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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  
Substance Abuse and Mental Health Services Administration

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States and jurisdictions are required to complete the reporting document. The reporting document is comprised of the following sections:

**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 of the Substance Abuse and Mental Health Services Administration (SAMHSA), to determine the extent to which states and jurisdictions have implemented the state plan for the prior fiscal year. The purpose of the annual report is to provide information to assist the secretary in making this determination.

Additionally, SAMHSA is directed by Congress through the Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. States are required to provide services to those in crisis through three core services. SAMHSA will collect related data in Sections C and F.

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 SAMHSA’s Web Block Grant Application System (BGAS). This report must be received by SAMHSA no later than December 1, in order for the state or jurisdiction to receive its next grant. If the due date falls on a weekend or federal holiday, the report will be due on the next business day. The following schedule includes specific due dates for annual reports:

<b>Due Dates for MH and Combined BG Components</b>			
<b>FY the state is applying for funds</b>	<b>Application Due</b>	<b>Reporting Period</b>	<b>MHBG Report Due</b>
2024	9/1/2023	Report year is Last Completed SFY	12/1/2023
2025	9/1/2024	Report year is Last Completed SFY	12/1/2024

**Section B:** Implementation Report - In this section, states, and jurisdictions are required to provide a brief review of the extent to which their respective plans were implemented, the progress towards the priorities and goals identified in the Block Grant plan, covering the last completed fiscal year. The report should also include a brief review of areas the state or jurisdiction identified in that 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 - In this section, states and jurisdictions should provide information regarding expenditures for authorized activities and services for mental health including crisis services.

**Section D:** Populations and Services Report - In this section states and jurisdictions must 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 the SMHA considers part of their behavioral health system. In addition, states and jurisdictions should provide specific information regarding the services these individuals received.

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

## B. Implementation Report

The information states and jurisdictions entered into the performance indicator table (Plan Table 1) in 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, a detailed explanation must be provided, and remedial steps proposed to meet the target.

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

Priority Areas and Annual Performance Indicators	
1. Priority Area:	2. Priority Type (SAP, SAT, MHS):
3. Population(s) (SMI, SED, ESMI, BHCS, PWWDC, PP, PWID, EIS/HIV, TB, 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 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; *other* – specify .

### C. State Agency Expenditure Reports

States and jurisdictions should 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 URS Contractor.

**MHBG Table 2A** (URS Table 7A) *State Agency Expenditure Report:* MHBG Table 2 provides information on mental health expenditures and sources of funding. This includes funding from the MHBG, Medicaid, other federal funding sources, state, local, other funds, and supplemental MHBG funds including COVID-19, ARP, and BSCA.

**MHBG Table 2B** (URS Table 7B) *State Agency Early Serious Mental Illness (ESMI) including First Episode Psychosis Expenditures Report:* MHBG Table 2b provides information on mental health expenditures and sources of funding specifically for the First Episode Psychosis (FEP) Programs as well as other 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 supplemental MHBG funds including COVID-19, ARP, and BSCA.

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

**MHBG Table 3** *Set-aside for Children's Mental Health Service:* MHBG table 3 provides a report of 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 4** (URS Table 8) *Profile of Mental Health Block Grant Expenditures for Non-Direct Service Activities:* MHBG Table 4 is used to report expenditures of MHBG funds including COVID-19, ARP, and BSCA supplemental funds for non-direct service activities that are funded or conducted by the State Mental Health Authority 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 provides a report of 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 with a first episode psychosis (FEP), early serious mental illness (ESMI) programs, and crisis services.



**MHBG Table 6** *Maintenance of Effort for Statewide Expenditures for Mental Health Service*: This table provides a report of 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 provides information on mental health expenditures and sources of funding. This includes funding from the MHBG, Medicaid, other federal funding sources, state, local, other funds, and supplemental MHBG 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) SAMHSA, etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other	G. COVID-19 Relief Funds (MHBG) <sup>1</sup>	H. ARP Funds <sup>2</sup>	I. Bipartisan Safer Communities Funds <sup>3</sup>	J. Total
1. Mental Health Prevention <sup>4</sup>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) <sup>5</sup>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
3. State Hospital		\$	\$	\$	\$	\$	\$	\$	\$	\$
4. Other Psychiatric Inpatient Care		\$	\$	\$	\$	\$	\$	\$	\$	\$
5. Other 24-Hour Care (Residential Care)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
6. Ambulatory/Community Non-24-Hour Care	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
7. Crisis Services (5 percent set-aside) <sup>6</sup>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

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

<sup>1</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the “standard” MHBG. 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 no cost extension, you have until March 14, 2024 to expend the COVID-19 Relief supplemental funds.*

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

<sup>3</sup> The expenditure period for the 1<sup>st</sup> allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is October 17, 2022 – October 16, 2024, and the 2<sup>nd</sup> allocation is September 30, 2023 – September 29, 2025 which is different from the expenditure period for the “standard” MHBG. Column I should reflect the BSCA allotment portion used during the state reporting period.

<sup>4</sup> While the state may use state or other funding for prevention services, the MHBG funds must be directed toward adults with SMI or children with SED.

<sup>5</sup> Column A row 2 should include Early Serious Mental Illness including First Episode Psychosis programs funded through MHBG set aside. States may expend more than 10 percent of their MHBG allocation.

<sup>6</sup> Row 7 should include Crisis Services programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

<sup>7</sup> Per statute, administrative expenditures cannot exceed 5% of the fiscal year award.

**MHBG Table 2B (URS Table 7B)- MHBG State Agency Early Serious Mental Illness including First Episode Psychosis Expenditure Report**

*This table provides information on mental health expenditures and sources of funding specifically for the First Episode Psychosis (FEP) Programs as well as other Early Serious Mental Illness (ESMI) programs through the MHBG 10% set-aside.*

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), SAMHSA, etc.)	D. State Funds	E. Local funds (excluding local Medicaid)	F. Other	G. COVID-19 Funds (MHBG) <sup>1</sup>	H. ARP Funds (MHBG) <sup>2</sup>	I. BSCA Funds (MHBG) <sup>3</sup>	J. Total		
1. CSC-Evidence-Based Practices for First Episode Psychosis <sup>4</sup>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
2. Training for CSC Practices	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
3. Planning for CSC Practices	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
4. Other Early Serious Mental Illnesses programs (other than FEP or partial CSC programs)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
5. Training for ESMI	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
6. Planning for ESMI	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
7. Other <sup>5</sup>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>		
Comments on Data:												

<sup>1</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the “standard” MHBG. 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 no cost extension, you have until March 14, 2024 to expend the COVID-19 Relief supplemental funds.*

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

<sup>3</sup> The expenditure period for the 1<sup>st</sup> allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is October 17, 2022 – October 16, 2024, and the 2<sup>nd</sup> allocation is September 30, 2023 – September 29, 2025 which is different from the expenditure period for the “standard” MHBG. Column I should reflect the BSCA allotment portion used during the state reporting period.

