

SAMHSA Uniform Reporting System FY 2022 Table Reporting Instructions

September 2022

Completed 2022 URS data are due **no later than Thursday, December 1, 2022.**

If for any reason you are unable to meet the data-reporting deadline, you **must** submit an extension request to SAMHSA no later than **November 18, 2022**. To request a time extension, send an email:

To: Heydy Juarez (Heydy.Juarez@samhsa.hhs.gov) and Herman Alvarado (Herman.Alvarado@samhsa.hhs.gov)

CC: Azeb Berhane (Azeb.Berhane@samhsa.hhs.gov), Lily Trofimovich (Lily.Trofimovich@hendall.com), Tsegereda Kifle (Tsegereda.Kifle@hendall.com), and BHSIS_Outreach@hendall.com

In your email, please provide the following information:

1. Provide the specific time extension you need (i.e., specific calendar date). When requesting an extension, please keep in mind the following:
 - a. The overall timeline for data reporting activities ends on March 31, 2023; and
 - b. Your requested extension date must give you a reasonable amount of time to complete the required reporting.
2. Specify the URS tables that will be covered by the extension, keeping in mind that you are required to submit at least one table by December 1, 2022.
3. Specify the reasons why you are unable to meet the December 1, 2022, due date and the likelihood of these factors continuing to affect your future reporting capacity.

Please submit your completed 2022 URS tables to the BHSIS Project Office via email (BHSIS_Outreach@hendall.com).

If you have any questions about your data submission, the Excel reporting tables, or if you need technical assistance in completing any of the URS tables, please contact us at BHSIS_Outreach@hendall.com.

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Changes from 2021 URS Reporting

URS Table Number	MHBG Report Table Number	Brief Description	Change Status
Tables 2A & 2B	Tables 8A & 8B	Profile of Persons Served by Age, Gender, and Race, and Ethnicity	<i>New gender category ("Other") added</i>
Table 3	Table 9	Total Served by Setting, Age, and Gender	<i>New gender category ("Other") added</i>
Tables 4	Tables 15A	Adult Employment Status	<i>New gender category ("Other") added</i>
Tables 5A & 5B	Tables 10A & 10B	Profile of Clients by Type of Funding Support	<i>New gender category ("Other") added</i>
Table 6	Table 11	Profile of Client Turnover	No Changes
Table 7	Table 2A	State Mental Health Agency Expenditure Report	<i>"COVID-19 Relief Funds (MHBG)" and "ARP Funds" added to 'source of funds' categories and "Crisis Services (5 percent set-aside) added to 'activity categories'</i>
Table 7A	Table 2B	SMHA Early Serious Mental Illness & FEP Expenditures	No Changes
Table 7B	<i>Table 2C</i>	<i>MHBG State Agency Crisis Services Expenditure Report</i>	<i>New</i>
Table 8	Table 4	Profile of MHBG Expenditures for Non-Direct Services	<i>Two additional funding sources "COVID-19 Relief Funds (MHBG)" and "ARP Funds" added</i>
Table 9	Table 16	Social Connectedness and Functioning	No Changes
Table 10	Table 5	Profile of Agencies Receiving MHBG Funds	No Changes
Tables 11 & 11A	Table 17A & 17B	Consumer Evaluation of Care	No Changes
Table 12	Table 12	State Mental Health Agency Profile	No Changes
Tables 14A & 14B	Table 13A & 13B	Adults with SMI & Children with SED Served by Age, Gender, Race, & Ethnicity	<i>New gender category ("Other") added</i>
Table 15A	Table 14	Adults with SMI & Children with SED by Service Setting	<i>New gender category ("Other") added</i>
Table 15	Table 18	Living Situation	<i>New gender category ("Other") added</i>
Table 16	Table 19	EBPs	No Changes
Table 16A	Table 19A	EBPs for FEP	No Changes
Table 16B	<i>Table 19B</i>	<i>Adults with Serious Mental Illness and Children with Emotional Disturbance Receiving Crisis Response Services</i>	<i>New</i>
Table 17	Table 20	EBPs	<i>New gender category ("Other") added</i>
Table 19A	Table 21	Criminal Justice Involvement	<i>New gender category ("Other") added</i>
Table 19B	Table 22	School Attendance Status	<i>New gender category ("Other") added</i>

URS Table Number	MHBG Report Table Number	Brief Description	Change Status
Tables 20A & 20B	Table 23A & 23B	Readmissions to State Hospital within 30 and 180 Days	<i>New gender category ("Other") added</i>
Table 21	Table 24	Readmissions to Any Psychiatric Inpatient Unit within 30 and 180 Days	<i>New gender category ("Other") added</i>

Fiscal Year 2022 SAMHSA Uniform Reporting System: Guidelines for Tables

Scope of Reporting

Based on the recommendations of the SAMHSA *Scope of Reporting Workgroup* (comprised of Substance Abuse and Mental Health Services Administration (SAMHSA), State Mental Health Agency (SMHA), and National Association of State Mental Health Program Directors Research Institute (NRI) staff) and input provided by state representatives during regional conference calls, guidelines for the scope of reporting were developed in April 2002. A basic tenet is that the scope will represent the mental health system that comes under the auspices of the SMHA.

This approach resulted in concern regarding comparisons that might be made across states that might involve disparate mandates and dissimilar systems. After much discussion, the decision regarding scope was that representation of the SMHA system was more critical than comparability across states. The principle proposed was that there needed to be common understanding that these data could not be used to compare states but could be used to track a state's performance across time and to produce U.S. totals.

A major point of discussion was how two different groups of individuals would be counted (those who were served under Medicaid and those who were served through the support of local dollars). For both these areas, individuals would be counted insofar as they were considered part of the SMHA system and had received services from programs funded or operated by the SMHA. Individuals would be counted if they could be identified and if they had received face-to-face service(s) in the reporting period.

More specifically, the following guidelines should be used for including and counting individuals in the Uniform Reporting System (URS):

1. Include all individuals served directly by the SMHA (including individuals who received services funded by Medicaid)
2. Include all individuals in the system who received services from a SMHA-contracted provider (including individuals whose services are funded by Medicaid).
3. Include any other individuals who are counted as being served by the SMHA or come under the auspices of the SMHA system. This includes Medicaid waivers, if the mental health component of the waiver is considered part of the SMHA system.
4. Count all identified individuals who have received mental health services, including screening, assessment, and crisis services. Telemedicine services should be counted if they are provided to registered or identified clients.
5. For states that have a separate state agency responsible for children's mental health services, efforts should be made, where feasible, to deduplicate clients between the child and adult mental health agencies among children aging out of the children's system and into the adult system. If this deduplication is not feasible, please report the potential duplication to indicate that there is an overlap between the age "0-17 group" and the age "18 and over group" but that within each separate group, data is not duplicated.

Individuals who should not be included in the URS tables:

1. Individuals who just received a telephone contact should not be included unless it was a telemedicine service to a registered client. Hotline calls from anonymous clients should not be counted.
2. Individuals who only received a Medicaid funded mental health service from a provider that is not part of the SMHA system should not be included.
3. Individuals who only received a service through a private provider or medical provider not funded by the SMHA should not be included.
4. Individuals with a single diagnosis of substance abuse or intellectual disability should not be included. All individuals with a diagnosis of mental illness should be counted, including those with a co-occurring diagnosis of substance abuse or intellectual disability.

General Data Entry Instructions for all URS Tables

Sheet Names: Please **do not** rename any of the sheets (table) names within the Excel file.

Totals: The URS Excel tables are all programmed to automatically calculate totals for most rows and columns. Therefore, please **do not** enter data in any of the 'total' cells where the total has already been calculated.

Check boxes: Many of the URS tables include checkboxes to enable SAMHSA and other users to better understand the data being submitted (for example, Table 2A includes checkboxes for states to indicate if the client counts are duplicated or unduplicated). Please make sure to answer all checkbox questions.

State Footnotes: Each URS table includes a space for states to provide footnotes detailing information about their data. Please use these spaces to explain where your state's reporting data may differ from recommended definitions or to identify other data issues. **Please note that table footnotes cannot be greater than 255 characters.** If your data note(s) exceeds the character length limit, please enter the entire note on the General Comments sheet.

Table 1 (MHBG Table 7): Profile of State Population by Diagnosis

This table summarizes the estimates of adults and children residing within the state with Serious Mental Illness (SMI) and Serious Emotional Disturbances (SED), respectively. The table calls for estimates for two time periods – one for the report year and one for three years into the future. CMHS will provide this data to states based on the standardized methodology developed and published in the Federal Register and the state level estimates for both adults with SMI and children with SED.

Table 1			
Report Period From:		To:	
State Identifier:			
	Current Report Year	Three Years Forward	
Adults with Serious Mental Illness (SMI)			
Children with Serious Emotional Disturbances (SED)			

Note: This Table will be completed for the States by CMHS.

Tables 2A and 2B (MHBG Tables 8A and 8B): Profile of Persons Served – All Programs by Age, Gender and Race/Ethnicity

This table provides an aggregate profile of individuals served by the SMHA in the reporting year. The reporting year should be the latest state fiscal/calendar year for which data are available. This profile is for clients receiving inpatient and/or community-based services either directly provided or funded by the SMHA. If possible, unduplicated counts should be reported. Provide a footnote if duplicated count is reported.

The URS tables use the Office of Management and Budget (OMB) standards regarding how all federal agencies must collect race and ethnicity information. The OMB rules allow for two tables as set up on Table 2A and 2B. Table 2A focuses on race: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, More than One Race, and Race Unknown. Table 2B collects information on Hispanic or Latino Origin.

In 1997, OMB, in its [Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity](#) Federal Register notice (Vol. 62, No. 210), defined the minimum standards for collecting and presenting data on race and ethnicity. The OMB standard separates race and ethnicity categories, with two categories for ethnicity and a minimum of five categories for race. Through the 2019 URS reporting, SAMHSA had allowed states to report “Hispanic” as a race, however, starting with the 2020 URS reporting, SAMHSA requires that states exclusively use the racial and ethnicity categories as defined by OMB. These include:

Ethnicity Data Standards—are you of Hispanic or Latino origin?

1. Hispanic or Latino
2. Not Hispanic or Latino

Race Data Standards—what is your race? (one or more categories may be selected)

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

If for some reason a state is unable to report Hispanic/Latino in the ethnicity category and continue to collect and report it as part of the race category in the state management information system (MIS), the state must report these data as “Race not Available” as an alternative in the URS reporting. Such states are expected to adopt the OMB standards for data on race and ethnicity starting with the 2022 reporting year.

If an individual is identified as a combination of racial groups (e.g., White and African American or Black), that person should be counted only once and should be reported in the More than One Race category.

Gender category “Other” encompasses all gender identity except male or female. If reporting ‘other’ gender, please specify in footnotes.

Data Entry Instructions

Table 2A

Report Period: Please enter the start of the state's reporting period (DD/MM/YYYY format) in cell C9 and the end of the state's reporting period (DD/MM/YYYY format) in cell K9.

State Identifier: Please enter the two-character state abbreviation in cell B10.

Number of Clients Served should be reported in the appropriate age rows and race/gender columns (rows 13 to 21 and row 23 and columns G to AH). These are numeric fields; therefore, please do not enter any other characters.

Data Footnotes: Please enter relevant data notes on age in cell B27, on gender in cell B28, on race/ethnicity in cell B29, and overall data notes in cell B30.

Table 2B (please note, the total number of individuals served is the same population reported on Table 2A)

Report Period: Please enter the start of the state's reporting period (DD/MM/YYYY format) in cell C9 and the end of the state's reporting period (DD/MM/YYYY format) in cell K9.

State Identifier: Please enter the two-character state abbreviation in cell B10.

Number of Consumers Served should be reported in the appropriate age rows and ethnicity/gender columns (rows 13 to 21 and row 23 and columns B to M). These are numeric fields; therefore, please do not enter any other characters.

Data Footnotes: Please enter relevant data notes on age in cell B24, on gender in cell B25, on race/ethnicity in cell B26, and overall data notes in cell B27.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 3 (MHBG Table 9): Profile of Persons Served in the Community Mental Health Setting, State Psychiatric Hospitals, and Other Settings

This table provides a profile of the clients 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 in institutions under the justice system.

Instructions:

1. States that have county psychiatric hospitals that serve as surrogate state hospitals should report persons served in such settings as receiving services in state hospitals.
2. If forensic hospitals are part of the SMHA system, include them in your reporting of state psychiatric hospital data.
3. Persons who receive outpatient and other ambulatory services from state psychiatric hospitals should be included in the Community Mental Health Programs row.
4. Persons who receive inpatient psychiatric care from a private provider or medical provider licensed and/or contracted by the SMHA should be counted in the Other Psychiatric Inpatient row. Persons who receive Medicaid funded inpatient services from a provider that is not licensed or contracted by the SMHA should be excluded from reporting.
5. If your state serves adults in Residential Treatment Centers, please include such adults in the Residential Treatment Centers row.
6. A person who is served in community settings, inpatient settings, and institutions under the justice system should be reported in each corresponding row.
7. Definitions of Service Settings are included in the Data Definitions document.

Gender category “Other” encompasses all gender identity except male or female. If reporting ‘other’ gender, please specify in footnotes.

Data Entry Instructions

Report Period: Please enter the start of the state’s reporting period (DD/MM/YYYY format) in cell D8 and the end of the state’s reporting period (DD/MM/YYYY format) in cell L8.

State Identifier: Please enter the two-character state abbreviation in cell C9.

Number of Consumers Served should be reported in the appropriate service setting rows and age/gender columns (rows 12 to 16 and columns C to V). These are numeric fields; therefore, please do not enter any other characters.

Data Footnotes: Please enter relevant data notes on age in cell C17, on gender in cell C18, and overall data notes in cell C19.

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not be** uploaded into the central URS database.

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

This table describes the employment status of adult clients (age 18 and above) served in community settings during the reporting year. The focus is on employment for the working age population, recognizing, however, that there are clients who are disabled, retired or homemakers, caregivers, etc. and not a part of the workforce. These persons should be reported in the “Not in Labor Force” category. Unemployed refers to persons who are **actively** 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.

