

## **Arizona**

### **COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT**

**December, 2012  
FY13-14 Progress Report**

**42 U.S.C.300x-21 through 300x-66**

OMB - Approved 07/19/2011 - Expires 07/31/2014

**Substance Abuse and Mental Health Services Administration**

**Center for Mental Health Services  
Center for Substance Abuse Treatment  
Center for Substance Abuse Prevention**

# I: State Information

## State Information

### State DUNS Number

Number

804745420

Expiration Date

### I. State Agency to be the Grantee for the Block Grant

Agency Name

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Organizational Unit

Division of Behavioral Health Services

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### III. State Expenditure Period (Most recent State expenditure period that is closed out)

From

7/1/2011

To

6/30/2012

### IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date

12/3/2012 6:23:31 PM

Revision Date

1/28/2013 3:51:28 PM

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Footnotes:

## II:Annual Report

Table 1 - State Priorities

Number	Title	Description
1	Child and Adolescent Enrollment	Increase the number of youth identified as having a diagnosed substance use disorder.
2	Older Adult Enrollment	Increase outreach, engagement, and enrollment of adults over the ages of 55 with a diagnosed substance use disorder.
3	Substance abuse prevention and treatment for members of the military, veterans, and their families	Increase outreach, engagement, and enrollment of members of the military and their families into treatment and recovery services. Complete strategic planning for substance abuse prevention with the coalition of military families. Distribute Kognito Hero's on-line training for military families through the National Guard and Coalition of Military Families.
4	Peer and Family Involvement	Promote the inclusion of community voices, and peer and family involvement, in all aspects of the public behavioral health system
5	Peer and Family Support Services	Increase the utilization of Peer and Family Support Services for all populations
6	Reduce disparities in prevalence of substance use disorders and recovery from substance use disorders	Decrease disparities in treatment outcomes (NOMS) across the various population subsets – including race/ethnic minority groups, and age bands. Conduct needs, resource, and gap analysis of the Arizona -Sonora border region for the purpose of substance abuse prevention.
7	Health Integration	Increase Behavioral Health staff knowledge of health related topics and connection between physical and mental health
8	Suicide Prevention	Reduce the suicide rate in Arizona
9	Trauma Informed Care	Integrate the Trauma Informed Care philosophy throughout all levels of the public behavioral health system
10	Medically Assisted Therapy	Increase the availability and service utilization of Medication-Assisted Treatment (MAT) options for individuals with a substance use disorder
11	Increase use of evidence based practices in treatment of substance use disorders and substance abuse prevention	Treatment: Ensure that consumers with a substance use disorder/dependence are referred and placed into the most appropriate treatment modality based on their clinical need by contractually mandating and implementing the statewide use of the American Society of Addiction Medicine's Patient Placement Criteria (ASAM-PPC). Prevention: Increase the percentage of DBHS funded prevention programs which are incorporated into a community coalition as evidenced by a comprehensive community (coalition) strategic plan. Coordinate training and workforce development in evidence based practices.
12	Increase youth perception of harm of alcohol, prescription drugs, and marijuana.	Verify that all prevention programs incorporate education on perception of harm into prevention programs

Footnotes:

## II:Annual Report

Table 2 - Priority Area by Goal, Strategy, and Performance Indicator

Priority: Child and Adolescent Enrollment

Goal of the priority area:

Increase the number of youth identified as having a diagnosed substance use disorder.

Strategies to attain the goal:

ADHS/DBHS Will -

- Standardize the process for screening youth for substance use disorders
- Distribute pocket CRAFFT tools
- Develop methodology for measuring utilization of the standardized screening instrument for substance use disorders
- Host a web-based training on identification of youth with substance use disorders

The RBHAs Will -

- Develop a standardized, parent-friendly, screening tool to identify substance abuse in children and adolescents.
- Collaborate and meet frequently with children/adolescent providers to provide information on substance abuse screening, trends, and best practices.
- Provide or promote access to substance abuse training initiatives available to children/adolescent providers – including those employed through other agencies, such as Child Protective Services and Juvenile Justice.

### Annual Performance Indicators to measure goal success

Indicator: Number of individuals enrolled in the behavioral health system, under the age of 18, who are diagnosed as having a substance use disorder or dependence.

Description of Collecting and Measuring Changes in Performance Indicator:

Providers are required to perform a clinical assessment for all behavioral health recipients at least annually, and submit client demographic information derived from these assessments to DBHS.

In October of each year, client-level demographic data is extracted from the Client Information System (CIS) for those enrolled during preceding State Fiscal Year. Using this information, ADHS/DBHS is able to determine unique client counts, by multiple population identifiers, i.e. age, race, gender, diagnosis, etc..., and compare client counts amongst these groups year-over-year to determine the percentage change in enrollment.

Baseline: In Fiscal Year 2010, 4,618 youths, or 7.4% of those under the age of 18, in the behavioral health system were diagnosed as having a

substance use disorder or dependence.

Target: By the end of FY 2014, at least 9% of youths enrolled in the behavioral health system will be identified as having a diagnosed substance use disorder or dependence.

Achieved:        In Progress

Proposed Changes:

Reason Not Achieved:

Priority:        Older Adult Enrollment

Goal of the priority area:

Increase outreach, engagement, and enrollment of adults over the ages of 55 with a diagnosed substance use disorder.

Strategies to attain the goal:

DBHS Will –

- Complete a clinical guidance protocol for the treatment of older adults with a substance use disorder or dependence
- Develop and provide an online training curriculum addressing engagement and treatment practices for older adults

The RBHAs Will –

- Require providers to add older adults as a population of focus in their outreach and engagement efforts (Cenpatico).
- Design and Implement an Awareness Campaign specifically targeted to attracting older adults into treatment (NARBHA).
- Develop and institute an online training program assisting providers in identifying and screening for substance abuse in the older adult population (Magellan).
- Participate in the Behavioral Health and Aging Coalition monthly meetings attended by area agencies/providers working with older adults to

collaborate on services available for older adults (CPSA).

Annual Performance Indicators to measure goal success

Indicator: Number of individuals enrolled in the behavioral health system, over the age of 55, who are diagnosed as having a substance use disorder or dependence.

Description of Collecting and Measuring Changes in Performance Indicator:

Providers are required to perform a clinical assessment for all behavioral health recipients at least annually, and submit client demographic information derived from these assessments to DBHS.

In October of each year, client-level demographic data is extracted from the Client Information System (CIS) for those enrolled during the preceding State Fiscal Year. Using this information, DBHS is able to determine unique client counts, by multiple unique population identifiers, i.e. age, race, gender, diagnosis, etc..., and compare client counts amongst these groups year-over-year to determine the percentage change in enrollment.

Baseline: In Fiscal Year 2010, 5,838 individuals, or 8.3% of those with a substance use disorder or dependence were over the age of 55.

Target: By the end of FY 2014, adults over the age of 55 will account for at least 11% of all individuals with a substance use disorder or dependence served by the public behavioral health system.

Achieved: In Progress

Proposed Changes:

Empty text box for proposed changes.

Reason Not Achieved:

Empty text box for reason not achieved.

Priority: Peer and Family Involvement

Goal of the priority area:

Promote the inclusion of community voices, and peer and family involvement, in all aspects of the public behavioral health system

Strategies to attain the goal:

ADHS/DBHS Will –

- Identify opportunities for collaboration around integrated health care and health homes in partnership with Peer Member Organizations and the Arizona Peer and Family Coalition.
- Collaborate with Peer and Family Run Organizations and Consumer Advisory Councils to develop a mechanism to inform service recipients on how to navigate the changing Adult Behavioral Health System.
- Implement a statewide Peer, Family and Community Member Quality Involvement Survey to measure members' quality of involvement on committees, advisory councils, boards and workgroups.
- Develop and deliver training curriculum (orientation training for peers and family members) that is inclusive of identified ADHS/DBHS approved core elements.
- Promote activities which identify and develop peer and family advocacy and leadership opportunities.
- Market presentations to colleges and universities to increase awareness of Recovery, Stigma and Community Integration.
- Develop strategies to increase opportunities for internships within the Division.
- Monitor Service Plans for inclusion of natural and community supports/activities that foster community integration (i.e., gyms, parks and recreation programs, non-credit internet classes, YM/WCA, libraries, volunteer opportunities, etc.).

The RBHAs Will –

- Continue ongoing recruitment / awareness efforts to increase participation and representation
- Continue to provide stipends to all member/family member participants as long as budget allows.
- Maintain peer and family support roles throughout the provider network according to need and available funding, and follow up with provider agencies that experience a decrease in peer and family support roles to ensure capacity is re-established.
- Collaborate with family-run organizations and provider agencies to develop a mechanism for identifying youth and family leaders that can be engaged in leadership activities across all levels of the system.

#### Annual Performance Indicators to measure goal success

Indicator: The Statewide number of peer and family members actively participating on behavioral health workgroups, committees, advisory boards, panels, and policy-making bodies.

#### Description of Collecting and Measuring Changes in Performance Indicator:

As part of the annual network inventory, and System of Care (SOC) updates, each RBHA provides ADHS/DBHS with the names of all Peer and Family members participating on their numerous functional committees and policy-making bodies, which committee(s) each individual serves on, the primary charge of said committee, and the frequency in which the committee meets. Examples of these committees includes:

- Governance Board;
- Quality Improvement Committee;
- Utilization Management Committee;
- Pharmacy and Therapeutics Committee;
- Cultural Competency;
- Customer Service, and;
- Human Rights

On an annual basis, ADHS/DBHS will review RBHA submissions and determine if the RBHAs are increasing the number of Peers and Family members participating on their committees and offer technical assistance where necessary.