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

<sup>5</sup> Use row 7 if the state uses only certain components of a CSC model specifically for FEP.

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

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

*This table describes expenditures for Crisis Response services provided or funded by the state mental health authority by source of funding.*

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

<sup>1</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the “standard” MHBG. 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 no cost extension, you have until March 14, 2024 to expend the COVID-19 Relief supplemental funds.*

<sup>2</sup> The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 – September 1, 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.

<sup>3</sup> The expenditure period for the 1<sup>st</sup> allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is October 17, 2022 – October 16, 2024, and the 2<sup>nd</sup> allocation is September 30, 2023 – September 29, 2025 which is different from the expenditure period for the “standard” MHBG. 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* (<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>).

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

*This table provides a report of 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:	<b>From:</b>		<b>To:</b>
A Actual SFY 1994	B Actual SFY 2022	C Estimated/Actual SFY 2023	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 to SAMHSA: \_\_\_/\_\_\_/\_\_\_  
mm/dd/yyyy

**MHBG Table 4 (URS Table 8) Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities**

This table describes the use of MHBG funds including COVID-19, ARP, and BSCA supplemental funds for non-direct service activities that are funded or conducted by the State Mental Health Authority during the last completed SFY for non-direct service activities that are sponsored, or conducted, by the State Mental Health Authority. Please enter the total amount of the block grant expended for each activity.

MHBG Table 4					
Reporting Period:	<b>From:</b>		<b>To:</b>		
State Identifier					
Non-Direct-Services/System Development					
Activity	A. MHBG	B. COVID Funds <sup>1</sup>	C. ARP <sup>2</sup>	D. BSCA <sup>3</sup>	E. Total
1. Information Systems	\$	\$	\$	\$	\$
2. Infrastructure Support	\$	\$	\$	\$	\$
3. Partnerships, community outreach, and needs assessment	\$	\$	\$	\$	\$
4. Planning Council Activities (MHBG required, SABG optional)	\$	\$	\$	\$	\$
5. Quality assurance and improvement	\$	\$	\$	\$	\$
6. Research and Evaluation	\$	\$	\$	\$	\$
7. Training and Education	\$	\$	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Comments on Data					

<sup>1</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the “standard” MHBG. 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 no cost extension, you have until March 14, 2024 to expend the COVID-19 Relief supplemental funds.*

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

<sup>3</sup> The expenditure period for the 1<sup>st</sup> allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is October 17, 2022 – October 16, 2024, and the 2<sup>nd</sup> allocation is September 30, 2023 – September 29, 2025 which is different from the expenditure period for the “standard” MHBG. Column D should reflect the BSCA allotment portion used during the state reporting period.

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

*This table provides a report of 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 with a first episode psychosis (FEP), early serious mental illness (ESMI) programs, 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 FEP programs	Set-aside for ESMI programs	Set-aside for crisis services
							\$	\$	\$	\$	\$	\$
							\$	\$	\$	\$	\$	\$
							\$	\$	\$	\$	\$	\$
							\$	\$	\$	\$	\$	\$
							\$	\$	\$	\$	\$	\$
							\$	\$	\$	\$	\$	\$



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

*This table provides a report of 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:	<b>From:</b>		<b>To:</b>
Total Expenditures for State:			
A Period	B Expenditures	C <u>B1 (2021) + B2 (2022)</u> 2	Please specify if expenditure amounts reported in Column B are actual or estimated.
SFY 2021 (1)			<input type="checkbox"/> Actual <input type="checkbox"/> Estimated
SFY 2022 (2)			<input type="checkbox"/> Actual <input type="checkbox"/> Estimated
SFY 2023 (3)			<input type="checkbox"/> Actual <input type="checkbox"/> Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_/\_\_\_/\_\_\_  
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.<sup>1</sup> 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.<sup>2</sup>

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

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

A request for MOE exclusion should meet the following requirements:

- The State shall request the exclusion separately from the application.
- The request shall be signed by the State's Chief Executive Officer or by an individual authorized to apply for CMHS 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 the SAMHSA Administrator has approved 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 that SAMHSA considers 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 year and three years forward. Data for this table is prepared for the States by SAMHSA.

**MHBG Tables 8A and 8B** (URS Tables 2A and 2B) *Profile of Persons Served in All Programs by Age, Gender, Race, and Ethnicity*: MHBG Tables 8A and 8B provide an unduplicated aggregate profile of persons served in the reporting year. The reporting year 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, gender, and race, and ethnicity.

**MHBG Tables 8C and 8D** (URS Tables 2C and 2D) [optional reporting table] *Profile of Persons Served in All Programs by sexual orientation, Race, and Ethnicity*: MHBG Tables 8C and 8D provide an unduplicated aggregate profile of persons served in the reporting year. The reporting year 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 sexual orientation, race, and ethnicity.

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

**MHBG Table 10A and 10B** (URS Tables 5A and 5B) *Profile of Clients by Type of Funding Support*: MHBG Tables 10A and 10B provide an unduplicated aggregate profile of 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 gender, race, and ethnicity.

**MHBG Table 11** (URS Table 6) *Profile of Client Turnover*: MHBG Table 11 provides information regarding the profile of client turnover in various out-of-home settings (e.g., state hospitals, inpatient psychiatric hospitals, residential treatment centers). Information collected in this table includes admissions and discharges during the year as well as length of stay.

**MHBG Table 12** (URS Table 12) *State Mental Health Agency Profile*: MHBG Table 12 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.

