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Block Grant Reporting Section

CFDA 93.958

Community Mental Health Services Block Grant

U.S. Department of Health and Human Services

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The reporting document is comprised of the following sections:

Section A: *Introduction* – this section provides a brief introduction to the MHBG Annual Report as well as due dates for submission.

Section B: *Implementation Report (Table 1)* – In this section, states and jurisdictions are required to provide a brief review of the extent to which their respective plans were implemented and met 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 the state or jurisdiction identified in the Block Grant Plan as needing improvement and changes the state or jurisdiction would propose to achieve the goals established for the priorities.

Section C: *State Agency Expenditure Reports (Tables 2 through 8)* – In this section, states and jurisdictions are required provide information regarding expenditures for authorized activities and services for mental health, including crisis services.

Section D: *Populations and Services Report (Tables 9 through 14)* – In this section, states and jurisdictions are required to provide specific information regarding the number of individuals served that are the focus of the state’s Mental Health Block Grant plan. States should report all mental health clients whose care is funded by MHBG, State funds, and any other funds that the SMHA considers part of their behavioral health system. Additionally, states and jurisdictions should provide specific information regarding the services these individuals received.

Section E: *Performance Indicators and Accomplishments (Tables 15 through 24)* – In this section, 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, using National Outcome Measures (NOMS) for mental health services as well as any state- or jurisdiction-selected performance indicators.

Section F: *State General Data Notes* – In this section, states and jurisdictions may provide data notes deemed necessary to provide context for the data reported.

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 Assistant Secretary for Mental Health and Substance Use, to determine the extent to which states and jurisdictions have implemented the state plan for the prior fiscal year. The purpose of the Mental Health Block Grant Annual Report is to provide information to assist the Secretary in making this determination.

States and jurisdictions are required 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, 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 the Web Block Grant Application System (WebBGAS). This report must be received no later than December 1, for a 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. In addition, states and jurisdictions are required to submit their [client level data](#) (using MH-CLD or MH-TEDS data formats) through the Behavioral Health Services Information System (BHSIS) by the same deadline. The following schedule includes specific due dates for annual reports:

Due Dates for MH and Combined BG Components			
FY the state is applying for funds	Application Due	Reporting Period	MHBG Report Due
2026	9/2/2025	Report year is Last Completed SFY	12/1/2025
2027	9/1/2026	Report year is Last Completed SFY	12/1/2026

B. Implementation Report

Information entered by states and jurisdictions into the performance indicator table (Plan Table 1) within the planning section of the 2024/2025 Behavioral Health Assessment and Plan will automatically populate cells 1 – 6 in the progress report table below. States and jurisdictions are required to indicate whether each year performance target/outcome measurement identified in the 2024/2025 Plan was “Achieved” or “Not Achieved” in Cell 8, Report of Progress toward Goal Attainment. If a target was not achieved, provide a detailed explanation with 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 (SUP, SUT, SUR, MHS):
3. Population(s) (SMI, SED, ESMI, BHCS, PWWDC, PP, PWID, EIS/HIV, TB, PRSUD, OTHER):	
4. Goal of the priority area:	
5. Objective:	
6. Strategies to attain the objective:	
7. Annual Performance Indicators/objectives 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 2024):	
c) Second-year target/outcome measurement (Final – end of SFY 2025):	
d) Data source:	
e) Description of data:	
f) Data issues/caveats that affect outcome measures:	
8. 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:	

SMI – adults with serious mental illness; **SED** – children with serious emotional disturbance; **ESMI** – individuals with early serious mental illness including psychosis; **BHCS** – individuals receiving behavioral health crisis services; **PWWDC** – pregnant women and/or women with dependent children who are receiving SUD treatment services; **PP** – individuals in need of substance use primary prevention; **PWID** – individuals who inject drugs (formerly known as intravenous drug users (IVDU)); **EIS** – early intervention services/**HIV** – individuals with or at risk for HIV/AIDS who are receiving SUD treatment services; **TB** – individuals with or at risk of tuberculosis who are receiving SUD treatment services; **PRSUD** – persons in or seeking recovery from SUD; **other** – specify .

C. State Agency Expenditure Reports

States and jurisdictions are required to provide information regarding MHBG, Medicaid, other federal funding sources, state, local and other funds expended for authorized activities to treat mental illness during the last completed 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 database maintained by the BHSIS Contractor.*

MHBG Table 2A (URS Table 7A) *State Agency Expenditure Report:* MHBG Table 2A collects information on mental health expenditures by sources of funding. This includes funding from the MHBG, Medicaid, other federal funding sources, state, local, other funds, and MHBG supplemental funds including the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260] (COVID-19), the American Rescue Plan Act, 2021 [P.L. 117-2] (ARP), and the Bipartisan Safer Communities Act [P.L. 117-159] (BSCA).

MHBG Table 2B (URS Table 7B) *State Agency Early Serious Mental Illness (ESMI) including First Episode Psychosis Expenditures Report:* MHBG Table 2B collects information on mental health expenditures by sources of funding specifically for Coordinated Specialty Care (CSC) Programs as well as other evidence-based Early Serious Mental Illness (ESMI) programs through the MHBG 10% set-aside. This includes funding from the MHBG, Medicaid, other federal funding sources, state, local, other, and MHBG supplemental funds including COVID-19, ARP, and BSCA.

MHBG Table 2C (URS Table 7C) *MHBG State Agency Crisis Services Expenditures Report:* MHBG Table 2C collects information on mental health expenditures by sources of funding specifically for behavioral health crisis response services (BHCS). This includes funding from the MHBG, Medicaid, other federal funding sources, state, local, other, and MHBG supplemental funds including COVID-19, ARP, and BSCA.

MHBG Table 3 *Set-aside for Children's Mental Health Service:* MHBG table 3 collects information on statewide expenditures for children's mental health services during the last completed SFY. States are required to provide systems of integrated services for children with SED. Each year the State shall expend not less than the amount expended in FY 1994. If there is a shortfall in funding available for children's mental health services, the state may request a waiver. A waiver may be granted if the Secretary determines that the State is providing an adequate level of comprehensive community mental health services for children with SED, as indicated by comparing the number of children in need of such services with the services actually available within the State. The Secretary shall approve or deny the request for a waiver no later than 120 days after the request has been made. A waiver granted by the Secretary shall be applicable only for the fiscal year in question.

MHBG Table 4A (URS Table 8A) *Profile of Mental Health Block Grant Expenditures for Other Capacity Building/Systems Development Activities:* MHBG Table 4A collects information on expenditures of MHBG funds including COVID-19, ARP, and BSCA supplemental funds for other capacity building/systems development activities (non-direct service activities) that are funded or

conducted by the State Mental Health Authority during the last completed SFY. Expenditures reported in this table should not include administration activities which are capped at 5 percent.

MHBG Table 4B (URS Table 8B) *State Agency MHBG Expenditures*: MHBG Table 4B collects information on MHBG expenditures for direct and other capacity building/systems development activities (non-direct services), as well as administrative costs during the last completed state fiscal year that are funded or conducted by the SMHA during the last completed SFY.

MHBG Table 5 (URS Table 10) *Profiles of Agencies Receiving Block Grant Funds Directly from the State Mental Health Authority*: This table collects information on 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 SFY, including services for those experiencing early serious mental illness (ESMI), including psychotic disorders, and crisis services.

MHBG Table 6 *Maintenance of Effort for Statewide Expenditures for Mental Health Service*: This table collects information on expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

MHBG Table 2A (URS Table 7A) State Agency Expenditure Report

This table collects information on mental health expenditures by sources of funding. This includes funding from the MHBG, Medicaid, other federal funding sources, state, local, other funds, and MHBG supplemental funds including COVID-19, ARP, and BSCA.

MHBG Table 2a										
Reporting Period	From:						To:			
State Identifier:										
Activity	Sources of Funds									
	A. Mental Health Block Grant	B. Medicaid (Federal, State, and Local)	C. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare), etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other	G. COVID-19 Relief Funds (MHBG) ¹	H. ARP Funds ²	I. Bipartisan Safer Communities Funds ³	J. Total
1. Evidence-Based Practices for Early Serious Mental Illness including Psychotic Disorders (10 percent of total award MHBG) ⁴	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2. State Hospital		\$	\$	\$	\$	\$				\$
3. Other Psychiatric Inpatient Care		\$	\$	\$	\$	\$				\$
4. Other 24-Hour Care (Residential Care)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
5. Ambulatory/Community Non-24-Hour Care	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
6. Crisis Services (5 percent set-aside) ⁵	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

MHBG Table 2a (Cont.)										
Reporting Period	From:					To:				
State Identifier:										
Activity	Sources of Funds									
	A. Mental Health Block Grant	B. Medicaid (Federal, State, and Local)	C. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare), etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other	G. COVID-19 Relief Funds (MHBG) ¹	H. ARP Funds ²	I. Bipartisan Safer Communities Funds ³	J. Total
7. Administration (Excluding Program and Provider Level) ⁶										
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Comments on Data										

¹ The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023. Column G should reflect the COVID-19 Relief supplemental funding allotment portion used during the state reporting period. **Note: If your state has an approved second no cost extension, you have until March 14, 2025 to expend the COVID-19 Relief supplemental funds.**

² The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 – March 24, 2025. Column H should reflect the ARP supplemental funding allotment portion used during the state reporting period.

³ The expenditure period for the 3rd and 4th allocations of the Bipartisan Safer Communities Act (BSCA) supplemental funding is September 30, 2024 – September 29, 2026 (3rd increment), and September 30, 2025 – September 29, 2027 (4th increment). Column I should reflect the BSCA allotment portion used during the state reporting period.

⁴ Column A row 2 should include Early Serious Mental Illness including First Episode Psychosis programs funded through different funding sources, including the MHBG, ARP, and BSCA set aside. States may expend more than 10 percent of their MHBG, ARP, and BSCA allocations.

⁵ Row 7 should include Crisis Services programs funded through different funding sources, including the MHBG and BSCA set aside. States may expend more than 5 percent of their MHBG and BSCA allocations.

⁶ Per statute, administrative expenditures for MHBG, COVID-19, ARP, and BSCA funds cannot exceed 5 percent of the fiscal year award.

MHBG Table 2B (URS Table 7B) MHBG State Agency Early Serious Mental Illness including Psychotic Disorders Expenditure Report

This table collects information on mental health expenditures by sources of funding specifically for Coordinated Specialty Care (CSC) Programs as well as other Early Serious Mental Illness (ESMI) programs through the MHBG 10% set-aside and other funding sources.

MHBG Table 2b										
Reporting Period:	From:			To:						
State Identifier:										
Activity	Sources of Funds									
	A. Mental Health Block Grant	B. Medicaid (Federal, State, and local)	C. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare), , etc.)	D. State Funds	E. Local funds (excluding local Medicaid)	F. Other	G. COVID-19 Funds (MHBG) ¹	H. ARP Funds (MHBG) ²	I. BSCA Funds (MHBG) ³	J. Total
1. Coordinated Specialty Care (CSC) Programs ⁴	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2. Training for CSC Practices	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
3. Planning for CSC Practices	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
4. Other Early Serious Mental Illnesses (ESMI) programs	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
5. Training for ESMI	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
6. Planning for ESMI	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
7. Other ⁵	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Comments on Data										

¹ The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023. Column G should reflect the COVID-19 Relief supplemental funding allotment portion used during the state reporting period. **Note: If your state has an approved second no cost extension, you have until March 14, 2025 to expend the COVID-19 Relief supplemental funds.**

² The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 – March 24, 2025. Column H should reflect the ARP supplemental funding allotment portion used during the state reporting period.

³ The expenditure period for the 3rd and 4th allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is September 30, 2024 – September 29, 2026 (3rd increment) and September 30, 2025 – September 29, 2027 (4th increment). Column I should reflect the BSCA allotment portion used during the state reporting period.

⁴ Use row 1 to report only those programs that are providing all components of a CSC model.

⁵ Use row 7 if the state uses only certain components of a CSC model.

Note, The Totals for this table should equal the amounts reported on Row 2 (Evidence-Based Practices for Early Serious Mental Illness including Other Psychotic Disorders) on MHBG Table 2A (URS Table 7A).

MHBG Table 2C (URS Table 7C) MHBG State Agency Crisis Services Expenditures Report

This table collects information on mental health expenditures specifically for behavioral health crisis response services (BHCS) provided or funded by the state mental health authority through the MHBG 5% set-aside and other funding sources.