Fiscal Year 2011 participation was as follows per RBHA:

Magellan – 21 Peer and Family Members

CPSA – 40 Peer and Family Members

NARBHA – 67 Peer and Family Members

Achieved:          In Progress

Proposed Changes:

Reason Not Achieved:

Priority:                  Peer and Family Support Services

Goal of the priority area:

Increase the ability and comfort of behavioral health providers (treatment and prevention) to offer culturally competent services for service members, veterans, and their families and a decrease in prevalence of substance abuse among military and veterans

Strategies to attain the goal:

- ADHS/DBHS Will –
- Collaborate with the Arizona Coalition for Military Families, the VA, and stakeholders to develop an advanced training in cultural competency with military families for behavioral health providers (prevention and treatment)
  - Provide access to the At-Risk suicide and substance abuse prevention training for families of veterans
  - Add a demographic data field to the ADHS/DBHS Client Information System (CIS) to capture the veteran status of behavioral health recipients.

The RBHAs Will -

- Collaborate with the various Veterans' Affairs (VA) offices, and veteran advocacy groups, throughout the state to increase awareness amongst these organizations of services available to veterans and their families and seek feedback as to services that would be beneficial, but are currently not readily available.
- Continue to incorporate the enhancement of culturally responsive care for members of the military into ongoing training initiatives – Identify subject matter experts in this field.

Annual Performance Indicators to measure goal success

Indicator: The number of behavioral health recipients enrolled who indicate being a current or former member of the armed forces. Baseline to be established in Calendar Year 2012; and results of the St. Lukes Health Initiative survey administered every other year.

Description of Collecting and Measuring Changes in Performance Indicator:

Providers are required to perform a clinical assessment for all behavioral health recipients at least annually, and submit client demographic information derived from these assessments to ADHS/DBHS.

In October of each year, client-level demographic data is extracted from the Client Information System (CIS) for those enrolled during the preceding State Fiscal Year. Using this information, ADHS/DBHS is able to determine unique client counts, by multiple unique population identifiers, i.e. age, race, gender, diagnosis, etc..., and compare client counts amongst these groups year-over-year to determine the percentage change in enrollment.

Effective January, 2012, ADHS/DBHS will add a demographic data field to the Division's Client Information System (CIS) to capture the veteran status of all behavioral health recipients. This field will be the sole means of gathering and quantifying military member enrollment and assessing the State's outreach and engagement practices.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Peer and Family Support Services

Goal of the priority area:

Increase the use of Peer and Family Support Services for all populations

Strategies to attain the goal:

ADHS/DBHS Will -

- Promote education for youth and families on the availability of family and peer support services.
- Promote opportunities for collaboration between peer-run and family-run organizations.
- Standardize minimum competencies for peer delivered family support by:
  - Reviewing the National Federation of Families (NFF) proposed competencies for peer-delivered family support and incorporate the NFF competencies in the development of minimum state standards for Arizona's peer-delivered family/youth support positions, training and supervision needs.
  - Identifying one family leader from each Family Run Organization and one family leader from ADHS/DBHS to complete the NFF credentialing process for national certification in peer-delivered family support competencies.
- Discuss the importance of Peer and Family support services as it relates to treatment engagement and retention during meetings with the TRBHAs and their providers, and identify opportunities for expanding these services as necessary.
- Support the T/RBHA's and Peer and Family Run Organizations in the development of a mechanism for Behavioral Health recipients to self refer for Peer and Family Support Services

The RBHAs Will -

- Monitor utilization and provide TA to those providers with low Peer and Family Support utilization.
- Coordinate a Peer and Family Run Organization Fair for peers and family members to learn about these programs and their services (CPSA).
- Create a list of information on Peer and Family Run Organizations with program highlights to be distributed to clinic case managers, customer service and grievance & appeals staff.

#### Annual Performance Indicators to measure goal success

Indicator: The number of individuals who receive Peer and/or Family support services as part of their treatment regimen.

Description of Collecting and Measuring Changes in Performance Indicator:

Utilization rates and service penetration will be based on encounter claim data.

Each year client level demographic and encounter data is extracted from the ADHS/DBHS Client Information System (CIS). Using this information, the Division is able to determine 1) the number of individuals enrolled in the public behavioral health system within a given period of time, and; 2) the number of these individuals who received Peer and/or Family support services as part of their treatment regimen during the time frame in question.

Baselines will be established in October, 2011, using fiscal year 2011 utilization data. The following groups will be assessed separately:

- Individuals with a Substance Use Disorder or Dependence

- Children and Adolescents
- Adults with a Serious Mental Illness

ADHS/DBHS has set a goal of improving Peer and/or Family service utilization by at least 5% annually for each of the above populations.

Achieved:            In Progress

Proposed Changes:

Reason Not Achieved:

Priority:            Reduce disparities in prevalence of substance use disorders and recovery from substance use disorders

Goal of the priority area:

Decrease disparities in treatment outcomes (NOMs) across the various substance-using population subsets – including race/ethnic minority groups, the LGBTQ community, and age bands.

Strategies to attain the goal:

- ADHS/DBHS Will –

  - Conduct an annual review of treatment outcomes (NOMs) for all adult behavioral health recipients with a substance use disorder.
  - Analyze treatment outcomes data, separating population groups by gender, race/ethnicity, age band, sexual identity, and sexual orientation.
  - Compare the outcome performance of the above population subsets to those of the total adult substance abusing population.
  - Present findings to the RBHAs when available and require them to address any identified performance discrepancies (root cause analysis).

Once rates have been established by ADHS/DBHS, the RBHAs Will –

  - Identify disparities in service provision amongst populations not realizing comparatively positive outcomes, including the need for enhanced culturally-responsive care to these groups where appropriate.
  - Review NOM performance on a routine basis and disseminate results across the various functional groups (Quality Management, Network,

Grievance and Appeals, etc...) for feedback and potential policy revisions.

### Annual Performance Indicators to measure goal success

Indicator: Change in client status from intake to update/closure on the National Outcome Measures, analyzed for the total adult substance abusing population, and separately by Race/Ethnicity, Gender, Age Band, and LBGTO.

#### Description of Collecting and Measuring Changes in Performance Indicator:

Providers are required to perform a clinical assessment for all behavioral health recipients at least annually, and submit client demographic information derived from these assessments to ADHS/DBHS. This assessment gathers information such as i.e. age, race, gender, diagnosis, etc..., as well as the necessary data used to determine the client's status on the National Outcome Measures.

In October of each year, this client-level demographic data is extracted from the Client Information System (CIS) for those enrolled during the preceding State Fiscal Year. Using this information, ADHS/DBHS performs a comprehensive outcomes performance analysis comparing each client's NOM status at intake (pre-treatment) to that of assessment update or treatment discharge (mid/post-treatment) in order to determine if the funded programs are producing positive quality of life changes for those in treatment (increased employment, increased school participation, decreased criminal activity, decreased substance use, and decreased instances of homelessness).

Once the overall treatment population has been reviewed and their performance documented, the data is split by population subsets (by race, age band, gender, etc...), and NOMS are reviewed within these unique groups, compared amongst one another, and then against the total population, in an effort to identify groups who may be experiencing disparate outcomes relative to the larger population.

Baseline: To be established in November, 2011, using Fiscal Year 2011 client data.

Target: Once baseline has been established, future annual performance for each outcome, within each population subset, should exceed the performance of the past fiscal year.

Achieved: In Progress

#### Proposed Changes:

#### Reason Not Achieved:

Priority: Health Integration

Goal of the priority area:

Increase Behavioral Health staff knowledge of health related topics and connection between physical and mental health, and improve the coordination of care between behavioral health providers and the recipient's Primary Care Physician.

Strategies to attain the goal:

ADHS/DBHS Will –

- Conduct an online training series on co-occurring physical and mental health condition among Behavioral Health recipients, including specialized topics for peer and family support providers.
- Implement Quarterly Health Initiatives (QHIs) focused on the interrelationship between acute and behavioral health care and the importance of addressing both to promote whole health recovery.
- Monitor the RBHAs' Coordination of Care performance on a quarterly basis and provide technical assistance when performance falls below the contractually-established minimum standards.

The RBHAs Will -

- Educate acute health plans on substance abuse providers available within the provider network and referral processes.
- Invite medical community to attend mental health first aide training.
- Provide all ER and FQHC clinics education on referrals to services in the network (Cenpatico).
- Form a wellness committee with representation from provider networks, members and families. Committee members are expected to contribute to the development and distribution of health promotion information to system partners (CPSA).
- Convene Health and Wellness Committee meetings with SMI providers, GMH/SA providers and other key stakeholders on a monthly basis (Magellan).

#### Annual Performance Indicators to measure goal success

Indicator: Behavioral Health Service providers communicate with and attempts to coordinate care with the Behavioral Health Recipient's acute health plan/PCP

Description of Collecting and Measuring Changes in Performance Indicator:

ADHS/DBHS performs a random sample case file review on a quarterly basis and documents whether or not the file under review contains evidence that the behavioral health attempted to coordinate care with the recipient's acute health plan and/or Primary Care Physician.

Numerator: Number of sample records containing documentation of coordination of care, including all required elements of documentation.

Denominator: Number of sample records

Target: ADHS/DBHS has established a contractual Minimum Performance Standard (MPS) with the RBHA's requiring 85% compliance for the Coordination of Care metric - with a goal of eventually achieving 95% compliance.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Suicide Prevention

Goal of the priority area:

Reduce the suicide rate in Arizona

Strategies to attain the goal:

ADHS/DBHS Will –

- Increase comfort and ability of families and communities to identify potential risk and make referrals to BH treatment.
- Provide training for service members, veterans, and their families in recognizing signs of PTSD and TBI and the referral process.
- Provide online training for college professors and students in identifying and referring persons potentially at-risk.
- Collaborate with the Department of Economic Security in distributing awareness materials
- Increase the comfort and ability of poison control center staff to intervene with attempters and make referrals to BH treatment
- Develop ADHS/DBHS recommendations for responding to and providing services after a suicide
- Collaborate with the Statewide Suicide Prevention Coalition, Statewide Injury Prevention Coalition, and the Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Advisory Committee
- Conduct Arizona Dialogues on issues surrounding suicide
- Incorporate efforts to expand the utilization of natural supports in providers Practice Improvement Plans
- Promote the use of Teen Life Line and other community-based organizations focused on teen suicide prevention via the use of ADHS/DBHS multi-media

The RBHAs Will –

- Provide Mental Health First Aid (MHFA) and Applied Suicide Intervention Strategies Training (ASIST) Trainings to peers, family members, first

responders, and coalition groups.