**MHBG Tables 13A and 13B** (URS Tables 14A and 14B) *Profile of Persons with SMI/SED Served by Age, Gender, Race, and Ethnicity*: MHBG Tables 13A and 13B provides an unduplicated aggregate profile of number of persons with SMI or SED served in the reporting year. 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 Served in the Community Mental Health Settings, State Psychiatric Hospitals, and Other Settings for Adults with SMI and Children with SED*: MHBG Table 15A provides an unduplicated aggregate profile of number of adults with SMI and children with SED served in the reporting year in each service setting. The reporting year 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 gender.

**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. CMHS will provide this data 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:	<b>From:</b>	<b>To:</b>
State Identifier:		
	<b>Current Report Year</b>	<b>Three Years Forward</b>
Adults with Serious Mental Illness (SMI)		
Children with Serious Emotional Disturbances (SED)		

*Note: CMHS will complete this table for the states.*

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

*This table provides an unduplicated aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client 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, gender, and race.*

MHBG Table 8A																							
Reporting Period:		From:										To:											
State Identifier:																							
	Total								American Indian or Alaska Native						Asian								
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
0-5 years	0	0					0	0															
6-12 years	0	0	0	0	0	0	0	0															
13-17 years	0	0	0	0	0	0	0	0															
18-20 years	0	0	0	0	0	0	0	0															
21-24 years	0	0	0	0	0	0	0	0															
25-44 years	0	0	0	0	0	0	0	0															
45-64 years	0	0	0	0	0	0	0	0															
65-74 years	0	0	0	0	0	0	0	0															
75+ years	0	0	0	0	0	0	0	0															
Not Available	0	0	0	0	0	0	0	0															
<b>Total</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pregnant Women	0		0	0	0	0	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 (Gender):	
Comments on Data (Race):	
Comments on Data (Overall):	

*(Continued on next page)*

MHBG Table 8A (Cont.)		From:								To:													
Reporting Period:																							
State Identifier:																							
	Total								Black or African American						Native Hawaiian or Other Pacific Islander								
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
0-5 years	0	0					0	0															
6-12 years	0	0	0	0	0	0	0	0															
13-17 years	0	0	0	0	0	0	0	0															
18-20 years	0	0	0	0	0	0	0	0															
21-24 years	0	0	0	0	0	0	0	0															
25-44 years	0	0	0	0	0	0	0	0															
45-64 years	0	0	0	0	0	0	0	0															
65-74 years	0	0	0	0	0	0	0	0															
75+ years	0	0	0	0	0	0	0	0															
Not Available	0	0	0	0	0	0	0	0															
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0		0	0	0	0	0	0															

(Continued below)

MHBG Table 8A (Cont.)		From:								To:													
Reporting Period:																							
State Identifier:																							
	Total								White						Some Other Race								
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
0-5 years	0	0					0	0															
6-12 years	0	0	0	0	0	0	0	0															
13-17 years	0	0	0	0	0	0	0	0															
18-20 years	0	0	0	0	0	0	0	0															
21-24 years	0	0	0	0	0	0	0	0															
25-44 years	0	0	0	0	0	0	0	0															
45-64 years	0	0	0	0	0	0	0	0															
65-74 years	0	0	0	0	0	0	0	0															
75+ years	0	0	0	0	0	0	0	0															
Not Available	0	0	0	0	0	0	0	0															
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0		0	0	0	0	0	0															

(Continued on next page)

MHBG Table 8A  
(Cont.)

Reporting Period:	From:								To:													
State Identifier:																						
	Total								More than One Race Reported						Not Available							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years	0	0					0	0														
6-12 years	0	0	0	0	0	0	0	0														
13-17 years	0	0	0	0	0	0	0	0														
18-20 years	0	0	0	0	0	0	0	0														
21-24 years	0	0	0	0	0	0	0	0														
25-44 years	0	0	0	0	0	0	0	0														
45-64 years	0	0	0	0	0	0	0	0														
65-74 years	0	0	0	0	0	0	0	0														
75+ years	0	0	0	0	0	0	0	0														
Not Available	0	0	0	0	0	0	0	0														
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0		0	0	0	0	0	0														



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

*This table provides an unduplicated aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client 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, gender, 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							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	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+ years																					
Not Available																					
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Pregnant Women																					
Comments on Data (Age):																					
Comments on Data (Gender):																					
Comments on Data (Ethnicity):																					
Comments on Data (Overall):																					

*(Continued on next page)*

MHBG Table 8B (Cont.)								
Reporting Period:	<b>From:</b>			<b>To:</b>				
State Identifier:								
	Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Total
0-5 years	0	0					0	0
6-12 years	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0
<b>Total</b>	0	0	0	0	0	0	0	0
Pregnant Women	0		0	0	0	0	0	0

**MHBG Table 8C (URS Table 2C) Profile of Persons Served, All Programs by Sexual Orientation and Race (Optional Reporting Table)**

*This table provides an unduplicated aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client 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 sexual orientation and race. Total persons served would be the same as the total indicated in MHBG Table 8A.*

MHBG Table 8C									
Reporting Period:	From:				To:				
State Identifier:									
	<b>American Indian or Alaska Native</b>	<b>Asian</b>	<b>Black or African American</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>White</b>	<b>More Than One Race Reported</b>	<b>Some Other Race</b>	<b>Race Not Available</b>	<b>Total</b>
Straight or Heterosexual									0
Homosexual (Gay or Lesbian)									0
Bisexual									0
Queer									0
Pansexual									0
Questioning									0
Asexual									0
Other									0
Not Available									0
<b>Total</b>	0	0	0	0	0	0	0	0	0
Comments on Data (Sexual Orientation):									
Comments on Data Race):									
Comments on Data (Overall):									

**MHBG Table 8D (URS Table 2D) Profile of Persons Served, All Programs by Sexual Orientation and Ethnicity (Optional Reporting Table)**

*This table provides an unduplicated aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year 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. 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 sexual orientation and ethnicity. Total persons served would be the same as the total indicated in MHBG Table 8B.*

MHBG Table 8D				
Reporting Period:	<b>From:</b>		<b>To:</b>	
State Identifier:				
	<b>Not Hispanic or Latino</b>	<b>Hispanic or Latino</b>	<b>Hispanic or Latino Origin Not Available</b>	<b>Total</b>
Straight or Heterosexual				0
Homosexual (Gay or Lesbian)				0
Bisexual				0
Queer				0
Pansexual				0
Questioning				0
Asexual				0
Other				0
Not Available				
<b>Total</b>	0	0	0	0
Comments on Data (Sexual Orientation):				
Comments on Data (Ethnicity):				
Comments on Data (Overall):				

