

URS Table 2A (MHBG Table 8A). Profile of Persons Served, All Programs by Age, Gender and Race

OMB No. 0930-0335
 Expiration Date: 04/30/2022

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0335. Public reporting burden for this collection of information is estimated to average 5,040 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-A, Rockville, Maryland, 20857.

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 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 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	
0-12 years	0	0	0	0										
13-17 years	0	0	0	0										
18-20 years	0	0	0	0										
21-24 years	0	0	0	0										
25-44 years	0	0	0	0										

URS Table 2A (MHBG Table 8A). Profile of Persons Served, All Programs by Age, Gender and Race

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

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

45-64 years	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
Pregnant Women	0			0									

Are these numbers unduplicated? Unduplicated Duplicated: between Hospitals and Commu Duplicated Among Community Program
 Duplicated between children and ad Other: describe: _____

Comments on Data (for Age):	
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URS Table 2A (MHBG Table 8A). Profile of Persons Served, All Programs by Age, Gender and Race

OMB No. 0930-0335
Expiration Date: 04/30/2022

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0335. Public reporting burden for this collection of information is estimated to average 5,040 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-A, Rockville, Maryland, 20857.

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

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

Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	

URS Table 2A (MHE

Public Burden Stat
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comments regardin
information, includ
Clearance Officer,

*This table provides a
available. This profil
account all institutio*

PLEASE DO NOT

Please report the data

Table 2.						
Report Period:						
State Identifier:						
	Native Hawaiian or Other Pacific Islander			White		
	Female	Male	Not Available	Female	Male	Not Available
0-12 years						
13-17 years						
18-20 years						
21-24 years						
25-44 years						

URS Table 2A (MHE

Public Burden Stat
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comments regardin
information, includ
Clearance Officer,

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account all institutio*

PLEASE DO NOT

Please report the data

45-64 years						
65-74 years						
75+ years						
Not Available						
Total	0	0	0	0	0	0
Pregnant Women						

Are these numbers u

Comments on Data
(for Age):

URS Table 2A (MHE

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Comments on Data (for Gender):
Comments on Data (for Race/Ethnicity):
Comments on Data (Overall):

URS Table 2A (MHE

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Please report the data

Table 2.						
Report Period:						
State Identifier:						
	More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Female	Male	Not Available
0-12 years						
13-17 years						
18-20 years						
21-24 years						
25-44 years						

URS Table 2A (MHE

Public Burden Stat
not required to res
valid OMB control
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Clearance Officer,

*This table provides a
available. This profil
account all institutio*

PLEASE DO NOT

Please report the data

45-64 years						
65-74 years						
75+ years						
Not Available						
Total	0	0	0	0	0	0
Pregnant Women						

Are these numbers u

Comments on Data
(for Age):

Table 2B (MHBG Table 8B). Profile of Persons Served, All Programs by Age, Gender and 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 Period:	From:						To:						
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										0	0	0	0
13-17 years										0	0	0	0
18-20 years										0	0	0	0
21-24 years										0	0	0	0
25-44 years										0	0	0	0
45-64 years										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
Pregnant Women										0			0
Comments on Data (for Age):													
Comments on Data (for Gender):													
Comments on Data (for Race/Ethnicity):													
Comments on Data (Overall):													

Table 3 (MHBG Table 9). Profile of Persons Served in 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 Period:	From:						To:					
State Identifier:												
	Age 0-17			Age 18-20			Age 21-64			Age 65+		
Table 3.	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
Service Setting												
Community Mental Health Programs												
State Psychiatric Hospitals												
Other Psychiatric Inpatient												
Residential Treatment Centers												
Institutions under the Justice System												
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:

- 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

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).” **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.**

Table 3 (MHBC

*This table provi
settings, in statu*

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Table 3.

Report Period:

State Identifier:

Table 3. Service Setting	Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Total
Community Me Health Program				0	0	0	0
State Psychiatr Hospitals				0	0	0	0
Other Psychiatr Inpatient				0	0	0	0
Residential Tre Centers				0	0	0	0
Institutions und Justice System				0	0	0	0

Comments on Da
Age):

Comments on Da
Gender):

Comments on Da
(Overall):

*Note: Clients car
same year and th*

Instructions:

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Table 4 (MHBG Table 15A). 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 Period:	From:						To:									
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)													0	0	0	0
Unemployed													0	0	0	0
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)													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	0	0

How Often Does your State Measure Employment Status? At Admissio At Discharge Monthly Quarterly Other: describe _____

What populations are included: All Clients Only Selected groups: describ _____

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

Table 5A (MHBG Table 10A). Profile of Clients by Type of Funding Support

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the 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 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)	0	0	0	0										
Non-Medicaid Sources (only)	0	0	0	0										
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	

Data Based on Medicaid Se Data Based on Medicaid Eligibility, not Medicaid 'People Served by Both' includes people w

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

Each row should have a unique (deduplicated) 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.

Table 5A (MHBG Ta

This table provides a focus on the client they received a servi

PLEASE DO N

Please note that the sa

Table 5A												
Report Period:												
State Identifier:												
	Native Hawaiian or Other Pacific Islander			White			More Than One Race Reported			Race 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)												
Both Medicaid and Non-Medicaid Sources												
Medicaid Status Not Available												
Total Served	0	0	0	0	0	0	0	0	0	0	0	0

itr

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

Each row should hav
and (4) Medicaid Sta
If a state is unable to
Served by Both Medi

Table 5B (MHBG Table 10B). 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 Period:	From:						To:						
State Identifier:													
	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Unknown			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Medicaid Only										0	0	0	0
Non-Medicaid Only										0	0	0	0
People Served by Both Medicaid and Non-Medicaid Sources										0	0	0	0
Medicaid Status Unknown										0	0	0	0
Total Served	0	0	0	0	0	0	0	0	0	0	0	0	0
Comments on Data (for Ethnicity):													
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.