- Meet with poison control to identify needs and provide training, technical assistance, and/or resources (where available)
- Implement the Lock-in Program to reduce incidents of inappropriately acquired controlled substances via doctor shopping or pharmacy hopping (Magellan)

Annual Performance Indicators to measure goal success

Indicator: The suicide rate in Arizona is to decrease from 16.1 per 100,000 persons (age adjusted) to 14.0 per 100,000 persons.

Description of Collecting and Measuring Changes in Performance Indicator:

Each fall, the Arizona Department of Health Services, Division of Public Health and Statistics (ADHS/PHS) calculates the State's suicide rate by determining the number of death certificates of Arizona residents where "Suicide" was indicated by a medical examiner as the cause of death during the second most recent complete calendar year (i.e. CY 2010 data will be made available in fall 2011). This number is then aggregated across the general population to establish a suicide rate per 100,000 persons.

This information is then published on the ADHS/PHS website for public dissemination (see <http://www.azdhs.gov/plan/report/ahs/index.htm>)

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:

Priority: Trauma Informed Care

Goal of the priority area:

Integrate the Trauma Informed Care (TIC) philosophy throughout all levels of the public behavioral health system.

Strategies to attain the goal:

ADHS/DBHS Will –

- Conduct statewide TIC Dialogues to create awareness and assess community needs around trauma informed care.
- Develop a formal Trauma Informed Care Needs Assessment based on these dialogues
- Provide training and education on trauma and trauma informed care across system.
- Develop a plan to incorporate TIC in human resource practices, policies, procedures, and other tools.
- Incorporate the use of social media and other venues to increase public knowledge and awareness of trauma informed care.
- Increase partnerships with CSAs to educate, advocate, and support trauma informed care.

The RBHAs Will -

- Provide / host Trauma Informed Care (TIC) dialogues throughout the State.
- Provide technical assistance and support trauma literacy campaigns (i.e. media stories, news articles, social media) to increase awareness and prevalence of trauma aimed at behavioral health staff, members/families, system partners, and community members.
- A Trauma Informed Care Subject Matter Expert to present to System of Care staff, peer and family members, behavioral health providers, and Community Service Agencies.
- Develop on-line training initiatives around Trauma Informed Care for behavioral health providers.

Annual Performance Indicators to measure goal success

Indicator: Pre and Post Test survey results to determine provider familiarity with the tenants of Trauma Informed Care and the importance of its integration.

Description of Collecting and Measuring Changes in Performance Indicator:

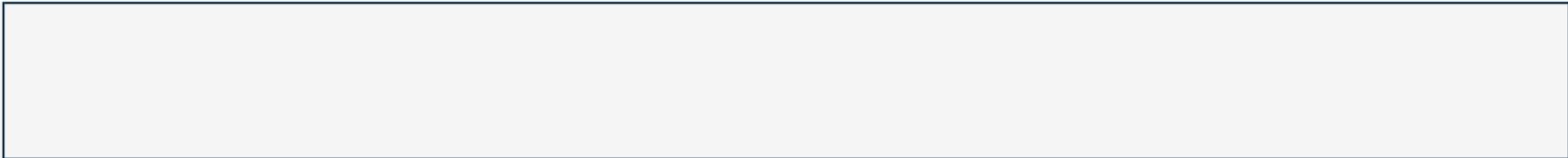
Performance will be measured through multiple means, including:

1. A Pre and Post-Test Survey to determine provider and community familiarity with the tenants of Trauma Informed care and the importance of its integration into treatment planning.
2. Ongoing tally of the numbers of individuals (providers and community members) attending the TIC trainings and dialogues (numbers should increase on an annual basis).
3. Other metrics will be based on the statewide TIC needs assessment – baselines to be established in Fiscal Year 2012.

Achieved: In Progress

Proposed Changes:

Reason Not Achieved:



Priority: Medically Assisted Therapy

Goal of the priority area:

Increase the availability and service utilization of Medication-Assisted Treatment (MAT) options for individuals with a substance use disorder.

Strategies to attain the goal:

- ADHS/DBHS Will -
- Institute a pilot program using SAPT Block Grants funds for Medication Assisted Substance Use Treatment for non-methadone MAT alternatives.
  - Monitor service utilization data for the number of individuals receiving Buprenorphine, Suboxone, Campral, Naltrexone, and Methadone.
  - Monitor network capacity / network inventory for the number of providers licensed and permitted to prescribe non-methadone MAT drug types to determine adequacy and identify gaps if present.
- The RBHAs Will -
- Institute a pilot program specifically focused on providing non-methadone MAT to SAPT-qualifying individuals. This pilot is to operate throughout State Fiscal Year 2012.
  - Implement a new Responsible Agency (RA) provider for specialized SA services which include opioid replacement services across the network (NARBHA).
  - Based on the results of these pilots, establish target increases and confer with providers to identify possible MAT candidates.

Annual Performance Indicators to measure goal success  
Indicator: The number of individuals with a substance use disorder or dependence (SUD) who receive Medically Assisted Therapy as part of their treatment regimen.

Description of Collecting and Measuring Changes in Performance Indicator:  
Utilization rates and service penetration will be based on encounter claim data.  
Each year client level demographic and encounter data is extracted from the ADHS/DBHS Client Information System (CIS). Using this information, ADHS/DBHS is able to determine 1) the number of individuals enrolled in the public behavioral health system within a given period of time; 2) of this population, the number of individuals who have an AXIS I.1 - I.5 diagnosis congruent to a substance use disorder or dependence, and; 3) the number of these individuals who underwent some form of Medically Assisted Therapy (MAT) as part of their treatment regimen.

The most recent review of this data, based on calendar year 2010, indicated that 9.3% or 93.32 per 1,000 individuals with a substance use

disorder/dependence utilized MAT services.

The Division has set a goal of improving MAT penetration and utilization by at least 2% annually.

Achieved:      In Progress

Proposed Changes:

Reason Not Achieved:

Priority:      Increase use of evidence based practices in treatment of substance use disorders and substance abuse prevention

Goal of the priority area:

Ensure that consumers with a substance use disorder/dependence are referred and placed into the most appropriate treatment modality based on their clinical need by contractually mandating and implementing the statewide use of ASAM-PPC

Strategies to attain the goal:

ADHS/DBHS Will -

- Host monthly learning community meetings with the State's certified ASAM trainers to discuss lessons learned and assess their needs.
- Communicate with representatives from The Change Company as necessary and prudent to ensure ASAM-PPC is implemented effectively and appropriately.
- Assist the RBHAs in creating on-line ASAM trainings, or webinars, on ASAM-PPC to expedite staff training for non-interactive lecture materials.

The RBHAs Will -

- On a quarterly basis, report the number of provider staff participating in, and completing, training for ASAM-PPC and submit training session sign-in sheets.
- Provide ASAM training to all clinical staff performing assessments on the adult population – having 90% of this group trained no later than June 30, 2012.

- Revise the lecture portion of the ASAM training, with the approval of The Change Company, into a web-based format to more efficiently facilitate clinician trainings.
- Train Quality Management / Utilization Management Staff on ASAM to ensure proper oversight and monitoring of the ASAM Patient Placement Criteria.

### Annual Performance Indicators to measure goal success

Indicator: The percentage of providers' staff members who successfully complete the American Society of Addiction Medicine's Patient Placement Criteria (ASAM-PPC)

#### Description of Collecting and Measuring Changes in Performance Indicator:

As required by the Adult System of Care plan (ASOC), on a recurring basis each RBHA must report their progress in training provider staff on the tenants and appropriate use of the American Society of Addiction Medicine's Patient Placement Criteria (ASAM-PPC).

The Division has set a goal of 90% compliance by the end of June 2012 and this rate must be maintained at a minimum in all subsequent years. ADHS/DBHS has acknowledged that it will be difficult to achieve 100% compliance due to staff turnover; however, ASAM-PPC training must be provided to all new employees who conduct behavioral health assessments upon their hiring.

Achieved: No

#### Proposed Changes:

To assist all RBHAs in maintaining adequate numbers of trainers, DBHS will sponsor one additional training of trainers through The Change Company. RBHA's will become contractually obligated to sustain trainers in order to maintain a 90% rate of trained clinicians.

#### Reason Not Achieved:

The Division's goal of 90% compliance by the end of June 2012 was met by three of the four RBHAs. Due to staff turnover and lack of trainers, Cenpatico reached a 66.7% compliance rate by the end of June 2012.

Footnotes:

### III: State Agency Expenditure Reports

Table 3 A/B (URS Tables 5A/5B) - Profile of Clients by Type of Funding Support

Table 3A

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

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

	Total				American Indian or Alaska Native			Asian			Black or African American			Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for URS table 5b are not available			More Than One Race Reported			Race Not Available		
	Female	Male	Not Avail	Total	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail
Medicaid (only Medicaid)	34,691	28,895	0	63,586	1,518	1,176	0	225	191	0	2,665	2,473	0	101	80	0	29,624	24,426	0	0	0	0	539	534	0	19	15	0
Non-Medicaid Sources (only)	22,157	19,634	0	41,791	663	627	0	169	126	0	1,318	1,460	0	61	63	0	19,588	17,044	0	0	0	0	344	300	0	14	14	0
People Served by Both Medicaid and Non-Medicaid Sources	42,867	38,800	0	81,667	1,903	1,719	0	347	275	0	3,091	3,184	0	113	116	0	36,735	32,852	0	0	0	0	667	647	0	11	7	0
Medicaid Status Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Served</b>	<b>99,715</b>	<b>87,329</b>	<b>0</b>	<b>187,044</b>	<b>4,084</b>	<b>3,522</b>	<b>0</b>	<b>741</b>	<b>592</b>	<b>0</b>	<b>7,074</b>	<b>7,117</b>	<b>0</b>	<b>275</b>	<b>259</b>	<b>0</b>	<b>85,947</b>	<b>74,322</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,550</b>	<b>1,481</b>	<b>0</b>	<b>44</b>	<b>36</b>	<b>0</b>

Data Based on Medicaid Services

Data Based on Medical Eligibility, not Medicaid Paid Services

'People Served By Both' includes people with any Medicaid

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

See General Notes

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.