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

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

MHBG Table 9																					
Reporting Period:		From:										To:									
State Identifier:																					
	Age 0-5							Age 6-12							Age 13-17						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
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 (Gender):																					
Comments on Data (Race):																					
Comments on Data (Overall):																					

*(Continued below)*

MHBG Table 9 (Cont.)																					
Reporting Period:		From:										To:									
State Identifier:																					
	Age 18-20							Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
Community Mental Health Programs																					
State Psychiatric Hospitals																					
Other Psychiatric Inpatient																					
Residential Treatment Centers																					
Institutions under the Justice System																					

*(Continued on next page)*

MHBG Table 9 (Cont.)																						
Reporting Period:		From:										To:										
State Identifier:																						
	Age 45-64							Age 65-74							Age 75+							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
Community Mental Health Programs																						
State Psychiatric Hospitals																						
Other Psychiatric Inpatient																						
Residential Treatment Centers																						
Institutions under the Justice System																						

(Continued below)

MHBG Table 9 (Cont.)																	
Reporting Period:		From:										To:					
State Identifier:																	
	Age Not Available							Total									
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total		
Community Mental Health Programs								0	0	0	0	0	0	0	0		
State Psychiatric Hospitals								0	0	0	0	0	0	0	0		
Other Psychiatric Inpatient								0	0	0	0	0	0	0	0		
Residential Treatment Centers								0	0	0	0	0	0	0	0		
Institutions under the Justice System								0	0	0	0	0	0	0	0		

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 Clients by Type of Funding Support**

*This table provide an aggregate profile of the unduplicated 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 gender and race. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.*

MHBG Table 10A																							
Reporting Period:		From:													To:								
State Identifier:																							
	Total								American Indian or Alaska Native						Asian								
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
Medicaid Only	0	0	0	0	0	0	0	0															
Non-Medicaid Sources Only	0	0	0	0	0	0	0	0															
People Served by Both Medicaid and Non-Medicaid	0	0	0	0	0	0	0	0															
Medicaid Status Not Available	0	0	0	0	0	0	0	0															
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Data based on Medicaid services    Data based on Medicaid eligibility, not Medicaid paid services    'People served by both' includes people with any Medicaid

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

Each row should have a unique (deduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.  
 If a state is unable to 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 on next page)*

MHBG Table 10A (Cont.)																						
Reporting Period:		From:											To:									
State Identifier:																						
Total									Black or African American							Native Hawaiian or Other Pacific Islander						
Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
0	0	0	0	0	0	0	0															
0	0	0	0	0	0	0	0															
0	0	0	0	0	0	0	0															
0	0	0	0	0	0	0	0															
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(Continued below)

MHBG Table 10A (Cont.)																						
Reporting Period:		From:											To:									
State Identifier:																						
Total									White							Some Other Race						
Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
0	0	0	0	0	0	0	0															
0	0	0	0	0	0	0	0															
0	0	0	0	0	0	0	0															
0	0	0	0	0	0	0	0															
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(Continued on next page)



MHBG Table 10A (Cont.)																						
Reporting Period:		From:										To:										
State Identifier:																						
	Total								More than One Race Reported							Race Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
Medicaid Only	0	0	0	0	0	0	0	0														
Non-Medicaid Sources Only	0	0	0	0	0	0	0	0														
People Served by Both Medicaid and Non-Medicaid	0	0	0	0	0	0	0	0														
Medicaid Status Not Available	0	0	0	0	0	0	0	0														
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**MHBG Table 10B (URS 5B) Profile of Clients by Type of Funding Support**

*This table provide an aggregate profile of the unduplicated 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 gender 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: <b>From:</b> _____ <b>To:</b> _____																					
State Identifier:		Not Hispanic or Latino							Hispanic or Latino					Hispanic or Latino Origin Not Available									
		Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
Medicaid Only																							
Non-Medicaid Sources Only																							
People Served by Both Medicaid and Non-Medicaid																							
Medicaid Status Not Available																							
Comments on Data (Ethnicity):																							
Comments on Data (Gender):																							
Comments on Data (Overall):																							

*(Continued below)*

MHBG Table 10B (Cont.)		Reporting Period: <b>From:</b> _____ <b>To:</b> _____													
State Identifier:		Total													
		Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total						
Medicaid Only		0	0	0	0	0	0	0	0						
Non-Medicaid Sources Only		0	0	0	0	0	0	0	0						
People Served by Both Medicaid and Non-Medicaid		0	0	0	0	0	0	0	0						
Medicaid Status Not Available		0	0	0	0	0	0	0	0						
<b>Total</b>		0	0	0	0	0	0	0	0						

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 provides information regarding the profile of client turnover in various out-of-home settings (e.g., state hospitals, inpatient psychiatric hospitals, residential treatment centers). Information collected by this table includes total served at the beginning of year, admissions and discharge during the year, and lengths of stay. The reporting year 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
<b>State Hospitals</b>	0	0	0						
Age 0-5									
Age 6-12									
Age 13-17									
Age 18-20									
Age 21-24									
Age 25-44									
Age 45-64									
Age 65-74									
Age 75+									
Age NA									
<b>Other Psychiatric Inpatient</b>	0	0	0						
Age 0-5									
Age 6-12									
Age 13-17									
Age 18-20									
Age 21-24									
Age 25-44									
Age 45-64									
Age 65-74									
Age 75+									
Age NA									

*(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
<b>Residential Treatment Centers</b>	0	0	0						
Age 0-5									
Age 6-12									
Age 13-17									
Age 18-20									
Age 21-24									
Age 25-44									
Age 45-64									
Age 65-74									
Age 75+									
Age NA									
<b>Community Programs</b>	0	0							
Age 0-5									
Age 6-12									
Age 13-17									
Age 18-20									
Age 21-24									
Age 25-44									
Age 45-64									
Age 65-74									
Age 75+									
Age NA									
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 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. Age 0 to 5	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2. Age 6 to 12	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
3. Age 13 to 17	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4. Age 18 to 20	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
5. Age 21 to 24	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
6. Age 25 to 44	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
7. Age 45 to 64	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
8. Age 65 to 74	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
9. Age 75+	<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:	<input type="text"/>
2.a.2 Percentage of children/adolescents meeting federal definition of SED	<input type="text"/>

**3 Co-Occurring Mental Health and Substance Use**

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

*(Continued on next page)*

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

**4 State Mental Health Agency Responsibilities**

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

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

Are data for these programs reported on URS Tables?