MHBG Table 2c										
Reporting Period	From:		To:							
State Identifier:										
Sources of Funds										
Services	A. Mental Health Block Grant	B. Medicaid (Federal, State, and local)	C. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare), etc.)	D. State Funds	E. Local funds (excluding local Medicaid)	F. Other	H. COVID- 19 Funds (MHBG) ¹	I. ARP Funds (MHBG) ²	J. BSCA Funds (MHBG) ³	K. Total
1. Crisis Contact Centers	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2. 24/7 Mobile Crisis Teams	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
3. Crisis Stabilization Programs	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
4. Training and Technical Assistance	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
5. Strategic Planning and Coordination	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Comments on Data										

¹ The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023. Column H should reflect the COVID-19 Relief supplemental funding allotment portion used during the state reporting period. **Note: If your state has an approved second no cost extension, you have until March 14, 2025 to expend the COVID-19 Relief supplemental funds.**

² The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 – March 24, 2025, which is different from the expenditure period for the “standard” MHBG. Column I should reflect the ARP supplemental funding allotment portion used during the state reporting period.

³ The expenditure period for the 3rd and 4th allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is September 30, 2024 – September 29, 2026 (3rd increment) and September 30, 2025 – September 29, 2027 (4th increment). Column J should reflect the BSCA allotment portion used during the state reporting period.

Note, The Totals for this table should equal the amounts reported on Row 7 (Crisis Services (5 percent set-aside)) on MHBG Table 2a (URS Table 7a).

For definitions, please refer to the [National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit](#).

MHBG Table 3 Set-Aside for Children's Mental Health Services

This table collects information on the statewide expenditures for children's mental health services during the last completed SFY. States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Statewide Expenditures for Children's Mental Health Services			
MHBG Table 3:			
State Identifier:			
Reporting Period:	From:	To:	
A Actual SFY 1994	B Actual SFY 2024	C Estimated/Actual SFY 2025	Please specify if expenditure amount reported in Column C is actual or estimated.
			<input type="checkbox"/> Actual <input type="checkbox"/> Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted: ____/____/____

mm/dd/yyyy

MHBG Table 4A (URS Table 8A) Profile of Community Mental Health Block Grant Expenditures for Other Capacity Building/Systems Development Activities

*This table collects information on expenditures of MHBG funds including COVID-19, ARP, and BSCA supplemental funds for other capacity building/systems development activities (non-direct service activities) that are funded or conducted by the SMHA during the last completed SFY. Expenditures reported in this table should **not** include administration activities which is capped at 5 percent. Please enter the total amount of the block grant expended for each activity.*

MHBG Table 4A					
Reporting Period:	From:		To:		
State Identifier					
Activity	A. MHBG	B. COVID Funds ¹	C. ARP ²	D. BSCA ³	E. Total
1. Information Systems	\$	\$	\$	\$	\$
2. Infrastructure Support	\$	\$	\$	\$	\$
3. Partnerships, community outreach, and needs assessment	\$	\$	\$	\$	\$
4. Planning Council Activities	\$	\$	\$	\$	\$
5. Quality assurance and improvement	\$	\$	\$	\$	\$
6. Research and Evaluation	\$	\$	\$	\$	\$
7. Training and Education	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$
Comments on Data					

¹ The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023. Column B should reflect the COVID-19 Relief supplemental funding allotment portion used during the state reporting period. **Note: If your state has an approved second no cost extension, you have until March 14, 2025 to expend the COVID-19 Relief supplemental funds.**

² The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 – March 24, 2025. Column C should reflect the ARP supplemental funding allotment portion used during the state reporting period.

³ The expenditure period for the 3rd and 4th allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is September 30, 2024 – September 29, 2026 (3rd increment) and September 30, 2025 – September 29, 2027 (4th increment). Column D should reflect the BSCA allotment portion used during the state reporting period.

MHBG Table 4B (URS Table 8B) State Agency MHBG Expenditures

This table collects information on MHBG expenditures on direct and other capacity building/systems development (non-direct services), as well as administrative costs during the last completed state fiscal year. Total MHBG expenditures reported for non-direct services must be the same as those reported in MHBG Table 4A (URS Table 8A). Administrative costs should not be more than 5 percent of total MHBG allocation. Please include a brief explanation of expenditures for services with an asterisk in the Comments on Data section of the table below.

MHBG Table B			
Reporting Period	From:		To:
State Identifier			
<i>Services for Adults</i>			
1. EBPs for adults	\$		
2. Crisis services for adults	\$		
3. CSC/ESMI programs for adults	\$		
4. *Other outpatient/ambulatory services for adults	\$		
5. *Other direct services for adults	\$		
Subtotal of services for adults	\$		
<i>Services for Children</i>			
6. EBPs for children	\$		
7. Crisis services for children	\$		
8. CSC/ESMI programs for children	\$		
9. Other outpatient/ambulatory services for children	\$		
10. *Other direct services for children	\$		
Subtotal of services for children	\$		
Non-Direct Services (<i>other capacity building/systems development</i>)	\$		
Administrative Costs	\$		
*Any other Costs	\$		
Total	\$		
Comments on Data			

**Please include a brief explanation for services with an asterisk in the Comments on Data or General Data Notes section.*

MHBG Table 5 (URS Table 10) Profiles of Agencies Receiving Block Grant Funds Directly from the State Mental Health Authority

This table collects information on 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 SFY, including services for those experiencing early serious mental illness (ESMI), including psychotic disorders, and crisis services. This table is to be used to provide an inventory of providers/agencies who directly receive Block Grant allocations. Only report those programs that receive MHBG funds to provide services. Do not report planning council members reimbursements or other administrative reimbursements related to running the MHBG Program.

State Identifier:											
Reporting Period:		From:						To:			
State Identifier:											
Entity Number	Area Served (Statewide or Sub-State Planning Area)	Provider/Program Name	Street Address	City	State	Zip	Total Block Grant Funds	Adults with serious mental illness	Children with serious emotional disturbance	Set-aside for ESMI including psychotic disorders	Set-aside for crisis services
							\$	\$	\$	\$	\$
							\$	\$	\$	\$	\$
							\$	\$	\$	\$	\$
							\$	\$	\$	\$	\$
							\$	\$	\$	\$	\$
							\$	\$	\$	\$	\$

MHBG Table 6 Maintenance of Effort for State Expenditures on Mental Health Services

This table collects information on expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

MHBG Table 6:			
State Identifier:			
Report Period:	From:		To:
Total Expenditures for State:			
A Period	B Expenditures	C <u>B1 (2023) + B2 (2024)</u> 2	Please specify if expenditure amounts reported in Column B are actual or estimated.
SFY 2023 (1)			<input type="checkbox"/> Actual <input type="checkbox"/> Estimated
SFY 2024 (2)			<input type="checkbox"/> Actual <input type="checkbox"/> Estimated
SFY 2025 (3)			<input type="checkbox"/> Actual <input type="checkbox"/> Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted: ____/____/____
mm/dd/yyyy

States are required to submit sufficient information for the Secretary to make a determination of compliance with the statutory maintenance of effort (MOE) requirements.¹ MOE information is necessary to document that the State has maintained expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant. The State shall only include community mental health services expenditures for individuals that meet the federal or state definition of SMI for adults and SED for children. States that received approval to exclude funds from the maintenance of effort calculation should include the appropriate MOE approval documents.

A. MOE Exclusion

The Secretary may exclude from the aggregate amount any State funds appropriated to the principal agency for authorized activities of a non-recurring nature and for a specific purpose.²

A request for MOE exclusion should meet the following requirements:

- The State shall request the exclusion separately from the application.

¹Section 1915(b)(1) of the PHS Act (42 USC 300x-4).

²Section 1915(b)(2) of the PHS Act (42 USC 300x-4).

- The request shall be signed by the State's Chief Executive Officer or by an individual authorized to apply for Block Grant on behalf of the Chief Executive Officer.
- The State shall provide documentation that supports its position that the funds were appropriated by the State legislature for authorized activities which are of a non-recurring nature and for a specific purpose; indicates the length of time the project is expected to last in years and months; and affirms that these expenditures would be in addition to funds needed to otherwise meet the State's maintenance of effort requirement for the year for which it is applying for exclusion.
- The State may not exclude funds from the MOE calculation until such time as approval has been provided in writing the State's request for exclusion.

B. MOE Shortfalls

States are expected to meet the MOE requirement. If a state cannot meet the MOE requirement, the legislation permits relief, based on the recognition that extenuating circumstances may explain the shortfall. These conditions are described below.

1. Waiver for Extraordinary Economic Conditions

A state may request a waiver to the MOE requirement if it can be demonstrated that the MOE deficiency was the result of extraordinary economic conditions that occurred during the State Fiscal Year in question. An extraordinary economic condition is defined as a financial crisis in which the total tax revenues declined at least one and one-half percent, and either the unemployment increases by at least one percentage point, or employment declines by at least one and one-half percent.

2. Material Compliance

If the state is unable to meet the requirements for a waiver under extraordinary economic conditions, the authorizing legislation does permit the Secretary, under certain circumstances, to make a finding that even though there was a shortfall on the MOE, the State maintained material compliance with the MOE requirement for the fiscal year in question. Therefore, the State is given an opportunity to submit information that might lead to a finding of material compliance. The relevant factors considered in making a recommendation to the Secretary include: (1) whether the State maintained service levels; (2) the State's mental health expenditure history; and (3) the State's future commitment to funding mental health services.

D. Populations and Services Report

States and jurisdictions are required to provide information regarding individuals that are served by the state mental health authority using MHBG Tables 7 through 14.

MHBG Table 7 (URS Table 1) *Profile of the State Population by Diagnosis*: MHBG Table 7 provides the estimates of adults with serious mental illness (SMI) and children with serious emotional disturbance (SED) residing within the state in the current reporting period and three years forward. Data for this table will be prepared for and provided to the States.

MHBG Tables 8A and 8B (URS Tables 2A and 2B) *Profile of Persons Served in All Programs by Age, Sex, Race, and Ethnicity*: MHBG Tables 8A and 8B collect information on the unduplicated aggregate profile of persons served in the reporting period. The reporting period should be the latest SFY 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, sex, race, and ethnicity.

MHBG Table 9 (URS Table 3) *Profile of Persons Served in Community Mental Health Settings, State Psychiatric Hospitals, and Other Settings by Age and Sex*: MHBG Table 9 collects information on the aggregate profile of the number of persons that received public mental health services in community mental health settings, state psychiatric hospitals, other psychiatric inpatient settings, residential treatment centers, and institutions under the justice system. The reporting period should be the latest SFY for which data are available. States and jurisdictions are to provide this information on all programs by age and sex.

MHBG Table 10A and 10B (URS Tables 5A and 5B) *Profile of Persons Served by Type of Funding Support in All Programs by Sex, Race, and Ethnicity*: MHBG Tables 10A and 10B collect information on the unduplicated aggregate profile of the number of persons served in the reporting period by type of funding support (Medicaid Only, Non-Medicaid Sources Only, Both Medicaid and Non-Medicaid, and Status Not Available). The reporting period should be the latest SFY for which data are available. 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 sex, race, and ethnicity.

MHBG Table 11 (URS Table 6) *Profile of Client Turnover*: MHBG Table 11 collects information on the aggregate profile of client turnover in various out-of-home settings (state hospitals, inpatient psychiatric hospitals, residential treatment centers). Information collected in this table includes total number of served at the beginning of the year, admissions and discharges during the year, and length of stay. The reporting period should be the latest SFY for which data are available.

MHBG Table 12 (URS Table 12) *State Mental Health Agency Profile*: MHBG Table 12 collects information that provides context for the data reported in the MHBG tables. This profile includes the populations served by age groups, services for which the state mental health agency is responsible, data reporting capacities, percentage of children and adults that meet the federal definition of SED and

SMI, respectively, the percentage of children and adults with co-occurring mental and substance use disorders (M/SUD), as well as other summary administrative information. The reporting period should be the latest SFY for which data are available.

MHBG Tables 13A and 13B (URS Tables 14A and 14B) *Profile of Persons with SMI/SED Served in All Programs by Age, Sex, and Ethnicity*: MHBG Tables 13A and 13B collect information on the unduplicated aggregate profile of the number of persons with SMI or SED served in the reporting period. The reporting period should be the latest SFY for which data are available. The profile is based on a client receiving services in programs provided or funded by the state mental health agency. States and jurisdictions should report data using the [Federal Definitions of SMI and SED](#) if they can; if not, please report using the state's definitions of SMI and SED and provide information in these tables describing your state's definitions.

MHBG Table 14 (URS Table 14C) *Profile of Persons with SMI/SED Served in Community Mental Health Settings, State Psychiatric Hospitals, and Other Settings by Age and Sex*: MHBG Table 15A collects information on the unduplicated aggregate profile of the number of adults with SMI and children with SED that received public mental health services in community mental health settings, state psychiatric hospitals, other psychiatric inpatient settings, residential treatment centers, and institutions under the justice system. The reporting period should be the latest SFY for which data are available. This profile takes into account all institutional and community services for all such programs. State and jurisdictions are to provide this information on all programs by age and sex.

MHBG Table 7 (URS Table 1) Profile of 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 disturbance (SED). The table calls for estimates for two time periods, one for the report year and one for three years into the future. This data will be provided to states based on the standardized methodology developed and published in the Federal Register to estimate the state level of adults with SMI and children with SED.

