national accrediting agency.

**Institutional Setting:** Individual resides in an institutional care facility with care 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.

**Jail/ Correctional Facility:** Individual resides in a Jail and/or Correctional facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Jail, Correctional Facility, Detention Centers, Prison, Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.

**Homeless:** A person should be counted in the ""Homeless"" category if he/she was reported homeless at their most recent (last) assessment during the reporting period (or at discharge for patients discharged during the year). The "last" Assessment could occur at Admission, Discharge, or at some point during treatment. A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is:

- A) A supervised publicly or privately operated shelter designed to provide temporary living accommodations,
- B) An institution that provides a temporary residence for individuals intended to be institutionalized, or
- 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).

**Unavailable:** Information on an individual's residence is not available.

#### Table 15A. Profile of Persons served in the community mental health setting, State Psychiatric Hospitals and Other Settings for Adults with S

This table provides a profile for **Adults with Serious Mental Illnesses (SMI) and Children With Serious Emotional Disturbances (SED)** that received public funded mealth

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!

New URS Table:														
Report Year:														
State Identifier:														
		Age 0-:	17		Age 18	-20		Age 21-	64		Age 6	5+	Age	Not Av
Table 3 (New for SMI/SED). Service Setting	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male
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 serve as surrogate state hospitals should report persons served in such settings as receiving services in state hospitals.
- 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
- 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.
- A person who is served in both community settings and inpatient settings should be included in both rows

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)."

## MI and Children with SED

nental health services in community mental

ailable		T	otal	
Not Available	Female	Male	Not Available	Total
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0

#### **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 consu
- 2. The SAMHSA National Outcome Measure for Criminal Justice measures the change in Arrests over time. The DIG Outcomes Workgroup pilot tested 3 consumers and report items on a similar instinction.
- 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,
- 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;

#### Table 19A. Profile of Adult Criminal Justice and Youth Juvenile Justice Contacts

State:				Time period in which services were received:							
For Consumers in Service for	r at least	12 mont	hs								
	UT4	T1	atla a	UTOU MA	T2 ost Recent 12				T1 to T2	Change	
		"T1" Prior 12 months (more than 1 year ago)			(this year)	monuis	If Arrested	at T1 (Prior 1	.2 Months)	If Not Arreste	
	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	
Total	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	
Male											
Female											
Gender NA											
Total Adults (age 18 and over)	0	0	0	0	0	0	0	0	0	0	
Male											
Female											
Gender NA											

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

	UT1U 10 m	T1	la a ariina na ira ar	UTOU Cire	T2	Comileo			T1 to T2	Change
	11 12 111	onths prior to services	beginning	12 3111	"T2" Since Beginning Services (this year)			l at T1 (Prior 1	.2 Months)	If Not Arreste
	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
Total	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
Male										
Female										
Gender NA										
Total Adults (age 18 and over)	0	0	0	0	0	0	0	0	0	0
Male										
Female										
Gender NA										

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

Please Describe the Sources of your Crimi	inal Justice Data			
Source of adult criminal justice information:	Consumer survey (recommended qu     State criminal justice agency	uestions)	Other Consumer Surve     Local criminal justice a	ey: Please send copy of questions gency
Sources of children/youth criminal justice information:	Consumer survey (recommended quality of the criminal/juvenile justice agence)	ŕ	Other Consumer Surv     Local criminal/juvenile	ey: Please send copy of questions justice agency
Measure of adult criminal justice involvement:	1) Arrests	2) Other: (s	specify)	
Measure of children/youth criminal justice involvement:	1) Arrests	2) Other: (s	pecify)	
Mental health programs included:	Adults with SMI only     Children with SED only	,	ults (specify) ildren (specify)	
Region for which adult data are reported: Region for which children/youth data are reported:	<ol> <li>The whole state</li> <li>The whole state</li> </ol>	<ul><li>2) Less than the whole sta</li><li>2) Less than the whole sta</li></ul>	,	
What is the Total Number of Persons	Surveyed or for whom Criminal Ju	ustice Data Are Reporte	Child/Adolescents	Adults
1. If data is from a survey, What is the total Ni				
2. What was your sample size? (How many in				
3. How many survey Contacts were made? (s 4. How many surveys were completed? (surveys not a Survey, How many persons were C	surveys to valid phone numbers or addres ey forms returned or calls completed) If d CJ data available for?	sses) lata source		
5. What was your response rate? (number of	<del>_ '                                   </del>	f Contacts):		
State Comments/Notes	s:			

# Instructions:

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

mers with their December 2007 MHBG submission.

ner self-report items that can be used to provide this information. If your state has used the 3 please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2,

specify time period for criminal justice involvement; explain whether treatment data are