**b. Managed Care (Mental Health Managed Care)**

- 4.b.1 Does the state have a Medicaid Managed Care initiative?  Yes  No
- 4.b.2 Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care?  Yes  No

*(Continued on next page)*

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

**If yes, please check the responsibilities the SMHA has:**

- 4.b.3 Direct contractual responsibility and oversight of the Managed Care Organizations (MOCs) 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:**

**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 by Age, Gender, and Race**

*This table provides an unduplicated aggregate profile of the number of persons with SMI or SED served in the reporting year. 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 your which data are available. States and jurisdictions are to provide this information on all programs by age, gender, and race.*

MHBG Table 13A																						
Reporting Period:		From:										To:										
State Identifier:																						
	Total								American Indian or Alaska Native						Asian							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years	0	0					0	0														
6-12 years	0	0	0	0	0	0	0	0														
13-17 years	0	0	0	0	0	0	0	0														
18-20 years	0	0	0	0	0	0	0	0														
21-24 years	0	0	0	0	0	0	0	0														
25-44 years	0	0	0	0	0	0	0	0														
45-64 years	0	0	0	0	0	0	0	0														
65-74 years	0	0	0	0	0	0	0	0														
75+ years	0	0	0	0	0	0	0	0														
Not Available	0	0	0	0	0	0	0	0														
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Comments on Data (Age):																						
Comments on Data (Gender):																						
Comments on Data (Race):																						
Comments on Data (Overall):																						

**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 on next page)



MHBG Table 13A (Cont.)		Reporting Period: From: _____ To: _____																					
State Identifier:		Total							Black or African American					Native Hawaiian or Other Pacific Islander									
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
0-5 years	0	0					0	0															
6-12 years	0	0	0	0	0	0	0	0															
13-17 years	0	0	0	0	0	0	0	0															
18-20 years	0	0	0	0	0	0	0	0															
21-24 years	0	0	0	0	0	0	0	0															
25-44 years	0	0	0	0	0	0	0	0															
45-64 years	0	0	0	0	0	0	0	0															
65-74 years	0	0	0	0	0	0	0	0															
75+ years	0	0	0	0	0	0	0	0															
Not Available	0	0	0	0	0	0	0	0															
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

(Continued below)

MHBG Table 13A (Cont.)		Reporting Period: From: _____ To: _____																					
State Identifier:		Total							White					Some Other Race									
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
0-5 years	0	0					0	0															
6-12 years	0	0	0	0	0	0	0	0															
13-17 years	0	0	0	0	0	0	0	0															
18-20 years	0	0	0	0	0	0	0	0															
21-24 years	0	0	0	0	0	0	0	0															
25-44 years	0	0	0	0	0	0	0	0															
45-64 years	0	0	0	0	0	0	0	0															
65-74 years	0	0	0	0	0	0	0	0															
75+ years	0	0	0	0	0	0	0	0															
Not Available	0	0	0	0	0	0	0	0															
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

(Continued on next page)

MHBG Table 13A (Cont.)																							
Reporting Period:	From:															To:							
State Identifier:																							
	Total								More than One Race Reported						Not Available								
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
0-5 years	0	0					0	0															
6-12 years	0	0	0	0	0	0	0	0															
13-17 years	0	0	0	0	0	0	0	0															
18-20 years	0	0	0	0	0	0	0	0															
21-24 years	0	0	0	0	0	0	0	0															
25-44 years	0	0	0	0	0	0	0	0															
45-64 years	0	0	0	0	0	0	0	0															
65-74 years	0	0	0	0	0	0	0	0															
75+ years	0	0	0	0	0	0	0	0															
Not Available	0	0	0	0	0	0	0	0															
<b>Total</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

*This provides an aggregate profile of unduplicated number of persons with SMI or SED served in the reporting year. 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 your which data are available. States and jurisdictions are to provide this information on all programs by age, gender, 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							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	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+ years																					
Not Available																					
<b>Total</b>	0	0	0	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 (Gender):																					
Comments on Data (Ethnicity):																					
Comments on Data (Overall):																					

*(Continued on next page)*

MHBG Table 13B (Cont.)								
Reporting Period:	From:			To:				
State Identifier:								
	Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Total
0-5 years	0	0					0	0
6-12 years	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**MHBG Table 14 (URS Table 14C) Profile of Persons Served in Community Mental Health Setting, State Psychiatric Hospitals, and Other Settings for Adults with SMI and Children with SED**

This table provides an 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, in state psychiatric hospitals, in other psychiatric inpatient programs, in residential treatment centers, and institutions under the justice system. The reporting year should be the latest SFY for which data are available. States and jurisdictions are to provide this information on all programs by age and gender.

MHBG Table 14																					
Reporting Period:		From:										To:									
State Identifier:																					
	Age 0-5							Age 6-12							Age 13-17						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
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 (Gender):																					
Comments on Data (Race):																					
Comments on Data (Overall):																					

(Continued below)

MHBG Table 14 (Cont.)																					
Reporting Period:		From:										To:									
State Identifier:																					
	Age 18-20							Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
Community Mental Health Programs																					
State Psychiatric Hospitals																					
Other Psychiatric Inpatient																					
Residential Treatment Centers																					
Institutions under the Justice System																					

(Continued on next page)

MHBG Table 14 (Cont.)		Reporting Period: From: _____ To: _____																					
State Identifier:		Age 45-64							Age 65-74							Age 75+							
		Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
Community Mental Health Programs																							
State Psychiatric Hospitals																							
Other Psychiatric Inpatient																							
Residential Treatment Centers																							
Institutions under the Justice System																							

(Continued below)

MHBG Table 14 (Cont.)		Reporting Period: From: _____ To: _____														
State Identifier:		Age Not Available							Total							
		Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total
Community Mental Health Programs									0	0	0	0	0	0	0	0
State Psychiatric Hospitals									0	0	0	0	0	0	0	0
Other Psychiatric Inpatient									0	0	0	0	0	0	0	0
Residential Treatment Centers									0	0	0	0	0	0	0	0
Institutions under the Justice System									0	0	0	0	0	0	0	0

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 provides an unduplicated aggregate profile of adults served in the report year by the public mental health system in terms of employment status. 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 15B** (URS Table 4A) *Profile of Adult Clients by Employment Status and Primary Diagnosis*: MHBG Table 15B provides information on the status of adult clients served in the report year by the public mental health system in terms of employment status by primary diagnosis. 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 16** (URS Table 9) *Social Connectedness and Improved Functioning*: MHBG Table 16 provides information for children/adolescents and adults regarding improved social connectedness. In addition, states are required to provide information on functional domains that provide a general sense of an individual’s ability to develop and maintain relationships, cope with challenges, and a sense of community belonging.