Instructions:

1. Employed means competitively employed, part-time or full-time. Supported employment and transitional employment, under competitive employment conditions should be reported as “Employed.” Informal labor for cash, i.e., day labor is counted as employed.
2. Sheltered employment should be reported as “Not in Labor Force.”
3. The last known employment status of persons served in community settings should be reported (please note, the total number of consumers reported on Table 4 cannot be greater than the total number of adult consumers served in community programs as reported on Table 3).

Gender category “Other” encompasses all gender identity except male or female.

Data Entry Instructions

Report Period: Please enter the start of the state’s reporting period (DD/MM/YYYY format) in cell C8 and the end of the state’s reporting period (DD/MM/YYYY format) in cell K8.

State Identifier: Please enter the two-character state abbreviation in cell B9.

Number of Consumers should be reported in the appropriate employment status rows and age/gender columns (rows 12 to 15 and columns B to Q). These are numeric fields; therefore, please do not enter any other characters. Please note, the employment status of adult consumers served in community settings should be reported. Do not include report the employment status of consumers under the age of 18 and those adults served in non-community settings.

What populations are included: Please respond to this question by checking the appropriate radio button at the bottom of the table. “All Clients” refers to all adult consumers served in community programs; “Only Selected Groups” refers to a subpopulation of all adult consumers served in community programs, for example, adults served in community settings receiving SMI-related services only.

Data Footnotes: Please enter relevant data notes on age in cell B19, on gender in cell B20, and overall data notes in cell B21.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 4A (MHBG Table 15B): Optional Profile of Adult Clients by Employment Status: by Primary Diagnosis Reported

The workgroup exploring employment found that the primary diagnosis of consumers results in major differences in employment status. The workgroup has recommended that we explore the ability of states to report employment by primary diagnosis. The workgroup recommended five diagnostic clusters for reporting (DSM IV codes):

1. Schizophrenia and Related Disorders (F20, F25)
2. Bipolar and Mood Disorders (F30, F31, F32, F32.9, F33, F34, F34.1)
3. Other Psychoses (F22, F23, F24, F28, F29)
4. All Other Diagnoses
5. No DX and Deferred DX (R69, R99, Z03.89)

Report the primary diagnosis (diagnosis that was the focus of mental health treatment) at the time employment status was measured (and if that is not available, please report the last known diagnosis). **Consumers should only be counted once by their primary diagnosis** (e.g., individuals with multiple diagnoses should only be reported based on primary diagnosis). If primary diagnosis is not identified in the database, use the first listed diagnosis.

Data Entry Instructions

Report Period: Please enter the start of the state's reporting period (DD/MM/YYYY format) in cell C8 and the end of the state's reporting period (DD/MM/YYYY format) in cell E8.

State Identifier: Please enter the two-character state abbreviation in cell B9.

Number of Consumers should be reported in the appropriate employment status rows and age/gender columns (rows 12 to 16 and columns B to E). These are numeric fields; therefore, please do not enter any other characters. Please note, the population reported on Table 4A is the same as that reported on Table 4 (Table 4A simply reports consumers reported on Table 4 by diagnosis), therefore, the totals on both tables must match.

Data Footnotes: Please enter relevant data notes in cell B18.

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

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

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the SMHA. Individuals are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

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

The total counts of individuals served should be the same as in Table 2A. Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Non-Medicaid Sources, and (4) Medicaid Status Not Available.

The URS tables use the Office of Management and Budget (OMB) standards regarding how all federal agencies must collect race and ethnicity information. The OMB rules allow for two tables as set up on Table 5A and 5B. Table 5A focuses on race: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, More than One Race, and Race Unknown. Table 5B collects information on Hispanic or Latino Origin.

In 1997, OMB, in its [Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity](#) Federal Register notice (Vol. 62, No. 210), defined the minimum standards for collecting and presenting data on race and ethnicity. The OMB standard separates race and ethnicity categories, with two categories for ethnicity and a minimum of five categories for race. Through the 2019 URS reporting, SAMHSA had allowed states to report “Hispanic” as a race, however, starting with the 2020 URS reporting, SAMHSA requires that states exclusively use the racial and ethnicity categories as defined by OMB. These include:

Ethnicity Data Standards—are you of Hispanic or Latino origin?

1. Hispanic or Latino
2. Not Hispanic or Latino

Race Data Standards—*what is your race? (one or more categories may be selected)*

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

If for some reason a state is unable to report Hispanic/Latino in the ethnicity category and continue to collect and report it as part of the race category in the state management information system (MIS), the state must report these data as “Race not Available” as an alternative in the URS reporting. Such states are expected to adopt the OMB standards for data on race and ethnicity starting with the 2022 reporting year.

If an individual is identified as a combination of racial groups (e.g., White and African American or Black), that person should be counted only once and should be reported in the More than One Race category.

Gender category “Other” encompasses all gender identity except male or female. If reporting ‘other’ gender, please specify in footnotes.

Data Entry Instructions

Report Period: Please enter the start of the state’s reporting period (DD/MM/YYYY format) in cell C10 and the end of the state’s reporting period (DD/MM/YYYY format) in cell K10.

State Identifier: Please enter the two-character state abbreviation in cell B11.

Number of Consumers Served should be reported in the appropriate funding rows and race/gender columns (rows 14 to 17 and columns G to AH). These are numeric fields; therefore, please do not enter any other characters.

If a state is unable to unduplicate between the categories of “Medicaid (only Medicaid)” and “People Served by Both Medicaid” and “Non-Medicaid Sources (only)”, the combined number should be reported in the “People Served by Both Medicaid and Non-Medicaid” category and the check box “‘People Served by Both’ includes people with any Medicaid” should be checked.

Data Footnotes: Please enter relevant data notes on race in cell B22, on gender in cell B23, and overall data notes in cell B24.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

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

Of the total persons covered by Medicaid, this table should indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. The total counts of individuals served for each row on Table 5A should be the same for the rows in Table 5B.

The total counts of individuals served should be the same as in Table 2B. Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) People Served by Both Medicaid and Non-Medicaid Sources, and (4) Medicaid Status Not Available.

Gender category “Other” encompasses all gender identity except male or female. If reporting ‘other’ gender, please specify in footnotes.

Data Entry Instructions

Report Period: Please enter the start of the state’s reporting period (DD/MM/YYYY format) in cell C10 and the end of the state’s reporting period (DD/MM/YYYY format) in cell K10.

State Identifier: Please enter the two-character state abbreviation in cell B11.

Number of Consumers Served should be reported in the appropriate funding rows and race/gender columns (rows 14 to 17 and columns B to M). These are numeric fields; therefore, please do not enter any other characters.

Data Footnotes: Please enter relevant data notes on ethnicity in cell B19, on gender in cell B20, and overall data notes in cell B21.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 6 (MHBG Table 11): Profile of Clients Turnover

This table reflects client flow and turnover.

1. *Total Served at the Beginning of the Year (Unduplicated)* column represents an unduplicated count of all persons receiving services at the start of the reporting period. This includes all persons who are on the active books as consumers at the start of the year.
2. *Admissions during the Year (Duplicated)* column represents all additions or new admissions during the reporting period. If a person has multiple admissions during that reporting period, all admissions will be counted.
3. *Discharges during the Year (Duplicated)* column represents all discharges during the reporting period. If a person has multiple discharges during that reporting period, all discharges should be counted.
4. As in Table 2, there may be duplication across age categories (for transition age children), depending on the state's ability to unduplicate between children and adult systems of care.
5. As in Table 3, there may be duplication across the state hospital and the community systems.
6. *For Clients in Facility More than 1 Year* column: this column should be used to report persons in hospital for **over** a year (persons in the hospital for exactly 1 year should be reported in the prior column of persons in hospital for one year or less).

Data Entry Instructions

Report Period: Please enter the start of the state's reporting period (DD/MM/YYYY format) in cell C6 and the end of the state's reporting period (DD/MM/YYYY format) in cell F6.

State Identifier: Please enter the two-character state abbreviation in cell B7.

Total Served at the Beginning of Year (unduplicated) – column B (these are all numeric fields; therefore, please do not enter any other characters)

- State Hospitals – enter data in rows 11 to 13 only
- Other Psychiatric Inpatients – enter data in rows 15 to 17 only
- Residential Treatment Centers – enter data in rows 19 to 21 only
- Community Programs – enter data in rows 23 to 25 only

Admissions during the Year (duplicated) – column C (these are all numeric fields; therefore, please do not enter any other characters)

- State Hospitals – enter data in rows 11 to 13 only
- Other Psychiatric Inpatients – enter data in rows 15 to 17 only
- Residential Treatment Centers – enter data in rows 19 to 21 only
- Community Programs – enter data in rows 23 to 25 only

Discharges during the Year (duplicated) – column D (these are all numeric fields; therefore, please do not enter any other characters)

- State Hospitals – enter data in rows 11 to 13 only
- Other Psychiatric Inpatients – enter data in rows 15 to 17 only
- Residential Treatment Centers – enter data in rows 19 to 21 only

Length of Stay (in Days): Discharged Patients – columns E and F (these are all numeric fields; therefore, please do not enter any other characters)

Average (column E)

- State Hospitals – enter data in rows 10 to 13 only (please enter the overall average LOS for all age groups in cell E10)
- Other Psychiatric Inpatient – enter data in rows 14 to 17 only (please enter the overall average LOS for all age groups in cell E14)
- Residential Treatment Centers – enter data in rows 18 to 21 only (please enter the overall average LOS for all age groups in cell E18)

Median (column F)

- State Hospitals – enter data in rows 10 to 13 only (please enter the median LOS for all age groups in cell F10)
- Other Psychiatric Inpatient – enter data in rows 14 to 17 only (please enter the median LOS for all age groups in cell F14)
- Residential Treatment Centers – enter data in rows 18 to 21 only (please enter the median LOS for all age groups in cell F18)

For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at the end of Year: columns G and H (these are all numeric fields, therefore, please do not enter any other characters)

Average (column G)

- State Hospitals – enter data in rows 10 to 13 only (please enter the overall average LOS for all age groups in cell G10)
- Other Psychiatric Inpatient – enter data in rows 14 to 17 only (please enter the overall average LOS for all age groups in cell G14)
- Residential Treatment Centers – enter data in rows 18 to 21 only (please enter the overall average LOS for all age groups in cell G18)

Median (column H)

- State Hospitals – enter data in rows 10 to 13 only (please enter the median LOS for all age groups in cell H10)
- Other Psychiatric Inpatients – enter data in rows 14 to 17 only (please enter the median LOS for all age groups in cell H14)
- Residential Treatment Centers – enter data in rows 18 to 21 only (please enter the median LOS for all age groups in cell H18)

For Clients in Facility for More than 1 Year: Average Length of Stay (in Days): Residents at the end of Year: columns I and J (these are all numeric fields, therefore, please do not enter any other characters)

Average (column I)

- State Hospitals – enter data in rows 10 to 13 only (please enter the overall average LOS for all age groups in cell I10)
- Other Psychiatric Inpatient – enter data in rows 14 to 17 only (please enter the overall average LOS for all age groups in cell I14)
- Residential Treatment Centers – enter data in rows 18 to 21 only (please enter the overall average LOS for all age groups in cell I18)

Median (column J)

- State Hospitals – enter data in rows 10 to 13 only (please enter the median LOS for all age groups in cell J10)

- Other Psychiatric Inpatient – enter data in rows 14 to 17 only (please enter the median LOS for all age groups in cell J14)
- Residential Treatment Centers – enter data in rows 18 to 21 only (please enter the median LOS for all age groups in cell J18)

Data Footnotes: Please enter relevant State Hospital data notes in cell B26, Other Psychiatric Inpatient in cell B27, Residential Treatment Centers in cell B28, Community Programs in cell B29, and overall data notes in cell B30.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

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

This table describes expenditures for public mental health services provided by mental health providers funded by the SMHA by source of funding.

Expenditures reported on this table should correspond to the services and clients reported within the URS—for example, if clients from community providers receiving services paid for by Medicaid are reported on the URS tables and are part of the state’s MHBG Plan, then expenditures for these services should be reported.

Every state and territory receiving MHBG funds must spend at least 10 percent of their MHBG funds on Evidence-Based Practices (EBPs) for Early Serious Mental Illness (ESMI), including First Episode Psychosis (FEP)). Thus, every state and territory should be reporting MHBG funds expended on EBPs for ESMI. In addition, any other funds received by ESMI programs funded by the SMHA (such as Medicaid, state general funds, etc.) should also be reported on this table.

Data reported on this table should include expenditures for mental health services only. Expenditures for mental retardation/intellectual disabilities, alcohol abuse, or drug abuse programs should not be included. If the SMHA has earmarked funds for dual diagnosis services, these expenditures should be included.

Note:

1. Primary Prevention: states may only use MHBG funds to provide primary prevention services to the priority population of adults with serious mental illness and children with severe emotional disturbances.
2. Evidence-Based Practices for Early Serious Mental Illness (ESMI): MHBG column is for expenditures related to ESMI including First Episode Psychosis (FEP) programs funded through MHBG set-aside. These funds are not to be also counted in Ambulatory/Community Non-24 Hour Care.
3. State Hospital: A state operated community mental health center that operates inpatient beds should only be included if the facility is licensed by the state as a hospital (otherwise, these expenditures should be included in Other 24-Hour Care).

Primary Prevention: mental health primary prevention programs are designed to directly reduce the incidence of mental disorders, the high risk of precursors of disorders, and the adverse consequences of high-risk precursors/and or early manifestations of the disorders themselves. Prevention services may vary widely but are generally associated with primary and early intervention, secondary intervention, and/or tertiary prevention activities and may also include such promotion services as information, education, literature distribution, media campaigns, clearinghouse activities, speakers’ bureaus, and school or peer group situations. These services may be directed at any portion of the population. No patient expenditures of any kind are to be included in this category.

Early Serious Mental Illness (ESMI): an early serious mental illness or ESMI is a condition that affects an individual regardless of their age and that is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-5 (APA, 2013). For a significant portion of the time since the onset of the disturbance, the individual has not achieved or is at risk for not achieving the expected level of interpersonal, academic or occupational functioning. This definition is not intended to include conditions that are attributable to the physiologic effects of a substance, a

substance use disorder, an intellectual developmental disorder, or to another medical condition. The term ESMI is intended for the initial period of onset.