MHBG Table 7			
Reporting Period:	From:		To:
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.

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

This table collects information on the unduplicated aggregate profile of persons served in the reporting period. The reporting period 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 such programs. States and jurisdictions are to provide this information on all programs by age, sex, and race.

MHBG Table 2A																		
Reporting Period	From									To								
State Identifier																		
	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Pacific Islander			White		
	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹
0-5 years	0	0	0															
6-12 years	0	0	0															
13-17 years	0	0	0															
18-20 years	0	0	0															
21-24 years	0	0	0															
25-44 years	0	0	0															
45-64 years	0	0	0															
65-74 years	0	0	0															
75+ years	0	0	0															
Not Available ¹	0	0	0															
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0		0															

Are these measures unduplicated? ☐ Unduplicated ☐ Duplicated between hospitals and community ☐ Duplicated among community programs ☐ Duplicated between children and adults ☐ Other, please describe: _____

Comments on Data (Age)	
Comments on Data (Sex)	
Comments on Data (Race)	
Comments on Data (Overall)	

¹ The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system .

(Continued on next page)

MHBG Table 2A (Cont.)												
Reporting Period	From						To					
State Identifier												
	Total			Some Other Race			More than One Race			Not Available ¹		
	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹
0-5 years	0	0	0									
6-12 years	0	0	0									
13-17 years	0	0	0									
18-20 years	0	0	0									
21-24 years	0	0	0									
25-44 years	0	0	0									
45-64 years	0	0	0									
65-74 years	0	0	0									
75+ years	0	0	0									
Not Available	0	0	0									
Total	0	0	0									
Pregnant Women	0		0									

¹The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system .

MHBG Table 8B (URS Table 2B) Profile of Persons Served, All Programs by Age, Sex, and Ethnicity

This table collects information on the unduplicated aggregate profile of persons served in the reporting period. The reporting period 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 such programs. States and jurisdictions are to provide this information on all programs by age, sex, and ethnicity. Total persons served would be the same as the total indicated in MHBG Table 8A.

MHBG Table 8B													
Reporting Period	From						To						
State Identifier													
	Not Hispanic or Latino			Hispanic or Latino			Not Available ¹			Total			
	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Total
0-5 years										0	0	0	0
6-12 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 or over										0	0	0	0
Not Available ¹										0	0	0	0
Total	0	0		0	0		0	0	0	0	0	0	0
Pregnant Women										0	0	0	0
Comments on Data (Age)													
Comments on Data (Sex)													
Comments on Data (Ethnicity)													
Comments on Data (Overall)													

¹ The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system .

MHBG Table 9 (URS Table 3) *Profile of Persons Served in Community Mental Health Settings, State Psychiatric Hospitals and Other Settings by Age and Sex*

This table collects information on the aggregate profile of the number of persons that received public mental health services in community mental health settings, state psychiatric hospitals, other psychiatric inpatient settings, residential treatment centers, and institutions under the justice system. The reporting period should be the latest SFY for which data are available. States and jurisdictions are to provide this information on all programs by age and sex.

MHBG Table 9																		
Reporting Period	From									To								
State Identifier																		
	0-5 Years			6-12 Years			13-17 Years			18-20 Years			21-24 Years			25-44 Years		
	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹
Community Mental Health Programs																		
State Psychiatric Hospitals																		
Other Psychiatric Inpatient																		
Residential Treatment Centers																		
Institutions under the Justice System																		
Comments on Data (Age)																		
Comments on Data (Sex)																		
Comments on Data (Overall)																		

¹The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system.

(Continued below)

MHBG Table 9 (cont.)															
Reporting Period	From								To						
State Identifier															
	45-64 Years			65-74 Years			75 or over			Not Available ¹			Total		
	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹
Community Mental Health Programs													0	0	0
State Psychiatric Hospitals													0	0	0
Other Psychiatric Inpatient													0	0	0
Residential Treatment Centers													0	0	0
Institutions under the Justice System													0	0	0
Comments on Data (Age)															
Comments on Data (Sex)															
Comments on Data (Overall)															

¹The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system .

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 both rows.

MHBG Table 10A (URS Table 5A) *Profile of Persons Served by Type of Funding Support in All Programs by Sex and Race*

This table collects information on the unduplicated aggregate profile of persons served in the reporting period by type of funding support (Medicaid Only, Non-Medicaid Sources Only, Both Medicaid and Non-Medicaid, and Status Not Available). The reporting period should be the latest SFY for which data are available. 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 sex and race. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid. Total persons served would be the same as the total indicated in MHBG Table 8A.

MHBG Table 10A																		
Reporting Period	From									To								
State Identifier																		
	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Pacific Islander			White		
	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹
Medicaid Only	0	0	0															
Non-Medicaid Sources Only	0	0	0															
People Served by Both Medicaid and Non-Medicaid	0	0	0															
Medicaid Status Not Available	0	0	0															
Total	0	0	0															

☐ 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 Race	
Comments on Sex	
Comments on Data (Overall)	

¹The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system.

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 deduplicate counts of 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’ checkbox should be checked.

(Continued below)

MHBG Table 10A (Cont.)												
Reporting Period	From						To					
State Identifier												
	Total			Some Other Race			More than One Race			Not Available ¹		
	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹
Medicaid Only	0	0	0									
Non-Medicaid Sources Only	0	0	0									
People Served by Both Medicaid and Non-Medicaid	0	0	0									
Medicaid Status Not Available	0	0	0									
Total	0	0	0									

¹The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system. .

MHBG Table 10B (URS 5B) Profile of Persons Served by Type of Funding Support in All Programs by Sex and Ethnicity

This table collects information on the unduplicated aggregate profile of persons served in the reporting period by type of funding support (Medicaid Only, Non-Medicaid Sources Only, Both Medicaid and Non-Medicaid, and Status Not Available). The reporting period should be the latest SFY for which data are available. 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 sex and ethnicity. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid. Total persons served would be the same as the total indicated in MHBG Table 10A.

MHBG Table 10B													
Reporting Period	From						To						
State Identifier													
	Not Hispanic or Latino			Hispanic or Latino			Not Available ¹				Total		
	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Total
Medicaid Only										0	0	0	0
Non-Medicaid Sources Only										0	0	0	0
People Served by Both Medicaid and Non-Medicaid										0	0	0	0
Medicaid Status Not Available										0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0
Comments on Data (Ethnicity)													
Comments on Data (Sex)													
Comments on Data (Overall)													

¹ The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system .

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 deduplicate counts of 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’ checkbox should be checked.

MHBG Table 11 (URS Table 6) *Profile of Client Turnover*

This table collects information on the aggregate profile of client turnover in various out-of-home settings (state hospitals, inpatient psychiatric hospitals, residential treatment centers). Information collected by this table includes total served at the beginning of year, admissions and discharge during the year, and lengths of stay. The reporting period should be the latest SFY for which data are available. States and jurisdictions are to provide this information on all programs by age.

MHBG Table 11									
Reporting Period:	From:			To:					
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 1 Year or Less: 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	0	0	0						
0-5 years									
6-12 years									
13-17 years									
18-20 years									
21-24 years									
25-44 years									
45-64 years									
65-74 years									
75 or over									
Not Available									
Other Psychiatric Inpatient	0	0	0						
0-5 years									
6-12 years									
13-17 years									
18-20 years									
21-24 years									
25-44 years									
45-64 years									
65-74 years									
75 or over									
Not Available									

(Continued on next page)

MHBG Table 11 (cont.)									
Reporting Period:	From:			To:					
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 1 Year or Less: 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
Residential Treatment Centers	0	0	0						
0-5 years									
6-12 years									
13-17 years									
18-20 years									
21-24 years									
25-44 years									
45-64 years									
65-74 years									
75 or over									
Not Available									
Community Programs	0	0							
0-5 years									
6-12 years									
13-17 years									
18-20 years									
21-24 years									
25-44 years									
45-64 years									
65-74 years									
75 or over									
Not Available									
Comments on Data (State Hospital)									
Comments on Data (Other Inpatient)									
Comments on Data (Residential Treatment Centers)									
Comments on Data (Community Programs)									
Comments on Data (Overall)									

MHBG Table 12 (URS Table 12) State Mental Health Agency Profile

This table collects information that provides context for the data reported in the MHBG tables. This profile includes the populations that receive services operated or funded by the state mental health agency, data reporting capacities, percentage of children and adults that meet the federal definition of SED and SMI, respectively, the percentage of children and adults with co-occurring mental and substance use disorders (M/SUD), as well as other summary administrative information.

MHBG Table 12					
Reporting Period:	From:		To:		
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. 0 to 5 years	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2. 6 to 12 years	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
3. 13 to 17 years	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4. 18 to 20 years	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
5. 21 to 24 years	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
6. 25 to 44 years	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
7. 45 to 64 years	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
8. 65 to 74 years	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
9. 75 or over	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4. Forensics	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Disturbance

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 Percentage of adults meeting federal definition of SMI:

2.a.2 Percentage of children/adolescents meeting federal definition of SED

3 Co-Occurring Mental and Substance Use Disorders

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

(Continued on next page)

MHBG Table 12 (cont.)	
Reporting Period:	<div>From:</div> <div>To:</div>
State Identifier:	
3.a.1 Percentage of adults served by the SMHA who also have a substance use disorder:	
3.a.2 Percentage of children/adolescents served by the SMHA who also have a substance use disorder:	
3.b. What percentage of persons served in the reporting period who met the federal definitions of adults with SMI and children/adolescents with SED have a dual diagnosis of mental and substance use disorders?	
3.b.1 Percentage of adults meeting federal definition of SMI who also have a substance use disorder:	
3.b.2 Percentage of children/adolescents meeting the federal definition of SED who also have a substance use disorder:	
3b.3 Please describe how you calculate and count the number of persons with co-occurring mental and substance disorders:	

4

State Mental Health Agency Responsibilities

4a. 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
-

4b. Managed Care (Mental Health Managed Care)

- 4.b.1 Does the state have a Medicaid Managed Care initiative?
- ☐ Yes
- 4.b.2 Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care?
- ☐ Yes

Are data for these programs reported on URS Tables?

☐ Yes

(Continued on next page)

MHBG Table 12 (cont.)	
Reporting Period:	<div>From:</div> <div>To:</div>
State Identifier:	

If yes, please check the responsibilities the SMHA has:

4.b.3 Direct contractual responsibility and oversight of the Managed Care Organizations (MCOs) or specialty Behavioral Health Organizations (BHOs) ☐

4.b.4 Setting standards for mental health services ☐

4.b.5 Coordination with state health and Medicaid agencies ☐

4.b.6 Resolving mental health consumer complaints ☐

4.b.7 Input in contract development ☐

4.b.8 Performance monitoring ☐

4.b.9 Other

5 Data Reporting: Please describe the extent to which your information systems allow the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for MHBG Table 8, which requires unduplicated counts of clients served across your entire mental health system.

The data reported in the tables are:

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 reporting unduplicated data:** If you are not currently able to provide unduplicated client counts across all parts of your mental health system, please describe your plans to report unduplicated client counts.

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 13A (URS Table 14A) Profile of Persons with SMI/SED Served in All Programs by Age, Sex, and Race

This table collects information on the unduplicated aggregate profile of persons with SMI or SED served in the reporting period. The profile is based on a client receiving services in programs provided or funded by the state mental health agency. States and jurisdictions should report data using the [Federal Definitions of SMI and SED](#) if they can, if not, please report using the state’s definition of SMI and SED and provide information below describing your state’s definition. The reporting period should be the latest SFY for which data are available. States and jurisdictions are to provide this information on all programs by age, sex, and race.

MHBG Table 13A																		
Reporting Period	From									To								
State Identifier																		
	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Pacific Islander			White		
	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹
0-5 years	0	0	0															
6-12 years	0	0	0															
13-17 years	0	0	0															
18-20 years	0	0	0															
21-24 years	0	0	0															
25-44 years	0	0	0															
45-64 years	0	0	0															
65-74 years	0	0	0															
75+ years	0	0	0															
Not Available ¹	0	0	0															
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Comments on Data (Age)																		
Comments on Data (Sex)																		
Comments on Data (Race)																		
Comments on Data (Overall)																		

¹ The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system

Do the State definitions of SMI/SED match the Federal definition?

☐ 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: _____

(Continued below)

MHBG Table 13A (Cont.)												
Reporting Period	From						To					
State Identifier												
	Total			Some Other Race			More than One Race			Not Available ¹		
	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹
0-5 years	0	0	0									
6-12 years	0	0	0									
13-17 years	0	0	0									
18-20 years	0	0	0									
21-24 years	0	0	0									
25-44 years	0	0	0									
45-64 years	0	0	0									
65-74 years	0	0	0									
75+ years	0	0	0									
Not Available ¹	0	0	0									
Total	0	0	0									

¹The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system .