**MHBG Table 17A** (URS Table 11) *Summary Profile of Client Evaluation of Care*: MHBG Table 17A provides 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 or child/adolescent).

**MHBG Table 18** (URS Table 15) *Living Situation Profile*: MHBG Table 18 provides an unduplicated aggregate profile of persons served in the reporting year by the public mental health system in terms of living situation. 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 last known living situation. The reporting year 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 Disturbances Receiving Specific Services*: MHBG Table 19A provides a 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 the fidelity for the evidence-based services. The reporting year should be the latest SFY for which data are available.

**MHBG Table 19B** (URS Table 16B) *Profile of Adults with Serious Mental Illnesses Receiving Specific Services during the Year*: MHBG Table 19B provides a profile of adults with SMI receiving family psycho education, 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 year should be the latest SFY for which data are available.

**MHBG Table 19C** (URS Table 16C) *Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances receiving Evidence Based Services for First Episode Psychosis*: MHBG Table 19C provides information on the number of adults with SMI and children with SED that were admitted into and received Coordinated Specialty Care (CSC) evidence-based first episode psychosis (FEP) services. In addition, the table provides information on if, and how, states and jurisdictions monitor the fidelity for the CSC FEP services. The reporting year should be the latest SFY for which data are available.

**MHBG Table 19D** (URS Table 16D) *Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances Receiving Evidence-Based Services for First Episode Psychosis who have Experienced No Psychiatric Hospitalization or Arrest*: MHBG Table 19D provides information on the percentage of individuals enrolled in Coordinated Specialty Care (CSC) First Episode Psychosis (FEP) 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 FEP services who experienced no arrest in the current fiscal year. The reporting year 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 provides the number of persons that received crisis response services. In addition, this table also provides the estimated percentage of persons with access to crisis response services. The reporting year 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 provides 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 provides 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 attended 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 provides 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, gender, race, and ethnicity. The reporting year 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 provides 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, gender, race, and ethnicity. The reporting year 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 provides 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, gender, race, and ethnicity. The reporting year 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 provides an unduplicated aggregate profile of adults served in the report year by the public mental health system in terms of employment status. 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:																						
	Age 18-20							Age 21-24							Age 25-44							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
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																						
<b>Total</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**How often does your state measure employment status?**  At 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 (Gender):	
Comments on Data (Overall):	

*(Continued on next page)*

MHBG Table 15A (Cont.)																						
Reporting Period:		From:										To:										
State Identifier:																						
	Age 45-64							Age 65-74							Age 75+							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
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																						
<b>Total</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(Continued below)

MHBG Table 15A (Cont.)																
Reporting Period:		From:							To:							
State Identifier:																
	Age Not Available							Total								
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	
Competitively Employed Full- or Part-Time (including Supported Employment)								0	0	0	0	0	0	0	0	
Unemployed								0	0	0	0	0	0	0	0	
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)								0	0	0	0	0	0	0	0	
Not Available								0	0	0	0	0	0	0	0	
<b>Total</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

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

*This table provides information on the status of adult clients served in the report year by the public mental health system in terms of employment status by primary diagnosis. 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. Total persons reported on this table would be the same as the total indicated in MHBG Table 15A.*

MHBG Table 15B		Reporting Year		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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Comments on Data:					

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

*This table provides information for children/adolescents and adults regarding improved social connectedness. In addition, states are required to provide information on functional domains that provide a general sense of an individual’s ability to develop and maintain relationships, cope with challenges, and a sense of community belonging.*

MHBG Table 16			
Reporting Period (Year Survey was Conducted):	From:	To:	
State Identifier:			
<b>Adult Consumer Survey Results:</b>	<b>Number of Positive Responses</b>	<b>Responses</b>	<b>Percent Positive (calculated)</b>
1. Social Connectedness			
2. Functioning			
<b>Child/Adolescent Consumer Survey Results:</b>	<b>Number of Positive Responses</b>	<b>Responses</b>	<b>Percent Positive (calculated)</b>
3. Social Connectedness			
4. Functioning			
Comments on Data:			

**Adult Social Connectedness and Functioning Measures**

1. Did you use the recommended Social Connectedness Questions?  Yes  No \_\_\_\_\_ Measure used
2. Did you use the recommended Functioning Domain Questions?  Yes  No \_\_\_\_\_ Measure used
3. Did you collect these as part of your MHSIP Adult Consumer Survey?  Yes  No

If no, what source did you use?

**Child/Family Social Connectedness and Functioning Measures**

4. Did you use the recommended Social Connectedness Questions?  Yes  No \_\_\_\_\_ Measure used
5. Did you use the recommended Functioning Domain Questions?  Yes  No \_\_\_\_\_ Measure used
6. Did you collect these as part of your YSS-F Survey?  Yes  No

If no, what source did you use?