State Hospital: a state owned psychiatric inpatient facility licensed as a hospital that provides primarily inpatient care to mentally ill individuals from a specific geographical area and/or statewide. These hospitals may provide a variety of treatment and rehabilitative services. They may be designated as mental health institutes, centers, state hospitals, state forensic hospitals, state psychiatric centers, or similar titles. A state operated community mental health center that operates inpatient beds should only be included if the center is licensed by the state as a hospital (otherwise, such expenditures should be included in the Other 24-Hour Care category).

Other Psychiatric Inpatient Care: refers to psychiatric hospital services provided in non-state managed psychiatric hospital or a psychiatric bed in a general hospital.

Other 24-Hour Care: a setting, other than hospital inpatient setting, that provides congregate overnight living. A variety of services along a continuum of living arrangements may be offered, ranging from basic room and board with minimal supervision through 24-hour medical, nursing, and/or intensive therapeutic programs. Activities include diagnosis, treatment, and care to mentally ill individuals, either on a residential treatment or residential support services basis. Residential treatment is overnight care in conjunction with an intensive treatment program. Residential support is overnight care in conjunction with supervised living and other support services. Depending upon the nomenclature used in the state, residential settings may include, but may not be limited to, any of the following:

1. Residential treatment
 - a. Intermediate Care Facility (ICF): a residential facility providing room, board, social and rehabilitative services, and nursing services to include treatment, medication, and counseling. One registered or licensed nurse per 40 patients is usually minimal.
 - b. Skilled Nursing Facility (SNF): a residential facility offering services characteristic of ICF with the addition of 24-hour, seven-days a week nursing services required for complex patient medical conditions. These facilities usually have no less than one registered licensed nurse per 15 patients. SNF must have at least one or more medically related health services such as physical services, physical, occupational, or speech therapy, diagnostic and laboratory services, and/or medication.
 - c. Residential treatment center for emotionally disturbed children: an organization that provides individually planned programs of mental health treatment services in conjunction with residential care for patients. It serves children and youth primarily under the age of 18.
2. Housing support services
 - a. Group homes: a residential facility providing post-institutional care or alternative to institutional care including counseling, rehabilitation, supervised living, personal care, and other supportive services.
 - b. Supportive living facility: a long-term residential facility that provides room, board, and possibly mental health care.
 - c. Halfway house: a residential facility providing short-term supervised living and/or care.
 - d. Board and lodging home/domiciliary: provides only room and board.
 - e. Unsupervised and supervised apartments: provide only room and board and/or minimal supervision.

Ambulatory/Community Non-24-Hour Care: services provided in less-than 24-hour care setting and not overnight. It includes outpatient, partial care, emergency and case management services.

1. Outpatient: mental health services provided to clients on an hourly basis, on an individual or group basis, and usually in a clinic setting. Services such as screening, crisis intervention, outreach, and psychiatric treatment can be included. Outpatient services may be diagnostic, therapeutic, or adjunctive. Include expenditures for wraparound services in the ambulatory/community non-24-hour care category.
2. Partial care/day treatment: structured programs of treatment, activity, or other mental health services provided in clusters of three or more hours per day. These programs are often called day treatment, partial hospitalization, psychosocial rehabilitation, or activity centers.
3. Emergency: programs that provide immediate and short-term services to patients experiencing psychiatric emergency or crisis situations. This covers telephone counseling, immediate services, and referral services.
4. Case management: functions as an outreach intervention for clients with primary purpose of: (a) assisting clients in accessing financial, housing, medical, employment, social, transportation, and other essential community resources; (b) assisting community agencies in offering response services to the client population; or (c) mobilizing assistance from family, neighbors, self-help groups on behalf of clients.

Administration: includes expenditures for the administration of the SMHA, including central and regional offices, defined as SMHA activities that provide centralized policy direction and administrative management for all operational segments of the SMHA program. Functions usually include policy formulation, planning, budgeting, coordination, and evaluation. Supplemental/support activity may include fiscal administration, legal services, management information systems, purchasing, licensure, development of standards, and monitoring. SMHAs may operate from one central office or through a regional structure. Expenditures reported under this category should include the expenditures of the total central and/or regional structure. The infrastructure of the SMHA may include separate administrative components for the planning, coordination, and development of community administered programs, state psychiatric hospitals, and/or other programs. Expenditures for these SMHA divisions and/or components should be included in the total administration category. Research includes identifiable research activities funded and/or conducted by the SMHA. Research activities may: (a) constitute one or more component within a state psychiatric hospital(s), community program, or independent facility; (b) comprise an entire program entity or facility (e.g., a children's psychiatric research institute); and/or (c) be conducted at the SMHA central office. Training refers to identifiable staff training and Human Resource Development (HRD) activities or facilities funded and/or operated by the SMHA. Training activities may: (a) be conducted as part of the state hospital, within community administered programs or independently run through the SMHA regional or central office; and/or (b) comprise an entire program entity or facility (e.g., a mental health training institute). Include all funds from federal HRD grants as well as state funds devoted towards training activities.

Crisis Services: include centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or statewide crisis call centers coordinating in real time that connect people as soon as possible to care (please see page 39 of the National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit: <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>). Crisis services are for anyone who is in a behavioral health crisis regardless of their SMI or SED status. Crisis services should not be viewed as stand-alone resources operating independent

of the local community mental health and hospital systems but rather as an integrated part of a coordinated continuum of care.

Data Entry Instructions

Report Period: Please enter the start of the state's reporting period (DD/MM/YYYY format) in cell C8 and the end of the state's reporting period (DD/MM/YYYY format) in cell F8.

State Identifier: Please enter the two-character state abbreviation in cell B9.

Expenditures: please enter expenditures in the appropriate activity rows and funding source columns (rows 11 to 18 and columns B to I). These are numeric fields; therefore, please do not enter any other characters.

Data footnotes: please enter relevant data notes in Cell B20.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 7A (MHBG Table 2B): MHBG State Agency Early Serious Mental Illness and First Episode Psychosis Expenditure Report

This table describes expenditures for Early Serious Mental Illness (ESMI) and First Episode Psychosis (FEP) services provided or funded by the SMHA by source of funding. Include only funds expended by the executive branch agency administering the MHBG.

When reporting Coordinated Specialty Care (CSC)-Evidence-Based Practices for FEP, report only those programs that are providing all the components of a CSC model. If the state uses certain components of a CSC model, please report them in the 'Other ESMI' program (other than FEP or partial CSC programs) row.

Every state and territory receiving MHBG funds must spend at least 10 percent of their MHBG funds on Evidence-Based Practices (EBPs) for Early Serious Mental Illness (ESMI), including First Episode Psychosis). Thus, every state and territory should be reporting MHBG funds expended on EBPs for ESMI. In addition, any other funds received by ESMI programs funded by the SMHA (such as Medicaid, state general funds, etc.) should also be reported on this table.

Total expenditures reported on this table should be equal to the total ESMI expenditures reported on Table 7.

Data Entry Instructions

Report Period: Please enter the start of the state's reporting period (DD/MM/YYYY format) in cell C8 and the end of the state's reporting period (DD/MM/YYYY format) in cell F8.

State Identifier: Please enter the two-character state abbreviation in cell B9.

Expenditures: please enter expenditures in the appropriate activity rows and funding source columns (rows 11 to 16 and columns B to G). These are numeric fields; therefore, please do not enter any other characters.

Data footnotes: please enter relevant data notes in Cell B18.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 7B (MHBG Table 2C): MHBG State Agency Crisis Services Expenditure Report

This table describes expenditures for crisis response services provided or funded by the SMHA by source of funding.

Crisis services include centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or statewide crisis call centers coordinating in real time that connect people as soon as possible to care (please see page 39 of the National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit: <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>). Crisis services are for anyone who is in a behavioral health crisis regardless of their SMI or SED status. Crisis services should not be viewed as stand-alone resources operating independent of the local community mental health and hospital systems but rather as an integrated part of a coordinated continuum of care.

Data Entry Instructions

Report Period: Please enter the start of the state’s reporting period (DD/MM/YYYY format) in cell C8 and the end of the state’s reporting period (DD/MM/YYYY format) in cell F8.

State Identifier: Please enter the two-character state abbreviation in cell B9.

Expenditures: Please enter expenditures in the appropriate activity rows and funding source columns (rows 11 to 15 and columns B to G). These are numeric fields; therefore, please do not enter any other characters.

Data footnotes: please enter relevant data notes in Cell B17.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 8 (MHBG Table 4): Profile of Community Mental Health Block Grant (MHBG) Expenditures for Non-Direct Service/System Development Activities

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

Expenditures for non-direct service/system development activities may be direct expenditures (involving the time of state or sub-state personnel, or other state or sub-state resources) or be through funding mechanisms with independent organizations. Expenditures may come from the administrative funds and/or program funds (but may not include the HIV set-aside funds). These include state, regional, and local personnel salaries prorated for time spent and operating costs such as travel, printing, advertising, and conducting meetings related to the categories below.

Non-direct services/system development activities *exclude* expenditures through funding mechanisms for providing treatment or mental health “direct service” and primary prevention efforts themselves. Instead, these expenditures provide support to those activities.

Please utilize the categories to describe the type of expenditures your state supports with block grant funds, and if the preponderance of the activities fits within a category. Some activities may cross categories but please try to identify the primary purpose or goal of the activities. For example, a state may utilize block grant funds to train personnel to conduct fidelity assessments of evidence-based practices. While this could fall under either training/education and/or quality assistance/improvement – if the primary purpose is to assure the implementation of EBPs, that expenditure would most likely be captured under quality assistance/improvement.

Information Systems: this includes collecting and analyzing treatment data in order to monitor performance and outcomes. Costs for electronic health records (EHRs) and other health information technology also fall under this category.

Infrastructure Support: this includes activities that provide the infrastructure to support services but for which there are no individual services delivered. Examples include the development and maintenance of crisis-response capacity, including hotlines, mobile crisis teams, web-based check-in groups (for medication, treatment, and re-entry follow-up), drop-in centers, and respite services.

Partnerships, Community Outreach, and Needs Assessment: this includes state, regional, and local personnel salaries prorated from time and materials to support planning meetings, information collection, analysis, and travel. It also includes the support for partnerships across state and local agencies, and tribal governments. Community/network development activities such as marketing, communication, and public education, including the planning and coordination of services, fall into this category, as do needs-assessment projects to identify the scope and magnitude of the problem, resources available, gaps in services, and strategies to close those gaps.

Planning Council Activities: this includes those activities that support the performance of a Mental Health Planning Council or Behavioral Health Planning Council.

Quality Assurance and Improvement: this includes activities to improve the overall quality of services, including those activities to assure conformity to acceptable professional standards, adaptation and review of implementation of evidence-based practices, identification of areas of technical assistance

related to quality outcomes, including feedback. Administrative agency contracts to monitor service-provider quality fall into this category, as do independent peer-review activities.

Research and Evaluation: this includes performance measurement, evaluation, and research such as services research and demonstration projects to test feasibility and effectiveness of a new approach as well as the dissemination of such information.

Training and Education: this includes skill development and continuing education for personnel employed in local programs as well as partnering agencies, as long as the training relates to services to adults with SMI or children with SED. Typical costs include course fees, tuition, and reimbursements to employees, trainer(s) and support staff salaries, and certification expenditures.

Data Entry Instructions

Report Period: Please enter the start of the state's reporting period (DD/MM/YYYY format) in cell B8 and the end of the state's reporting period (DD/MM/YYYY format) in cell D8.

State Identifier: Please enter the two-character state abbreviation in cell B9.

Estimated Total Block Grant: Please enter the amount of block grant dollars expended for each activity in rows 11 to 17 and columns B to D. These are numeric fields; therefore, please do not enter any other characters.

Data Footnotes: Please enter relevant data notes in cell B19.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

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

This table is used to report the results of the Social Connectedness and Improved Functioning NOMs that are collected as part of the SMHAs 2022 Consumer Survey.

Recommended Scoring Rules:

1. Recode ratings of “not applicable” as missing values.
2. Exclude respondents with more than 1/3 of the items in that domain missing.
3. Calculate the mean score of the domain items per survey.
4. FOR ADULTS: count the number of respondents with mean scores less than 2.5 (note: the cut-off score of 2.5 is based on the recommended coding of responses where strongly agree is 1)
5. FOR YSS-F: count the number of respondents with mean scores greater than 3.5 (note the cut-off score of 3.5 is based on the recommended coding of responses where strongly agree is 5)
6. Report the number of “positive” responses (for adults, this number is derived from step 4 above and for YSS-F this number is derived from step 5 above) and the total number of “responses” (this number is derived by counting the number of surveys from step 3 above) for each domain.

Items to Score:

Adult MHSIP Social Connectedness Domain Items:

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.

Adult MHSIP Functioning Domain Items:

1. I do things that are more meaningful to me.
2. I am better able to take care of my needs.
3. I am better able to handle things when they go wrong.
4. I am better able to do things that I want to do.
5. My symptoms are not bothering me as much (already is part of the MHSIP Adult Survey).

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.

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).

Note: The YSS-F functioning domain relies on 5 items that are also used in calculating the YSS-F “Outcomes Domain.”

Data Entry Instructions

Report Period: Please enter the start of the state's reporting period (DD/MM/YYYY format) in cell C6 and the end of the state's reporting period (DD/MM/YYYY format) in cell E6.

State Identifier: Please enter the two-character state abbreviation in cell C7.

Adult Consumer Survey Results (these are numeric fields; therefore, please do not enter any other characters)

1. Social Connectedness: Please enter the number of **positive** responses (scores < 2.5) in cell C9 and the total number of **responses** in cell D9.
2. Functioning: Please enter the number of **positive** responses in cell C10 and the total number of **responses** in cell D10.
3. The percent positive is automatically calculated once the positive and total response numbers are entered.