MHBG Table 13B (URS Table 14B) *Profile of Persons with SMI/SED Served in All Programs by Age, Sex, and Ethnicity*

This table collects the unduplicated aggregate profile of persons with SMI or SED served in the reporting period. The profile is based on a client receiving services in programs provided or funded by the state mental health agency. States and jurisdictions should report data using the [Federal Definitions of SMI and SED](#) if they can, if not, please report using the state’s definition of SMI and SED and provide information below describing your state’s definition. The reporting period should be the latest SFY for which data are available. States and jurisdictions are to provide this information on all programs by age, sex, and ethnicity. The total persons served who meet the Federal definition of SMI or SED would be the same as the total in MHBG Table 13A.

MHBG Table 13B													
Reporting Period	From						To						
State Identifier													
	Not Hispanic or Latino			Hispanic or Latino			Not Available ¹			Total			
	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Total
0-5 years										0	0	0	0
6-12 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 or over										0	0	0	0
Not Available ¹										0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0
Comments on Data (Age)													
Comments on Data (Sex)													
Comments on Data (Ethnicity)													
Comments on Data (Overall)													

¹ The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system .

MHBG Table 14 (URS Table 14C) *Profile of Persons with SMI/SED Served in Community Mental Health Settings, State Psychiatric Hospitals, and Other Settings by Age and Sex*

This table collects information on the aggregate profile of the number of adults with serious mental illness (SMI) and children with serious emotional disturbance (SED) that received publicly funded mental health services in community mental health settings, state psychiatric hospitals, other psychiatric inpatient programs, residential treatment centers, and institutions under the justice system. The reporting period should be the latest SFY for which data are available. States and jurisdictions are to provide this information on all programs by age and sex.

MHBG Table 14																		
Reporting Period	From									To								
State Identifier																		
	0-5 Years			6-12 Years			13-17 Years			18-20 Years			21-24 Years			25-44 Years		
	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹
Community Mental Health Programs																		
State Psychiatric Hospitals																		
Other Psychiatric Inpatient																		
Residential Treatment Centers																		
Institutions under the Justice System																		
Comments on Data (Age)																		
Comments on Data (Sex)																		
Comments on Data (Overall)																		

¹ The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system.

(Continued below)

MHBG Table 14 (cont.)															
Reporting Period	From								To						
State Identifier															
	45-64 Years			65-74 Years			75 or over			Not Available ¹			Total		
	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹
Community Mental Health Programs													0	0	0
State Psychiatric Hospitals													0	0	0
Other Psychiatric Inpatient													0	0	0
Residential Treatment Centers													0	0	0
Institutions under the Justice System													0	0	0
Comments on Data (Age)															
Comments on Data (Sex)															
Comments on Data (Overall)															

¹ The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system .

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.

E. Performance Indicators and Accomplishments

MHBG Table 15A (URS Table 4) *Profile of Adult Clients by Employment Status*: MHBG Table 15A collects information on the employment status of adult clients served in the reporting period. The focus is on employment for adults recognizing, however, that there are clients who are disabled, retired or who are homemakers, caregivers, etc., and not a part of the labor force. These persons should be reported under the “Not in Labor Force” category. 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. The reporting period should be the latest SFY for which data are available.

MHBG Table 15B (URS Table 4A) *Profile of Adult Clients by Employment Status and Primary Diagnosis*: MHBG Table 15B collects information on the employment status of adult clients served in the reporting period by primary diagnosis. Data should be reported for clients in non-institutional settings at time of discharge or last evaluation. The reporting year should be the latest SFY for which data are available.

MHBG Table 16 (URS Table 9) *Social Connectedness and Improved Functioning*: MHBG Table 16 collects information on the number of children/adolescents and adults reporting positively on the improved social connectedness and functioning domains.

MHBG Table 17A (URS Table 11) *Summary Profile of Client Evaluation of Care*: MHBG Table 17A collects 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, outcomes, participation in treatment planning, cultural sensitivity of staff, and general satisfaction with services.

MHBG Table 17B (URS Table 11A) [optional reporting table]: *Consumer Evaluation of Care by Race and Ethnicity*: MHBG Table 17B requests information that evaluates the “experience” of care for individuals that participate in the public mental health system, broken down by race, ethnicity, and age category (adult and child/adolescent).

MHBG Table 18 (URS Table 15) *Living Situation Profile*: MHBG Table 18 collects information on the on the living situation of persons served in the reporting period. Living situation categories include, but are not limited to, private residence, foster care, residential care, jail/correctional facility, homeless shelter, etc. Data should be based on the most recent assessment in the reporting period. Specifically, information is collected on the individual’s living situation at time of discharge or last evaluation. The reporting period should be the latest SFY for which data are available.

MHBG Table 19A (URS Table 16A) *Profile of Adults with Serious Mental Illness and Children with Serious Emotional Disturbance Receiving Specific Services*: MHBG Table 19A collects information on the profile of adults with SMI and children with SED receiving specific evidence-based practices in the reporting period. In addition, the table collects information on if and how states and jurisdictions monitor fidelity for the evidence-based services. The reporting period should be the latest SFY for which data are available.

MHBG Table 19B (URS Table 16B) *Profile of Adults with Serious Mental Illness Receiving Specific Services*: MHBG Table 19B provides a profile of adults with SMI receiving family psychoeducation, integrated treatment for co-occurring disorders, illness self-

management and recovery, and medication management. In addition, this table collects information on if, and how, states and jurisdictions monitor the fidelity for the evidence-based services. The reporting period should be the latest SFY for which data are available.

MHBG Table 19C (URS Table 16C) *Profile of Adults with Serious Mental Illness and Children with Serious Emotional Disturbance receiving Coordinated Specialty Care Services*: MHBG Table 19C collects information on the number of adults with SMI and children with SED that were admitted into and received Coordinated Specialty Care (CSC) services, the number of clients successfully discharged from CSC services, the number of clients who discontinued CSC services, and the number of clients that received CSC services. In addition, the table collects information on if, and how, states and jurisdictions monitor fidelity for the CSC program. The reporting period should be the latest SFY for which data are available.

MHBG Table 19D (URS Table 16D) *Profile of Adults with Serious Mental Illness and Children with Serious Emotional Disturbance Receiving Coordinated Specialty Care Services who Experienced No Psychiatric Hospitalization or Arrest*: MHBG Table 19D collects information on the percentage of adults with SMI and children with SED enrolled in Coordinated Specialty Care (CSC) services who experienced no psychiatric hospitalization in the current fiscal year and the percentage of adults with SMI and children with SED enrolled in CSC services who experienced no arrests in the current fiscal year. The reporting period should be the latest SFY for which data are available.

MHBG Table 20 (URS Table 17) *Profile of Persons Receiving Crisis Response Services*: MHBG Table 20 collects information on the number of persons that received crisis response services. In addition, this table also collects information on the estimated percentage of the state population with access to crisis response services. The reporting period should be the latest SFY for which data are available.

MHBG Table 21 (URS Table 19A) *Profile of Criminal Justice or Juvenile Justice Involvement*: MHBG Table 21 collects information on the number of children/youth and adults with an arrest in T1 (prior 12 months) and T2 (most recent 12 months) to measure the change in arrests over time. Information required includes information on arrests and impact of services.

MHBG Table 22 (URS Table 19B), *Profile of Change in School Attendance*: MHBG Table 22 collects information on the number of children with suspension and expulsion from school in T1 (prior 12 months) and T2 (most recent 12 months) to measure the change in school attendance over time. Information required includes information on suspensions/expulsions, and impact of 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 collects information on the total number of civil discharges within the year, the number of readmissions within 30-days and 180-days, and the percent readmitted by age, sex, race, and ethnicity. The reporting period should be the latest SFY for which data are 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 collects information on the total number of forensic discharges within the year, the

number of readmissions within 30-days and 180-days, and the percent readmitted by age, sex, race, and ethnicity. The reporting period should be the latest SFY for which data are available.

MHBG Table 24 (URS Table 21) [Optional Reporting Table]: *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 collects information the total number of civil discharges from inpatient care units within the year, the number of readmissions within 30-days and 180-days, and the percent readmitted by age, sex, race, and ethnicity. The reporting period should be the latest SFY for which data are available.

MHBG Table 15A (URS Table 4) Profile of Adult Clients by Employment Status

This table collects information on the employment status of adult clients served in the reporting period. The focus is on employment for adults recognizing, however, that there are clients who are disabled, retired or who are homemakers, caregivers, etc., and not a part of the labor force. These persons should be reported under the “Not in Labor Force” category. 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. The reporting year is the latest SFY for which data are available.

MHBG Table 15A																						
Reporting Period:	From:										To:											
State Identifier:																						
	18-20 Years			21-24 Years			25-44 Years			45-64 Years			65-74 Years			75 or Over			Not Available ¹			
	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	Female	Male	Not Available ¹	
Competitively Employed Full- or Part-Time (including Supported Employment)																						
Unemployed																						
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)																						
Not Available																						
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

¹The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system .

How often does your state measure employment status? ☐ At Admission ☐ At Discharge ☐ Monthly ☐ Quarterly ☐ Other, please describe: _____

What populations are included in reported data? ☒ All clients ☐ Only selected groups. Please describe: _____

Comments on Data (Age)	
Comments on Data (Sex)	
Comments on Data (Overall)	

MHBG Table 15B (URS Table 4A) Profile of Adult Clients by Employment Status and Primary Diagnosis

This table collects information on the employment status of adult clients served in the reporting period by primary diagnosis. Data should be reported for clients in non-institutional settings at time of discharge or last evaluation. The reporting period is the latest SFY for which data are available. Total persons reported on this table would be the same as the total indicated in MHBG Table 15A.

MHBG Table 15B						
Reporting Period	From:				To:	
State Identifier:						
Clients Primary Diagnosis	Competitively Employed Full- or Part-Time (including Supported Employment)	Unemployed	Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total	
Schizophrenia & Related Disorders (F20, F25)					0	
Bipolar and Mood Disorders (F30, F31, F32, F32.9, F33, F34.0, F34.1)					0	
Other Psychoses (F22, F23, F24, F28, F29)					0	
All Other Diagnoses					0	
No Diagnosis and Deferred Diagnosis (R69, R99, Z03.89)					0	
Total	0	0	0	0	0	
Comments on Data						

MHBG Table 16 (URS Table 9) Social Connectedness and Improved Functioning

This table collects information on children/adolescents and adults reporting positively on the improved social connectedness and functioning domains.

MHBG Table 16			
Reporting Period (Year Survey was Conducted):	From:	To:	
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 Social Connectedness Domain Questions?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

_____ Measure used

2. Did you use the recommended Functioning Domain Questions?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

_____ Measure used

3. Did you collect these as part of your MHSIP Adult Consumer Survey?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

If no, what source did you use?

Child/Family Social Connectedness and Functioning Measures

4. Did you use the recommended Social Connectedness Domain Questions?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

_____ Measure used

5. Did you use the recommended Functioning Domain Questions?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

_____ Measure used

6. Did you collect these as part of your YSS-F Survey?

<input type="radio"/> Yes	<input type="radio"/> 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 11: i.e.:

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 Items

1. I do think 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 a 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 17A (URS Table 11) Summary Profile of Client Evaluation of Care

This table collects 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 appropriateness of services, outcomes, participation in treatment planning, cultural sensitivity of staff, and general satisfaction with services. 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 17A			
Reporting Period (Year Survey was Conducted):		From:	To:
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			
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			
3. Reporting Positively about Outcomes for Children			
4. Family Members Reporting on Participation in Treatment Planning			
5. Family Members Reporting High Cultural Sensitivity of Staff			
Comments on Data			

* Please report Confidence Intervals at the 95% level. See directions below regarding the calculation of confidence intervals.

Adult Consumer Surveys

1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey ☐ Yes ☐ No used?

1.a. If no, which version:

1. Original 40 Item Version

☐ Yes

2. 21-Item Version

☐ Yes

3. State Variation of MHSIP

☐ Yes

4. Other Consumer Survey

☐ Yes

1.b. If other, please attach instrument used.

1c. Did you use any translation of MHSIP into another language? ☐

1. Spanish

2. Other Language:

Adult Survey Approach

2. Population covered in survey (note: all survey should cover all regions of the state)

☐ 1. All Consumers in State

☐ 2. Sample of MH Consumers

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

☐ 1. Random Sample

☐ 2. Stratified /Random Stratified Sample

☐ 3. Convenience Sample

4. Other sample:

(Continued on next page)

MHBG Table 17A (Cont.)

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

- ☐ 1. Persons currently receiving services
- ☐ 2. Persons no longer receiving services

2.c. If yes, please describe how you survey persons no longer receiving services:

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

- ☐ 1. All adult consumers in state
- ☐ 2. Adults with serious mental illness
- ☐ 3. Adults who were Medicaid eligible or in Medicaid Managed Care

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	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Mail	<input type="checkbox"/> Yes	
Face-to-face	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Web-based	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

4.a. Who administered the survey (check all that apply)?