If a state is unable to unduplicate between people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' check box should be checked.

Table 3B

Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons covered by Medicaid would be the total indicated in Table 3A.

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

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Unknown			Total			
	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Total
Medicaid Only	22,343	17,648	0	12,329	11,232	0	19	15	0	34,691	28,895	0	63,586
Non-Medicaid Only	16,925	14,470	0	5,218	5,150	0	14	14	0	22,157	19,634	0	41,791
People Served by Both Medicaid and Non-Medicaid Sources	31,672	27,153	0	11,184	11,640	0	11	7	0	42,867	38,800	0	81,667
Medicaid Status Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Served	70,940	59,271	0	28,731	28,022	0	44	36	0	99,715	87,329	0	187,044

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Unknown.

Footnotes:

### III: State Agency Expenditure Reports

Table 4 (URS Table 7) - Profile of Mental Health Service Expenditures and Sources of Funding

Start Year:

End Year:

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention and Treatment	\$	\$	\$	\$	\$	\$	\$
2. Primary Prevention	\$	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
3. Tuberculosis Services	\$	\$	\$	\$	\$	\$	\$
4. HIV Early Intervention Services	\$	\$	\$	\$	\$	\$	\$
5. Administration (Excluding Program and Provider Level)	\$	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
6. Subtotal (Rows 1, 2, 3, 4, and 5)	\$	\$	\$	\$	\$	\$	\$
7. Subtotal (Rows and 5)	\$	\$	\$	\$	\$	\$	\$
8. Total	\$	\$	\$	\$	\$	\$	\$

Footnotes:

### III: State Agency Expenditure Reports

Table 5 - MHBG Expenditures By Service

Expenditure Period Start Date: 7/1/2011 Expenditure Period End Date: 6/30/2012

Service	Unduplicated Individuals	Units	Expenditures
Prevention (Including Promotion)			\$
Screening, Brief Intervention and Referral to Treatment			\$
Brief Motivational Interviews			\$
Screening and Brief Intervention for Tobacco Cessation			\$
Parent Training			\$
Facilitated Referrals			\$
Relapse Prevention/Wellness Recovery Support			\$
Warm Line			\$
Engagement Services			\$
Assessment			\$
Specialized Evaluations (Psychological and Neurological)			\$
Service Planning (including crisis planning)			\$
Consumer/Family Education			\$
Outreach			\$
Outpatient Services			\$
Individual evidenced based therapies			\$
Group therapy			\$
Family therapy			\$
Multi-family therapy			\$
Consultation to Caregivers			\$
Medication Services			\$
Medication management			\$

Pharmacotherapy (including MAT)			\$
Laboratory services			\$
Community Support (Rehabilitative)			\$
Parent/Caregiver Support			\$
Skill building (social, daily living, cognitive)			\$
Case management			\$
Continuing Care			\$
Behavior management			\$
Supported employment			\$
Permanent supported housing			\$
Recovery housing			\$
Therapeutic mentoring			\$
Traditional healing services			\$
Recovery Supports			\$
Peer Support			\$
Recovery Support Coaching			\$
Recovery Support Center Services			\$
Supports for Self Directed Care			\$
Other Supports (Habilitative)			\$
Personal care			\$
Homemaker			\$
Respite			\$
Supported Education			\$
Transportation			\$
Assisted living services			\$
Recreational services			\$

Trained behavioral health interpreters				\$
Interactive communication technology devices				\$
Intensive Support Services				\$
Substance abuse intensive outpatient (IOP)				\$
Partial hospital				\$
Assertive Community Treatment				\$
Intensive home based services				\$
Multi-systemic therapy				\$
Intensive Case Management				\$
Out-of-Home Residential Services				\$
Crisis residential/stabilization				\$
Adult Substance Abuse Residential				\$
Adult Mental Health Residential				\$
Youth Substance Abuse Residential Services				\$
Children's Residential Mental Health Services				\$
Therapeutic foster care				\$
Acute Intensive Services				\$
Mobile crisis				\$
Peer based crisis services				\$
Urgent care				\$
23 hr. observation bed				\$
Medically Monitored Intensive Inpatient				\$
24/7 crisis hotline services				\$
Other (please list)				\$

Footnotes:

### III: State Agency Expenditure Reports

Table 6 - Primary Prevention Expenditures Checklist

Start Year:

End Year:

Strategy	IOM Target	MHBG Block Grant	Other Federal	State	Local	Other
Information Dissemination	Universal	\$ <input type="text"/>				
Information Dissemination	Selective	\$ <input type="text"/>				
Information Dissemination	Indicated	\$ <input type="text"/>	\$ 58,419	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Unspecified	\$ <input type="text"/>				
Information Dissemination	Total	\$	\$ 58,419	\$	\$	\$
Education	Universal	\$ <input type="text"/>				
Education	Selective	\$ <input type="text"/>				
Education	Indicated	\$ <input type="text"/>	\$ 2,500	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Unspecified	\$ <input type="text"/>				
Education	Total	\$	\$ 2,500	\$	\$	\$
Alternatives	Universal	\$ <input type="text"/>				
Alternatives	Selective	\$ <input type="text"/>	\$ 302,200	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Indicated	\$ <input type="text"/>				
Alternatives	Unspecified	\$ <input type="text"/>				
Alternatives	Total	\$	\$ 302,200	\$	\$	\$
Problem Identification and Referral	Universal	\$ <input type="text"/>				
Problem Identification and Referral	Selective	\$ <input type="text"/>				
Problem Identification and Referral	Indicated	\$ <input type="text"/>				
Problem Identification and Referral	Unspecified	\$ <input type="text"/>				
Problem Identification and Referral	Total	\$	\$	\$	\$	\$

Community-Based Process	Universal	\$ <input type="text"/>				
Community-Based Process	Selective	\$ <input type="text"/>				
Community-Based Process	Indicated	\$ <input type="text"/>				
Community-Based Process	Unspecified	\$ <input type="text"/>				
Community-Based Process	Total	\$	\$	\$	\$	\$
Environmental	Universal	\$ <input type="text"/>				
Environmental	Selective	\$ <input type="text"/>				
Environmental	Indicated	\$ <input type="text"/>				
Environmental	Unspecified	\$ <input type="text"/>				
Environmental	Total	\$	\$	\$	\$	\$
Section 1926 Tobacco	Universal	\$ <input type="text"/>				
Section 1926 Tobacco	Selective	\$ <input type="text"/>				
Section 1926 Tobacco	Indicated	\$ <input type="text"/>				
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>				
Section 1926 Tobacco	Total	\$	\$	\$	\$	\$
Other	Universal	\$ <input type="text"/>				
Other	Selective	\$ <input type="text"/>				
Other	Indicated	\$ <input type="text"/>				
Other	Unspecified	\$ <input type="text"/>				
Other	Total	\$	\$	\$	\$	\$

**Footnotes:**

Please note: The data for this table is based on data from contracts and services were funded by the Garrett Lee Smith Suicide Prevention Grant SFY 2012 which is the period of July 1, 2011 to June 30, 2012.

### III: State Agency Expenditure Reports

Table 7 (URS Table 8) - Profile Of Community Mental Health Block Grant Expenditures For Non-Direct Service Activities

#### Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities

Service	Estimated Total Block Grant	
MHA Technical Assistance Activities	\$	<input type="text"/>
MHA Planning Council Activities	\$	<input type="text"/>
MHA Administration	\$	481,570
MHA Data Collection/Reporting	\$	<input type="text"/>
MHA Activities Other Than Those Above	\$	<input type="text"/>
Total Non-Direct Services	\$	481,570
Comments on Data:	<input type="text"/>	

Footnotes:

### III: State Agency Expenditure Reports

Table 8 (URS Table 10) - Statewide Entity Inventory(Available in Dec. 2013)

Expenditure Period Start Date: 10/1/2008 Expenditure Period End Date: 9/30/2010

Entity Number	I-SATS ID (for SABG)	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV	CMHS Block Grant - F. Adults serious mental illness	CMHS Block Grant - G. Children with a serious emotional disturbance
		Regional Behavioral Health Authority-Geographical Service Area 3	Cenpatico Behavioral Health - 3										\$278,699.00	\$284,344.00
		Regional Behavioral Health Authority-Geographical Service Area 4	Cenpatico Behavioral Health - 4										\$267,311.00	\$311,787.84
		Tribal Regional Behavioral Health Authority - Gila River Tribe	Gila River Regional Behavioral Health Authority										(\$247.00)	\$33,185.00
		Regional Behavioral Health Authority-Geographical Service Area 5	Community Partnership of Southern Arizona - 5										\$658,457.00	\$392,144.00
		Regional Behavioral Health Authority-Geographical Service Area 6	Magellan Health Services -6										\$2,703,271.00	\$2,577,218.00
		Statewide	Arizona Alliance for Mentally Ill										\$46,791.64	\$0.00
		Regional Behavioral Health Authority-Geographical Service Area 2	Cenpatico Behavioral Health - 2										\$149,139.00	\$225,838.16
		Tribal Regional Behavioral Health Authority - Pascua Yaqui Tribe	Pascua Yaqui Tribe										\$16,168.00	\$50,129.19
		Tribal Regional Behavioral Health Authority - Apache Tribe	Apache Behavioral Health										\$0.00	\$68,066.92
		Regional Behavioral Health Authority-Geographical Service Area	Northern Arizona Regional Behavioral Health -1										\$453,349.00	\$695,856.81



### III: State Agency Expenditure Reports

Table 9 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2010) + B2(2011)</u> 2 (C)
SFY 2010 (1)	\$368,264,163	
SFY 2011 (2)	\$332,547,104	\$350,405,634
SFY 2012 (3)	\$449,892,066	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2010	Yes	<u>X</u>	No	_____
SFY 2011	Yes	<u>X</u>	No	_____
SFY 2012	Yes	<u>X</u>	No	_____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

**Footnotes:**

The above table should reflect the following information:

FY2009 \$383,888,676.98  
 FY2010 \$368,264,163.30  
 FY2011 \$332,547,104.14

The calculated field in the second column should be \$350,405,634, which is our FY2012 MOE Requirement and our estimated amount.