Child/Adolescent Consumer Survey Results (these are numeric fields; therefore, please do not enter any other characters)

1. Social Connectedness: Please enter the number of **positive** responses (scores >3.5) in cell C13 and the total number of **responses** in cell D13.
2. Functioning: Please enter the number of **positive** responses in cell C14 and the total number of **responses** in cell D14.
3. The percent positive is automatically calculated once the positive and total response numbers are entered.

Data Footnotes: Please enter relevant data notes in cell B15.

Adult Social Connectedness and Functioning Measures: please provide a response to each question by clicking on the appropriate radio button.

1. If you did not use the recommended social connectedness questions, please report the measure (name of the survey tool) used in cell E18.
2. If you did not use the recommended functioning questions, please report the measure used in cell E19.
3. If you did not collect the social connectedness and functioning measures as part of your MHSIP survey, please report the source used in cell C22.

Child/Family Social Connectedness and Functioning Measures: please provide a response to each question by clicking on the appropriate radio button.

1. If you did not use the recommended social connectedness questions, please report the measure used in cell E26
2. If you did not use the recommended functioning questions, please report the measure used in cell E27
3. If you did not collect the social connectedness and functioning measures as part of your YSS-F adult consumer survey, please report the source used in cell C30.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 10 (MHBG Table 5): Profile of Agencies Receiving Block Grant Funds Directly from the SMHA

This table is 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 member reimbursements or other administrative reimbursements related to running the MHBG Program.

Set-aside for Early Serious Mental Illness (ESMI) Programs: ESMI services are evidence-based practices (EBPs) that serve individuals who meet the definition of ESMI (please refer to the 2022 URS Definitions) other than those EBPs that specifically serve individuals with a first episode psychosis (FEP).

Data Entry Instructions

Report Period: Please enter the start of the state's reporting period (DD/MM/YYYY format) in cell C10 and the end of the state's reporting period (DD/MM/YYYY format) in cell F10

State Identifier: Please enter the two-character state abbreviation in cell B11.

Entity Number: Please use column A to enter entity number (starting from row 13).

Area Served: Please use column B to specify area served—statewide or sub-state planning area (starting from row 13).

Program/Provider/Agency Name: Please use column C to enter the provider/program/agency name (starting from row 13).

Address: Please use column D through column G to enter the agency's address (use column D to enter the street address, column E to enter city, column F to enter state, and column G to enter zip code starting from row 13).

Amount of Block Grant Allocation: Please use column H to enter the Total Block Grant funds provided to each agency, column I to enter the amount of Block Grant funds provided to each agency to provide services to adults with SMI, column J to enter the amount of Block Grant funds provided to each agency to provide services to children with SED, column K to enter the amount of Block Grant Set-Aside funds provided to each agency for FEP Programs, and L to enter the amount of Block Grant Set-Aside for ESMI Programs (each starting from row 13). Please enter dollar amounts **only** in these columns.

IMPORTANT NOTE: Do not merge any columns, rows, and/or cells. If you have more agencies than the data entry area provided, simply continue entering data on the next row (row 38).

Please do **not** use more than **one row** per agency or add blank spaces to format your data entry. You do not need to format the data you enter – simply type in all information in the appropriate cell without inserting blank spaces. If all the data instructions are not followed your data will not be uploaded in the central URS database correctly. If you use more than one row per agency/program, the data processing system will treat each row as a separate program. Data should be reported on the standard URS Excel table – PDF files submitted to fulfill the Table 10 reporting requirements will **not** be processed and the file will be sent back to the state.

Table 11 (MHBG Table 17A): Summary Profile of Client Evaluation of Care

Adult Consumer Surveys:

The official 28 item version of MHSIP is the recommended survey instrument. If another version of the MHSIP Survey is used, individual items should be combined to calculate indicator scores using the questions listed below.

The following are recommendations that relate to the adult survey:

- 1) **Statewide Surveys:** States should only report consumer survey results from surveys that are conducted on a statewide basis – preferably surveys conducted with a “scientific” sampling technique.
 - a. States that only have pilot data or data from a few providers or a region of the state should not report data.
 - b. States should use centrally administered and implemented surveys using the same protocol across all providers (i.e., individual community providers should not each conduct their own surveys using different methodologies).
 - c. States should describe their sampling methodology when they submit data.
- 2) **Sample Size:** Adequate sample size (n) should be collected for surveys to be reported. States are requested to report the confidence interval and confidence levels for their surveys. States should use a sufficient sample size to report results at 95% confidence levels.
- 3) **Specific Questions to Use:** (based on the assumption that most states are using either the official 28 item MHSIP Consumer Survey, or a state variation of the MHSIP Consumer Survey)
 - a. **Perception of Access:**
 - The location of services was convenient.
 - Staff was willing to see me as often as I felt it was necessary.
 - Staff returned my calls within 24 hours.
 - Services were available at times that were good for me.
 - I was able to get all the services I thought I needed.
 - I was able to see a psychiatrist when I wanted to.
 - b. **Perception of Quality and Appropriateness:**
 - Staff believed that I could grow, change and recover.
 - I felt free to complain.
 - Staff told me what side effects to watch for.
 - Staff respected my wishes about who is and is not to be given information about my treatment.
 - Staff was sensitive to my cultural/ethnic background.
 - Staff helped me obtain the information needed so I could take charge of managing my illness.
 - I was given information about my rights.
 - Staff encouraged me to take responsibility for how I live my life.
 - I was encouraged to use consumer-run programs.
 - c. **Perceptions of Outcomes:**
 - I deal more effectively with daily problems.
 - I am better able to control my life.

- I am better able to deal with crisis.
 - I am getting along better with my family.
 - I do better in social situations.
 - I do better in school and/or work.
 - My symptoms are not bothering me as much.
 - My housing situation has improved.
- d. **Perception of Participation in Treatment Planning:**
- I felt comfortable asking questions about my treatment and medications.
 - I, not staff, decided my treatment goals.
- e. **General Satisfaction:**
- I liked the services that I received here.
 - If I had other choices, I would still get services at this agency.
 - I would recommend this agency to a friend or family member.

Instructions:

1. Domain scores should only be calculated using surveys that had 2/3 or more of the items complete for that domain.
2. Report the number of “positive” responses and the total number of responses for each domain
3. Confidence levels should be calculated for each domain, since each domain may have a different number of valid responses. Confidence intervals should be reported at the 95% level.

“The confidence interval (also called margin of error) is the plus-or-minus figure usually reported in newspaper or television opinion results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be “sure” that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer.

The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level.

When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. The wider the confidence interval you are willing to accept, the more certain you can be that the whole population answers would be within that range” (from <http://www.surveysystem.com/sscalc.htm#one>).
4. Question 1 under Adult Consumer Surveys: if a state or program conducted the MHSIP consumer survey using the wording from the official 28 item adult MHSIP survey, then the state should check that they used the official version. If a state added additional questions to the survey, but added them after the original 28 items, then they still used the official MHSIP survey. However, if a state modified the wording of the official 28-item MHSIP or added questions in the middle of the 28 items, then the state should check that they did a “State Variation of MHSIP.”

Recommended Scoring Rules:

1. In reporting each domain score, include only surveys with at least 2/3 of the domain items completed.

2. Recode ratings of “not applicable” as missing values.
3. Calculate the mean score of the domain items per survey.
4. Count the number of respondents with mean scores less than 2.5 (note: the cut-off score of 2.5 is based on the recommended coding of responses where strongly agree is 1).
5. Report the number of “positive” responses (this number is derived from step 4 above) and the total number of “responses” (this number is derived by counting the number of surveys from step 3 above) for each domain.

Children/Adolescent Consumer Surveys:

The workgroup recommended survey instrument for children/adolescents is the Youth Services Survey for Families (YSS-F).

Questions for each Domain for the YSS-F Survey are as follows:

1. Good Access to Service:

- The location of services was convenient for us.
- Services were available at times that were convenient for us.

2. Satisfaction with Services:

- Overall, I am satisfied with the services my child received.
- The people helping my child stuck with us no matter what.
- I felt my child had someone to talk to when he/she was troubled.
- The services my child and/or family received were right for us.
- My family got the help we wanted for my child.
- My family got as much help as we needed for my child.

3. Positive Outcomes of Services:

- My child is better at handling daily life.
- My child gets along better with family members.
- My child gets along better with friends and other people.
- My child is doing better in school and/or work.
- My child is better able to cope when things go wrong.
- I am satisfied with our family life right now.

4. Participation in Treatment:

- I helped to choose my child’s services.
- I helped to choose my child’s treatment goals.
- I was frequently involved in my child’s treatment.

5. Cultural Sensitivity:

- Staff treated me with respect.
- Staff respected my family's religious/spiritual beliefs.
- Staff spoke with me in a way that I understood.
- Staff were sensitive to my cultural/ethnic background.

Recommended Scoring Rules:

1. In reporting each domain score, include only surveys with at least 2/3 of the domain items completed.

2. Recode ratings of “not applicable” as missing values.
3. Calculate the mean score of the domain items per survey.
4. Count the number of respondents with mean scores greater than 3.5 (note the cut-off score of 3.5 is based on the recommended coding of responses where strongly agree is 5).
5. Report the number of “positive” responses (this number is derived from step 4 above) and the total number of “responses” (this number is derived by counting the number of surveys from step 3 above) for each domain.

Data Entry Instructions

Report Period: Please enter the start of the state’s reporting period (DD/MM/YYYY format) in cell C6 and the end of the state’s reporting period (DD/MM/YYYY format) in cell E6.

State Identifier: Please enter the two-character state abbreviation in cell C7.

Adult Consumer Survey Results: Please enter the number of positive responses, total number of responses and confidence interval for each domain (rows 9 to 13 and columns C to E).

Child/Adolescent Consumer Survey Results: Please enter the number of positive responses, total number of responses and confidence interval for each domain (rows 16 to 20 and columns C to E).

Data Footnotes: Please enter relevant data notes in cell B23.

Adult Consumer Surveys: Please provide responses to the questions at the bottom of the table.

1. Indicate if the Official 28 Item MHSIP Adult Outpatient Consumer survey was used (question 1).
 - a. Provide a response to question 1.a. **only** if your response to question 1 is ‘no.’
2. If you translated the MHSIP survey into Spanish, please check the box in question 1.c, and if the survey was translated into other language(s), list the language(s) in cell C36.
3. Provide a response to question 2.a. (sample methodology) **only** if your response to question 2 is “2. Sample of MH Consumers.” If you used a sample methodology other than those listed in question 2.a, please enter your response in cell C46.
4. If the population descriptions listed under question 3 do not fully describe the population surveyed, please enter a description in cell A58.
5. If your survey was administered by a group other than (or in addition to) those listed under question 4.b, please enter your response in cell C73.
6. Please enter the number of surveys attempted (question 6.a) in cell E81, the number of survey contacts made (question 6.b) in cell E82, the number of surveys completed (question 6c) in cell E83, and the response rate (question 6d) in cell E84.
7. If your response to question 7.b is ‘no’, please enter a description in cell B91.

Child/Family Consumer Surveys:

1. If the official YSS-F survey is used click on the ‘yes’ checkbox. If you did not use the YSS-F, please enter the survey used in cell C100.
2. If you translated the YSS-F into Spanish, please check the box, and if the survey was translated into other language(s), list the language(s) in cell C104.

3. Provide a response to question 2.a. (sample methodology) **only** if your response to question 2 is “2. Sample of MH Consumers.” If you used a sample methodology other than those listed, please enter your response in cell C113.
4. If you survey persons no longer receiving services (question 2.b.), please enter a description of how this is done (question 2.c.) in cell A119.
5. If the population description listed under question 3 does not fully describe the population surveyed, please enter a description in cell A126.
6. If your survey was administered by a group other than (or in addition to) those listed under question 4.b., please enter your response in cell C141.
7. Please enter the number of surveys attempted (question 6.a.) in cell E149, the number of survey contacts made (question 6.b.) in cell E150, the number of surveys completed (question 6.c.) in cell E151, and the response rate (question 6.d.) in cell E152.
8. If your response to question 7.b. is “no”, please enter a description in cell B160.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the specified cells above **will not** be uploaded into the central URS database.

Table 11A (MHBG Table 17B): Consumer Evaluation of Care by Consumer Characteristics (Optional Table by Race/Ethnicity)

This table provides a more detailed reporting of the consumer survey data reported on Tables 9 and 11 by breaking out the number of positive responses and total responses by race/ethnicity.

- States should report consumer survey results for each domain by race/ethnicity in addition to the total rate reported in Tables 9 and 11.
- Patient categories should not be crosstabs: e.g., report results for age, then for race, not age by race.
- States should only report results for patient categories when there are at least 25 or 30 subjects in the category, i.e., do not report results for very small “n” categories.

In 1997, OMB, in its [Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity](#) Federal Register notice (Vol. 62, No. 210), defined the minimum standards for collecting and presenting data on race and ethnicity. The OMB standard separates race and ethnicity categories, with two categories for ethnicity and a minimum of five categories for race. Through the 2019 URS reporting, SAMHSA had allowed states to report “Hispanic” as a race, however, starting with the 2020 URS reporting, SAMHSA requires that states exclusively use the racial and ethnicity categories as defined by OMB. These include:

Ethnicity Data Standards—*are you of Hispanic or Latino origin?*

3. Hispanic or Latino
4. Not Hispanic or Latino

Race Data Standards—*what is your race? (one or more categories may be selected)*

6. American Indian or Alaska Native
7. Asian
8. Black or African American
9. Native Hawaiian or Other Pacific Islander
10. White

If for some reason a state is unable to report Hispanic/Latino in the ethnicity category and continue to collect and report it as part of the race category in the state management information system (MIS), the state must report these data as “Not Available” as an alternative in the URS reporting. Such states are expected to adopt the OMB standards for data on race and ethnicity starting with the 2022 reporting year.

If an individual is identified as a combination of racial groups (e.g., White and African American or Black), that person should be counted only once and should be reported in the More than One Race category.

Data Entry Instructions

Report Period: Please enter the start of the state’s reporting period (DD/MM/YYYY format) in cell C6 and the end of the state’s reporting period (DD/MM/YYYY format) in cell L6.

State Identifier: Please enter the two-character state abbreviation in cell B7.