- ☐ 1. MH consumers
- ☐ 2. Family members
- ☐ 3. Professional interviewers
- ☐ 4. MH clinicians
- ☐ 5. Non-direct treatment staff

6. Other: describe:

5. Are responses anonymous, confidential and/or linked to other patient databases?

- ☐ 1. Responses are anonymous
- ☐ 2. Responses are confidential
- ☐ 3. Responses are matched to client databases

6. Sample Size and Response Rate

6a. How many surveys were attempted (sent out or calls initiated)?

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

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

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

6e. If you received “blank” surveys back from consumers (surveys with no responses on them), did you count these surveys as “completed” for the calculation of response rates?

☐ Yes ☐ No

7. Who conducted the survey?

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

☐ Yes ☐ No

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

☐ Yes ☐ No

7c. Other: describe:

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 percent (47-4) and 51 percent (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 percent confidence level means you can be 95 percent certain; the 99 percent confidence level means you can be 99 percent certain. Most researchers use the 95 percent confidence level. When you put the confidence level and the confidence interval together, you can say that you are 95 percent sure that the true percentage of the population is between 43 percent and 51 percent. (from www.surveysystem.com)

(Continued on next page)

Child/Family Consumer Surveys

1. Was the MHSIP Youth Services Survey for Families (YSS-F) used? ☐ Yes

If no, what survey was used?

If no, please attached instrument used.

1.a Did you use any translations of the YSS-F into another language? ☐ 1. Spanish

2. Other Language:

Child/Family Survey Approach:

2. Population covered in survey (note: all surveys should cover all regions of the state)

☐ 1. All Consumers in State

☐ 2. Sample of MH Consumers

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

☐ 1. Random Sample

☐ 2. Stratified /Random Stratified Sample

☐ 3. Convenience Sample

4. Other sample:

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

☐ 1. Persons currently receiving services

☐ 2. Persons no longer receiving services

2.c. If yes, please describe how you survey persons no longer receiving services:

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

☐ 1. All child consumers in state

☐ 2. Children with serious emotional disturbances

☐ 3. Children who were Medicaid eligible or in Medicaid Managed Care

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

4. Please check all of the methods used to collect the data:

	Self-Administered	Interview
Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Mail	<input type="checkbox"/> Yes	
Face-to-face	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Web-based	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

4.a. Who administered the survey (check all that apply)?

☐ 1. MH consumers

☐ 2. Family members

☐ 3. Professional interviewers

☐ 4. MH clinicians

☐ 5. Non direct treatment staff

6. Other: describe:

5. Are responses anonymous, confidential and/or linked to other patient databases?

☐ 1. Responses are anonymous

☐ 2. Responses are confidential

☐ 3. Responses are matched to client databases

6. Sample Size and Response Rate

6a. How many surveys were attempted (sent out or calls initiated)?

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

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

6d. What was your response rate (number of completed surveys dividied by number of contacts)?

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

☐ Yes

☐ No

7. Who conducted the survey?

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

☐ Yes

☐ No

7b. Local mental health providers/county mental health providers conducted or contracted for the survey (survey

☐ Yes

☐ No

was done at the local or regional level)

7c. Other: describe:

MHBG Table 17B (URS Table 11A) Consumer Evaluation of Care by Race and Ethnicity (Optional Reporting Table)

This table requests information that evaluates the “experience” of care for individuals that participate in the public mental health system, broken down by race, ethnicity, and age category (adult and child/adolescent). 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.

Table 17B																			
Reporting Year:		From:										To:							
State Identifier:																			

Adult Consumer Survey Results:

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Pacific Islander		White		Some Other Race		More than One Race		Not Available		Hispanic Origin	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access	0	0																		
2. Reporting Positively About Quality and Appropriateness	0	0																		
3. Reporting positively About Outcomes	0	0																		
4. Reporting Positively About Participation in Treatment Planning	0	0																		
5. Reporting Positively About General Satisfaction	0	0																		
6. Social Connectedness	0	0																		
7. Functioning	0	0																		

Child/Adolescent Family Survey Results:

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		Some Other Race		More than One Race		Not Available		Hispanic Origin	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access	0	0																		
2. Reporting Positively About General Satisfaction	0	0																		
3. Reporting Positively About Outcomes	0	0																		
4. Reporting Positively About Participation in Treatment Planning	0	0																		
5. Reporting Positively About Cultural Sensitivity of Staff	0	0																		
6. Social Connectedness	0	0																		
7. Functioning	0	0																		

Comments on Data

MHBG Table 18 (URS Table 15) *Living Situation Profile*

This table collects information on the living situation of persons served in the reporting period. Living situation categories include, but are not limited to, private residence, foster care, residential care, jail/correctional facility, homeless shelter, etc. Data should be based on the most recent assessment in the reporting period. Specifically, information is collected on the individual’s living situation at time of discharge or last evaluation. The reporting period should be the latest SFY for which data are available.

MHBG Table 18											
Reporting Year:	From:						To:				
State Identifier:											
	Private Residence	Foster Home	Residential Care	Crisis Residence	Residential Treatment	Institutional Setting	Jail/ Correctional Facility	Homeless/ Shelter	Other	Not Available	Total
0-5 years											0
6-12 years											0
13-17 years											0
18-20 years											0
21-24 years											0
25-44 years											0
45-64 years											0
65-74 years											0
75 or over											0
Not Available ¹											0
TOTAL	0	0	0	0	0	0	0	0	0	0	0
Female											0
Male											0
Not Available ¹											0
TOTAL	0	0	0	0	0	0	0	0	0	0	0
American Indian or Alaska Native											0
Asian											0
Black or African American											0
Native Hawaiian or Pacific Islander											0
White											0
Some Other Race											0
More than One Race											0
Not Available ¹											0
TOTAL	0	0	0	0	0	0	0	0	0	0	0

¹The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system.

(Continued on next page)

MHBG Table 18 (cont.)											
Reporting Year:		From:					To:				
State Identifier:											
	Private Residence	Foster Home	Residential Care	Crisis Residence	Residential Treatment	Institutional Setting	Jail/ Correctional Facility	Homeless/ Shelter	Other	Not Available	Total
Hispanic or Latino											0
Not Hispanic or Latino											0
Not Available ¹											0
TOTAL	0	0	0	0	0	0	0	0	0	0	0
Comments on Data											

¹ The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system.

How often does your state measure living situation? ☐ At Admission ☐ At Discharge ☐ Monthly ☐ Quarterly ☐ Other, please describe: _____

MHBG Table 19A (URS Table 16A) Profile of Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances Receiving Specific Services

This table collects information on the aggregate profile of adults with SMI and children with SED receiving specific evidence-based practices in the reporting year. In addition, the table captures information on if and how states and jurisdictions monitor fidelity for the evidence-based services. The reporting period should be the latest SFY for which data are available. The total unduplicated number of adults with SMI and children with SED should be the same as those reported in MHBG Tables 13A and 13B.

MHBG Table 19A								
Reporting Period:	From:				To:			
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 Multisystemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N Children with SED
Age								
0-5 years								
6-12 years								
13-17 years								
18-20 years								
21-24 years								
25-44 years								
45-64 years								
65-74 years								
75 or over								
Not Available ¹								
TOTAL	0	0	0	0	0	0	0	0
Sex								
Female								
Male								
Not Available ¹								
Race								
American Indian or Alaska Native								
Asian								
Black or African American								
Native Hawaiian or Pacific Islander								
White								
Some Other Race								
More than one race								
Not Available ¹								

(Continued on next page)

MHBG Table 19A (cont.)								
Reporting Period:	From:				To:			
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
Ethnicity								
Hispanic or Latino								
Not Hispanic or Latino								
Not Available ¹								

<p>Do you monitor fidelity for this service?</p> <p>IF YES,</p> <p>What fidelity measure do you use?</p> <p>Who measures fidelity?</p> <p>How often is fidelity measured?</p> <p>Is the federal EBP Toolkit used to guide EBP Implementation?</p> <p>Have staff been specifically trained to implement the EBP?</p>	<p>Yes / No</p> <div> <input type="radio"/> Yes <input type="radio"/> No </div>	<p>Yes / No</p> <div> <input type="radio"/> Yes <input type="radio"/> No </div>	<p>Yes / No</p> <div> <input type="radio"/> Yes <input type="radio"/> No </div>		<p>Yes / No</p> <div> <input type="radio"/> Yes <input type="radio"/> No </div>	<p>Yes / No</p> <div> <input type="radio"/> Yes <input type="radio"/> No </div>	<p>Yes / No</p> <div> <input type="radio"/> Yes <input type="radio"/> No </div>		
	<p>Yes / No</p> <div> <input type="radio"/> Yes <input type="radio"/> No </div>	<p>Yes / No</p> <div> <input type="radio"/> Yes <input type="radio"/> No </div>	<p>Yes / No</p> <div> <input type="radio"/> Yes <input type="radio"/> No </div>		<p>Yes / No</p> <div> <input type="radio"/> Yes <input type="radio"/> No </div>	<p>Yes / No</p> <div> <input type="radio"/> Yes <input type="radio"/> No </div>	<p>Yes / No</p> <div> <input type="radio"/> Yes <input type="radio"/> No </div>		<p>Yes / No</p> <div> <input type="radio"/> Yes <input type="radio"/> No </div>

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 (Multisystemic Therapy)	
Comments on Data (Family Functional Therapy)	

¹ The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system.

MHBG Table 19B (URS Table 16B) Profile of Adults with Serious Mental Illness Receiving Specific Services During the Year

This table collects information on the aggregate profile of adults with SMI receiving family psychoeducation, integrated treatment for co-occurring disorders, illness self-management and recovery, and medication management. In addition, this table provides information on if, and how, states and jurisdictions monitor the fidelity for the evidence-based services. The reporting period should be the latest SFY for which data are available.

MHBG Table 19B				
Reporting Year	From:		To:	
State Identifier:				
	ADULTS WITH SERIOUS MENTAL ILLNESS:			
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (M/SUD)	Receiving Illness Self-Management and Recovery	Receiving Medication Management
Age				
18-20 years				
21-24 years				
25-44 years				
45-64 years				
65-74 years				
75 or over				
Not Available ¹				
TOTAL				
Sex				
Female				
Male				
Not Available ¹				
Race				
American Indian or Alaska Native				
Asian				
Black or African American				
Native Hawaiian or Pacific Islander				
White				
Some Other Race				
More than One Race				
Not Available ¹				
Ethnicity				
Hispanic or Latino				
Not Hispanic or Latino				
Not Available ¹				

¹ The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system.

(Continued on next page)

MHBG Table 19B (cont.)												
Reporting Year	From:								To:			
State Identifier:												
	ADULTS WITH SERIOUS MENTAL ILLNESS											
	Receiving Family Psychoeducation			Receiving Integrated Treatment for Co-occurring Disorders (M/SUD)			Receiving Illness Self-Management			Receiving Medication Management		
Do You monitor fidelity for this service?	Yes <input type="radio"/>	No <input type="radio"/>		Yes <input type="radio"/>	No <input type="radio"/>		Yes <input type="radio"/>	No <input type="radio"/>		Yes <input type="radio"/>	No <input type="radio"/>	
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 federal EBP Toolkit used to guide EBP implementation?	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
Have staff been specifically trained to implement the EBP?	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
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)												

MHBG Table 19C (URS Table 16C) *Profile of Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances Receiving Coordinated Specialty Care Services*

This table collects information on the number of adults with SMI and children with SED that were admitted into and received Coordinated Specialty Care (CSC) services, the number of clients successfully discharged from CSC services, the number of clients who discontinued CSC services, and the number of clients that received CSC services. In addition, the table collects information on if, and how, states and jurisdictions monitor fidelity for the CSC program. The reporting period should be the latest SFY for which data are available.

MHBG Table 19C																							
State Identifier:																							
Reporting Period:	From:										To:												
Program Name	Number of Admissions into CSC Services During FY										Number of Clients Successfully Discharged from CSC Services During the FY												
	0-5 Years	6-12 Years	13-17 Years	18-20 Years	21-24 Years	25-44 Years	45-64 Years	65-74 Years	75 or Over	Not Available	0-5 Years	6-12 Years	13-17 Years	18-20 Years	21-24 Years	25-44 Years	45-64 Years	65-74 Years	75 or Over	Not Available			

(Continued below)

MHBG Table 19C (Cont.)																						
State Identifier:																						
Reporting Period:	From:										To:											
Program Name	Number of Clients who Discontinued CSC Services Prior to Discharge During the FY										Number of Clients Receiving CSC Services During the FY											
	0-5 Years	6-12 Years	13-17 Years	18-20 Years	21-24 Years	25-44 Years	45-64 Years	65-74 Years	75 or Over	Not Available	0-5 Years	6-12 Years	13-17 Years	18-20 Years	21-24 Years	25-44 Years	45-64 Years	65-74 Years	75 or Over	Not Available		

(Continued on next page)

MHBG Table 19C (cont.)					
State Identifier:					
Reporting Period:	From:		To:		
Program Name	Do you monitor fidelity for this service?	What fidelity measure do you use?	Who measures fidelity?	How often is fidelity measured?	Has staff been specifically trained to implement the CSC EBP?
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No

MHBG Table 19D (URS Table 16D) *Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances Receiving Coordinated Specialty Care Services who Experienced No Psychiatric Hospitalization or Arrest*

This table collects information on the percentage of adults with SMI and children with SED enrolled in Coordinated Specialty Care (CSC) who experienced no psychiatric hospitalization in the current fiscal year and the percentage of adults with SMI and children with SED enrolled in CSC services who experienced no arrest in the current fiscal year by age groups. The reporting period should be the latest state fiscal year for which data are available.