			Assessm	ent of the	Impact of	Services					
ed at T1 (Prio	at T1 (Prior 12 Months)  Over the last 12 months, my encounters with the police have										
# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses				
0	0	0	0	0	0	0	0				
0	0	0	0	0	0	0	0				
							0				
							0				
							0				
0	0	0	0	0	0	0	0				
							0				
							0				
							0				

			Assessment of the Impact of Services										
ed at T1 (Prior	12 Months)	Since start	Since starting to receive MH Services, my encounters with the police have										
# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses						
0	0	0	0	0	0	0	C						
0	0	0	0	0	0	0	C						
							C						
							C						
							C						
0	0	0	0	0	0	0	O						
							0						
							0						
						_	0						
							C						

3) Mental health MIS		
6) Other (specify)		
3) Mental health MIS		
6) Other (specify)		
	3) Both (all adults)	
	3) Both (all Children)	

3 or 17 year old responds to the

## 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 ment
- 2. The SAMHSA National Outcome Measure for School Attendance measures the change in days attended over time. The DIG Outcomes Workgroup pilot teste
- 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 consulations in Attendance from T1 to T2, places use all those solveness.
- 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, as a classically

## **Table 19b. Profile of Change in School Attendance**

State	:			-	Time p	eriod in whic	h services w	ere received:			
For Consumers in Serv	ice for at le	east 12 mo	nths								
		T1			T2			T1	to T2 Cha	nge	
		<del>" Prior 12 mor</del> re than 1 year		"T2" Mc	ost Recent 12 (this year)	months	If Suspende	ed at T1 (Prior			<del>spenueu at т.</del> Months)
Total	# Not Suspended or Expelled Position of Expelled Or Expelled No Response			# Suspended or Expelled	# # Not Suspended No			# with an Expelled or Suspension Suspended in T2 # with No Response			# with No Suspension or Expulsion at T2
Gender											
Male											
Female											
Gender NA											
Age											
Under 18											

	UT 1 U 1 O 100	T1	haainnina	UTOU Cire	T2	Consisse			T1 to T2	Change	
	11_15_111	onths prior to services	beginning -	"T2" Since Beginning Services (this year)			If Suspende	d at T1 (Prior	12 Months)	(F	rior 12 Mont
	# 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 Suspensior or Expulsion at T2
Total	0	0	0	0	0	0	0	0	0	0	
Gender											
Male											
Female											
Gender NA											
Age											
Under 18											
Source of School Attendance Int	1) Consumer 4) State Educ	- '		5) Local Schools/Education A						3) Mental hea	
Measure of School Attendance	1) School Atte	endance		2) Other: (Sp	ecify)						
Mental health programs include:	1) Children wi	th SED only		2) Other Child	dren (specify)					3) Both.	
Region for which data are report	1) The whole	state		2) Less than	the whole stat	e (please des	cribe)				
What is the Total Number o	of Persons	Surveyed o	r for whom	School Atte							
4 16 -1-4- :- 6 \All4	in the state LND.		l - £	Alan annual a co		Child/Adole	escents 				
1. If data is from a survey, What					ras urawii?						
2. What was your sample size? (					coc)						
<ul><li>3. How many survey Contacts w</li><li>4. How many surveys were com</li></ul>	,	-	•		SeS)						
data source was not a Survey, H	low many per	sons were dat	ta available fo	r?							
  5. What was your response rate	? (number of (	Completed su	rvevs divided	by number of	Contacts):						

State Comments/Notes	

tal health consumers with their December 2007 MHBG submission.

3 consumer self-report items that can be used to provide this information. If your mers in this year, please report that in the T2 columns. If you can calculate the

; specify time period for criminal justice involvement; explain whether treatment data

(PIIOI 12			Impact of	Services		
	Over the	last 12 month	s, the number	of days my c	hild was in sch	nool have
No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No response	Total Responses
0	0	0	0	0	0	C
						0
						0
						С
						0

π τ	Impact of Services Since starting to receive MH Services, the number of days my child was in school have								
No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No response	Total Responses			
0	0	0	0	0	0	0			
						0			
						0			
						0			
						0			

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

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

Table 20A.					
Report Year:					
State Identifier:					
	Total number of Discharges in	Number of Rea	admissions to ospital within	Percent R	eadmitted
	Year	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					
Trade Not Namasie					
Hispanic/Latino Origin					
Hispanic/Latino Origin					
Non Hispanic/Latino					
Hispanic/Latino Origin Not Available					
Are Forensic Patients Included?	!		l l		
Comments on Data	:				

* Hispanic:	Only use the	"Hispanic"	row under	Race if d	ata for His <sub>l</sub>	panic as a	Ethnic Orig	jin are not a	vailable	

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

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

Table 20B.						
Report Year:						
State Identifier:						
	Total number of Discharges	Number of Read STATE Hos		Percent R	Percent Readmitted	
	in Year	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					I	
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 Avail	able					
Comments on Data:						

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