Information was provided to WEBBGAS helpdesk 11/30/12 to correct table.

### III: State Agency Expenditure Reports

Table 10 - Report on Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2011	Estimated/Actual SFY 2012
\$7,038,779	\$6,510,140	\$4,638,570

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

**Footnotes:**

1994 Children's Set Aside Requirement was \$5,789,298

The Children's Set Aside Shortfall is due to the change in the allocation of the CMHS Block Grant from 90% SED/10% SMI to 50% SED/50% SMI. The projected shortfall was included in the 2011 State Plan for the Community Mental Health Services Block Grant Application.

## IV: Populations and Services Reports

Table 11 (URS Table 1) - Profile of the State Population by Diagnosis

*This table summarizes the estimates of adults residing within the State with serious mental illness (SMI) and children residing within the state with serious emotional disturbances (SED). The table calls for estimates for two time periods, one for the report year and one for three years into the future. CMHS will provide this data to States based on the standardized methodology developed and published in the Federal Register and the State level estimates for both adults with SMI and children with SED.*

	Current Report Year	Three Years Forward
Adults with Serious Illness (SMI)	<input type="text"/>	<input type="text"/>
Children with Serious Emotional Disturbances (SED)	<input type="text"/>	<input type="text"/>

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

Footnotes:

## IV: Populations and Services Reports

Table 12 (URS 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 state mental health agency is responsible, data reporting capacities, especially related to duplication of numbers served as well as certain summary administrative information.

### Population Served

1. Which of the following populations receive services operated or funded by the state mental health agency? Please indicate if they are included in the data provided in the tables. (Check all that apply.)

	Populations Covered:		Included in Data	
	State Hospitals	Community Programs	State Hospitals	Community Programs
1. Aged 0 to 3	<input checked="" type="checkbox"/> Yes			
2. Aged 4 to 17	<input checked="" type="checkbox"/> Yes			
3. Adults Aged 18 and over	<input checked="" type="checkbox"/> Yes			
4. Forensics	<input checked="" type="checkbox"/> Yes			
Comments on Data:	<input type="text"/>			

2. Do all of the adults and children served through the state mental health agency meet the Federal definitions of serious mental illness and serious emotional disturbances?

Serious Mental Illness

Serious Emotional Disturbances

2.a. If no, please indicate the percentage of persons served for the reporting period who met the federal definitions of serious mental illness and serious emotional disturbance?

2.a.1. Percent of adults meeting Federal definition of SMI:

2.a.2. Percentage of children/adolescents meeting Federal definition of SED:

3. Co-Occurring Mental Health and Substance Abuse:

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

3.a.1. Percentage of adults served by the SMHA who also have a diagnosis of substance abuse problem:

3.a.2. Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem:

3.b. What percentage of persons served for the reporting period who met the Federal definitions of adults with SMI and children/adolescents with SED have a dual diagnosis of mental illness and substance abuse?

3.b.1. Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance abuse problem:

3.b.2. Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:

3.b.3. Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:

4. State Mental Health Agency Responsibilities

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

1. State Medicaid Operating Agency

2. Setting Standards

3. Quality Improvement/Program Compliance

4. Resolving Consumer Complaints

- 5. Licensing
- 6. Sanctions
- 7. Other

ⓔ

ⓔ

b. Managed Care (Mental Health Managed Care)

Are Data for these programs reported on URS Tables?

- 4.b.1 Does the State have a Medicaid Managed Care initiative?  Yes  Yes
- 4.b.2 Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care?  Yes  Yes
- If yes, please check the responsibilities the SMHA has:
- 4.b.3 Direct contractual responsibility and oversight of the MCOs or BHOs  Yes  Yes
- 4.b.4 Setting Standards for mental health services  Yes  Yes
- 4.b.5 Coordination with state health and Medicaid agencies  Yes  Yes
- 4.b.6 Resolving mental health consumer complaints  Yes  Yes
- 4.b.7 Input in contract development  Yes  Yes
- 4.b.8 Performance monitoring  Yes  Yes
- 4.b.9 Other

5. Data Reporting: Please describe the extent to which your information systems allows the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for Table 2, which requires unduplicated counts of clients served across your entire mental health system.

*Are the data reporting in the tables?*

- 5.a. Unduplicated: counted once even if they were served in both State hospitals and community programs and if they were served in community mental health agencies responsible for different geographic or programmatic areas.
- 5.b. Duplicated: across state hospital and community programs
- 5.c. Duplicated: within community programs
- 5.d. Duplicated: Between Child and Adult Agencies
- 5.e. Plans for Unduplication: If you are not currently able to provide unduplicated client counts across all parts of your mental health system, please describe your plans to get unduplicated client counts by the end of your Data Infrastructure Grant.

6. Summary Administrative Data

- 6.a. Report Year:
- 6.b. State Identifier:
- Summary Information on Data Submitted by SMHA:*
- 6.c. Year being reported:
- 6.d. Person Responsible for Submission:
- 6.e. Contact Phone Number:
- 6.f. Contact Address:
- 6.g. E-mail:

Footnotes:

# IV: Populations and Services Reports

Table 13 A/B (URS Tables 2A/2B)-Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

This table provides an aggregate profile of persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. Please provide unduplicated counts if possible.

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

Table 13A

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for table 2b are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	12,344	22,462	0	34,806	647	1,066	0	38	82	0	1,030	1,785	0	36	70	0	10,253	18,883	0	0	0	0	340	576	0	0	0	0
13-17 years	9,853	13,654	0	23,507	628	750	0	26	55	0	775	1,192	0	28	38	0	8,158	11,345	0	0	0	0	238	274	0	0	0	0
18-20 years	4,855	5,181	0	10,036	311	303	0	26	24	0	359	511	0	12	24	0	4,030	4,199	0	0	0	0	114	119	0	3	1	0
21-24 years	6,243	4,512	0	10,755	273	210	0	24	33	0	449	401	0	17	19	0	5,369	3,795	0	0	0	0	106	53	0	5	1	0
25-44 years	34,809	22,163	0	56,972	1,493	786	0	315	220	0	2,459	1,682	0	115	75	0	29,962	19,100	0	0	0	0	451	281	0	14	19	0
45-64 years	27,824	17,928	0	45,752	676	386	0	253	151	0	1,831	1,475	0	57	31	0	24,718	15,705	0	0	0	0	270	166	0	19	14	0
65-74 years	3,110	1,201	0	4,311	49	14	0	44	22	0	139	62	0	8	2	0	2,837	1,093	0	0	0	0	30	8	0	3	0	0
75+ years	677	228	0	905	7	7	0	15	5	0	32	9	0	2	0	0	620	202	0	0	0	0	1	4	0	0	1	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	99,715	87,329	0	187,044	4,084	3,522	0	741	592	0	7,074	7,117	0	275	259	0	85,947	74,322	0	0	0	0	1,550	1,481	0	44	36	0
Pregnant Women	2,196	0	0	2,196	160			13			212			5			1,781					0			25			0

Are these numbers unduplicated?  Unduplicated  Duplicated : between Hospitals and Community  Duplicated : Among Community Programs  Duplicated between children and adults  Other : describe

Comments on Data (for Age):	Age is defined as the age at the end of the enrollment period (6/30/2012). All records have valid values for age.
Comments on Data (for Gender):	All records have valid values for gender.

Comments on Data (for Race/Ethnicity):	<input type="text"/>
Comments on Data (Overall):	<input type="text"/>

Of the total persons served, please indicate the age, gender and the number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons served would be the total as indicated in Table 13A.

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

Table 13B

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	7,065	12,199	0	5,279	10,263	0	0	0	0	12,344	22,462	0	34,806
13-17 years	5,885	8,070	0	3,968	5,584	0	0	0	0	9,853	13,654	0	23,507
18-20 years	3,013	3,245	0	1,839	1,935	0	3	1	0	4,855	5,181	0	10,036
21-24 years	4,317	3,213	0	1,921	1,298	0	5	1	0	6,243	4,512	0	10,755
25-44 years	25,633	16,749	0	9,162	5,395	0	14	19	0	34,809	22,163	0	56,972
45-64 years	22,174	14,670	0	5,631	3,244	0	19	14	0	27,824	17,928	0	45,752
65-74 years	2,423	976	0	684	225	0	3	0	0	3,110	1,201	0	4,311
75+ years	430	149	0	247	78	0	0	1	0	677	228	0	905
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	70,940	59,271	0	28,731	28,022	0	44	36	0	99,715	87,329	0	187,044
Pregnant Women	1,549			647			0			2,196	0	0	2,196

Comments on Data (for Age):	<input type="text"/>
Comments on Data (for Gender):	<input type="text"/>
Comments on Data (for Race/Ethnicity):	<input type="text"/>
Comments on Data (Overall):	<input type="text"/>

Footnotes:

## IV: Populations and Services Reports

Table 14 (URS Table 3) - Profile Of Persons Served In The Community Mental Health Settings, State Psychiatric Hospitals And Other Settings

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	17,151	28,826	0	3,145	3,343	0	53,426	34,105	0	2,979	1,038	0	0	0	0	76,701	67,312	0	144,013
State Psychiatric Hospitals	0	0	0	2	2	0	79	212	1	3	8	0	0	0	0	84	222	1	307
Other Psychiatric Inpatient	574	521	0	215	276	0	3,914	3,607	0	120	53	0	0	0	0	4,823	4,457	0	9,280
Residential Treatment Centers	94	106	0	12	9	0	1	0	0	0	0	0	0	0	0	107	115	0	222

Comments on Data (for Age):

Age is defined as the age at the end of the enrollment period. (6/30/2012). All records have valid values for age

Comments on Data (for Gender):

All records have valid values for gender.