Please select the appropriate radio button (row 9 for adults and row 22 of child/adolescent family survey results) to indicate whether you used the 2-question format to collect race/ethnicity information (please note that if you do not provide a response to this question, the built-in formula will not work).

Number of consumers reporting positively and total number of responses: Please enter numbers in the appropriate consumer survey domain rows and race/ethnicity columns (rows 13 to 19 for adults, and rows 26 to 32 for child/adolescent family survey results and columns D to S). These are numeric fields; therefore, please do not enter any other characters.

Data Footnotes: Please enter the relevant data notes in cell B33.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the specified cells above **will not** be uploaded into the central URS database.

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

The purpose of this profile is to obtain information that provides a context for the data provided in the tables. This profile covers the populations served, services for which the SMHA is responsible, data reporting capacities, especially related to duplication of numbers served, as well as certain summary administrative information.

Data Entry Instructions

Report Period: Please enter the start of the state's reporting period (DD/MM/YYYY format) in cell D8 and the end of the state's reporting period (DD/MM/YYYY format) in cell F8.

State Identifier: Please enter the two-character state abbreviation in cell C9.

1. Please provide a response on the appropriate checkboxes listed under question 1.
2. If all adults and children served meet the federal definition of Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED), respectively, please check the appropriate checkbox under question 2. If only a percentage of adults and children served meet the federal definition of SMI and SED, please enter the percent of adults who meet the definition in cell E27 and the percent of children who meet the definition in cell E28. Please note, if you check the boxes for "serious mental illness" and "serious emotional disturbance" it means 100% of adult consumers served meet the federal definition of SMI, and 100% of children meet the federal definition of SED. Also, these are numeric fields; therefore, please do not enter any other characters (e.g., do not enter 'NA' in these fields – if the number is not available, please indicate this as a data note either in cell C20 or the General Comments Sheet).
3. Question 3.a (percent of consumers served by the SMHA who also have a diagnosis of substance use problems): please enter the adult percent in cell F33 and children/adolescents in cell F34. These are numeric fields; therefore, please do not enter any other characters (e.g., do not enter 'NA' in these fields – if the number is not available, please indicate this as a data note either in cell C20 or the General Comments Sheet).

Question 3.b (percent of consumers served who meet the federal definition for SMI/SED and who also have a diagnosis of substance abuse problems): please enter the adult percent in cell F37 and children/adolescent percent in cell F38. These are numeric fields; therefore, please do not enter any other characters (e.g., do not enter 'NA' in these fields – if the number is not available, please indicate this as a data note either in cell C20 or the General Comments Sheet).

Please describe how you calculated the number of persons with co-occurring disorders in cell C40. As in the example provided for entering program information on Table 10, please do not add extra spaces or format this cell; simply type in your description without any additional formatting.

4. If the SMHA has responsibilities for mental health services provided through Medicaid other than or in addition to those listed (question 4.a), please enter the responsibility in cell C51.

Question 4.b (Managed Care): If the SMHA has responsibilities other than or in addition to those listed (4.b.), please enter the responsibility in cell E65.

5. Please check the appropriate checkbox(es). If you are currently unable to provide unduplicated client counts, please describe your plans to report unduplicated clients counts by the end of your data infrastructure grant in cell B75.

6. Please enter report year in cell C78; the state identifier in cell C79; the year being reported **from** in cell C81 **to** in cell E81; the person responsible for data submission in cell C82, the contact phone number in cell C83, the contact address in cells C84 to C85, and contact person e-mail in cell C86.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the specified cells above **will not** be uploaded into the central URS database.

Table 14A (MHBG Table 13A): Profile of Persons with SMI/SED Served by Age, Gender, and Race

This table uses the same format as Tables 2A and 2B to gather information on the SMHA clients served who had an SMI or SED. This table requests counts for individuals with SMI or SED using the federal or state definitions. Table 2A and 2B include all clients served by publicly operated or funded programs. This table counts only clients who meet the federal definition of SMI or SED (i.e., the definition developed by the Center for Mental Health Services [CMHS] and published in the Federal Register). For many states, this table may be the same as Tables 2A and 2B (if all clients served have an SMI or SED). States should report using the federal definitions of SMI and SED, if possible, if not, please report using your state's definitions of SMI and SED and provide the requested information at the bottom of the table describing your state's definition.

Because the URS collects information on SMI and SED status in several places, the information below may help clarify the difference in what is reported on various tables:

- Table 1 – refers to the estimated prevalence of SMI and SED using the Federal Register definition. This is most likely higher than the number of consumers with SMI/SED served because not all people with SMI/SED receive treatment services from the SMHA system.
- Table 14 – refers to SMI and SED clients served by the SMHA per the Federal Register definition or state definition.
- The SMI/SED number reported on Table 14 may be the same or less than the number reported in Table 2 (never higher than Table 2).
- Table 16 (denominator) refers to SMI and SED clients served by the SMHA. This number should match the data from Table 14 of SMI/SED.

The URS tables use the Office of Management and Budget (OMB) standards regarding how all federal agencies must collect race and ethnicity information. The OMB rules allow for two tables as set up on Table 14A and 14B. Table 14A focuses on race: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, More than One Race, and Race Unknown. Table 14B collects information on Hispanic or Latino Origin.

In 1997, OMB, in its [Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity](#) Federal Register notice (Vol. 62, No. 210), defined the minimum standards for collecting and presenting data on race and ethnicity. The OMB standard separates race and ethnicity categories, with two categories for ethnicity and a minimum of five categories for race. Through the 2019 URS reporting, SAMHSA had allowed states to report “Hispanic” as a race, however, starting with the 2020 URS reporting, SAMHSA requires that states exclusively use the racial and ethnicity categories as defined by OMB. These include:

Ethnicity Data Standards—*are you of Hispanic or Latino origin?*

1. Hispanic or Latino
2. Not Hispanic or Latino

Race Data Standards—*what is your race? (one or more categories may be selected)*

1. American Indian or Alaska Native
2. Asian

3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

If for some reason a state is unable to report Hispanic/Latino in the ethnicity category and continue to collect and report it as part of the race category in the state management information system (MIS), the state must report these data as “Race not Available” as an alternative in the URS reporting. Such states are expected to adopt the OMB standards for data on race and ethnicity starting with the 2022 reporting year.

If an individual is identified as a combination of racial groups (e.g., White and African American or Black), that person should be counted only once and should be reported in the More than One Race category.

Gender category “Other” encompasses all gender identity except male or female. If reporting ‘other’ gender, please specify in footnotes.

Data Entry Instructions

Report Period: Please enter the start of the state’s reporting period (DD/MM/YYYY format) in cell C10 and the end of the state’s reporting period (DD/MM/YYYY format) in cell L10.

State Identifier: Please enter the two-character state abbreviation in cell B11.

Number of consumers with SMI/SED served should be reported in the appropriate age rows and race/gender columns (rows 14 to 22 and columns F to AH). These are numeric fields; therefore, please do not enter any other characters.

Data Footnotes: Please enter relevant data notes on age in cell B24, on gender in cell B25, on race in cell B26, and overall notes in cell B27.

Please indicate if your state’s definition of SMI/SED matches the federal definition by clicking on the appropriate radio button at the bottom of the table. If the state’s definition does not match the federal definition of SMI, after clicking on the ‘no’ button, please enter a description of your state’s definition of SMI in cell(s) H30-H31 and the diagnoses included in the state definition in cell(s) H32-H33; and enter a description of your state’s definition of SED in cell(s) H34-H35 and the diagnoses included in the state definition in cell H36.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

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

Of the total persons served, please indicate the age, gender and the number of persons who meet the federal or state definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. Please note, the total persons served should be the total as indicated in Table 14A.

Gender category “Other” encompasses all gender identity except male or female. If reporting ‘other’ gender, please specify in footnotes.

Data Entry Instructions

Report Period: Please enter the start of the state’s reporting period (DD/MM/YYYY format) in cell C10 and the end of the state’s reporting period (DD/MM/YYYY format) in cell K10.

State Identifier: Please enter the two-digit state abbreviation in cell B11.

Number of consumers with SMI/SED served should be reported in the appropriate age rows and ethnicity/gender columns (rows 14 to 22 and columns B to M. These are numeric fields; therefore, please do not enter any other characters.

Data Footnotes: Please enter relevant data notes on age in cell B24, on gender in cell B25, on race/ethnicity in cell B26, and on overall data notes in cell B27.

IMPORTANT NOTE: To ensure your data is processed with no errors please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 15A (MHBG Table 14): Profile of Persons served in the Community Mental Health Setting, State Psychiatric Hospitals and Other Settings for Adults with SMI and Children with SED

This table provides a profile of the adults with SMI and children with 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 in institutions under the justice system.

Instructions:

1. States that have county psychiatric hospitals that serve as surrogate state hospitals should report persons served in such settings as receiving services in state hospitals.
2. If forensic hospitals are part of the SMHA system, include them in your reporting of state psychiatric hospital data.
3. Persons who receive outpatient and other ambulatory services from state psychiatric hospitals should be included in the Community Mental Health Program row.
4. Persons who receive inpatient psychiatric care from a private provider or medical provider licensed and/or contracted by the SMHA should be counted in the "Other Psychiatric Inpatient" row. Persons who receive Medicaid funded inpatient services from a provider that is not licensed or contracted by the SMHA are excluded from reporting.
5. If your state serves adults in residential treatment centers, please include such adults in the Residential Treatment Centers row.
6. A person who is served in both community settings and inpatient settings should be reported in both rows.
7. Definitions of service settings are included in the Data Definitions document.

Gender category "Other" encompasses all gender identity except male or female. If reporting 'other' gender, please specify in footnotes.

Data Entry Instructions

Report Period: Please enter the start of the state's reporting period (DD/MM/YYYY format) in cell D8 and the end of the state's reporting period (DD/MM/YYYY format) in cell L8.

State Identifier: Please enter the two-character state abbreviation in cell C9.

Number of Consumers Served should be reported in the appropriate service setting rows and age/gender columns (rows 12 to 16 and columns C to V). These are numeric fields; therefore, please do not enter any other characters.

Data Footnotes: Please enter relevant data notes on age in cell C17, on gender in cell C18, and overall data notes in cell C19.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 15 (MHBG Table 18): Living Situation Profile

This table provides an aggregate profile of persons living situation in the reporting year. The reporting year should be the latest state fiscal year for which data are available.

Instructions

Report the number of persons in each living situation based on their most recent assessment or most recent available information on record. For persons with two or more living situations during the reporting year, report only the **last known living situation**. Please indicate how often your SMHA measures living situation by checking the appropriate checkbox(es) at the bottom of the reporting table.

A person should be counted in the "homeless" category if he/she was reported homeless at their most recent (last) assessment during the reporting period (or at discharge for patients discharged during the year). The last assessment could occur at admission, discharge, or at some point during treatment.

Please see the URS Data Definitions document for a definition of each living situation. The 'Other' column should be used for any living situation that does not fit in any of the specified settings in columns B to I. The 'Not Available' column should be used to report the number of clients whose living situation is not available or unknown.

In 1997, OMB, in its [Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity](#) Federal Register notice (Vol. 62, No. 210), defined the minimum standards for collecting and presenting data on race and ethnicity. The OMB standard separates race and ethnicity categories, with two categories for ethnicity and a minimum of five categories for race. Through the 2019 URS reporting, SAMHSA had allowed states to report "Hispanic" as a race, however, starting with the 2020 URS reporting, SAMHSA requires that states exclusively use the racial and ethnicity categories as defined by OMB. These include:

Ethnicity Data Standards—are you of Hispanic or Latino origin?

3. Hispanic or Latino
4. Not Hispanic or Latino

Race Data Standards—*what is your race? (one or more categories may be selected)*

6. American Indian or Alaska Native
7. Asian
8. Black or African American
9. Native Hawaiian or Other Pacific Islander
10. White

If for some reason a state is unable to report Hispanic/Latino in the ethnicity category and continue to collect and report it as part of the race category in the state management information system (MIS), the state must report these data as "Race not Available" as an alternative in the URS reporting. Such states are expected to adopt the OMB standards for data on race and ethnicity starting with the 2022 reporting year.

If an individual is identified as a combination of racial groups (e.g., White and African American or Black), that person should be counted only once and should be reported in the More than One Race category.

Gender category “Other” encompasses all gender identity except male or female. If reporting ‘other’ gender, please specify in footnotes.

Data Entry Instructions

Report Period: Please enter the start of the state’s reporting period (DD/MM/YYYY format) in cell C12 and the end of the state’s reporting period (DD/MM/YYYY format) in cell H12.

State Identifier: Please enter the two-character state abbreviation in cell B13.

Number of Consumers in Each Living Situation: Please enter the number of consumers in the appropriate age (rows 15 to 18), gender (rows 21 to 24), race (rows 27 to 33), and ethnicity (rows 36 to 38) rows, and living situation categories (columns B to K). These are numeric fields; therefore, please do not enter any other characters. The data reporting table is populated with built-in formula to calculate totals for each category – please do not enter any data in any of the “TOTAL” cells. Please note, the total number of consumers reported by age, gender, race, and ethnicity for each living situation category must match (for example, if the total number of consumers living in private residence reported by age equals 50, the numbers reported by gender, race, and ethnicity must also equal 50).

Data Footnotes: Please enter relevant data notes in cell B40.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

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

This table provide profiles of adults with Serious Mental Illness (SMI) and Children with Serious Emotional Disturbances (SED) receiving specific Evidence-Based Practices (EBPs) in the reporting year. The reporting year should be the latest state fiscal year for which data are available.

Background

Tables 16 should be used to report data on EBPs. Reporting guidelines for EBP data were established through a workgroup of state representatives, SAMHSA staff, and academic EBP experts in 2006.

SAMHSA has issued EBP Toolkits for some of the EBPs captured in the URS reporting; states may use these toolkits to implement their programs. The EBP Toolkits and associated fidelity measures may be a helpful reference while completing Tables 16 (hyperlinks provided in each EBP section below).

The purpose of the reporting guidelines is to provide a level of uniformity across state programs for reporting data on EBPs. They are not intended to serve as an alternate definition for the EBP model, nor should they be used for fidelity measurements or for designing critical program elements.