Table 14A (MHBG Table 13A). 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 Period:	From:							To:								
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	0	0	0	0												
13-17 years	0	0	0	0												
18-20 years	0	0	0	0												
21-24 years	0	0	0	0												
25-44 years	0	0	0	0												
45-64 years	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	0	0
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:

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

Diagnoses included in state SMI definition: _____

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

Diagnoses included in state SED definition: _____

Table 14A (MHBG)

This is a development of the CMHS. Table 2A. a definition of SMI or Definitions of SMI a describing your sta

PLEASE DO

Please report the d

Table 14A.									
Report Period:									
State Identifier:									
	White			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									
21-24 years									
25-44 years									
45-64 years									
65-74 years									
75+ years									
Not Available									
Total	0	0	0	0	0	0	0	0	0
Comments on Data (for Age):									
Comments on Data (for Gender):									
Comments on Data (for Race/Ethnicity):									
Comments on Data (Overall):									

1. State Definitions M

Yes No

Yes No

Table 15A (MHBG Table 14). Profile of Persons served in the community mental health setting, State Psychiatric Hospitals and Other Settings for Adults w

*This table provides a profile for **Adults with Serious Mental Illnesses (SMI) and Children With Serious Emotional Disturbances (SED)** that received public funded 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 Period:	From:					To:							
State Identifier:													
Table 3 (New for SMI/SED). Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+			Age
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female
Community Mental Health Programs													
State Psychiatric Hospitals													
Other Psychiatric Inpatient													
Residential Treatment Centers													
Institutions under the Justice System													
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:

- 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

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 15A (MH) with SMI and Children with SED

This table provides mental health services in community mental health settings, in state

PLEASE D

New URS Table

Report Period:

State Identifier:

Table 3 (New for SMI/SED). Service Setting	Not Available		Total			
	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Program			0	0	0	0
State Psychiatric Hospitals			0	0	0	0
Other Psychiatric Inpatient			0	0	0	0
Residential Treatment Centers			0	0	0	0
Institutions and Justice System			0	0	0	0

Comments on Data (Age):

Comments on Data (Gender):

Comments on Data (Overall):

Note: Clients care same year and th

Instructions:

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Table 15 (MHBG Table 18). 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 Period:	From:					To:					
State Identifier:											
	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail/ Correctional Facility	Homeless/ Shelter	Other	Not Available	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
More than One Race Reported											0
Race 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:											

How Often Does your State Measure Living Situation? At Admissio At Dischargε Monthly Quarterly Other: describe _____

Table 19A (MHBG Table 21). 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).

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

State: _____ Reporting Period: From: _____ to: _____

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
Female																		
Male																		
Gender NA																		
Total Adults (age 18 and over)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Female																		
Male																		
Gender NA																		

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
Female																		
Male																		
Gender NA																		
Total Adults (age 18 and over)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Female																		
Male																		
Gender NA																		

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

Please Describe the Sources of your Criminal Justice Data

Source of **adult** criminal justice information: 1) Consumer Survey (recommended questions) 2) Other Consumer Survey: Please send copy of questions) Mental Health MIS
 4) State Criminal Justice Agency 3) Local Criminal Justice Agency 3) Other (specify) _____

Sources of **children/youth** criminal justice information: 1) Consumer Survey (recommended questions) 2) Other Consumer Survey: Please send copy of questions) Mental Health MIS
 4) State Criminal/Juvenile Justice Agency 3) Local Criminal Justice Agency 3) Other (specify) _____

Measure of **adult** criminal justice involvement: 1) Arrests 2) Other: (sp) _____

Measure of **children/youth** criminal justice involvement: 1) Arrests 2) Other (sp) _____

Mental health programs included:) Adults with SMI Only) Other adults (specify) _____) Both (all adults)
) Children with SED Only) Other children (specify) _____) Both (all children)

Region for which **adult** data are reported: 1) The whole state 2) Less than the whole state (pl) _____

Region for which **children/youth** data are reported: 1) The whole state 2) Less than the whole state (pl) _____

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 19B (MHBG Table 22) 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: _____			Reporting Period: From: _____ to: _____															
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																		
Female																		0
Male																		0
Gender NA																		0
Age																		
Under 18																		0
For Consumers Who Began Mental Health Services during the past 12 months																		
	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																		
Female																		0
Male																		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 Consumer Survey (recommended items) 2) Other Survey: (please send us items) 3) Mental Health MIS
) State Education Department 3) Local Schools/Education Agencies 3) Other (specify) _____

Measure of School Attendance 1) School A: 2) Other: (s _____

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

Region for which data are reported: 1) The whol 2) Less than the whole state (p _____

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

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):

Child/Adolescents

State Comments/Notes

Table 20A (MHBG Table 23A). 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 Period:	From:			To:	
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					
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? Yes No

Comments on Data:	
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Table 20B (MHBG Table 23B). 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 Period:	From:			To:	
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					
More than one race					
Race Not Available					
Hispanic/Latino Origin					
Hispanic/Latino Origin					
Non Hispanic/Latino					
Hispanic/Latino Origin Not Available					
Comments on Data:					