MHBG Table 19D																						
State Identifier:																						
Reporting Period:	From:										To:											
Program Name	Percentage of Clients Enrolled in CSC Services who Experienced No Psychiatric Hospitalization in the FY ¹										Percentage of Clients Enrolled in CSC Services who Experienced No Arrest in the FY ²											
	0-5 Years	6-12 Years	18-20 Years	13-17 Years	21-24 Years	25-44 Years	45-64 Years	65-74 Years	75 or Over	Not Available	0-5 Years	6-12 Years	13-17 Years	18-20 Years	21-24 Years	25-44 Years	45-64 Years	65-74 Years	75 and Over	Not Available		

¹ Report the percentage of individuals who experienced no psychiatric hospitalization while enrolled in the CSC program during the fiscal year.

² Report the percentage of individuals who experienced no arrest while enrolled in the CSC program during the fiscal year.

MHBG Table 20 (URS Table 17) Profile of Persons Receiving Crisis Response Services

This table collects information on the number of persons that received crisis response services by age groups. In addition, this table also collects information on the estimated percentage of the state population with access to crisis response services. The reporting period should be the latest SFY for which data are available.

MHBG Table 20										
State Identifier:										
Reporting Period:	From:					To:				
Service	Actual Number of Persons Served									
	0-5 Years	6-12 Years	13-17 Years	18-20 Years	21-24 Years	25-44 Years	45-64 Years	65-74 Years	75 or Over	Not Available
Crisis Contact Centers										
24/7 Mobile Crisis Team										
Crisis Stabilization Programs										
Comments on Data										

(Continued below)

Table 20 (cont.)										
State Identifier:										
Reporting Period:	From:					To:				
Service	Estimated Percentage of State Population with Access to Service									
	0-5 Years	6-12 Years	13-17 Years	18-20 Years	21-24 Years	25-44 Years	45-64 Years	65-74 Years	75 and Over	Not Available
Crisis Contact Centers										
24/7 Mobile Crisis Team										
Crisis Stabilization Programs										

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

This table collects information on the number of children/youth and adults with an arrest in T1 (prior 12 months) and T2 (most recent 12 months) to measure the change in arrests over time. Information required includes information on arrests and impact of services.

- 1. The National Outcome Measure for Criminal Justice or Juvenile Justice measures change in arrests over time.*
- 2. If your SMHA has data on arrest records from alternative 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 column. If you can calculate the change in arrests from T1 to T2, please use the “T1 to T2 change” columns.*
- 3. Please complete the checkboxes at the bottom of the table to help explain the data sources that you have used to complete the table.*
- 4. Please tell us anything else that would help us to understand your indicator (e.g., list surveys or MIS questions; describe linking methodology and data sources; specify time period for criminal or juvenile justice involvement; explain whether treatment data are collected).*

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																		0
Male																		0
Not Available ¹																		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
Female																		0
Male																		0
Not Available ¹																		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
Female																		0
Male																		0
Not Available ¹																		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
Female																		0
Male																		0
Not Available ¹																		0

¹The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system.

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MHBG Table 21 (cont.)

Please Describe the Sources of your Criminal Justice Data			
Source of adult criminal justice information	<input type="checkbox"/> 1) Consumer survey (recommended questions) <input type="checkbox"/> 4) State criminal justice agency	<input type="checkbox"/> 2) Other Consumer Survey: Please send copy of questions <input type="checkbox"/> 5) Local criminal justice agency	<input type="checkbox"/> 3) Mental health MIS <input type="checkbox"/> 6) Other (specify): _____
Sources of children/youth criminal justice Information:	<input type="checkbox"/> 1) Consumer survey (recommended questions) <input type="checkbox"/> 4) State criminal/juvenile justice agency	<input type="checkbox"/> 2) Other Consumer Survey: Please send copy of questions <input type="checkbox"/> 5) Local criminal/juvenile justice agency	<input type="checkbox"/> 3) Mental health MIS <input type="checkbox"/> 6) Other (specify): _____
Measure of adult criminal Involvement:	<input type="checkbox"/> 1) Arrests	<input type="checkbox"/> 2) Other (specify): _____	
Measure of children/youth criminal justice Involvement:	<input type="checkbox"/> 1) Arrests	<input type="checkbox"/> 2) Other (specify): _____	
Mental health programs included:	<input type="checkbox"/> 1) Adults with SMI only <input type="checkbox"/> 1) Children with SED only	<input type="checkbox"/> 2) Other adults (specify): _____ <input type="checkbox"/> 2) Other Children (specify): _____	<input type="checkbox"/> 3) Both (all adults) <input type="checkbox"/> 3) Both (all Children)
Region for which adult data are reported:	<input type="checkbox"/> 1) The whole state <input type="checkbox"/> 2) Less than the whole state (please describe): _____		
Region for which children/youth data are reported:	<input type="checkbox"/> 1) The whole state <input type="checkbox"/> 2) Less than the whole state (please describe): _____		
What is the total number of persons surveyed, or for whom criminal justice/juvenile justice data are reported?			
	Child/Adolescents	Adults	
1. If data is from survey, what is the total number of people from which the sample was drawn?	<input type="text"/>	<input type="text"/>	
2. What was your sample size (how many individuals were selected for the sample)?	<input type="text"/>	<input type="text"/>	
3. How many survey contacts were made (surveys to valid phone numbers or addresses)?	<input type="text"/>	<input type="text"/>	
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?	<input type="text"/>	<input type="text"/>	
5. What was your response rate (number of completed surveys divided by number of contacts)?	<input type="text"/>	<input type="text"/>	
Comments on Data			

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).

MHBG Table 22 (URS Table 19B) *Profile of Change in School Attendance*

This table collects information on the number of children with suspension and expulsion from school in T1 (prior 12 months) and T2 (most recent 12 months) to measures the change in school attendance over time. Information required includes information on suspensions/expulsions, and impact of services.

1. The National Outcome Measure for School Attendance measures the change in school attendance over time.
2. If your SMHA has data on school attendance from alternative 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 column, if you can calculate the change in attendance from T1 to T2, please use the T1 to T2 Change columns.
3. Please complete the checkboxes at the bottom of the table to help explain the data sources that you used to complete this table.
4. Please tell us anything else that would help us to understand your indicator (e.g., list surveys or MIS questions; describe linking methodology and data sources; specify time period for school attendance; explain whether treatment data are collected).

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					
	# Sus- pended or Expelled	# Not Suspended or Expelled	No Re- sponse	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expulsion or Suspension in T2	# with no Expulsion or Suspension in T2	No Response	# with an Expulsion or Suspension in T2	# with no Expulsion or Suspension in T2	No Response	# Greater (Improved)	# Staye d 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
Sex																		
Female																		0
Male																		0
Not Available ¹																		
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 ser- vices			"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					
	# Sus- pended or Expelled	# Not Suspended or Expelled	No Re- sponse	# 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

Sex																		
Female																		0
Male																		0
Not Available ¹																		
Age																		
Under 18																		0

¹The ‘Not Available’ category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system.

(Continued on next page)

MHBG Table 22 (cont.)

Sources of School Attendance Information	<input type="checkbox"/> 1) Consumer survey (recommended questions) <input type="checkbox"/> 4) State Education Department	<input type="checkbox"/> 2) Other Survey: Please send copy of questions <input type="checkbox"/> 5) Local Schools/Education Agencies	<input type="checkbox"/> 3) Mental health MIS <input type="checkbox"/> 6) Other (specify): _____
Measure of School Attendance	<input type="checkbox"/> 1) School Attendance	<input type="checkbox"/> 2) Other (specify): _____	
Mental health programs include:	<input type="checkbox"/> 1) Children with SED only	<input type="checkbox"/> 2) Other Children (specify): _____	<input type="checkbox"/> 3) Both (all Children)
Region for which data are reported:	<input type="checkbox"/> 1) The whole state <input type="checkbox"/> 2) Less than the whole state (please describe): _____		
What is the total number of persons surveyed, or for whom criminal justice/juvenile justice data are reported?			
		Child/Adolescents	
1. If data is from survey, what is the total number of people from which the sample was drawn?		<input type="text"/>	
2. What was your sample size (how many individuals were selected for the sample)?		<input type="text"/>	
3. How many survey contacts were made (surveys to valid phone numbers or addresses)?		<input type="text"/>	
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?		<input type="text"/>	
5. What was your response rate (number of completed surveys divided by number of contacts)?		<input type="text"/>	
Comments on Data			

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

This table collects information on the total number of civil discharges within the year, the number of readmissions within 30-days and 180-days, and the percent readmitted by age, sex, race, and ethnicity. The reporting period should be the latest SFY for which data are available.

MHBG Table 23A.					
Reporting Year:	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					
0-5 years					
6-12 years					
13-17 years					
18-20 years					
21-24 years					
25-44 years					
45-64 years					
65-74 years					
75 and over					
Not Available ¹					
Sex					
Female					
Male					
Not Available ¹					
Race					
American Indian or Alaska Native					
Asian					
Black or African American					
Native Hawaiian or Pacific Islander					
White					
Some Other Race					
More than One Race					
Not Available ¹					
Ethnicity					
Hispanic or Latino					
Not Hispanic or Latino					
Not Available ¹					

Are Forensic Patients Included? ☐ Yes ☐ No

Comments on Data	
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¹ The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system.

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

This table collects information on the total number of forensic discharges within the year, the number of readmissions within 30-days and 180-days, and the percent readmitted by age, sex, race, and ethnicity. The reporting year should be the latest SFY for which data are available.

MHBG Table 23B.					
Reporting Year:	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					
0-5 years					
6-12 years					
13-17 years					
18-20 years					
21-24 years					
25-44 years					
45-64 years					
65-74 years					
75 and over					
Not Available ¹					
Sex					
Female					
Male					
Not Available ¹					
Race					
American Indian or Alaska Native					
Asian					
Black or African American					
Native Hawaiian or Pacific Islander					
White					
Some Other Race					
More than One Race					
Not Available ¹					
Ethnicity					
Hispanic or Latino					
Not- Hispanic or Latino					
Not Available ¹					
Comments on Data					

¹ The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system.

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 (Optional Reporting Table)

This table collects information on the total number of discharges from inpatient care units within the year, the number of readmissions within 30-days and 180-days, and the percent readmitted by age, sex, race, and ethnicity. The reporting year should be the latest SFY for which data are available.

MHBG Table 23B.					
Reporting Year:	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					
0-5 years					
6-12 years					
13-17 years					
18-20 years					
21-24 years					
25-44 years					
45-64 years					
65-74 years					
75 and over					
Not Available ¹					
Sex					
Female					
Male					
Not Available ¹					
Race					
American Indian or Alaska Native					
Asian					
Black or African American					
Native Hawaiian or Pacific Islander					
White					
Some Other Race					
More than One Race					
Not Available ¹					
Ethnicity					
Hispanic or Latino					
Not Hispanic or Latino					
Not Available ¹					

1. Does this table include readmission from state psychiatric hospitals? ☐ Yes ☐ No
2. Are forensic patients included? ☐ Yes ☐ No

Comments on Data	
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¹The 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect information in the state data system.

F. State General Data Notes

States may utilize this table to provide additional data notes deemed necessary to provide context for the data reported.