Instructions:

1. Enter the unduplicated number of adults with SMI and children with SED who received each service category during the reporting year.
2. Please enter the unduplicated number of adults with SMI and children with SED in each age, gender, race, and ethnicity category that were served by the SMHA during the year.
3. If fidelity is being monitored in your state, indicate the instrument being used for each service category.

In 1997, OMB, in its [Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity](#) Federal Register notice (Vol. 62, No. 210), defined the minimum standards for collecting and presenting data on race and ethnicity. The OMB standard separates race and ethnicity categories, with two categories for ethnicity and a minimum of five categories for race. Through the 2019 URS reporting, SAMHSA had allowed states to report “Hispanic” as a race, however, starting with the 2020 URS reporting, SAMHSA requires that states exclusively use the racial and ethnicity categories as defined by OMB. These include:

Ethnicity Data Standards—are you of Hispanic or Latino origin?

1. Hispanic or Latino
2. Not Hispanic or Latino

Race Data Standards—*what is your race? (one or more categories may be selected)*

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

If for some reason a state is unable to report Hispanic/Latino in the ethnicity category and continue to collect and report it as part of the race category in the state management information system (MIS), the state must report these data as “Race not Available” as an alternative in the URS reporting. Such states are expected to adopt the OMB standards for data on race and ethnicity starting with the 2022 reporting year.

Gender category “Other” encompasses all gender identity except male or female. If reporting ‘other’ gender, please specify in footnotes.

If an individual is identified as a combination of racial groups (e.g., White and African American or Black), that person should be counted only once and should be reported in the More than One Race category.

Supported Housing

Definition

Supported housing is defined as services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist clients in selecting, obtaining, and maintaining safe, decent, affordable housing while maintaining a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation.

Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance, but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities. Criteria identified for supported housing programs include housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), and right to tenure, service choice, service individualization and service availability.

Fidelity Measure

<https://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT-/SMA10-4510>

Minimum Requirements for Reporting Supported Housing

- Target population: Targeted to persons who would not have a viable housing arrangement without this service.
- Staff assigned: Specific staff are assigned to provide supported housing services.
- Housing is integrated: That is, Supported Housing is provided for living situations in settings that are also available to persons who do not have mental illnesses.
- Consumer has the right to tenure: The ownership or lease documents are in the name of the consumer.
- Affordability: Supported housing assures that housing is affordable (consumers pay no more than 30-40% on rent and utilities) through adequate rent subsidies, etc.

Supported Housing is Not:

- Residential treatment services.
- A component of case management or ACT.

Supported Employment

Definition

Mental health Supported Employment (SE) is an evidence-based service to promote rehabilitation and return to productive employment for persons with serious mental illnesses. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake through follow-along. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to public), in normalized settings, and utilize multiple employers. The SE team has a small client to staff ratio. SE contacts occur in the home, at the job site, or in the community. The SE team is assertive in engaging and retaining clients in treatment, especially utilizing face-to-face community visits, rather than phone or mail contacts. The SE team consults/works with family and significant others when appropriate. SE services are frequently coordinated with Vocational Rehabilitation benefits.

Fidelity Measure

<http://store.samhsa.gov/product/SMA08-4365>

Minimum Requirements for Reporting Supported Employment

- Competitive employment: Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status. Employment is competitive so that potential applicants include persons in the general population.
- Integration with treatment: Employment specialists are part of the mental health treatment teams with shared decision making. They attend regular treatment team meetings (not replaced by administrative meetings) and have frequent contact with treatment team members.
- Rapid job search: The search for competitive jobs occurs rapidly after program entry.
- Eligibility based on consumer choice (not client characteristics): No eligibility requirements such as job readiness, lack of substance abuse, no history of violent behavior, minimal intellectual functioning, and mild symptoms.
- Follow-along support: Individualized follow-along supports are provided to employer and client on a time-unlimited basis. Employer supports may include education and guidance. Client supports may include crisis intervention, job coaching, job counseling, job support groups, transportation, treatment changes (medication), and networked supports (friends/family).

Supported Employment is Not:

- Prevocational training.
- Sheltered work.
- Employment in enclaves (that is, in settings where only people with disabilities are employed).

NOTE: if an employment specialist is part of an ACT team, this should be reported under ACT and not separately as supported employment.

Assertive Community Treatment (ACT)

Definition

A team-based approach to the provision of treatment, rehabilitation, and support services. ACT/Programs for Assertive Community Treatment (PACT) models of treatment are built around a self-contained multi-disciplinary team that serves as the fixed point of responsibility for all patient care for a fixed group of clients. In this approach, normally used with clients with severe and persistent mental

illness, the treatment team typically provides all client services using a highly integrated approach to care. Key aspects are low caseloads and the availability of the services in a range of settings. The service is a recommended practice in the PORT study (Translating Research into Practice: The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations. Lehman, Steinwachs, and Co-Investigators of Patient Outcomes Research Team, *Schizophrenia Bulletin*, 24(1):1-10, 1998) and is cited as a practice with strong evidence based on controlled, randomized effectiveness studies in the Surgeon General's report on mental health (U.S. Department of Health and Human Services, (1999). Chapter 4; "Adults and mental health." In *Mental Health: A report of the Surgeon General*.). Additionally, CMS (Centers for Medicare and Medicaid Services [formerly the Health Care Financing Administration (HCFA)]) recommended that state Medicaid agencies consider adding ACT to their State Plans in the HCFA Letter to State Medicaid Directors, Center for Medicaid and State Operations, June 07, 1999.

Fidelity Measure

<http://store.samhsa.gov/product/SMA08-4345>

Minimum Requirements for Reporting ACT

- Small caseload: Client/ provider ratio of 10:1 or fewer is the ideal.
- Multidisciplinary team approach: This is a team approach rather than an approach that emphasizes services by individual providers. The team should be multidisciplinary and could include a psychiatrist, nurse, and substance abuse specialist. For reporting purposes, there should be at least 3 FTE on the team.
- Includes clinical component: In addition to case management, the program directly provides services such as: psychiatric services, counseling/psychotherapy, housing support, substance abuse treatment, employment/rehabilitative services.
- Services provided in community settings: Program works to monitor status and develop community living skills in the community rather than the office.
- Responsibility for crisis services: Program has 24-hour responsibility for covering psychiatric crises.

ACT is Not

- Intensive Case Management.

Reporting of Other EBPs provided by ACT Teams: If specific EBPs (such as Supported Employment, Supported Housing, etc.) are provided as a component of ACT, they should be reported under ACT and not separately under other practices. In the "comments" section of the tables, please list any EBPs that are provided as a component of ACT (for example, if Supported Employment (SE) is provided as part of ACT, do not provide separate numbers for persons receiving SE services, but do list in the ACT comment area that Supported Employment is provided as part of ACT).

Please note that to report these as EBPs; they should conform to the reporting guidelines for each EBP provided in this document.

Therapeutic Foster Care (TFC)

Definition

Children are placed with foster parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. In addition, therapeutic foster parents are given a higher stipend than traditional foster parents, and they receive extensive pre-service training and in-service supervision and

support. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed.

Fidelity Measure

Not available

Minimum Requirements for Reporting Multisystemic Therapy

- There is an explicit focus on treatment.
- There is an explicit program to train and supervise treatment foster parents.
- Placement is in the individual family home.

Therapeutic Foster Care is Not:

- An enhanced version of regular foster care.

Multisystemic Therapy (MST)

Definition

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior. The multisystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra-familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems. The goal is to facilitate change in this natural environment to promote individual change. The caregiver is viewed as the key to long-term outcomes.

Fidelity Measure

Not available

Minimum Requirements for Reporting Multisystemic Therapy

- Services take into account the life situation and environment of the child / adolescent and involve peers, school staff, parents, etc.
- Services are individualized.
- Services are provided by MST therapists or masters-level professionals.
- Services are time limited.
- Services are available 24/7.

Functional Family Therapy (FFT)

Definition

Functional Family Therapy (FFT) is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors, and related syndromes. Treatment occurs in phases where each step builds on another to enhance protective factors and reduce risk by working with both the youth and their families. The phases are engagement, motivation, assessment, behavior change, and generalization.

Fidelity Measure

Not available

Minimum Requirements

- Services are provided in phases related to engagement, motivation, assessment, behavior change, etc.
- Services are short-term, ranging from 8-26 hours of direct service time.
- Flexible delivery of service by one and two person teams to clients in the home, the clinic, juvenile court, and at time of re-entry from institutional placement.

Data Entry Instructions

Report Period: Please enter the start of the state's reporting period (DD/MM/YYYY format) in cell C7 and the end of the state's reporting period (DD/MM/YYYY format) in cell G7.

State Identifier: Please enter the two-character state abbreviation in cell B8.

Please enter the unduplicated number of adults with serious mental illness and children with serious emotional disturbances who received each service category during the reporting year in the appropriate age, gender, race and ethnicity rows and EBP columns (**age:** adults – rows 14 to 18; children – rows 12 to 14 and 18; **gender:** rows 22 to 25; **race:** rows 28 to 34; **ethnicity:** rows 37 to 39; and, columns B to D (for adult EBPs), columns F to H (for children EBPs).

Please enter the unduplicated number of adults with SMI in column E following the same rows for age, gender, race, and ethnicity specified above; and the unduplicated number of children with SED served in column I following the same rows for age, gender, race, and ethnicity specified above. Please note, the total unduplicated number of adults with SMI and children with SED is the total number of adults/children with SMI/SED served by the SMHA during the reporting period and not a sum of the total number of adults/children receiving each EBP (the numbers reported on Table 16 should be the same numbers reported on Table 14).

Please note, the rows and columns specified above (demographic rows and EBP/SMI/SED columns) are numeric fields. Please do not enter any other characters.

For each EBP you are reporting data please provide a response **to all** radio button questions at the bottom of the table.

If you monitor fidelity for any of the EBPs, please specify the fidelity measure, who measures fidelity, and how often fidelity is measures as follows:

EBP	Fidelity Measure Used	Who Measures Fidelity	How Often is Fidelity Measured
Supported Housing	cell B46	cell B47	cell B48
Supported Employment	cell C46	cell C47	cell C48
ACT	cell D46	cell D47	cell D48
TFC	cell F46	cell F47	cell F48
MST	cell G46	cell G47	cell G48
FFT	cell H46	cell H47	cell H48

Data Footnotes: Please enter relevant overall data notes in cell B54, on supported housing in cell B55, on supported employment in cell B56, on ACT in cell B57, on TFC in cell B58, on MST in cell B59, and on FFT in cell B60.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 16A (MHBG Table 19A): Adults with Serious Mental Illness and Children with Serious Emotional Disturbances Receiving Evidence-Based Services for First Episode Psychosis

This table provides the number of adults with serious mental illness and children with serious emotional disturbances that were admitted into and received Coordinated Specialty Care (CSC) evidence based First Episode Psychosis (FEP) services. The reporting year should be the latest state fiscal year for which data are available.

Frequently Asked Questions

- I. **Question:** How should states respond to the fidelity question if they know the provider is monitoring fidelity but the state does not mandate it?
Answer: *If the state knows a provider is monitoring fidelity, regardless of whether it is mandated by the state or not, the state should check “yes” that fidelity is being monitored. However, if the state does not know whether fidelity is being monitored, then the state should not check yes or no, but leave that section blank. If a program is measuring fidelity, please provide the name of the tool being used and who is responsible for measuring fidelity (e.g., a university, OnTrack, NAVIGATE, EASA, etc.). The goal of this section is to give SAMHSA an idea of whether fidelity is being monitored and how. These fields are currently text-based, but if commonalities begin to appear, some standardized answers could be added to the table in the future.*
- II. **Question:** How are children/adolescents and adults defined in this table?
Answer: *Children/adolescents are defined as under 18 years old, and adults are defined as 18 years and older.*
- III. **Question:** How are the admissions aggregated?
Answer: *Admissions are aggregated by program.*
- IV. **Question:** If a state allocates the set-aside funds by county and not provider, would it be appropriate to respond that the county is responsible for measuring fidelity?
Answer: *Yes, please include information for which the state is aware.*
- V. **Question:** For states and providers that are participating in the 10% Set Aside Evaluation through Westat, would Westat be the entity doing fidelity?
Answer: *Yes, Westat can be the entity listed as the fidelity monitor.*
- VI. **Question:** Aside from OnTrack as a possible answer for the fidelity model and monitor, what other possible answers could there be?
Answer: *A wide range of options exists, from EASA to the Don Addington Model. Even if the model is homegrown and there are fidelity measures available, SAMHSA would like to know what the program is using to measure fidelity.*
- VII. **Question:** If the FEP programs were not funded in the current fiscal year with SMHA funds, should this table be left blank or completed with data even though they were not funded? Also, should this be completed for a non-FEP program?
Answer: *1) The MHBG Implementation Report focuses on the state mental health system that is the focus of the state’s Mental Health Block Grant Plan. If the SMHA does not fund a program with either MHBG or any state funds, especially if a program is not part of the MHBG plan for comprehensive community-based care, then the state should exclude reporting these FEP services. 2) Table 16A focuses on the number of adults with SMI and the number of children with SED that were admitted into and received CSC evidence based FEP services. Do not report programs that are not part of the CSC model FEP services.*

Data Entry Instructions

State Identifier: Please enter the two-character state abbreviation in cell B8.

Report Period: Please enter the start of the state's reporting period (DD/MM/YYYY format) in cell C9 and the end of the state's reporting period (DD/MM/YYYY format) in cell F9

Program Name: Please use column A to enter program name (starting from row 11).

Number of Adult Admissions into CSC Services During FY: Please use column B to enter number of adult admissions into CSC services during the FY (starting from row 11).

Current Number of Adults with FEP Receiving CSC Services: Please use column C to enter the current number of adults with FEP receiving CSC services (starting from row 11).

Number of Child/Adolescent Admissions into CSC Services During FY: Please use column D to enter the number of child/adolescent admissions into CSC services during the FY (starting from row 11).

Current Number of Child/Adolescent with FEP Receiving CSC Services: Please use column E to enter current number of child/adolescents with FEP receiving CSC services (starting from row 11).