Comments on Data (Overall):

Footnotes:

## IV: Populations and Services Reports

Table 15A - Profile of Persons Served With SMI/SED by Age and Gender

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.

Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	17,151	28,826	0	255	378	0	19,869	16,208	0	1,683	650	0	0	0	0	38,958	46,062	0	85,020
State Psychiatric Hospitals	0	0	0	1	0	0	40	85	0	0	3	0	0	0	0	41	88	0	129
Other Psychiatric Inpatient	574	521	0	73	125	0	2,466	2,464	0	90	46	0	0	0	0	3,203	3,156	0	6,359
Residential Treatment Centers	94	106	0	4	2	0	1	0	0	0	0	0	0	0	0	99	108	0	207

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

### Instructions:

- States that have county psychiatric hospitals that serve as surrogate state hospitals should report persons served in such settings as receiving services in state hospitals.
- If forensic hospitals are part of the state mental health agency system include them.
- Persons who receive non-inpatient care in state psychiatric hospitals should be included in the Community MH Program Row.
- Persons who receive inpatient psychiatric care through a private provider or medical provider licensed and/or contracted through the SMHA should be counted in the "Other Psychiatric Inpatient" row. Persons who receive Medicaid funded inpatient services through a provider that is not licensed or contracted by the SMHA should not be counted here.
- A person who is served in both community settings and inpatient settings should be included in both rows.
- RTC: CMHS has a standardized definition of RTC for Children: "An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth primarily 17 years old and younger. It has a clinical program that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's degree or doctorate. The primary reason for the admission of the clients is mental illness that can be classified by DSM-IV codes-other than the codes for mental retardation, developmental disorders, and substance-related disorders such as drug abuse and alcoholism (unless these are co-occurring with a mental illness)."

Footnotes:

## IV: Populations and Services Reports

Table 15 B/C (URS Tables 14A/14B) - Profile of Persons With SMI/SED Served by Age, Gender, Race and Ethnicity

Table 15B

This is a developmental table similar to Table 2A. and 2B. This table requests counts for persons with SMI or SED using the definitions provided by the CMHS. Table 2A. and 2B. included all clients served by publicly operated or funded programs. This table counts only clients who meet the CMHS definition of SMI or SED. For many states, this table may be the same as Tables 2A. and 2B. For 2007, states should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definitions of SMI and SED and provide information below describing your state's definition. Please report the data under the categories listed - "Total" are calculated automatically.

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for table 14b are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	8,642	18,595	0	27,237	326	747	0	30	68	0	805	1,540	0	24	52	0	7,201	15,710	0	0	0	0	256	478	0	0	0	0
13-17 years	7,798	11,712	0	19,510	444	558	0	21	46	0	637	1,043	0	20	35	0	6,480	9,788	0	0	0	0	196	242	0	0	0	0
18-20 years	282	407	0	689	8	25	0	3	3	0	22	36	0	1	2	0	237	333	0	0	0	0	8	8	0	3	0	0
21-64 years	22,527	18,817	0	41,344	506	422	0	274	225	0	1,678	1,650	0	51	43	0	19,730	16,257	0	0	0	0	254	188	0	34	32	0
65-74 years	1,774	748	0	2,522	24	8	0	28	13	0	86	35	0	3	0	0	1,618	691	0	0	0	0	12	1	0	3	0	0
75+ years	306	108	0	414	4	3	0	9	1	0	21	7	0	0	0	0	271	95	0	0	0	0	1	2	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	41,329	50,387	0	91,716	1,312	1,763	0	365	356	0	3,249	4,311	0	99	132	0	35,537	42,874	0	0	0	0	727	919	0	40	32	0

Comments on Data (for Age):	<input type="text"/>
Comments on Data (for Gender):	<input type="text"/>
Comments on Data (for Race/Ethnicity):	<input type="text"/>
Comments on Data (Overall):	<input type="text"/>

1. State Definitions Match the Federal Definitions

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

Diagnoses included in the state SMI definition:

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



Diagnoses included in the state SED definition:

Table 15C

Of the total persons served, please indicate the age, gender and the number of persons who meet the Federal definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. The total persons served who meet the Federal definition of SMI or SED should be the total as indicated in Table 14A. Please report the data under the categories listed - "Total" are calculated automatically.

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	5,057	10,187	0	3,585	8,408	0	0	0	0	8,642	18,595	0	27,237
13-17 years	4,751	6,977	0	3,047	4,735	0	0	0	0	7,798	11,712	0	19,510
18-20 years	201	297	0	78	110	0	3	0	0	282	407	0	689
21-64 years	18,731	15,338	0	3,762	3,447	0	34	32	0	22,527	18,817	0	41,344
65-74 years	1,518	643	0	253	105	0	3	0	0	1,774	748	0	2,522
75+ years	244	84	0	62	24	0	0	0	0	306	108	0	414
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	30,502	33,526	0	10,787	16,829	0	40	32	0	41,329	50,387	0	91,716
Comments on Data (for Age):												<input type="text"/>	
Comments on Data (for Gender):												<input type="text"/>	
Comments on Data (for Race/Ethnicity):												<input type="text"/>	
Comments on Data (Overall):												<input type="text"/>	

Footnotes:



## IV: Populations and Services Reports

Table 16 (URS Table 6) - Profile of Client Turnover

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
State Hospitals	235	75	76						
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	235	75	76	925	431	156	128	1,931	1,396
Age Not Available	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	1,883	8,007	6,534						
Children (0 to 17 years)	196	1,027	915	4	5	4	0	920	920
Adults (18 yrs and over)	1,687	6,980	5,619	5	3	4	0	1,527	750
Age Not Available	0	0	0	0	0	0	0	0	0
Residential Tx Centers	52	222	93						
Children (0 to 17 years)	44	200	81	148	100	110	95	999	428
Adults (18 yrs and over)	8	22	12	110	82	93	79	469	469
Age Not Available	0	0	0	0	0	0	0	0	0
Community Programs	56,080	56,080							
Children (0 to 17 years)	19,780	19,780							
Adults (18 yrs and over)	36,300	36,300							
Age Not Available	0	0							

Comments on Data (State Hospital):

The adolescent program was closed prior to the end of FY 2010.

Comments on Data (Other Inpatient):

---

Comments on Data  
(Residential Treatment):

---

Comments on Data  
(Community Programs):

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Comments on Data (Overall):

Footnotes:

## V: Performance Indicators and Accomplishments

Table 17 (URS Table 17) - Profile of Adults with Serious Mental Illnesses Receiving Specific Services During the Year

ADULTS WITH SERIOUS MENTAL ILLNESS				
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)	Receiving Illness Self Management	Receiving Medication Management
Age				
18-20	0	0	0	0
21-64	0	0	0	0
65-74	0	0	0	0
75	0	0	0	0
Not Available	0	0	0	0
TOTAL	0	0	0	0
Gender				
Female	0	0	0	0
Male	0	0	0	0
Not Available	0	0	0	0
Race				
American Indian or Alaska Native	0	0	0	0
Asian	0	0	0	0
Black or African American	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0
White	0	0	0	0
Hispanic *	0	0	0	0
More Than One Race Reported	0	0	0	0

Race Not Available	0	0	0	0
--------------------	---	---	---	---

Hispanic / Latino Origin				
Hispanic / Latino origin	0	0	0	0
Non Hispanic / Latino	0	0	0	0
Not Available	0	0	0	0

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

\*Hispanic is part of the total served. jm Yes jm No

Comments on Data (overall): <input type="text"/>
Comments on Data (Family Psychoeducation): <input type="text" value="Arizona's data collection system does not collect data on this EBPs."/>
Comments on Data (Integrated Treatment for Co-occurring Disorders): <input type="text" value="Arizona's data collection system does not collect data on this EBPs."/>
Comments on Data (Illness Self Management): <input type="text" value="Arizona's data collection system does not collect data on this EBPs."/>
Comments on Data (Medication Management): <input type="text" value="Arizona's data collection system does not collect data on this EBPs."/>

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

Footnotes: <input type="text"/>
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## V: Performance Indicators and Accomplishments

Table 18B (URS Table 4A) - 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 and the impact of diagnosis on employment. The workgroup recommended 5 diagnostic clusters for reporting.

Clients Primary Diagnosis	Employed: Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
Schizophrenia & Related Disorders (295)	1,107	3,463	8,078	245	12,893
Bipolar and Mood Disorders (296, 300.4, 301.11, 301.13, 311)	8,860	19,426	21,678	442	50,406
Other Psychoses (297, 298)	261	1,041	1,360	61	2,723
All Other Diagnoses	6,384	13,948	11,298	384	32,014
No Dx and Deferred DX (799.9, V71.09)	0	0	0	0	0
Diagnosis Total	16,612	37,878	42,414	1,132	98,036

Comments on Data (for Diagnosis):

Footnotes:

## V: Performance Indicators and Accomplishments

Table 19 (URS Table 15) - Living Situation Profile

Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period<br/>All Mental Health Programs by Age, Gender, and Race/Ethnicity

Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.