MHBG Table Number	General Data Note

Appendix A: MHBG Data Definitions

Term	Definition
Access	Access refers to the quickness, ease, and convenience with which clients received services.
Administration	<p>This line item includes expenditures for the administration of the State Mental Health Agency (SMHA), including central and regional offices, defined as SMHA activities that provide centralized policy direction and administrative management for all operational segments of the SMHA program. Include the following components as applicable: SMHA Functions, Supplemental and Support Activities, Research, Training.</p> <p>As SMHAs may operate from one central office or through a regional structure, please report expenditures of the total central and/or regional structure in this row.</p> <p>The infrastructure of the SMHA may include separate administrative components for the planning, coordination, and development of community administered programs, state psychiatric hospitals, and/or other programs. Expenditures for these SMHA divisions and/or components should be included in the total administration category.</p> <p>The following functions and activities are to be included:</p> <p>SMHA Functions</p> <ul style="list-style-type: none"> • Policy formulation • Planning • Budgeting • Coordination • Evaluation (includes development of standards and monitoring) <p>Supplemental and Support Activities performed by the SMHA may include:</p> <ul style="list-style-type: none"> • Fiscal administration • Legal services • Management information systems (MIS) • Purchasing • Licensure <p>Research (Funded or funded and conducted by the SMHA; Include all funds from federal HRD grants as well as state funds devoted toward training activities.)</p> <p>Research activities may:</p> <ul style="list-style-type: none"> • constitute one or more component within a state psychiatric hospital(s), community program, or independent facility; • comprise an entire program entity or facility (e.g., a children's psychiatric research institute); and/or • be conducted at the SMHA central office. <p>Training (Include all funds from federal HRD grants as well as state funds devoted toward training activities)</p> <p>Training refers to identifiable staff training and human resource</p>

Term	Definition
	<p>development (HRD) activities or facilities funded or funded and operated by the SMHA.</p> <p>Training activities may:</p> <ul style="list-style-type: none"> • be conducted as part of the state hospital, within community administered programs or independently run through the SMHA regional or central office; and/or • comprise an entire program entity or facility (e.g., a mental health training institute).
Admission	The point at which a person begins an episode of care.
Ambulatory/Community Non-24-Hour Care	<p>Ambulatory/Community Non-24-Hour Care services are provided in less-than 24-hour care setting and not overnight. This category includes outpatient, partial care, and case management services.</p> <p>Outpatient: This treatment modality describes mental health services that are:</p> <ul style="list-style-type: none"> • Provided to clients on an hourly basis • Provided on an individual or group basis • Service provision generally occurs in a clinic setting. <p>Outpatient services may be diagnostic, therapeutic, or adjunctive.</p> <p>Include expenditures for wraparound services in the ambulatory/community non-24-hour care category. Services such as screening, outreach, and psychiatric treatment can be included.</p> <p>Partial care/day treatment: structured programs of treatment, activity, or other mental health services provided in clusters of three or more hours per day. These programs are often called day treatment, partial hospitalization, psychosocial rehabilitation, or activity centers.</p> <p>Case management: functions as an outreach intervention for clients with primary purpose of:</p> <ul style="list-style-type: none"> • assisting clients in accessing financial, housing, medical, employment, social, transportation, and other essential community resources; • assisting community agencies in offering response services to the client population; or • mobilizing assistance from family, neighbors, and self-help groups on behalf of clients.
American Indian or Alaska Native	<p>Individuals with origins in any of the original peoples of North, Central, and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya (https://www.govinfo.gov/content/pkg/FR-2024-03-29/pdf/2024-06469.pdf).</p>
Appropriateness	<p>Appropriate services are those that are individualized to meet a client's needs. They address a client's strengths and challenges, cultural context, service preferences, and recovery goals.</p>
Asian	Individuals with origins in any of the original peoples of Central or East

Term	Definition
	Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese (https://www.govinfo.gov/content/pkg/FR-2024-03-29/pdf/2024-06469.pdf).
Assertive Community Treatment (ACT)	<p>ACT is a team-based approach to the provision of treatment, rehabilitation, and support services. ACT models of treatment are built around a self-contained multi-disciplinary team that serves as the fixed point of responsibility for all patient care for a fixed group of clients.</p> <p>In this approach, normally used with clients with severe and persistent mental illness, the treatment team typically provides all client services using a highly integrated approach to care.</p>
Average Length of Stay	<p>This represents the average amount of time a client receives services in a specified service setting (e.g., state psychiatric hospital, residential treatment centers, etc.) during a specified time period.</p> <p>Average Length of Stay = (Number of days individual received service (numerator) / Total number of individuals receiving service (denominator))</p> <p>Use the same time period for both numerator and denominator.</p> <p>Admission day = 1 day</p> <p>Do not include furlough/leave days or days with no service provision</p>
Black or African American	Individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali (https://www.govinfo.gov/content/pkg/FR-2024-03-29/pdf/2024-06469.pdf).
Case Management Services	Case management services include activities for the purpose of locating services, linking the client with these services, and monitoring the client's/patient's receipt of these services on behalf of the client. Case management can be provided by an individual or a team; it may include both face-to-face and telephone contact with the client as well as contact with other service providers.
Community Services	Community services refer to all services that are provided in a community setting (i.e., services not provided in an inpatient setting).
Convenience Sample	Convenience sample refers to a type of non-probability sample where the survey respondents are selected, in part or in whole, at the convenience of the researcher. The researcher makes no attempt, or only a limited attempt, to ensure that the sample is an accurate representation of some larger group or population. An example would be giving the consumer survey to all persons who attend services in a given week or month.
Co-occurring M/SUD Disorders	The coexistence of both a mental and substance use disorder is referred to as co-occurring disorders.

Term	Definition
Coordinated Specialty Care (CSC)	Coordinated specialty care is a recovery-oriented, team approach to treating early psychosis that promotes easy access to care and shared decision-making among specialists, the person experiencing psychosis, and family members. Specifically, coordinated specialty care involves multiple components: individual or group psychotherapy is tailored to a person's recovery goals. Cognitive and behavioral therapy focuses on developing the knowledge and skills necessary to build resilience and cope with aspects of psychosis while maintaining and achieving person goals; family support and education programs team family members about psychosis as well as coping communication, and problem-solving skills; medication management involves health care providers tailoring medication to a person's specific needs by selecting the appropriate type and dose to help reduce psychosis symptoms; supported employment and education services aim to help individuals return to work or school, using the support of coach to help people achieve their goals; case management allows people with psychosis to work with a case manager to address practical problems and improve access to needed support services.”(National Institute of Mental Health: https://www.nimh.nih.gov/research/research-funded-by-nimh/research-initiatives/recovery-after-an-initial-schizophrenia-episode-raise).
Criminal Justice	“A criminal justice system is a set of legal and social institutions for enforcing the criminal law in accordance with a defined set of procedural rules and limitations. In the United States, there are separate federal, state, and military criminal justice systems, and each state has separate systems for adults and juveniles.” Frase, R.S. & Weidner, R.R. (2002). Criminal Justice System. In J. Dressler (Ed.), Encyclopedia of Crime and Justice (2nd ed., Vol. 1, pp. 371-393). Macmillan Reference USA.
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.
Crisis Services	Crisis services include centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or statewide crisis contact centers coordinating in real time that connect people as soon as possible to care (please see page 39 of the National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit). Crisis services are for anyone who is in a behavioral health crisis regardless of their SMI or SED status. Crisis services should not be viewed as stand-alone resources operating independent of the local community mental health and hospital systems but rather as an integrated part of a coordinated continuum of care.
Discharge	A discharge is the formal termination of service generally when treatment has been completed or through administrative discharge.
Dual Diagnoses	The coexistence of both a mental and substance use disorder is referred to as co-occurring disorders or dual diagnoses.
Duplicated Count	Counting a client/consumer and their service more than once. Duplication can exist at different levels: within the same service setting, across service

Term	Definition
	setting, between children and adults, especially for transition age youth, and at the state-level.
Early Serious Mental Illness (ESMI)	An early serious mental illness or ESMI is a condition that affects an individual regardless of their age and that is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-5 (APA, 2013) or ICD-10. For a significant portion of the time since the onset of the disturbance, the individual has not achieved or is at risk for not achieving the expected level of interpersonal, academic, or occupational functioning. This definition is not intended to include conditions that are attributable to the physiologic effects of a substance, a substance use disorder, an intellectual developmental disorder, or to another medical condition. The term ESMI is intended for the initial period of onset.
Employed	This is a broad category of full- or part-time employment within the competitive labor market. States may use their own definition for full- and part-time employment but the states' definitions are expected to be consistent with the basic concept used by the Department of Labor (for more information please refer to https://www.bls.gov/cps/cps_htgm.htm).
Episode of Care	An episode of care begins when a client enters treatment or services, as defined by the program, and ends when the client is discharged and no longer receiving treatment or services. A new episode of care begins when the client returns for treatment after a lapse of service of 90 calendar days or more or after being discharged.
Family Psychoeducation	Family psychoeducation is an evidence- based practice (EBP) that is offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through the active involvement of family members in treatment and management and to alleviate the suffering of family members by supporting them in their efforts to aid the recovery of their loved ones. Family psychoeducation programs may be either multi-family or single-family focused. Core characteristics of family psychoeducation programs include the provision of emotional support, education, and resources during periods of crisis, and problem-solving skills.
First Episode Psychosis (FEP)	First episode psychosis refers to the beginning of psychotic symptoms due to the onset of serious mental illness, such as schizophrenia, bipolar disorder, or post-traumatic stress disorder. Psychosis is when a person loses contact with reality and can include symptoms such as hallucinations, delusions, or confused thinking. The onset of symptoms typically occurs between the ages of 16 and 25.
Foster Care	Foster care refers to the provision of a living arrangement in a household other than that of the client's biological family.
Foster Home	A home licensed by a county or state department to provide care to children, adolescents, and/or adults. This includes Therapeutic Foster Care Facilities. See Therapeutic Foster Care definition.
Forensic Clients	Forensic clients are consumers who enter the mental health system due to their contact with the criminal justice system. Specific forensic activities may include, but are not limited to: <ul style="list-style-type: none"> • Diagnosis of individuals placed in an inpatient unit for short term psychiatric observation;

Term	Definition
	<ul style="list-style-type: none"> • Provision of diagnostic and treatment support for correctional populations on an inpatient basis; • Providing security up to maximum levels; and • Provision of security staff in secure units for the rehabilitation and management of behaviorally problematic individuals. <p>Forensic clients include:</p> <ul style="list-style-type: none"> • NGRI/GBMI: “Not guilty by reason of insanity” (NGRI) and/or “guilty but mentally ill” (GBMI) have been referred by legal and law enforcement agencies for emergency psychiatric evaluations; and persons who are to be evaluated for dangerousness. Provision of forensic services may occur within any of the separate state psychiatric hospital services, other hospital programs, community-based programs, and/or through the SMHA administrative offices. • Competency: Defendants who are detained and evaluated as to their mental competence to stand trial. • Transfers from criminal/juvenile justice: Services to adult or juvenile prisoners who have been transferred to the state hospital to receive services. • Sexually violent predators: An increasing population in many states’ mental health systems is deemed to be “Sexually Violent Predators.” These persons have been convicted of a sexual offence and sent to the mental health system for treatment and control.
Functional Family Therapy (FFT)	<p>FFT is an evidence-based practice (EBP) designed primarily for at-risk youth who have been referred by the juvenile justice, mental health, school, or child welfare systems. Services are short-term and conducted in both clinic and home settings, and can also be provided in schools, child welfare facilities, probation and parole systems, and mental health facilities.”</p> <p>(https://www.fftlc.com/)</p>
General Hospital	<p>A general hospital is a hospital that does not specialize in illness or patients; however, it may have a separate psychiatric unit and specially allocated staff for the treatment of persons with mental illness.</p>
General Support	<p>General support, which may also be called “wrap around services” includes transportation, childcare, homemaker services, day care, and other general services for individuals receiving behavioral health services.</p>
Hispanic or Latino	<p>A category that includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin (https://www.govinfo.gov/content/pkg/FR-2024-03-29/pdf/2024-06469.pdf).</p>

Term	Definition
Homeless/Shelter	<p>An individual is considered to be experiencing homelessness if she/she lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> • Has a primary nighttime residence that is a public or private place not meant for human habitation; or • Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or • Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
Housing Services	Assistance to individuals in finding and/or maintaining appropriate housing arrangements.
Illness Self-Management and Recovery	<p>Illness Self-Management and Recovery is an evidence-based practice (EBP). It is a broad set of rehabilitation methods aimed at teaching individuals strategies for collaborating actively in their treatment with professionals; for reducing their risk of relapses and re-hospitalizations; for reducing severity and distress related to symptoms; and for improving their social support. Specific evidence-based practices that are incorporated under the broad rubric of illness self-management are psychoeducation about the nature of mental illness and its treatment; “behavioral tailoring” to help individuals incorporate the taking of medication into their daily routines; relapse prevention planning, teaching coping strategies for managing distressing persistent symptoms; cognitive behavioral therapy for psychosis, and social skills training. The goal of illness self-management is to help individuals develop effective strategies for managing their illness in collaboration with professionals and significant others, thereby freeing up their time to pursue their personal recovery goals.</p>
Information Systems	A discrete set of information resources organized for the collection, processing, maintenance, use, sharing, dissemination, or disposition of information. This includes collecting and analyzing data in order to monitor performance and outcomes. Costs for electronic health records (EHRs), telehealth platforms, digital therapeutics, and other health information technology also fall under this category.
Infrastructure Support	Infrastructure support includes activities that provide the infrastructure to support services but for which there are no individual services delivered. Examples include the development and maintenance of crisis-response capacity, including hotlines, mobile crisis teams, web-based check-in groups (for medication, treatment, and re-entry follow-up), drop-in centers, and respite services.
Institutional Setting	An institutional care facility in which care is provided on a 24-hour, 7 day a week basis. This level of care may include a Skilled Nursing/Intermediate Care Facility, Nursing Homes, Institutes of Mental Disease (IMD), Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), Veterans Affairs Hospital, or State Hospital.