Fidelity measures: For each CSC program entered, please use column F to specify whether fidelity is monitored or not by selecting the appropriate radio button. For all programs fidelity is monitored, please specify the fidelity measured use in column G, who measures fidelity in column H, how often fidelity is measured in column H, and select the appropriate response to indicate whether staff have been specifically trained to implement CSC EBP in column J.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 16B (MHBG Table 19B): Adults with Serious Mental Illness and Children with Serious Emotional Disturbances Receiving Crisis Response Services

This table provides the number and percentage of the respective population of adults with serious mental illness and children with serious emotional disturbances that are receiving crisis response services. The reporting year should be the latest state fiscal year for which data are available.

Data Entry Instructions

State Identifier: Please enter the two-character state abbreviation in cell B8.

Report Period: Please enter the start of the state's reporting period (DD/MM/YYYY format) in cell C9 and the end of the state's reporting period (DD/MM/YYYY format) in cell E9.

Actual Number of Adult Served via Service: Please use column B to enter actual number of adults served via service (starting from row 11).

Estimated Percentage of Adult Population with Access to Service: Please use column C to enter estimated percentage of adult population with access to service (starting from row 11).

Actual Number of Children Served via Service: Please use column D to enter actual number of children served via service (starting from row 11).

Estimated Percentage of Child Population with Access to Service: Please use column E to enter estimated percentage of child population with access to service (starting from row 11).

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Table 17 (MHBG Table 20): Profile of Adults with Serious Mental Illness Receiving Specific Services During the Year

This table provides the profiles of adults with Serious Mental Illness (SMI) receiving specific evidence-based practices (EBPs) in the reporting year. The reporting year should be the latest state fiscal year for which data are available.

Background

Table 17 should be used to report data on EBPs. Reporting guidelines for EBP data were established through a workgroup of state representatives, SAMHSA staff, and academic EBP experts in 2006.

SAMHSA has issued EBP Toolkits for some of the EBPs captured in the URS reporting; states may use these toolkits to implement their programs. The EBP Toolkits and associated fidelity measures may be a helpful reference while completing Tables 17 (hyperlinks provided in each EBP section below).

The purpose of the reporting guidelines is to provide a level of uniformity across state programs for reporting data on EBPs. They are not intended to serve as an alternate definition for the EBP model, nor should they be used for fidelity measurements or for designing critical program elements.

Instructions

1. Please enter the unduplicated number of adults with SMI in each age, gender, race, and ethnicity category that were served by the SMHA during the year.
2. If fidelity is being monitored in your state, indicate the instrument being used for each service category.

In 1997, OMB, in its [Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity](#) Federal Register notice (Vol. 62, No. 210), defined the minimum standards for collecting and presenting data on race and ethnicity. The OMB standard separates race and ethnicity categories, with two categories for ethnicity and a minimum of five categories for race. Through the 2019 URS reporting, SAMHSA had allowed states to report “Hispanic” as a race, however, starting with the 2020 URS reporting, SAMHSA requires that states exclusively use the racial and ethnicity categories as defined by OMB. These include:

Ethnicity Data Standards—are you of Hispanic or Latino origin?

1. Hispanic or Latino
2. Not Hispanic or Latino

Race Data Standards—*what is your race? (one or more categories may be selected)*

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

If for some reason a state is unable to report Hispanic/Latino in the ethnicity category and continue to collect and report it as part of the race category in the state management information system (MIS), the state must report these data as “Race not Available” as an alternative in the URS reporting. Such states

are expected to adopt the OMB standards for data on race and ethnicity starting with the 2022 reporting year.

If an individual is identified as a combination of racial groups (e.g., White and African American or Black), that person should be counted only once and should be reported in the More than One Race category.

Gender category “Other” encompasses all gender identity except male or female. If reporting ‘other’ gender, please specify in footnotes.

Family Psychoeducation

Definition

Family psychoeducation is offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through the active involvement of family members in treatment and management and to alleviate the suffering of family members by supporting them in their efforts to aid the recovery of their loved ones. Family psycho-education programs may be either multi-family or single-family focused. Core characteristics of family psycho-education programs include the provision of emotional support, education, resources during periods of crisis, and problem-solving skills.

Fidelity Measure

<http://store.samhsa.gov/product/SMA09-4423>

Minimum Requirements for Reporting Family Psychoeducation

- A structured curriculum is used.
- Psychoeducation is a part of clinical treatment.

Family Psychoeducation Mechanisms

- Several mechanisms for family psychoeducation exist. The evidence-based model, promoted through SAMHSA’s EBP implementation resource kit (“toolkit”) involves a clinician. For URS reporting, do not include family psychoeducation models not involving a clinician as part of clinical treatment.

Note: Some states are providing NAMI’s Family-to-Family program and not the family psychoeducation EBP described above. If a state is providing NAMI’s Family-to-Family program, this should be reported under family psychoeducation with an asterisk and a note indicating that the numbers reflect the NAMI program and not the EBP described above.

Integrated Treatment for Co-occurring Substance Abuse and Mental Health Disorders

Definition

Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses.

Fidelity Measure

<http://store.samhsa.gov/product/SMA08-4367>

Minimum Requirements for Reporting Integrated Treatment

- **Multidisciplinary team:** A team of clinical professionals working in one setting and providing MH and SA interventions in a coordinated fashion.
- **Stage wise interventions:** That is, treatment is consistent with each client's stage of recovery (engagement, motivation, action, relapse prevention).

Integrated Treatment is **Not**:

- Coordination of clinical services across provider agencies.

Illness Self-Management and Recovery

Definition

Illness Self-Management and Recovery (also called illness management or wellness management) is a broad set of rehabilitation methods aimed at teaching individuals strategies for collaborating actively in their treatment with professionals, for reducing their risk of relapses and re-hospitalizations, for reducing severity and distress related to symptoms, and for improving their social support. Specific evidence-based practices that are incorporated under the broad rubric of illness self-management are psychoeducation about the nature of mental illness and its treatment, "behavioral tailoring" to help individuals incorporate the taking of medication into their daily routines, relapse prevention planning, teaching coping strategies for managing distressing persistent symptoms, cognitive behavioral therapy for psychosis, and social skills training. The goal of illness self-management is to help individuals develop effective strategies for managing their illness in collaboration with professionals and significant others, thereby freeing up their time to pursue their personal recovery goals.

Fidelity Measure

<http://store.samhsa.gov/product/SMA09-4463>

Minimum Requirements for Reporting Illness Self-Management and Recovery

Service includes a specific curriculum that includes mental illness facts, recovery strategies, using medications, stress management, and coping skills. It is critical that a specific curriculum is being used for these components to be counted for reporting.

Evidence-Based Illness Management is **Not**:

- Advice related to self-care, but a comprehensive, systematic approach to developing an understanding and a set of skills that help a consumer be an agent for his or her own recovery.

Medication Management

Definition

In the toolkit on medication management, there does not appear to be any explicit definition of medication management. However, the critical elements identified for evidence-based medication management approaches are the following:

- Utilization of a systematic plan for medication management;
- Objective measures of outcome are produced;
- Documentation is thorough and clear; and
- Consumers and practitioners share in the decision-making.

Fidelity Measure

<https://store.samhsa.gov/product/MedTEAM-Medication-Treatment-Evaluation-and-Management-Evidence-Based-Practices-EBP-KIT/SMA10-4549>

Minimum Requirements for Reporting Medication Management

- Treatment plan specifies outcome for each medication.
- Desired outcomes are tracked systematically using standardized instruments in a way to inform treatment decisions.
- Sequencing of antipsychotic medication and changes are based on clinical guidelines.

Evidence-Based Medication Management is **Not**:

- Medication prescription administration that occurs without the minimum requirements specified above.

Data Entry Instructions

Report Period: Please enter the start of the state's reporting period (DD/MM/YYYY format) in cell C7 and the end of the state's reporting period (DD/MM/YYYY format) in cell E7.

State Identifier: Please enter the two-character state abbreviation in cell B8.

Please enter the unduplicated number of adults with serious mental illness who received each service category during the reporting year in the appropriate age, gender, race and ethnicity rows and EBP columns (**age**: rows 12 to 16; **gender**: rows 20 to 23; **race**: rows 26 to 32; **ethnicity**: rows 35 to 37; and columns B to E). These are numeric fields; therefore, please do not enter any other characters.

For each EBP you are reporting please provide a response **to all** the radio button questions at the bottom of the table.

If you monitor fidelity for any of the EBPs, please specify the fidelity measure, who measures fidelity, and how often fidelity is measured as follows:

EBP	Fidelity Measure Used	Who Measures Fidelity	How Often is Fidelity Measured
Family Psychoeducation	cell B44	cell B45	cell B46
Integrated Treatment for Co-occurring Disorders	cell C44	cell C45	cell C46
Illness Self-Management and Recovery	cell D44	cell D45	cell D46
Medication Management	cell E44	cell E45	cell E46

Data Footnotes: Please enter relevant overall data notes in cell B55, on family psychoeducation in cell B53, on Integrated Treatment for Co-Occurring Disorders in cell B54, on Illness Self-Management and Recovery in cell B55, and on Medication Management in cell B56.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not be** uploaded into the central URS database.

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

This table has been designed to allow states that have implemented the Consumer Survey Module for Criminal Justice to report results by age and gender. If your state has administrative data for arrests, please report arrests this year, in the cells for “T2 Most Recent 12 Months” and arrests in the prior year under *T1: Prior 12 months*. Data reported on this table is used to calculate the SAMHSA NOM on Change in Arrests between T1 and T2.

Instructions

Change in Arrests

T1 (“T1” Prior to recent 12 months [more than 1 year ago] columns: report the total number of individuals arrested, not arrested, and had no response in the three columns for each category (under 18 by gender; over 18 by gender).

- For states that used the recommended consumer survey questions, please put the number of persons who responded “Yes” (arrested), “No” (Not Arrested) or “No Response” (number of consumers who left this question blank) to the following questions:
 - “Were you arrested during the 12 months prior to beginning mental health services?” *(for new clients)* Or
 - “Were you arrested during the 12 months prior to that (months 13-24)?” *(for continuing clients)*

T2 (“T2” Most recent 12 months [this year] columns: report the total number of individuals arrested, not arrested, and those who had no response in the three columns for each category (under 18 by gender; over 18 by gender).

- For states that used the recommended consumer survey questions, please put the number of persons who responded “Yes” (arrested), “No” (Not Arrested) or “No Response” (number of consumers who left this question blank) to the following questions:
 - “Were you arrested since you began to receive mental health services?” *(for new clients)* Or
 - “Were you arrested during the last 12 months?” *(for continuing clients)*

T1 to T2 Change Columns – these columns provide a breakout of the data reported under the T1 and T2 columns and are the information used to calculate the Arrest NOM measure for SAMHSA.

- If Arrested at T1 (Prior 12 Months) columns – Of the total number of individuals reported under T1 Arrested, how many had an arrest in T2, had no arrest in T2, or had no response in T2?
 - To calculate the information for this section of the table, a state should take the number of persons who responded “Yes” they were arrested during T1 and then report the arrest status of those persons at T2 (number “Arrested” during T2 + Number “Not Arrested” during T2 + “number “Arrest Status Not Available” during T2).

- If Not Arrested at T1 (Prior 12 Months) columns – Of the total number of individuals reported under T1 Not Arrested, how many had an arrest in T2, had no arrest in T2, and had no response in T2?
 - To calculate the information for this section of the table, a state should take the number of persons who responded “No” they were NOT Arrested during T1 and then report the arrest status of those persons at T2 (number “Arrested” during T2 + Number “Not Arrested” during T2 + “number “Arrest Status Not Available” during T2).

Assessment of the Impact of Services Columns: This section of the table is designed to allow states to report results based on consumer responses to the question about the impact of services on criminal justice involvement (states reporting administrative data on arrest should leave this column blank).

- Over the last 12 months, my encounters with the police have:
 1. # Reduced (fewer encounters)
 2. # Stayed the Same
 3. # Increased
 4. # Not Applicable
 5. No Response

Example of Reporting:

If a state had the following responses to the consumer survey questions about arrests at T1 and T2 for new clients:

Section A: Number Arrested at T1 and T2

1. “Were you arrested during the 12 months prior to beginning mental health services?”
 - 50 Yes, 200 No, 25 No Response (total of 275 surveyed)
2. “Were you arrested since you began to receive mental health services?”
 - 10 Yes, 235 No, 30 No Response (total of 275 surveyed)

Section B: T1 to T2 Change in Arrests

1. To calculate the first change measure “If Arrested at T1 (Prior 12 Months)” columns, you must analyze the 50 “Yes” respondents who were arrested during T1 to see if those respondents were arrested again during T2. For example, of the 50 respondents who were arrested at T1, their T2 responses were:
 - 20 Yes, 20 No, 10 No Response (total of 50 Arrested at T1)
2. To calculate this change measure, you must analyze the 200 “No” respondents who said were NOT arrested during T1 to see if those respondents were arrested during T2. For example, of the 200 respondents who were NOT Arrested at T1, their T2 responses were:
 - 25 Yes, 172 No, 3 No Response (total of 200 Not Arrested at T1)

Section C: Assessment of the Impact of Services

1. Report the number of responses to each of the response options from the “Assessment of the Impact of Services” questions: 275 responses
 - Over the last 12 months, my encounters with the police have...
 1. 100 Reduced (fewer encounters)

2. 50 Stayed the Same
3. 50 Increased
4. 50 Not Applicable
5. 25 No Response

Gender category “Other” encompasses all gender identity except male or female. If reporting ‘other’ gender, please specify in footnotes.

Data Entry Instructions

State: Please enter the two-character state identifier in cell B11.

Reporting Period: Please enter the start of the state’s reporting period (DD/MM/YYYY format) in cell J11 and the end of the state’ reporting period (DD/MM/YYYY format) in cell N11.

Please enter the total number of consumers for whom criminal justice data is available in the appropriate age/gender rows and columns (for consumers in service for at least 12 months: **children**: rows 19 to 22; **adults**: rows 24 to 27; for consumers who began mental health services during the past 12 months: **children**: rows 35 to 38; **adults**: rows 40 to 43; and columns B to R. Please note these are numeric fields; therefore, do not enter any other characters.