## **Recommended Scoring Rules**

*Please use the same rules for reporting Social Connectedness and Functioning Domain scores as for calculating other Consumer Survey Domain scores for Table 11: i.e.:*

1. Recode ratings of “not applicable” as missing values.
2. Exclude respondents with more than 1/3<sup>rd</sup> 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 provides 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. 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:			
<b>Adult Consumer Survey Results:</b>	<b>Number of Positive Responses</b>	<b>Responses</b>	<b>Confidence Interval*</b>
1. Reporting Positively About Access			
2. Reporting Positively About Quality and Appropriateness for Adults			
3. Reporting Positively About Outcomes			
4. Adults Reporting on Participation in Treatment Planning			
5. Adults Positively about General Satisfaction with Services			
<b>Child/Adolescent Consumer Survey Results:</b>	<b>Number of Positive Responses</b>	<b>Responses</b>	<b>Confidence Interval*</b>
1. Reporting Positively About Access			
2. Reporting Positively about General Satisfaction for Children			
3. Reporting Positively about Outcomes for Children			
4. Family Members Reporting on Participation in Treatment Planning for their Children			
5. Family Members Reporting High Cultural Sensitivity of Staff			
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 used?  Yes  No
- 1.a. If no, which version:  Yes
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 covered 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 receive "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 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 sample methodology 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 adults 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. 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	<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 our ro 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 receive "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:

**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 or 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 Other Pacific Islander		White		Some Other Race		More than One Race Reported		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 Reported		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 for their Children	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 provides an unduplicated aggregate profile of persons served in the reporting year by the public mental health system in terms of living situation. 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 last known living situation. The reporting year should be the latest SFY for which data are available.*

MHBG Table 18	From:						To:				
Reporting Year:											
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											0
6-12											0
13-17											0
18-20											0
21-24											0
25-44											0
45-64											0
65-74											0
75 and Older											0
Not Available											0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Female											0
Male											0
Transgender (Trans Woman)											0
Transgender (Trans Man)											0
Gender Non-Conforming											0
Other											0
Not Available											0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
American Indian/Alaska Native											0
Asian											0
Black/African American											0
Hawaiian/Pacific Islander											0
White											0
Some Other Race											0
More than One Race Reported											0
Race/Ethnicity Not Available											0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

*(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 Origin											0
Non-Hispanic or Latino Origin											0
Hispanic or Latino Origin Not Available											0
<b>TOTAL</b>	0	0	0	0	0	0	0	0	0	0	0
Comments on Data:											

**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 provides a 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 the fidelity for the evidence-based services. The reporting year should be the latest SFY for which data are available.*

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
<b>Age</b>								
0-5								
6-12								
13-17								
18-20								
21-24								
25-44								
45-64								
65-74								
75+								
Not Available								
<b>TOTAL</b>	0	0	0	0	0	0	0	0

Gender								
Female								
Male								
Transgender (Trans Woman)								
Transgender (Trans Man)								
Gender Non-Conforming								
Other								
Not Available								

Race								
American Indian/Alaska Native								
Asian								
Black/African American								
Hawaiian/Other Pacific Islander								
White								
Some Other Race								
More than one race								
Not Available								

Ethnicity								
Hispanic/Latino Origin								
Non-Hispanic/Latino Origin								
Not Available								

*(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
Do You monitor fidelity for this service? <b>IF YES,</b>	Yes / No <input type="radio"/> <input type="radio"/>	Yes / No <input type="radio"/> <input type="radio"/>	Yes / No <input type="radio"/> <input type="radio"/>		Yes / No <input type="radio"/> <input type="radio"/>	Yes / No <input type="radio"/> <input type="radio"/>	Yes / No <input type="radio"/> <input type="radio"/>	
What fidelity measure do you use?								
Who measures fidelity?								
How often is fidelity measured?								
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	Yes / No <input type="radio"/> <input type="radio"/>	Yes / No <input type="radio"/> <input type="radio"/>	Yes / No <input type="radio"/> <input type="radio"/>		Yes / No <input type="radio"/> <input type="radio"/>	Yes / No <input type="radio"/> <input type="radio"/>	Yes / No <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"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	
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):								

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

*This table 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 provides information on if, and how, states and jurisdictions monitor the fidelity for the evidence-based services. The reporting year should be the latest SFY for which data are available.*

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

*(Continued on next page)*

MHBG Table 19B (cont.)								
Reporting Year	<b>From:</b>				<b>To:</b>			
State Identifier:								
	<b>ADULTS WITH SERIOUS MENTAL ILLNESS</b>							
	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"/>
<b>IF YES,</b>								
What fidelity measure do you use?								
Who measures fidelity?								
How often is fidelity measured?								
	Yes	No	Yes	No	Yes	No	Yes	No
Is the SAMHSA EBP Toolkit used to guide EBP implementation?	<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) Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances Receiving Evidence-Based Services for First Episode Psychosis**

*This table provides information on the number of adults with SMI and children with SED that were admitted into and received Coordinated Specialty Care (CSC) evidence-based first episode psychosis (FEP) services as well as the number of individuals that were successfully discharged from CSC programs, and the number of individuals who discontinued FEP services prior to discharge. In addition, the table provides information on if, and how, states and jurisdictions monitor the fidelity for the CSC FEP services. The reporting year should be the latest state fiscal year for which data are available.*

MHBG Table 19C																		
State Identifier:																		
Reporting Period: <b>From:</b> _____ <b>To:</b> _____																		
Program Name	Number of Admissions into CSC Services During FY									Number of Clients with FEP Successfully Discharged from CSC Services During the FY								
	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available

(Continued on next page)

MHBG Table 19C  
(Cont.)

State Identifier:																		
Reporting Period:																		
From:										To:								
Number of Clients with FEP who Discontinued Services Prior to Discharge During the FY										Current Number of Clients with FEP Receiving CSC FEP Services								
Program Name	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age 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
	<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
	<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 Evidence-Based Services for First Episode Psychosis who have Experienced No Psychiatric Hospitalization or Arrest.**

*This table provides information on the percentage of individuals enrolled in Coordinated Specialty Care (CSC) First Episode Psychosis (FEP) 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 FEP services who experienced no arrest in the current fiscal year. The reporting year should be the latest state fiscal year for which data are available.*

MHBG Table 19D																		
State Identifier:																		
Reporting Period: <b>From:</b> _____ <b>To:</b> _____																		
Program Name	Percentage of Clients with FEP Enrolled in CSC Services who Experienced No Psychiatric Hospitalization in the FY <sup>1</sup>									Percentage of Clients with FEP Enrolled in CSC Services who Experienced No Arrest in the FY <sup>2</sup>								
	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available

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

<sup>2</sup> 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 provides the number of persons that received crisis response services. In addition, this table also provides the estimated percentage of persons with access to crisis response services. The reporting year should be the latest SFY for which data are available.*

*Crisis services should not be viewed as stand-alone resources operating independent of the local community mental health and hospital systems but rather an integrated part of a coordinated continuum of care. 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 State-wide crisis call centers coordinating in real time (please see page 39 of the [National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit](#)). The crisis services are for anyone who is in a mental health crisis regardless of their SMI or SED status.*

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

*(Continued on next page)*



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

*This table provides 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 SAMHSA 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 all those 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: _____																		
<b>For Consumers in Service for at least 12 months</b>																		
	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
<b>Total</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Children/Youth (under age 18)</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Female																		0
Male																		0
Transgender (Trans Woman)																		0
Transgender (Trans Man)																		0
Gender Non-Conforming																		0
Other																		0
Gender Not Available																		0
<b>Total Adults (age 18 and over)</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Female																		0
Male																		0
Transgender (Trans Woman)																		0
Transgender (Trans Man)																		0
Gender Non-Conforming																		0
Other																		0
Gender Not Available																		0

*(Continued on next page)*

MHBG Table 21 (cont.)