Term	Definition
Inpatient Care	A structured service setting or program that provides <u>overnight</u> care delivered within a psychiatric hospital or in a designated and staffed separate psychiatric service or unit of a general hospital/medical center, specifically for the treatment of mental health clients.
Institutions Under the Justice System	Institutions under the justice system refers specifically to jails and prisons managed or paid for by a government entity (i.e., federal, state, county, and city).
Integrated Treatment for Co-occurring Disorders	Integrated treatment for co-occurring disorders is an evidence-based practice (EBP) that combines or integrates mental health and substance use interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance use interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of co-occurring diagnosis interventions is recovery from M/SUD.
Jail/Correctional Facility	A facility where people are kept when they enter the criminal justice system. This setting may include a jail, correctional facility, detention centers, prison, youth authority facility, juvenile hall, boot camp, or boys' ranch.
Juvenile Justice	"Youth under the age of 18 who are accused of committing a delinquent or criminal act are typically processed through a juvenile justice system. While similar to that of the adult criminal justice system in many ways—processes include arrest, detainment, petitions, hearings, adjudications, dispositions, placement, probation, and reentry—the juvenile justice process operates according to the premise that youth are fundamentally different from adults, both in terms of level of responsibility and potential for rehabilitation. The primary goals of the juvenile justice system, in addition to maintaining public safety, are skill development, habilitation, rehabilitation, addressing treatment needs, and successful reintegration of youth into the community" (Youth.gov).
Medicaid Client	Mental health clients for whom some services are/were reimbursable through Medicaid.
Medication Management	Medication management is an evidence-based practice (EBP) that includes the following elements: <ul style="list-style-type: none"> • Utilization of a systematic plan for medication management. • Objective measures of outcome are produced. • Documentation is thorough and clear. • Consumers and practitioners share in the decision-making.
Multisystemic Therapy (MST)	MST is an evidence-based practice (EBP) that views the individual as nestled within a complex network of interconnected systems (family, school, peers). The goal is to facilitate change in this natural environment to promote individual change. The caregiver is viewed as the key to long-term outcomes.
Native Hawaiian or	An individual with origins in any of the original peoples of Hawaii, Guam,

Term	Definition
Pacific Islander	Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese (https://www.govinfo.gov/content/pkg/FR-2024-03-29/pdf/2024-06469.pdf).
Non-Institutional Settings	A setting that provides mental health services, but not on an inpatient facility or nursing home level of care (e.g., care is provided in a community-based setting).
Non-Medicaid Services	Services not covered or paid for by Medicaid.
Not In Labor Force	Persons who are neither unemployed nor unemployed and not actively looking for employment are not in the labor force. This category includes persons that are retired, students, homemakers, disabled, in sheltered/non-competitive employment, and others who are neither working nor seeking work. Information is collected on their desire for and availability for work, job search activity in the prior year, and reasons for not currently searching.
Nursing Home	A facility, also called skilled nursing facility, that provides a wide range of health and personal care services. Their services focus more on medical care than most assisted living facilities or board and care homes. Services offered in a nursing home typically include nursing care, 24-hour supervision, three meals a day, and assistance with everyday activities (https://www.nia.nih.gov/health/assisted-living-and-nursing-homes/long-term-care-facilities-assisted-living-nursing-homes#nursing).
Other 24-Hour Care	<p>A setting, other than hospital inpatient setting, which provides congregate overnight living. A variety of services along a continuum of living arrangements may be offered, ranging from basic room and board with minimal supervision through 24-hour medical, nursing, and/or intensive therapeutic programs. Activities include diagnosis, treatment, and care to mentally ill individuals, either on a residential treatment or residential support services basis. Residential treatment is overnight care in conjunction with an intensive treatment program. Residential support is overnight care in conjunction with supervised living and other support services. Depending upon the nomenclature used in the state, residential settings may include, but may not be limited to, any of the following:</p> <ul style="list-style-type: none"> • Residential treatment: <ul style="list-style-type: none"> ▪ Intermediate Care Facility (ICF): a residential facility providing room, board, social and rehabilitative services, and nursing services to include treatment, medication, and counseling. One registered or licensed nurse per 40 patients is usually minimal. ▪ Skilled Nursing Facility (SNF): a residential facility offering services characteristic of ICF with the addition of 24-hour, seven-days a week nursing services required for complex patient medical conditions. These facilities usually have no less than one registered licensed nurse per 15 patients. SNFs must have at least one or more medically related health services such as physical services, physical, occupational, or speech therapy, diagnostic and laboratory services, and/or medication. ▪ Residential Treatment Center (RTC) or Psychiatric Residential Treatment Facility (PRTF) is a residential facility that provides individually planned programs of mental health treatment services in

Term	Definition
	<p>conjunction with residential care for patients. It serves children and youth primarily under the age of 18.</p> <ul style="list-style-type: none"> • Housing support services: <ul style="list-style-type: none"> ▪ Group homes: a residential facility in a residential zone for 3-16 unrelated individuals. Group homes provide post-institutional care or alternative to institutional care including counseling, rehabilitation, supervised living, personal care, and other supportive services. ▪ Supportive living facility: Also called assisted living facility; a long-term residential facility that provides 24-hour staffing, room, board, and support services that may include mental health care. ▪ Halfway house: a recovery residence providing short-term supervised living and/or care; generally, for people with criminal backgrounds or substance use problems, halfway houses assist with reintegration into society. ▪ Board and lodging home/domiciliary refers to an unlicensed care home that provides only room and board, often servicing individuals with serious mental illness or other disabilities (https://aspe.hhs.gov/reports/understanding-unlicensed-care-homes-final-report-0) ▪ Supervised apartments, sometimes called transitional living programs, are community-based apartments that provide only room and board and/or minimal supervision. Staff are not located on-site as in supported housing programs.
Other Psychiatric Inpatient Care	<p>Other psychiatric inpatient care refers to inpatient psychiatric services provided in a private psychiatric hospital; a psychiatric bed in a general hospital; or any other psychiatric inpatient bed that is not part of a state psychiatric hospital. Examples of Other Psychiatric Inpatient Care settings include:</p> <ul style="list-style-type: none"> • Private psychiatric hospital: a facility licensed and operated as a private psychiatric hospital that primarily provides 24-hour inpatient care to persons with mental illness. • Separate inpatient psychiatric unit of a general hospital: a licensed general hospital (public or private) that provides inpatient mental health services in at least one separate psychiatric living unit. This unit must have specifically allocated staff and space (beds) for the treatment of persons with mental illness. The unit may be located in the hospital itself or in a separate building, either adjacent or more remote, and be owned by the hospital. It may also provide 24-hour residential care and/or less than 24-hour care (e.g., outpatient, day treatment, partial hospitalization), but these additional service setting are not requirements.

Term	Definition
Partnerships, Community Outreach, and Needs Assessment	This includes state, regional, and local personnel salaries prorated from time and materials to support planning meetings, information collection, analysis, and travel. It also includes the support for partnerships across state and local agencies, and tribal governments. Community/network development activities such as marketing, communication, and public education, including the planning and coordination of services, fall into this category, as do needs-assessment projects to identify the scope and magnitude of the problem, resources available, gaps in services, and strategies to close those gaps.
Planning Council Activities	This includes those activities that support the performance of a Mental Health Planning Council or Behavioral Health Planning Council.
Private Residence	Living situation in which an individual lives in a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO).
Quality Assurance and Improvements	This includes activities to improve the overall quality of services, including those activities to assure conformity to acceptable professional standards, adaptation, and review of implementation of evidence-based practices, identification of areas of technical assistance related to quality outcomes, including feedback. Administrative agency contracts to monitor service-provider quality fall into this category, as do independent peer-review activities.
Random Sample	A subset of the population derived using a sampling technique that gives each member of the population an equal chance of being selected. Using random number generators or selectors reduces sampling bias.
Research and Evaluation	This includes performance measurement, evaluation, and research such as services research and demonstration projects to test feasibility and effectiveness of a new approach as well as the dissemination of such information.
Residential Care	This level of care may include a Group Home, Therapeutic Group Home, Board and Care, Residential Treatment, or Rehabilitation Center, or Agency-operated residential care facilities.
Residential Treatment Center for Children (RTC)	A facility not licensed as a psychiatric hospital that primarily provides individually planned programs of mental health treatment in a residential care setting for children and youth younger than 18 (some RTCs for children may accept persons through age 21). This type of facility must have a clinical program that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a masters' or a doctoral degree.
Retired	Individuals who have permanently withdrawn from their occupation or active working life.
School Attendance	Physical presence of a child in a school setting during scheduled class hours.
Serious Emotional Disturbance (SED)	Children with serious emotional disturbance (SED) includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue—as defined by the Psychiatric Association's <i>Diagnostic and Statistical Manual (DSM) of Mental Disorders</i> . This condition results in a functional impairment that substantially interferes with, or limits, a child's role or functioning in family, school, or community activities (https://www.samhsa.gov/sites/default/files/federal-register-notice-58-96-definitions.pdf).
Serious Mental Illness	Adults with serious mental illness (SMI) includes persons age 18 and older

Term	Definition
(SMI)	who have a diagnosable behavioral, mental, or emotional condition (as defined by the DSM). This condition substantially interferes with, or limits, one or more major life activities, such as: basic daily living (for example, eating or dressing); instrumental living (for example, taking prescribed medications or getting around the community); and participating in a family, school, or workplace (https://www.samhsa.gov/sites/default/files/federal-register-notice-58-96-definitions.pdf).
Some Other Race	Race other than White, Black or African American, Native Hawaiian or Pacific Islander, American Indian or Alaska Native, and More than One race.
State Psychiatric Hospital	A state owned psychiatric inpatient facility licensed as a hospital that provides primarily inpatient care to individuals with mental illness from a specific geographic area and/or statewide. Include state hospitals where the management and operation are contracted out to a non-state organization or company.
Stratified Random Sample	Type of random sampling where sub-populations are represented equally or proportionately to the whole population.
Substance Use	Substance use refers to the use of selected substances, including alcohol, tobacco products, drugs, inhalants, and other substance that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects.
Supported Employment (SE)	Supported Employment (SE) is an evidence-based practice (EBP) to promote rehabilitation and return to productive employment or enter into productive employment, for persons with serious mental illnesses. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake through follow-along. Job placements are community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to public), in normalized settings, and utilize multiple employers. The SE team has a small client to staff ratio. SE contacts occur in the home, at the job site, or in the community. The SE team is assertive in engaging and retaining clients in treatment, especially utilizing face-to-face community visits, rather than phone or mail contacts. The SE team consults/works with family and significant others when appropriate. SE services are frequently coordinated with Vocational Rehabilitation benefits (https://www.samhsa.gov/resource/ebp/supported-employment-evidence-based-practices-ebp-kit).

Term	Definition
Supported Housing	Supported Housing is an evidence-based practice (EBP) in which a consumer lives in a house, apartment, or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities. Criteria identified for supported housing programs include housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability. (https://www.samhsa.gov/resource/ebp/permanent-supportive-housing-evidence-based-practices-ebp-kit).
Therapeutic Foster Care	Children are placed with foster parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. In addition, therapeutic foster parents are given a higher stipend than traditional foster parents, and they receive extensive pre-service training and in-service supervision and support. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed.
Training and Evaluation	This includes skill development and continuing education for personnel employed in local programs as well as partnering agencies, as long as the training relates to services to adults with SMI or children with SED. Typical costs include course fees, tuition, and reimbursements to employees, trainer(s) and support staff salaries, and certification expenditures.
Two or More Races	“A combination of two or more of the following race categories: 1. White 2. Black or African American 3. American Indian or Alaska Native 4. Asian 5. Native Hawaiian or Other Pacific Islander 6. Some Other Race” (U.S. Census Bureau, 2000 Census Population, Public Law 97-171 Redistricting Data File).
Unduplicated Counts	Counting a client/consumer and their services uniquely. Unduplicated counts can exist at different levels: a program, a local system of care, or at the state level.
Unemployed	According to the U.S. Department of Labor, persons are classified as unemployed if they do not have a job, have actively looked for work in the prior 4 weeks, and are currently available for work. Actively looking for work may consist of any of the following activities: <ul style="list-style-type: none"> • Contacting: <ul style="list-style-type: none"> ▪ An employer directly or having a job interview ▪ A public or private employment agency ▪ Friends or relatives ▪ A school or university employment center • Sending out resumes or filling out applications • Placing or answering advertisement • Checking union or professional registers • Some other means of active job search
Vocational Rehabilitation	Services that include job finding/development, assessment and enhancement of work-related skills, attitudes, and behaviors as well as provision of job

Term	Definition
	experience to clients/patients. Includes transitional employment.
White	Individuals with origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish (https://www.govinfo.gov/content/pkg/FR-2024-03-29/pdf/2024-06469.pdf).