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

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	52,617	3,282	616	234	0	0	261	208	638	0	57,856
18-64	110,835	407	3,200	178	0	241	941	3,530	2,836	5	122,173
65+	4,680	12	332	0	0	10	1	43	90	0	5,168
Not Available	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>168,132</b>	<b>3,701</b>	<b>4,148</b>	<b>412</b>	<b>0</b>	<b>251</b>	<b>1,203</b>	<b>3,781</b>	<b>3,564</b>	<b>5</b>	<b>185,197</b>
Female	91,686	1,695	1,725	219	0	75	281	1,474	1,802	1	98,958
Male	76,446	2,006	2,423	193	0	176	922	2,307	1,762	3	86,238
Not Available	0	0	0	0	0	0	0	0	0	1	1
<b>TOTAL</b>	<b>168,132</b>	<b>3,701</b>	<b>4,148</b>	<b>412</b>	<b>0</b>	<b>251</b>	<b>1,203</b>	<b>3,781</b>	<b>3,564</b>	<b>5</b>	<b>185,197</b>
American Indian/Alaska Native	6,384	305	269	33	0	0	73	185	191	0	7,440
Asian	1,220	16	27	3	0	5	3	19	21	0	1,314

Black/African American	12,179	421	351	50	0	33	177	470	320	2	14,003
Hawaiian/Pacific Islander	469	19	6	4	0	6	10	8	18	0	540
White/Caucasian	145,201	2,821	3,450	308	0	112	902	3,031	2,879	2	158,706
Hispanic *	0	0	2	0	0	32	11	0	0	1	46
More than One Race Reported	2,679	119	43	14	0	0	27	68	55	0	3,005
Race/Ethnicity Not Available	0	0	0	0	0	63	0	0	80	0	143
<b>TOTAL</b>	<b>168,132</b>	<b>3,701</b>	<b>4,148</b>	<b>412</b>	<b>0</b>	<b>251</b>	<b>1,203</b>	<b>3,781</b>	<b>3,564</b>	<b>5</b>	<b>185,197</b>

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
Hispanic or Latino Origin	52,122	1,279	827	156	0	0	379	706	845	0	56,314
Non Hispanic or Latino Origin	116,010	2,422	3,308	256	0	0	787	3,074	2,639	0	128,496
Hispanic or Latino Origin Not Available	0	0	13	0	0	251	37	1	80	5	387
<b>TOTAL</b>	<b>168,132</b>	<b>3,701</b>	<b>4,148</b>	<b>412</b>	<b>0</b>	<b>251</b>	<b>1,203</b>	<b>3,781</b>	<b>3,564</b>	<b>5</b>	<b>185,197</b>

Comments on Data:	Numbers in the Hispanic category in Race are from the State Hospital data. The State Hospital does not collect data on ethnicity.
How Often Does your State Measure Living Situation?	<input type="radio"/> At Admission <input type="radio"/> At Discharge <input type="radio"/> Monthly <input type="radio"/> Quarterly <input checked="" type="radio"/> Other: Describe <input type="text" value="Annual Update"/>

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

Footnotes:



# V: Performance Indicators and Accomplishments

Table 21 (URS Table 9) NOMS Social Connectedness and Improved Functioning

Adult Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness		1,315	1,823	72%
2. Functioning		1,172	1,823	64%
Child/Adolescent Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
3. Social Connectedness		1,273	1,536	83%
4. Functioning		986	1,536	64%
Comments on Data:	The MHSIP is stratified by region and statewide data is weighted.			

### Adult Social Connectedness and Functioning Measures

1. Did you use the recommended new Social Connectedness Questions?  Yes  No  Measure used
2. Did you use the recommended new Functioning Domain Questions?  Yes  No  Measure used
3. Did you collect these as part of your MHSIP Adult Consumer Survey?  Yes  No  
If No, what source did you use?

### Child/Family Social Connectedness and Functioning Measures

4. Did you use the recommended new Social Connectedness Questions?  Yes  No  Measure used
5. Did you use the recommended new Functioning Domain Questions?  Yes  No  Measure used
6. Did you collect these as part of your YSS-F Survey?  Yes  No  
If No, what source did you use?

Footnotes:

## V: Performance Indicators and Accomplishments

Table 22A (URS Table 11) - Summary Profile of Client Evaluation of Care

Adults Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.	1,474	1,823	0
2. Reporting Positively About Quality and Appropriateness for Adults	1,517	1,823	0
3. Reporting Positively About Outcomes.	1,273	1,823	0
4. Adults Reporting on Participation In Treatment Planning.	1,524	1,823	0
5. Adults Positively about General Satisfaction with Services.	1,529	1,823	0

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.	1,267	1,536	0
2. Reporting Positively about General Satisfaction for Children.	1,235	1,536	0
3. Reporting Positively about Outcomes for Children.	929	1,536	0
4. Family Members Reporting on Participation In Treatment Planning for their Children	1,373	1,536	0
5. Family Members Reporting High Cultural Sensitivity of Staff.	1,356	1,536	0

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

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

Comments on Data:

The MHSIP is stratified by region and statewide data is weighted.

### Adult Consumer Surveys

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

1.a. If no, which version:

- 1. Original 40 Item Version  Yes
- 2. 21-Item Version  Yes
- 3. State Variation of MHSIP  Yes
- 4. Other Consumer Survey  Yes

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

1.c. Did you use any translations of the MHSIP into another language?

1. Spanish

2. Other Language:

Adult Survey Approach

2. Populations covered in survey? (Note all surveys should cover all regions of state)  All Consumers In State  Sample of MH Consumers

2.a. If a sample was used, what sample methodology was used?  1. Random Sample

2. Stratified / Random Stratified Sample

3. Convenience Sample

4. Other Sample:

2.b. Do you survey only people currently in services, or do you also Survey Persons no longer in service?  1. Persons Currently Receiving Services

2. Persons No Longer Receiving Services

3. Please Describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.)  1. All Adult Consumers In State

2. Adults With Serious Mental Illness

3. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care

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

4. Methodology of collecting data? (Check all that apply)

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

4.b. Who administered the Survey? (Check all that apply)  1. MH Consumers

2. Family Members

3. Professional Interviewers

4. MH Clinicians

5. Non Direct Treatment Staff

6. Other, describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?  1. Responses are Anonymous  
 2. Responses are Confidential  
 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

- 6.a. How Many Surveys were Attempted (sent out or calls initiated)?
- 6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?
- 6.c. How many surveys were completed? (survey forms returned or calls completed)
- 6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

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

7. Who Conducted the Survey

- 7.a. SMHA Conducted or contracted for the Survey (survey done at state level)  Yes  No
- 7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)  Yes  No
- 7.c. Other, describe:

\* Report Confidence Intervals at the 95% confidence level

*Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (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%. (From www.surveysystem.com)*

Child / Family Consumer Surveys

1. Was the MHSIP Children / Family Survey (YSS-F)  Yes Used?  
 1.a. If no, what survey did you use?
- If no, please attach instrument used.*
- 1.c. Did you use any translations of the Child MHSIP into another language?  1. Spanish  
 2. Other Language:

Child Survey Approach

2. Populations covered in survey? (Note all surveys should cover all regions of state)  All Consumers In State  Sample of MH Consumers
- 2.a. If a sample was used, what sample methodology was used?  1. Random Sample  
 2. Stratified / Random Stratified Sample  
 3. Convenience Sample  
 4. Other Sample:
- 2.b. Do you survey only people currently in services, or do you also Survey Persons no longer in service?  1. Persons Currently Receiving Services

2. Persons No Longer Receiving Services

2a. If yes to 2, please describe how your survey persons no longer receiving services.

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

- 1. All Child Consumers In State
- 2. Children With Serious Mental Illness
- 3. Children who were Medicaid Eligible or in Medicaid Managed Care
- 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

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

4.b. Who administered the Survey? (Check all that apply)

- 1. MH Consumers
- 2. Family Members
- 3. Professional Interviewers
- 4. MH Clinicians
- 5. Non Direct Treatment Staff
- 6. Other, describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?

- 1. Responses are Anonymous
- 2. Responses are Confidential
- 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

6.a. How Many Surveys were Attempted (sent out or calls initiated)?

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

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

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

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

Yes

No

7. Who Conducted the Survey

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

Yes

No

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

Yes

No

7.c. Other, describe:

Regional Behavioral Health Authorities and 4 Tribal Regional Behavioral Health Authorities

Footnotes:

## V: Performance Indicators and Accomplishments

Table 22B (URS Table 11A) - Consumer Evaluation of Care By Consumer Characteristics: (Optional Table by Race/Ethnicity)

### Adult Consumer Survey Results:

\*State used the 2 question version for Hispanic Origin  Yes  No Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other / Not Available		Hispanic Origin*	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	1,474	1,823	33	38	15	15	95	119	15	15	1,064	1,258	24	37	228	341	375	452
2. Reporting Positively About Quality and Appropriateness.	1,517	1,823	29	37	8	16	94	116	13	15	1,110	1,240	28	37	235	362	389	444
3. Reporting Positively About Outcomes.	1,273	1,823	29	36	13	16	66	115	11	15	923	1,228	26	35	205	378	338	430
4. Reporting Positively about Participation in Treatment Planning	1,524	1,823	30	37	13	16	97	112	15	15	1,098	1,195	31	36	240	412	379	424
5. Reporting Positively about General Satisfaction	1,529	1,823	33	40	9	16	100	122	14	15	1,092	1,261	27	37	254	332	405	456
6. Social Connectedness	1,315	1,823	32	40	14	14	72	120	10	15	940	1,227	27	34	220	373	365	436
7. Functioning	1,172	1,823	29	35	11	16	58	112	11	15	862	1,218	25	37	176	390	304	430

### Child/Adolescent Family Survey Results:

\*State used the 2 question version for Hispanic Origin  Yes  No Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other / Not Available		Hispanic Origin*	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
Reporting Positively About Access.	1,267	1,536	50	55	2	2	79	98	3	3	854	987	64	67	215	324	443	502
Reporting Positively About General	1,235	1,536	44	55	2	2	77	98	3	3	822	1,005	59	73	228	300	437	520

Satisfaction																		
Reporting Positively About Outcomes.	929	1,536	39	55	0	2	53	101	2	3	616	1,004	50	70	169	301	340	527
Reporting Positively Participation in Treatment Planning for their Children.	1,373	1,536	50	55	2	2	89	98	3	3	916	1,000	67	72	246	306	466	511
Reporting Positively About Cultural Sensitivity of Staff.	1,356	1,536	45	50	2	2	90	93	3	3	909	944	61	69	246	375	493	506
6. Social Connectedness	1,273	1,536	52	54	2	2	84	96	1	2	838	987	57	70	239	325	442	503
7. Functioning	986	1,536	39	54	0	2	53	101	2	3	653	1,007	51	69	188	300	365	528

Comments on Data:

The MHSIP is stratified by region and statewide data is weighted.