Please respond to **all** checkbox/radio button questions located at the bottom of the table.

- If you used a data source other than those listed for **adults**, please enter the source in cell N48, and for **children** please enter the source in cell N50
- If arrests are not the measure for **adult** criminal justice involvement, please enter the measure used in cell H53, and for **children** please enter the measure in cell H55
- Mental health program included: if you included ‘other adults’ please specify adults included in cell I57; and if you included ‘other children’ please specify children included in cell I58
- If reported data covers less than the whole state for **adults**, please enter a description in cell I60, and for **children** enter description in cell I61
- Total Number of Persons Surveyed (please note these are numeric fields; therefore, do not enter any other characters):
 - Please enter the total number of **children** from which your survey sample was drawn in cell G65, and **adults** in cell I65
 - Please enter the total sample size for **children** in cell G66, and **adults** in cell I66
 - Please enter the total number of **children** survey contacts made in cell G67, and **adults** in cell I67
 - Please enter the total number of **children** surveys completed in G68, and **adults** in cell I68
 - Please enter response rate for **children** in cell G69, and **adults** in I69

Data Footnotes: Please enter relevant data notes in cell B70.

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

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

This table has been designed to allow states that have implemented the consumer survey school attendance module to report results by age and gender. If you are reporting administrative data, please report school attendance this year, in the cells for “T2” Most Recent 12 Months, and school attendance in the prior year under “T1” Prior 12 Months.

This table follows the same logic rules for reporting as Table 19A discussed above. States are asked to report the numbers of persons suspended/expelled, not suspended/expelled, and the number of persons with no response at T1 and T2. States are asked to then to further analyze the responses from consumers suspended/expelled at T1 to detail how many of them were also suspended/expelled at T2 and the number of persons not suspended/expelled at T2. Finally, states (only those that are reporting the results of the consumer survey questions on school attendance) are to report on the Assessment of the Impact of Services on School Attendance items.

- T1 (“T1” Prior 12 Months [more than 1 year ago]) columns – simply report the total number of individuals suspended, not suspended, and those who had no response in the three columns for each category (by gender and age).
- T2 (“T2” Most Recent 12 Months [this year]) columns – simply report the total number of individuals suspended, not suspended, and those who had no response in the three columns for each category (by gender and age).
- T1 to T2 Change Columns – these columns provide a breakout of the data reported under the T1 and T2 columns.
- T1 to T2 Change (If Suspended at T1 [Prior 12 Months]) columns – Of the total number of individuals reported under T1 Suspended, how many were suspended in T2, were not suspended in T2, and had no response in T2?
- T1 to T2 Change (If Not Suspended in T1 [Prior 12 Months]) columns – Of the total number of individuals reported under T1 Not Suspended, how many were suspended in T2, were not suspended in T2, and had no response in T2?

Assessment of the Impact of Services on School Attendance: Report the number of responses to each of the survey items under the questions: “Since starting to receive services, the number of days my child was in school is:”

- a. Greater
- b. About the same
- c. Less
- d. Does not apply (please select why this does not apply)
- e. No Response

Gender category “Other” encompasses all gender identity except male or female. If reporting ‘other’ gender, please specify in footnotes.

Data Entry Instructions

State: Please enter the two-character state identifier in cell B12.

Reporting Period: Please enter the start of the state’s reporting period (DD/MM/YYYY format) in cell J12 and the end of the state’ reporting period (DD/MM/YYYY format) in cell N12.

Please enter the total number of consumers for whom school attendance data is available in the appropriate age/gender rows and columns (for consumers in service for at least 12 months: **gender**: rows 20 to 23; **age**: row 25; for consumers who began mental health services during the past 12 months: **gender**: rows 34 to 37; **age**: row 39; and columns B to R. Please note these are numeric fields; therefore, do not enter any other characters.

Please respond to **all** checkbox/radio button questions located at the bottom of the table:

- If you used a data source other than those listed, please enter the source in cell M44
- If school attendance is not the measure used, please enter the measure used in cell G46,
- Mental health program included: if you included 'other children' please specify children included in cell G48
- If reported data covers less than the whole state, please enter a description in cell I50
- Total Number of Persons Surveyed (please note these are numeric fields; therefore, do not enter any other characters):
 - Please enter the total number of people from which your survey sample was drawn in cell G54
 - Please enter the total sample size in cell G55
 - Please enter the total number of survey contacts made in cell G56
 - Please enter the total number of surveys completed in G57
 - Please enter response rate in cell G58

Data Footnotes: Please enter relevant data notes in cell B59

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

Tables 20A (MHBG Table 23A), 20B (MHBG Table 23B), and 21 (MHBG Table 24): Readmission to any Psychiatric Inpatient Unit within 30/180 Days of Discharge

Table 20A: Readmissions of Non-Forensic Patients to Any State Psychiatric Hospital within 30/180 Days of Discharge (number of episodes)

Table 20B: Readmissions of Forensic Patients to Any State Psychiatric Hospital within 30/180 Days of Discharge (number of episodes)

Table 21: (Optional Table) Readmissions to Any Psychiatric Inpatient Unit within 30/180 Days of Discharge (number of episodes)

Rationale for Use: A major outcome that is expected from the development of a community-based system of care is reduced utilization of state and county-operated psychiatric inpatient beds and better coordination of care between hospitals and community mental health systems. The goal is to decrease the number of consumers who are readmitted to psychiatric inpatient care within 30 and 180 days of being discharged.

Calculation of Measure: The total number of admissions to any state psychiatric hospitals that occurred within 30 and 180 days following a discharge event from either the same or a different state psychiatric hospital is divided by the total number of discharges from all the state psychiatric hospitals during the reporting year.

- Readmission to state psychiatric hospitals (SH) is defined as an admission to any SH within 30 or 180 days following a discharge event from the same or other state psychiatric hospital.
- Readmission to Any Inpatient Facility is defined as an admission to either the SH or other inpatient facility within 30 or 180 days following a discharge.

Percent readmitted is presented by age, gender, race, and ethnicity.

The 180-day readmission measure includes persons who were readmitted within 30 days (e.g., the 180-day readmission calculation includes all individuals with a readmission between 0 and 180 days).

Since admissions and discharges of Forensic Patients are usually determined by the courts rather than the SMHA, there is a separate table (Table 20B) for reporting the readmission experiences of Forensic Patients.

Measure(s)

Table 20A and 20B Numerator: The number of readmissions to a state operated psychiatric hospital inpatient unit within a specified time period after discharge. Readmitted is defined as returned to any state hospital without contingency; this would exclude those who were not discharged, including on leave, visits, leaves without consent, and elopements. Persons who are discharged for the purpose of receiving medical treatment in another facility who return to the state psychiatric hospital should not be counted as a readmission when they return to the psychiatric hospital.

Optional Table 21 Numerator: The number of readmissions to either a state psychiatric hospital or other psychiatric inpatient hospital bed in programs that are funded by the SMHA (part of the SMHA system and reported on Table 3 as other psychiatric hospitals).

Denominator: The total number of discharges from a state operated psychiatric hospital inpatient unit (not unduplicated). Discharged is defined as released from the hospital without contingency; this would exclude those who are released on leave, including visits, leaves without consent, discharges for medical treatment.

Optional Table 21 Denominator: The total number of discharges from a state operated psychiatric hospital inpatient unit and/or other psychiatric hospital inpatient unit (not unduplicated). Discharged is defined as released from the hospital without contingency; this would exclude those who are released on leave, including visits, leaves without consent, discharges for medical treatment.

Data Note: In order to measure all readmissions that occur within 30 or 180 days of discharge, a state must count readmissions that occur over a longer period of time than just a 12-month period. For example, the 30-day readmission rate the numerator is based on readmissions in a 13-month period. For the 180-day readmission rate, the numerator is based on readmissions in an 18-month period.

Example:

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Discharges	X	X	X	X	X	X	X	X	X	X	X	X						
30 Day Readmissions	X	X	X	X	X	X	X	X	X	X	X	X	X					
180 Day Readmissions	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

In order to determine if a person discharged during the last month of the year (month 12) had a readmission within 30 days of discharge, you must look into the 13th month to determine if the person was readmitted within 30 days of discharge. Similarly, to identify persons with readmissions within 180 days of discharge for persons discharged during month 12, readmissions that occur within the next 6 months (months 13 to 18) must be examined.

Issues:

When reporting by age categories, if there are different ages between the first admission and the readmission, use the discharge age from the first admission.

Definitions:

Forensic Clients: are mental health consumers who come to the mental health system due to their contact with the criminal justice systems. Specific forensic activities may include but are not limited to: a) diagnosis of individuals placed in an inpatient unit for short term psychiatric observation and b) provision of diagnostic and treatment support for correctional populations on an inpatient basis; providing security up to maximum levels; and provision of security staff in secure units for the rehabilitation and management of behaviorally problematic individuals. Forensic patients include:

NGRI/GBMI: "Not guilty by reason of insanity" (NGRI) and/or "guilty but mentally ill" (GBMI) have been referred by legal and law enforcement agencies for emergency psychiatric evaluations; and persons who are to be evaluated for dangerousness. Provision of forensic services may occur within any of the separate state psychiatric hospital services, other hospital programs, community based programs, and/or through the SMHA administrative offices.

Competency: Defendants who are detained and evaluated as to their mental competence to stand trial.

Transfers from Criminal Justice/Juvenile Justice: Services to adult or juvenile prisoners who have been transferred to the state hospital to receive services.

Sexually Violent Predators: An increasing population in many states mental health systems is deemed to be “Sexually Violent Predators.” These persons have been convicted of a sexual offence and sent to the mental health system for treatment and control.

Table 20A, 20B, and 21 – Frequently Asked Questions

- I. **Question:** Who should states count – only persons served in the community, only state hospitals, or all persons?

Answer: *This indicator focuses on the persons who are served in state hospitals, and these are persons who are reported on URS Table 3 and Table 6 as served in state hospitals during the year.*

- II. **Question:** What about Other Psychiatric Inpatient Programs? Should they be reported?

Answer: *The Optional Table 21 for this indicator compiles information on persons who are served in other psychiatric inpatient programs reported on URS Table 3 and Table 6. Persons served in these programs would only be reported on this Optional Table 21, not Tables 20A and 20B (which focus on state psychiatric hospitals).*

- III. **Question:** Should the 30- and 180-day readmissions be unduplicated or duplicated (e.g., should readmissions during the first 30 days after discharge be excluded or included in the counts for 180-day readmissions)?

Answer: *All persons readmitted within 30 days (0-30 day) should be included in the 180-day readmission data (thus making the 0-30 days group a subset of the 0-180-day measure). The 180-day measure is an indicator of community tenure; therefore, it is important to calculate the 0-180 rate as complete rate and not have to add the 31–180-day numbers together with the 0–30-day numbers to calculate the desired rate.*

- IV. **Question:** If we split out the forensics, how are we determining who is a forensic readmission? Are we looking at their forensic status at discharge and readmission, just discharge, or just readmission? There are four possible combinations of forensic status.

Answer: *If a person’s forensic status or age changes between their discharge and their readmission, it is recommended that you report them in the category from their last discharge. This is consistent with the 16 State Study that recommended that states use the discharge client status, since that was thought to be more reliable than the readmission status.*

- V. **Question:** Should Optional Table 21 include only readmissions to non-state psychiatric hospitals, or should the table include all readmissions (data from both state psychiatric hospital readmissions and other psychiatric inpatient readmissions)?

Answer: *The workgroup recommends that states should report the combined data of all readmissions to any psychiatric hospital or general hospital psychiatric unit. Each state should*

report the data as they can and describe if they are reporting combined data or data that excludes state psychiatric hospitals. Comparisons could be made over time for a single state, and rates can be calculated for output tables that make appropriate national comparisons (e.g., a state that supplied integrated data for both state hospitals and other inpatient would get the national rate of states that reported such data).

Gender category “Other” encompasses all gender identity except male or female. If reporting ‘other’ gender, please specify in footnotes.

Data Entry Instructions

Table 20A/B and 21

Report Period: Please enter the start of the state’s reporting period (D/M/YYYY format) in cell C7 (Tables 20A/B) and C6 (Table 21) and the end of the state’s reporting period (D/M/YYYY format) in cell F7 (Tables 20A/B) and in cell F6 (Table 21).

State Identifier: Please enter the two-character state abbreviation in cell B8 (cell B7 on Table 21).

Please enter the total number of discharges, number of readmissions within 30 and 180 days in the appropriate demographic characteristic rows and columns (**total number of discharges:** column B; **30-day readmissions:** column C; **180-day readmissions:** column D; **age:** rows 15 to 21 [14 to 20 on Table 21]; **gender:** rows 24 to 27 [23 to 26 on Table 21]; **race:** rows 30 to 36 [29 to 35 on Table 21]; **ethnicity:** rows 39 to 41 [38 to 40 on Table 21];). These are numeric fields; therefore, please do not enter any other characters.

On Table 20A: Please specify whether the reported data include forensic patients by clicking on the appropriate radio button.

On Table 21: Please specify whether the reported data include readmissions from state psychiatric hospitals and whether forensic patients are included by clicking on the appropriate radio buttons.

Data Footnotes: Please enter relevant data notes in cell B45 (Tables 20A and 21) and cell B43 (Table 20B).

IMPORTANT NOTE: To ensure your data is processed with no errors, please **do not add, delete, or move any columns, rows, and/or cells**. Any data entered outside of the cells specified above **will not** be uploaded into the central URS database.

General Comments

Please use this table to enter any general comments and/or additional footnotes. This can be used for footnotes that exceed the 255-character length limit for a specific table, for comments that apply to several tables, and/or general comments for a state.

Data Entry Instructions

Please enter comment numbers in column A, reference table number in column B and your data comments/notes in column C (starting from row 6). As in the Table 10 data entry instructions, please **do not format your entry – simply type in your note with no additional formatting**. Please type in as much of your data note as can fit in the cell instead of using several rows for one table. Comments entered as General Comments will be part of the final tables that are publicly available on the SAMHSA website, therefore, please enter your data notes as complete sentences.