**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
<b>Total</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Children/Youth (under age 18)</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Female																		0
Male																		0
Transgender (Trans Woman)																		0
Transgender (Trans Man)																		0
Gender Non-Conforming																		0
Other																		0
Gender Not Available																		0
<b>Total Adults (age 18 and over)</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Female																		0
Male																		0
Transgender (Trans Woman)																		0
Transgender (Trans Man)																		0
Gender Non-Conforming																		0
Other																		0
Gender Not Available																		0

(Continued on next page)



MHBG Table 21 (cont.)

<b>Please Describe the Sources of your Criminal Justice Data</b>			
Source of <b>adult</b> 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 <b>children/youth</b> 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 <b>adult</b> criminal Involvement:	<input type="checkbox"/> 1) Arrests	<input type="checkbox"/> 2) Other (specify): _____	
Measure of <b>children/youth</b> 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 <b>adult</b> data are reported:	<input type="checkbox"/> 1) The whole state	<input type="checkbox"/> 2) Less than the whole state (please describe): _____	
Region for which <b>children/youth</b> 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"/>	
<b>State Comments/Notes:</b>			

**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 provides 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 attended over time. Information required includes information on suspensions/expulsions, and impact of services.*

1. *The SAMHSA National Outcome Measure for School Attendance measures the change in days attended 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 all these 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: _____															
<b>For Consumers in Service for at least 12 months</b>																		
	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)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No response	Total Responses
<b>Total</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>																		
Female																		0
Male																		0
Transgender (Trans Woman)																		0
Transgender (Trans Man)																		0
Gender Non-Conforming																		0
Other																		0
Gender Not Available																		0
<b>Age</b>																		
Under 18																		0

*(Continued on next page)*

MHBG Table 22 (Cont.)

For Consumers Who Began Mental Health Services during the past 12 months																		
	T1			T2			T1 to T2 Change						Impact of Services					
	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Since starting to receive MH Services, the number of days my child was in school have					
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
<b>Total</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>																		
Female																		0
Male																		0
Transgender (Trans Woman)																		0
Transgender (Trans Man)																		0
Gender Non-Conforming																		0
Other																		0
Gender Not Available																		0
<b>Age</b>																		
Under 18																		0

(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): _____	
<b>What is the total number of persons surveyed, or for whom criminal justice/juvenile justice data are reported?</b>			
		Child/Adolescents	
1. If data is from survey, what is the total number of people from which the sample was drawn?		<input style="width: 100px; height: 20px;" type="text"/>	
2. What was your sample size (how many individuals were selected for the sample)?		<input style="width: 100px; height: 20px;" type="text"/>	
3. How many survey contacts were made (surveys to valid phone numbers or addresses)?		<input style="width: 100px; height: 20px;" 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 style="width: 100px; height: 20px;" type="text"/>	
5. What was your response rate (number of completed surveys divided by number of contacts)?		<input style="width: 100px; height: 20px;" type="text"/>	
<b>State Comments/Notes:</b>			

**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 provides 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, gender, race, and ethnicity. The reporting year should be the latest SFY for which data are available.*

MHBG Table 23A.		From:		To:	
Reporting Year:					
State Identifier:					
	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
<b>TOTAL</b>	0	0	0		
<b>Age</b>					
0-5					
6-12					
13-17					
18-20					
21-24					
25-44					
45-64					
65-74					
75+					
Not Available					
<b>Gender</b>					
Female					
Male					
Transgender (Trans Woman)					
Transgender (Trans Man)					
Gender Non-Conforming					
Other					
Not Available					
<b>Race</b>					
American Indian/ Alaska Native					
Asian					
Black/African American					
Hawaiian/Pacific Islander					
White					
Some Other Race					
More than one race					
Not Available					
<b>Ethnicity</b>					
Hispanic/Latino Origin					
Non-Hispanic/Latino					
Not Available					
Are Forensic Patients Included? <input type="radio"/> Yes <input type="radio"/> No					
Comments on Data:					

**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 provides 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, gender, 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
<b>TOTAL</b>	0	0	0		
<b>Age</b>					
0-5					
6-12					
13-17					
18-20					
21-24					
25-44					
45-64					
65-74					
75+					
Not Available					
<b>Gender</b>					
Female					
Male					
Transgender (Trans Woman)					
Transgender (Trans Man)					
Gender Non-Conforming					
Other					
Not Available					
<b>Race</b>					
American Indian/ Alaska Native					
Asian					
Black/African American					
Hawaiian/Pacific Islander					
White					
Some Other Race					
More than one race					
Not Available					
<b>Hispanic/Latino Origin</b>					
Hispanic/Latino Origin					
Non-Hispanic/Latino					
Not Available					
Comments on Data:					

**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 provides 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, gender, race, and ethnicity. The reporting year should be the latest SFY for which data are available.*

MHBG Table 24.					
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
<b>TOTAL</b>	0	0	0		

Age					
0-5					
6-12					
13-17					
18-20					
21-24					
25-44					
45-64					
65-74					
75+					
Not Available					

Gender					
Female					
Male					
Transgender (Trans Woman)					
Transgender (Trans Man)					
Gender Non-Conforming					
Other					
Not Available					

Race					
American Indian/ Alaska Native					
Asian					
Black/African American					
Hawaiian/Pacific Islander					
White					
Some Other Race					
More than one race					
Not Available					

Ethnicity					
Hispanic/Latino Origin					
Non-Hispanic/Latino					
Not Available					

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

Comments on Data: \_\_\_\_\_

**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