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

Footnotes:

## V: Performance Indicators and Accomplishments

Table 23 (URS Table 19A) - Profile Of Criminal Justice Or Juvenile Justice Involvement

1. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.
2. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
3. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

For Consumers in Service for at least 12 months

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Over the last 12 months, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	196	1552	111	207	1566	85	98	95	3	95	1443	14	260	142	72	1156	230	1860
Total Children/Youth (under age 18)	111	814	34	141	793	23	71	39	1	65	737	12	147	89	53	568	102	959
Female	17	213	7	25	198	13	13	4	0	12	194	7	27	20	12	151	27	237
Male	94	601	27	116	595	10	58	35	1	53	543	5	120	69	41	417	75	722
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Adults (age 18 and over)	85	738	77	66	773	62	27	56	2	30	706	2	113	53	19	588	128	901
Female	40	472	38	31	488	31	11	27	2	17	455	0	48	22	10	397	74	551
Male	45	266	39	35	285	31	16	29	0	13	251	2	65	31	9	191	54	350
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Since starting to receive MH Services, my encounters with the police have...					

	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	68	319	20	63	329	13	37	28	3	24	295	0	81	32	19	212	61	405
Total Children/Youth (under age 18)	49	253	12	49	254	9	28	18	3	21	232	0	61	21	19	171	42	314
Female	14	85	6	10	92	3	8	6	0	2	83	0	14	9	7	64	12	106
Male	35	168	6	39	162	6	20	12	3	19	149	0	47	12	12	107	30	208
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Adults (age 18 and over)	19	66	8	14	75	4	9	10	0	3	63	0	20	11	0	41	19	91
Female	11	44	8	9	50	4	6	5	0	1	43	0	11	8	0	30	13	62
Male	8	22	0	5	25	0	3	5	0	2	20	0	9	3	0	11	6	29
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Time period in which services were received:

2012

Please Describe the Sources of your Criminal Justice Data

Source of adult criminal justice information:

- 1. Consumer survey (recommended questions)
- 2. Other Consumer Survey: Please send copy of questions
- 3. Mental health MIS
- 4. State criminal justice agency
- 5. Local criminal justice agency
- 6. Other (specify)

Sources of children/youth criminal justice information:

- 1. Consumer survey (recommended questions)
- 2. Other Consumer Survey: Please send copy of questions
- 3. Mental health MIS
- 4. State criminal/juvenile justice agency
- 5. Local criminal/juvenile justice agency
- 6. Other (specify)

Measure of adult criminal justice involvement:

- 1. Arrests
- 2. Other (specify)

Measure of children/youth criminal justice involvement:

- 1. Arrests
- 2. Other (specify)

Mental health programs included:

- 1. Adults with SMI only
- 2. Other adults (specify)
- 3. Both (all adults)
- 1. Children with SMI only
- 2. Other Children (specify)
- 3. Both (all Children)

Region for which adult data are reported:

1. The whole state

2. Less than the whole state (please describe)

Region for which children/youth data are reported:

1. The whole state

2. Less than the whole state (please describe)

### What is the Total Number of Persons Surveyed or for whom Criminal Justice Data Are Reported

1. What was your sample size? (How many individuals were selected for the sample)?

Child/Adolescents

Adults

3,360

3,600

2. How many survey Contacts were made? (surveys to valid phone numbers or addresses)

1,834

2,124

3. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were CJ data available for?

1,536

1,823

4. What was your response rate? (number of Completed surveys divided by number of Contacts)

84.0 %

86.0 %

State Comments/Notes:

The MHSIP is stratified by region and statewide data is weighted.

Footnotes:

# V: Performance Indicators and Accomplishments

Table 24 (URS Table 16) - Profile of Adults With Serious Mental Illnesses And Children With Serious Emotional Disturbances Receiving Specific Services

Age	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
0-12 years	0	0	0	0	1,396	0	0	27,237
13-17 years	0	0	0	0	736	0	0	19,510
18-20 years	45	202	0	689	0	0	0	0
21-64 years	1,607	10,149	0	41,344	0	0	0	0
65-74 years	30	286	0	2,522	0	0	0	0
75+ years	2	29	0	414	0	0	0	0
Not Available	0	0	0	0	0	0	0	0
Total	1,684	10,666	0	44,969	2,132	0	0	46,747

Gender	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Female	776	5,597	0	24,889	883	0	0	16,440
Male	908	5,069	0	20,080	1,249	0	0	30,307
Not Available	0	0	0	0	0	0	0	0

Ethnicity	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
American Indian / Alaska Native	29	231	0	1,000	167	0	0	2,075
Asian	16	160	0	556	5	0	0	165
Black / African American	183	1,194	0	3,535	267	0	0	4,025
Hawaiian / Pacific Islander	3	18	0	100	12	0	0	131

White	1,431	8,949	0	39,232	1,599	0	0	39,179
Hispanic *	0	0	0	0	0	0	0	0
More than one race	21	100	0	474	82	0	0	1,172
Not Available	1	14	0	72	0	0	0	0

Hispanic/Latino Origin	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Hispanic / Latino origin	307	1,962	0	7,841	707	0	0	19,775
Non Hispanic / Latino	1,376	8,690	0	37,056	1,425	0	0	26,972
Not Available	1	14	0	72	0	0	0	0

	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED

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

\* Hispanic is part of the total served.

Yes  No

Comments on Data (overall):

Comments on Data (Supported Housing):

Comments on Data (Supported Employment):

Comments on Data (Assertive Community Treatment):

Comments on Data (Therapeutic Foster Care):

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Comments on Data (Multi-Systemic Therapy):

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Comments on Data (Family Functional Therapy):

---

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

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Footnotes:

## V: Performance Indicators and Accomplishments

Table 25A (URS Table 20A) - Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	32	0	0	0.00 %	0.00 %
<b>Age</b>					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	0	0	0	0.00 %	0.00 %
21-64 years	32	0	0	0.00 %	0.00 %
65-74 years	0	0	0	0.00 %	0.00 %
75+ years	0	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
<b>Gender</b>					
Female	13	0	0	0.00 %	0.00 %
Male	19	0	0	0.00 %	0.00 %
Gender Not Available	0	0	0	0.00 %	0.00 %
<b>Race</b>					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	1	0	0	0.00 %	0.00 %
Black/African American	6	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	4	0	0	0.00 %	0.00 %

White	<input type="text" value="16"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Hispanic *	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
More than one race	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Race Not Available	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Non Hispanic/Latino	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Hispanic/Latino Origin Not Available	<input type="text" value="32"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %

Are Forensic Patients Included?  Yes  No

Comments on Data:

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

Footnotes:

## V: Performance Indicators and Accomplishments

Table 25B (URS Table 20B) - Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	41	0	1	0.00 %	2.44 %
<b>Age</b>					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	1	0	0	0.00 %	0.00 %
21-64 years	39	0	1	0.00 %	2.56 %
65-74 years	0	0	0	0.00 %	0.00 %
75+ years	1	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
<b>Gender</b>					
Female	6	0	0	0.00 %	0.00 %
Male	34	0	1	0.00 %	2.94 %
Gender Not Available	1	0	0	0.00 %	0.00 %
<b>Race</b>					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	0	0	0	0.00 %	0.00 %
Black/African American	6	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	1	0	0	0.00 %	0.00 %

White	<input type="text" value="23"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Hispanic *	<input type="text" value="11"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	0.00 %	9.09 %
More than one race	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Race Not Available	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Non Hispanic/Latino	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Hispanic/Latino Origin Not Available	<input type="text" value="41"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	0.00 %	2.44 %

Comments on Data:

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

Footnotes:

## V: Performance Indicators and Accomplishments

Table 26 (URS Table 21) - Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY Psychiatric Inpatient Care Unit Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	32	0	0	0.00 %	0.00 %
<b>Age</b>					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	0	0	0	0.00 %	0.00 %
21-64 years	32	0	0	0.00 %	0.00 %
65-74 years	0	0	0	0.00 %	0.00 %
75+ years	0	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
<b>Gender</b>					
Female	13	0	0	0.00 %	0.00 %
Male	19	0	0	0.00 %	0.00 %
Gender Not Available	0	0	0	0.00 %	0.00 %
<b>Race</b>					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	1	0	0	0.00 %	0.00 %
Black/African American	6	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	4	0	0	0.00 %	0.00 %

White	<input type="text" value="16"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Hispanic *	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
More than one race	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Race Not Available	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Non Hispanic/Latino	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %
Hispanic/Latino Origin Not Available	<input type="text" value="32"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00 %	0.00 %

1. Does this table include readmission from state psychiatric hospitals?  Yes  No

2. Are Forensic Patients Included?  Yes  No

Comments on Data:

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

Footnotes: