

# Arizona

## UNIFORM APPLICATION FY 2016 BEHAVIORAL HEALTH REPORT COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 05/21/2013 - Expires 05/31/2016  
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Center for Mental Health Services  
Division of State and Community Systems Development

# 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 Arizona Department of Health Services

Organizational Unit Division of Behavioral Health Services

Mailing Address 150 N. 18th Avenue, Suite 220

City Phoenix

Zip Code 85007

### II. Contact Person for the Grantee of the Block Grant

First Name Cara

Last Name Christ

Agency Name Arizona Department of Health Services

Mailing Address 150 N. 18th Avenue, Suite 500

City Phoenix

Zip Code 85007

Telephone 602-364-1007

Fax

Email Address cara.christ@azdhs.gov

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

From 7/1/2014

To 6/30/2015

### IV. Date Submitted

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

Submission Date 12/1/2015 7:01:19 PM

Revision Date 1/22/2016 12:57:17 PM

### V. Contact Person Responsible for Report Submission

First Name Kelly

Last Name Charbonneau

Telephone 602-364-1356

Fax

Email Address Kelly.Charbonneau@azdhs.gov

Footnotes:

## II: Annual Report

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

Priority #: 1  
Priority Area: Youth  
Priority Type: SAT  
Population(s): Other (Entire population under 18 years old)

Goal of the priority area:

Increase the number of youth in the behavioral health system identified as having a diagnosed substance use disorder.

Strategies to attain the goal:

Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) will monitor enrollment numbers of youth with a substance use diagnosis in the system of care.

Regional Behavioral Health Authorities (RBHAs) will continue to collaborate and meet regularly with children/adolescent providers to share information on substance abuse screening, trends and best practices.

ADHS/DBHS and RBHAs will provide and promote access to substance abuse training initiative available to children/adolescent providers- including those employed through other agencies, such as Child Protective Services and Juvenile Justice as well as education for medical providers and teachers.

ADHS/DBHS and RBHAs will educate treatment providers, prevention providers, and coalitions on how to engage community stakeholders in identifying and referring youth to early intervention and substance abuse treatment services.

ADHS/DBHS will ensure the availability of a standardized, parent-friendly, screening tool to identify substance use/abuse in children and adolescents.

#### Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Percentage of those under the age of 18 in the behavioral health system who were diagnosed as having a substance use disorder or dependence  
Baseline Measurement: FY2012 6.9%  
First-year target/outcome measurement: FY2014 7.5%  
Second-year target/outcome measurement: FY2015 8%  
New Second-year target/outcome measurement (*if needed*):

Data Source:

Client Information System (CIS)

New Data Source (*if needed*):

Description of Data:

The Division tracks the enrollment of all members receiving services within the behavioral health system.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

There is a two month lag on demographic data submitted as well as a six month lag on claims or encounters submitted. Assessment information is based on self-report.

New Data issues/caveats that affect outcome measures:

# Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The percent of youth in the behavioral health system receiving substance abuse services decreased slightly from FY2012 (6.9%) to FY2013 (6.8%).

RBHAs have been working to promote access to substance abuse treatment services for adolescents during meetings with providers and collaborators, and through school and community-based trainings. Trainings provided by RBHAs, have included components on how to screen for substance abuse in the adolescent population, and effective substance abuse treatment of such as ACRA and other evidence based practices targeting the adolescent population. Additionally, providers continue to utilize SA screening tools, including ASAM and CRAFFT.

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

In order to capture the number of those served in the behavioral health system more accurately, there was a change in methodology in reporting. Historically, the counts were based on enrolled; this year and moving forward the reporting will be based on the number of those enrolled and served. This change has caused reporting to have the appearance of decreasing. The percent of youth in the behavioral health system receiving substance abuse services decreased slightly from FY2014 (3.6%) to FY2015 (2.4%). Arizona has continued to focus on this population through the use of trainings and the expanding the use of the American Society of Addiction Medicine (ASAM) to adolescents. RBHAs monitor for utilization of services and funds, as well as utilization of evidence-based SUD treatment. RBHAs have been working to promote access to substance abuse treatment services for adolescents during meetings with providers and collaborators, and through school and community-based trainings. Trainings provided by RBHAs, have included components on how to screen for substance abuse in the adolescent population, and effective substance abuse treatment of such as ACRA and other evidence based practices targeting the adolescent population. Additionally, providers continue to expand the utilization of SUD screening tools, including ASAM and CRAFFT.

How second year target was achieved (optional):

Priority #: 2  
Priority Area: Older Adults  
Priority Type: SAP, SAT  
Population(s): Other (Entire population over 55 years old)

Goal of the priority area:

Reduce the rates of older adult (55+) deaths from 15.9 to 15.5 and hospitalizations from 110.6 to 110.0 due to poisonings.

Strategies to attain the goal:

Expand the Prescription Drug Initiative statewide incorporating a variety of prevention and early intervention strategies. Strategies include ongoing engagement with the medical community to increase participation with the Prescription Drug Monitoring Database, use of the Screening, Brief Intervention, and Referral to Treatment, and community education on safe storage practices.

## Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Rate of deaths and hospitalizations for individuals over the age of 55 due to poisonings.  
Baseline Measurement: CY2012: Deaths- 15.9 per 100,000, Hospitalizations- 110.6 per 100,000  
First-year target/outcome measurement: Deaths- 15.5 per 100,000 due to poisonings for Arizonans ages 55+, Hospitalizations- 110.0 per 100,000 due to poisonings for Arizonans ages 55+  
Second-year target/outcome measurement: Deaths- 15.5 per 100,000 due to poisonings for Arizonans ages 55+, Hospitalizations- 110.0 per 100,000 due to poisonings for Arizonans ages 55+  
New Second-year target/outcome measurement (if needed):  
Data Source:

-Arizona Department of Health Services Office of Vital Registration death certificates



Goal of the priority area:

Increase enrollment of service members and veterans enrolled in the behavioral health system.

Strategies to attain the goal:

ADHS/DBHS is engaged with Arizona Coalition for Military Families to connect service members, veterans and family members to services throughout the State. ADHS/DBHS disseminates information to all levels of services and encourages collaboration for the provision of culturally competent care.

ADHS/DBHS will assist RBHAs in establishing a relationship with local Veterans Affairs (VAs) in order to coordinate care and participate in trainings.

ADHS/DBHS and RBHAs to increase the ability and comfort of behavioral health providers (treatment and prevention) to offer culturally competent services for service members, veterans, and their families.

#### Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Number of military/veterans within the behavioral health system  
Baseline Measurement: FY2012 .6%  
First-year target/outcome measurement: Increase FY2012 data by 5%  
Second-year target/outcome measurement: Increase FY2013 data by 5%  
New Second-year target/outcome measurement (*if needed*):

Data Source:

Client Information System (CIS)

New Data Source (*if needed*):

Description of Data:

The Division tracks the enrollment of all members receiving services within the behavioral health system.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

There is a two month lag on demographic data submitted as well as a six month lag on claims or encounters submitted. Assessment information is based on self-report.

New Data issues/caveats that affect outcome measures:

#### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (*optional*):

Enrollment of service members and veterans for substance abuse services out the total number enrolled in the behavioral health system increased from 0.6% in FY2012 to 1.1% in FY2013. Please note, the percent of service members and veterans out of the number of individuals enrolled in the Arizona behavioral health system for substance abuse services is 3.5%.

Our RBHAs have been collaborating in various capacities, including holding memberships in ACMF's Resource Network and ACMF Leadership Council, and collaborating on ACMF's Resource Navigator training and the VA's Veteran's Summit. Additionally, Rally Point Tucson, a program of CPSA, staffed by experienced veterans continues to help veterans and their families in Pima County navigate and access various resources. Providers throughout the state have been engaged in multiple trainings that are specific to the needs of service members, such as Mental Health First Aid for Military, Veteran and Their Families, Trauma Informed Care, PTSD, Traumatic Brain injury, and employment assistance.

Second Year Target:  Achieved  Not Achieved (*if not achieved, explain why*)

Reason why target was not achieved, and changes proposed to meet target:

Enrollment of service members and veterans for substance abuse services decreased from 2,560 individuals in FY2013 to 2,165 in FY2013.

The decrease in numbers is due in part to a change in how data is reported. In order to capture the number of those served in the behavioral health system more accurately, there was a change in methodology in reporting. Historically, the counts were based on enrolled; this year and moving forward the reporting will be based on the number of those enrolled and served.

Arizona Regional Behavioral Health Authorities (RBHAs) have been collaborating in various capacities, including holding memberships in Arizona Coalition for Military Families (ACMF's) Resource Network and ACMF Leadership Council, and collaborating on ACMF's Resource Navigator training and the VA's Veteran's Summit. Additionally, Rally Point Tucson, a program of CPSA, staffed by experienced veterans continues to help veterans and their families in Pima County navigate and access various resources. In addition, Rally Point Tucson is an active member of Tucson Veterans Serving Veterans, which facilitates the annual Tucson Homeless Veteran Stand Down event. Providers throughout the state have been engaged in multiple trainings that are specific to the needs of service members, such as Mental Health First Aid for Military, Veteran and Their Families, Trauma Informed Care, PTSD, Traumatic Brain injury, employment assistance, and resource navigation.

How second year target was achieved (*optional*):

Priority #: 4  
Priority Area: Healthcare Integration  
Priority Type: SAT, MHS  
Population(s): SMI

Goal of the priority area:

Increase coordination of care between behavioral health providers and primary care physician.

Strategies to attain the goal:

In FY2014, Maricopa County will pilot a healthcare integration program to provide behavioral and physical care within one location for Seriously Mentally Ill (SMI) clients. The outcomes of this pilot will be tracked to determine the impact on a client's overall health. Based on the outcomes of this pilot, healthcare integration for the SMI population will be rolled out statewide. ADHS/DBHS will work closely with the healthcare providers to ensure that clients are receiving both physical and behavioral health services and that there is continued collaboration between all professionals.

#### Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Coordination of Care within Maricopa County for SMI clients  
Baseline Measurement: FY2012 97.4%  
First-year target/outcome measurement: 100%  
Second-year target/outcome measurement: 100%  
New Second-year target/outcome measurement (*if needed*):

Data Source:

Case file review

New Data Source (*if needed*):

Description of Data:

ADHS/DBHS performs a random sample case file review for coordination of care for those with a Seriously Mentally Ill (SMI) diagnosis non a quarterly basis.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

Documentation indicating coordination of care may vary between providers causing discrepancies in compliance rates.

New Data issues/caveats that affect outcome measures:

#### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The percent of COC occurring for SMI clients in Maricopa County decreased from 97.4% in FY2012 to 88.2% in FY2013.

As mentioned, ADHS will monitor and assist Maricopa County with the pilot healthcare integration program to provide behavioral and physical health care in one location for Seriously Mentally Ill (SMI) members in FY14. MMIC, the RBHA for Maricopa County has assigned Care Management staff at each Adult Provider Network Organization (APNO) direct clinic in order to provide a direct link to education and technical assistance; this has allowed an increase in awareness of the medical health related needs, service utilization monitoring, identify gaps, and provide educational resources related to coordination of care with medical providers. The Care Management staff also ensures the treatment goals in the members' Care Plans address both their physical and behavioral health needs. Efforts to increase Primary Care Providers (PCP) knowledge of behavioral health needs is also being addressed through the Integrated Care Training Academy which occurs quarterly, and includes topics such as the SBIRT process.

How first year target was achieved (optional):

Second Year Target:  Achieved  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Arizona has set standards for coordination of care and monitors progress through regular deliverables. While Arizona has not achieved the goal of 100% compliance with coordination of care, there continues to be the expectation that PCP and behavioral health provide integrated services. Arizona will continue to monitor progress towards the goal. Arizona is working to establish a statewide electronic health record to facilitate the coordination of care.

How second year target was achieved (optional):

Priority #: 5  
Priority Area: Suicide Rate  
Priority Type: MHP  
Population(s): Other (Entire population)

Goal of the priority area:

Reduce the suicide rate in Arizona

Strategies to attain the goal:

ADHS/DBHS is implementing a wide variety of strategies in an effort to reduce the suicide rate. Strategies include social media messaging, social marketing/public awareness, youth leadership programs, gatekeeper trainings, improved surveillance, and ongoing collaboration with stakeholders for system improvement.

Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: Arizona suicide rate per calendar year  
Baseline Measurement: Calendar year 2011 16.81 per 100,000 population  
First-year target/outcome measurement: 14.9 per 100,000  
Second-year target/outcome measurement: 14 per 100,000  
New Second-year target/outcome measurement (if needed):

Data Source:

Arizona Department of Health Services, Division of Public Health and Statistics (ADHS/PHS) suicide rate

New Data Source (if needed):

Description of Data:

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>)

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Personnel turnover at Vital Statistics has caused potential data lag and miscalculations for the suicide rate.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The suicide rate in Arizona decreased from 17.2 suicides per 100,000 in calendar year 2011 to 16.2 per 100,000 in calendar year 2012.

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

The suicide rate in Arizona increased from 16.2 suicides per 100,000 in calendar year 2012 to 17.0 per 100,000 in calendar year 2013. Arizona has participated in and/or sponsored various suicide prevention conferences and trainings, such as the Arizona Suicide Prevention Conference, ASIST (Applied Suicide Intervention Skills Training), and Mental Health First Aid. Over one million individuals have completed ASIST. ASIST is a Maricopa-based two-day workshop, that helps providers, community members, and employees feel more comfortable, confident, and competent in helping to prevent the immediate risk of suicide. Arizona is working to develop the capacity of coalitions and committees that focus on bullying and suicide prevention, such as the Suicide Continuum of Care Committee in Southern Arizona and the Arizona Suicide Prevention Coalition. Additionally, one provider has funded 3 police drop off programs which assess for substance use disorders as well as DTS/DTOs. Arizona has worked to develop a statewide suicide prevention plan in collaboration with multiple stakeholders as well as input from SAMHSA.

How second year target was achieved *(optional)*:

Priority #: 6

Priority Area: Pregnant Women and Women with Dependent Children

Priority Type: SAP, SAT

Population(s): PWWDC

Goal of the priority area:

Ensure that all women are aware of SAPT services and monitor utilization of treatment services.

Strategies to attain the goal:

ADHS/DBHS and RBHAs to collaborate ways to expand public awareness campaigns directed towards priority populations.

RBHAs as well as ADHS/DBHS staff to regularly monitor treatment waitlist to ensure access to care.

ADHS/DBHS will review encounter codes to ensure that pregnant women and women with children are receiving the full array of services.

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of pregnant and parenting women with dependent children receiving substance abuse treatment services/

Baseline Measurement: FY2012 10,979

First-year target/outcome measurement: Increase FY2012 enrollment by 5%

Second-year target/outcome measurement: Increase FY2013 enrollment by 5%

New Second-year target/outcome measurement (if needed):

Data Source:

Client Information System (CIS)

New Data Source (if needed):

Description of Data:

The Division tracks the enrollment of all members receiving services within the behavioral health system.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

There is a two month lag on demographic data submitted as well as a six month lag on claims or encounters submitted. Assessment information is based on self-report.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Strategies utilized by RBHAs and providers for collaborations include the following: creating a protocol for pregnant females using drugs intravenously in order to ensure MAT medications are appropriately prescribed for this population; collaboration with Arizona's Family First Program which provides substance use treatment services to parents who have involvement with DCS due to abuse of substances; and collaboration through the Women's Services Network who are currently developing tools for outreach to women in the community. In addition to statewide use of updated SABG posters, a Women's Services Directory was developed this last year that lists all treatment providers with treatment services and programs that are gender specific to women, and the Women's Treatment Group is developing a pamphlet and short video summarizing women's services that will be displayed for incarcerated women in jails, hospitals, and domestic violence shelters. Monitoring of the number of women in substance abuse treatment (particularly those on the waitlist), encounter values is being conducted statewide.

How first year target was achieved (optional):

Second Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The number of pregnant and parenting women enrolled for substance abuse services increased from 1,646 in FY13 to 1,767 in FY14, an increase of 7.6%.

Priority #: 7

Priority Area: Intravenous Drug Users

Priority Type: SAT

Population(s): IVDUs

Goal of the priority area:

Increase the availability and service utilization of Medication Assisted Treatment (MAT) options for individuals with a substance use disorder with a specific focus on reaching the IV drug using population.

Strategies to attain the goal:

ADHS/DBHS will further rollout the expanded MAT services available to those with a substance use diagnosis through additional advertising within the community.

ADHS/DBHS and RBHAs to provide education for healthcare practitioners on best practices and availability of MAT services.

ADHS/DBHS to compile a listing of various MATs available throughout the State to assist clients in locating appropriate services.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Percentage of IVDU clients utilizing MAT services out of total number of IVDU clients
Baseline Measurement: Calendar Year 2011 43%
First-year target/outcome measurement: 46%
Second-year target/outcome measurement: 50%
New Second-year target/outcome measurement(if needed):

Data Source:

Client Information System (CIS)

New Data Source(if needed):

Description of Data:

The Division tracks the enrollment of all members receiving services within the behavioral health system.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

There is a two month lag on demographic data submitted as well as a six month lag on claims or encounters submitted. Assessment information is based on self-report.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: [radio] Achieved [radio] Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

Arizona has worked to improve MAT access and availability through provider network monitoring to assess needs, expanding lists of approved MAT medications, and increasing convenience of locations and hours. Providers and their prescribers receive training on the availability and use of MAT services, as well as education on MAT medications. Additionally, there is now Methadone and Suboxone Directories available for Maricopa County to assist in making appropriate referrals.

How first year target was achieved (optional):

Second Year Target: [radio] Achieved [radio] Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

While a lack of treatment capacity is often cited as the barrier to receiving MAT, areas such as lack of appropriate referral sources and a limited formulary all contribute to reduced access. Arizona has worked to improve MAT access and availability through provider network monitoring to assess needs, expanding lists of approved MAT medications, and increasing convenience of locations and hours. Providers and their prescribers receive training on the availability and use of MAT services, as well as education on MAT medications. Methadone and Suboxone Directories are available for Maricopa County to assist in making appropriate referrals. Additionally, collaborative meetings were held in Southern Arizona with medical assisted treatment site directors in southern Arizona to address issues identified in secret shopper calls, such as members waiting too long to receive services, high physician case loads and lack of space at provider sites. Arizona continues to monitor utilization and network capacity to identify areas for expansion and improvement.

How second year target was achieved (optional):

Priority #: 8
Priority Area: Underage Drinking
Priority Type: SAP
Population(s): Other (Youth ages 21 and younger)

Goal of the priority area:

Increase the percentage of youth who perceive 1-2 drinks of alcohol per day harmful to 64% as measured by the Arizona Youth Survey.

Strategies to attain the goal:

1. Conduct youth driven media campaigns to promote positive youth values and community pride
  - a) Youth developed social media campaigns: radio; PSA's poster contests; billboards; murals; alcohol free pledges
  - b) Collect samples of youth written letters to the editor with anti-alcohol messages
  - c) Host a statewide youth UAD prevention media display and recognition event
  - d) Verify that all prevention programs incorporate education on perception of harm into prevention programs
    - Request data on inclusion of perception of harm in RBHA annual evaluation report
    - Identify which programs need to increase incorporation of perception of harm
    - Meet with RBHA Prevention Administrators who have programs that need to include perception of harm to determine a means for inclusion
    - Monitor incorporation of perception of harm into prevention programs
2. Implement afterschool and leadership programs for youth
  - a) Implement alcohol prevention focused peer leadership programs such as:
    - SADD
    - YES
    - Sources of Strength
    - University leadership organizations
  - b) Host annual statewide and regional conferences/ retreats/ youth camps
  - c) Develop a statewide venue for recognition of youth UAD prevention projects and other successes
3. Implement an adult targeted media campaign to educate parents about the risks
  - a) Community media campaign/ Draw the Line (DTL)/ Hasta Aqui Implementation
    - Request data on inclusion of Draw the Line in SFY 2011 annual evaluation report
    - Identify which programs need to increase incorporation of DTL in their parenting programs
    - Meet with RBHA Prevention Administrators to determine a means for inclusion of DTL in programs
    - Distribution of DTL materials to RBHAs during alcohol awareness month

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of youth who perceive 1/2 drinks per day as harmful.

Baseline Measurement: Pre-tests administered at the beginning of the year (annual measure). 2012 Arizona Youth Survey 34.2% (every even year measure).

First-year target/outcome measurement: 1.5% increase from baseline per post tests administered at the end of the year. 2014 Arizona Youth Survey 35.5%.

Second-year target/outcome measurement: 1.5% increase from baseline per post tests administered at the end of the year. 2016 Arizona Youth Survey 37.2%

New Second-year target/outcome measurement (if needed):

Data Source:

Pre post test (Arizona Adolescent Core Measure)  
Arizona Youth Survey

New Data Source (if needed):

Description of Data:

ADHS Core Instrument for Adolescents is administered through prevention providers on a yearly basis.  
Arizona Youth Survey is administered by the Arizona Criminal Justice Commission in the schools every two years to individuals 8, 10 and 12th grades.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

Arizona Youth Survey is administered every two years.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

In FY12, 51.9% of students surveyed in the Arizona Youth Survey reported that they perceive having five or more alcoholic beverages in a row once or twice a week is of great risk; in FY14, this perception increased to 78.9%.

Due to a change in AYS reporting, the indicator used in this report will need to change from the perception of 1 to 2 alcoholic drinks as harmful to the perception of 5 or more drinks in a row as harmful.

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

While this goal was achieved in FY2014, the following activities have been conducted in order to sustain progress; :

- Conducting youth driven media campaigns to promote positive youth values and community pride. Campaigns including: youth developed social messaging (radio; PSA poster contests; billboards; murals and alcohol free pledges).
- Ensuring that prevention programs incorporate education on perception of harm into prevention programs.
- Implementing after-school and leadership programs for youth; Implementing alcohol prevention focused peer leadership programs such as: SADD, YES, Sources of Strength, University leadership organizations; Hosting annual statewide and regional conferences/ retreats/ youth camps;
- Implementing an adult targeted media campaign to educate parents about the risks of underage drinking;
- Implementing a youth targeted media campaign to educate youth about the risks of underage drinking.

Priority #: 9

Priority Area: Tuberculosis Screening

Priority Type: SAT

Population(s): TB

Goal of the priority area:

Increase the number of clients who are screened for tuberculosis services when entering substance abuse treatment.

Strategies to attain the goal:

ADHS/DBHS to provide guidance to RBHAs regarding accurate documentation on screening and referral for TB services.

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of clients receiving substance abuse services with documentation of a screening or referral for TB services.

Baseline Measurement: FY2011 14%

First-year target/outcome measurement: Increase FY2011 data by 5%

Second-year target/outcome measurement: Increase FY2012 data by 5%

New Second-year target/outcome measurement *(if needed)*:

Data Source:

Independent Case Review (ICR)

New Data Source *(if needed)*:

Description of Data:

ADHS/DBHS hires an independent contractor annually to conduct a case review of clients receiving substance abuse services.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

The sample size is not statistically significant.

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

Based on the 2013 Independent Case Review (ICR), the percent of clients entering substance abuse treatment who are screened for tuberculosis increased to 14.6% compared to 14% during the 2011 ICR. However, we did not reach our goal of increasing by 5%. Strategies focused on developing mechanisms to document and verify TB screening of those entering substance abuse treatment were implemented this last year. Such strategies providers are implementing include: integrating education on TB (along with other communicable diseases) into client orientations, providing educational materials on TB to clients, providing clients with referral handouts for TB and HIV testing at specified locations, as well as including elements to capture TB screening documentation in contractors' audit tools.

How first year target was achieved *(optional)*:

Second Year Target:  Achieved  Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

Arizona provided in depth technical assistance to contractors regarding the expectations for screening and referral to treatment for TB. Based on the 2014 Independent Case Review (ICR), the percent of clients entering substance abuse treatment who are screened for tuberculosis increased from 8.9% in FY13 to 24.0% in FY14.

Footnotes:

### III: Expenditure Reports

#### MHBG Table 2 (URS Table 7) - State Agency Expenditure Report

Start Year: 2014

End Year: 2015

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	\$	\$	\$	\$	\$	\$	\$
3. Tuberculosis Services	\$	\$	\$	\$	\$	\$	\$
4. HIV Early Intervention Services	\$	\$	\$	\$	\$	\$	\$
5. State Hospital	\$	\$	\$	\$	\$	\$	\$
6. Other 24 Hour Care	\$	\$	\$	\$	\$	\$	\$
7. Ambulatory/Community Non-24 Hour Care	\$	\$	\$	\$	\$	\$	\$
8. Administration (Excluding Program and Provider Level)	\$	\$	\$	\$	\$	\$	\$
9. Total	\$	\$	\$	\$	\$	\$	\$

Please indicate the expenditures are actual or estimated.

Actual  Estimated

Footnotes:

### III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2014      Expenditure Period End Date: 6/30/2015

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$0
Specialized Outpatient Medical Services			\$0
Acute Primary Care			\$0
General Health Screens, Tests and Immunizations			\$0
Comprehensive Care Management			\$0
Care coordination and Health Promotion			\$0
Comprehensive Transitional Care			\$0
Individual and Family Support			\$0
Referral to Community Services Dissemination			\$0
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment			\$0
Brief Motivational Interviews			\$0
Screening and Brief Intervention for Tobacco Cessation			\$0
Parent Training			\$0
Facilitated Referrals			\$0
Relapse Prevention/Wellness Recovery Support			\$0
Warm Line			\$0
Substance Abuse (Primary Prevention)			\$0
Classroom and/or small group sessions (Education)			\$0
Media campaigns (Information Dissemination)			\$0
Systematic Planning/Coalition and Community Team Building(Community Based Process)			\$0
Parenting and family management (Education)			\$0

Education programs for youth groups (Education)			\$0
Community Service Activities (Alternatives)			\$0
Student Assistance Programs (Problem Identification and Referral)			\$0
Employee Assistance programs (Problem Identification and Referral)			\$0
Community Team Building (Community Based Process)			\$0
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)			\$0
Engagement Services			\$0
Assessment			\$0
Specialized Evaluations (Psychological and Neurological)			\$0
Service Planning (including crisis planning)			\$0
Consumer/Family Education			\$0
Outreach			\$0
Outpatient Services			\$0
Evidenced-based Therapies			\$0
Group Therapy			\$0
Family Therapy			\$0
Multi-family Therapy			\$0
Consultation to Caregivers			\$0
Medication Services			\$0
Medication Management			\$0
Pharmacotherapy (including MAT)			\$0
Laboratory services			\$0
Community Support (Rehabilitative)			\$0
Parent/Caregiver Support			\$0
Skill Building (social, daily living, cognitive)			\$0
Case Management			\$0

Behavior Management			\$0
Supported Employment			\$0
Permanent Supported Housing			\$0
Recovery Housing			\$0
Therapeutic Mentoring			\$0
Traditional Healing Services			\$0
Recovery Supports			\$0
Peer Support			\$0
Recovery Support Coaching			\$0
Recovery Support Center Services			\$0
Supports for Self-directed Care			\$0
Other Supports (Habilitative)			\$0
Personal Care			\$0
Homemaker			\$0
Respite			\$0
Supported Education			\$0
Transportation			\$0
Assisted Living Services			\$0
Recreational Services			\$0
Trained Behavioral Health Interpreters			\$0
Interactive Communication Technology Devices			\$0
Intensive Support Services			\$0
Substance Abuse Intensive Outpatient (IOP)			\$0
Partial Hospital			\$0
Assertive Community Treatment			\$0
Intensive Home-based Services			\$0
Multi-systemic Therapy			\$0

Intensive Case Management			\$0
Out-of-Home Residential Services			\$0
Children's Mental Health Residential Services			\$0
Crisis Residential/Stabilization			\$0
Clinically Managed 24 Hour Care (SA)			\$0
Clinically Managed Medium Intensity Care (SA)			\$0
Adult Mental Health Residential			\$0
Youth Substance Abuse Residential Services			\$0
Therapeutic Foster Care			\$0
Acute Intensive Services			\$0
Mobile Crisis			\$0
Peer-based Crisis Services			\$0
Urgent Care			\$0
23-hour Observation Bed			\$0
Medically Monitored Intensive Inpatient (SA)			\$0
24/7 Crisis Hotline Services			\$0
Other (please list)			\$0
Total			\$0

Footnotes:

### III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2014	Estimated/Actual SFY 2015
\$7,038,779	\$4,538,626	\$4,680,656

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:**

Please see attached documentation regarding 2015 set aside.

JUN 30 2015

Cara M. Christ, M.D.  
Director  
Division of Behavioral Health Services  
Arizona Department of Health Services  
Phoenix, AZ 85007

Dear Dr. Christ:

This letter is being submitted in response to your letter requesting waivers from SAMHSA's Mental Health Block Grant (MHBG) Children's Set-aside requirement for state fiscal years (SFY) 2012 and 2014. The letter identified shortfall amounts of \$1,150,728 and \$1,250,672, respectively.

Dan Spears, SAMHSA's Acting Chief Financial Officer and Director of the Office of Financial Advisory Services, had a teleconference with your staff on June 17, 2015. Mr. Spears informed them that SAMHSA considered Arizona to have met the MHBG Children's Set-aside requirement for the SFYs in question based on the expenditure data included in your May 15, 2015 letter regarding Arizona's portion of Medicaid funds expended for children with serious emotional disturbance (SED) that had not been included in the calculation of Children's Set-aside expenditures. Specifically, Arizona's portion of the Medicaid expenditures for children with SED exceeded \$92 million for each of the years in question, which more than made up for the shortfalls identified. Therefore, the waiver requests and approvals from SAMHSA for SFYs 2012 and 2014 are not necessary.

Cathleen Crowley, the State Project Officer for Arizona's MHBG will submit a revision request for the MHBG Behavioral Health Reports in WebBGAS, to allow your staff to reference this letter in the footnote to *Table 4 - Set-aside for Children's Mental Health Services* for the years in question. Once referenced, this matter will be closed.

Page 2 – Dr. Christ

Thank you for your continued commitment to advancing the field of mental health and addressing the vital treatment needs of adults with serious mental illness and children with serious emotional disturbances.

Sincerely,

A handwritten signature in cursive script that reads "Cyntrice Bellamy".

Cyntrice Bellamy, M.S., M.Ed.

Director

Division of State and Community Systems Development  
(DSCSD)

Center for Mental Health Services (CMHS)



**Arizona Department of Health Services**

**Office of the Director**

150 North 18<sup>th</sup> Avenue  
Phoenix, Arizona 85007  
(602) 542-1025  
(602) 542-0883 FAX  
Internet: [www.azdhs.gov](http://www.azdhs.gov)

DOUGLAS A. DUCEY, GOVERNOR  
CARA M. CHRIST, MD, DIRECTOR

May 15, 2015

*Sent via electronic mail*

Pamela S. Hyde, J.D., Administrator  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road, Room 8-1065  
Rockville, MD 20857

Dear Ms. Hyde:

The State of Arizona respectfully requests a waiver for the Mental Health Block Grant (MHBG) Children's Set Aside requirement in the amount of \$1,150,728 for State Fiscal Year 2012 and \$1,250,672 for State Fiscal Year 2014. Per Section 1913 of the PHS Act, the State is required to expend not less than an amount equal to the amount expended by the State for Fiscal Year 1994, which is \$5,789,298. The amount reported was \$4,638,570 for State Fiscal Year 2012 and \$4,538,626 for State Fiscal Year 2014.

In reviewing the State Medicaid Title XIX expenditures for services provided to children with serious emotional disturbance (SED), Arizona expended \$92,817,129 in FY2012 and \$93,745,761 in FY2014. This is in addition to the federal block grant expenses reported for those years. Based on this information, Arizona has provided an adequate level of comprehensive mental health services for services provided to children with SED.

Furthermore, the State requests that the expenditures for State Medicaid Title XIX not be included in the calculation of the Children's Set Aside Requirement for State Fiscal Year 2012 and State Fiscal Year 2014, should those years be designated a new baseline to the requirement in the future.

To resolve the shortfall moving forward, the State has determined that it will increase the amount of MHBG funding targeted to children with SED to meet the 1994 Children's Set Aside Requirement of \$5,789,298 beginning on July 1, 2015 for State Fiscal Year 2016.

If you have questions, or require additional information, please contact Debbie Gann at 602-364-4719 or [Debbie.Gann@azdhs.gov](mailto:Debbie.Gann@azdhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Cara M. Christ".

Cara M. Christ, MD  
Director

*Health and Wellness for all Arizonans*

**MHBG CHILDREN'S SET ASIDE REQUIREMENT**

	FY2012	FY2013	FY2014
TOTAL EXPENSES			
96295 82000	\$16,845,595.53 57.84%	\$19,043,134.26 53.47%	\$16,079,563.59 44.06%
96295 83000	\$12,278,709.05 42.16%	\$16,574,505.25 46.53%	\$20,412,090.36 55.94%
	<u>\$29,124,304.58</u>	<u>\$35,617,639.51</u>	<u>\$36,491,653.95</u>
96295 81020	\$820,228.28		
TFFS CHILD, 81020	\$474,422.79		
TFFS SMI, 81020	\$345,805.49		
EXPENSES			
96295 82000, 81020	\$17,320,018.32 57.84%		
96295 83000, 81020	\$12,624,514.54 42.16%		
DES DD TOTAL	<u>\$29,944,532.86</u>		
<b>SM EXPENSES FOR INDEX</b>			
96261	\$88,813,195.32	\$86,750,923.84	\$86,468,975.78
96262	\$1,163,182.49	\$1,281,015.79	\$447,880.99
96295	\$5,746,213.76	\$6,419,718.13	\$5,675,153.43
97275	\$41,175,828.58	\$48,372,284.15	\$60,163,019.11
Total Child	<u>\$136,898,420.15</u>	<u>\$142,823,941.91</u>	<u>\$152,755,029.31</u>
<b>State Match for Children with SED</b>	<u>\$92,817,128.86</u>	<u>\$91,264,498.88</u>	<u>\$93,745,761.49</u>
X 67.80 % SED		X 63.90 % SED	X 61.37 % SED

Source Data: AEDW, Maintenance of Effort 2012, 2013, 2014

### III: Expenditure Reports

#### MHBG Table 5 (URS Table 8) - Profile Of Mental Health Block Grant Expenditures For Non-Direct Service Activities

*This table is used to describe the use of CMHS BG funds for non-direct service activities that are sponsored, or conducted, by the State Mental Health Authority*

Service		Estimated Total Block Grant
MHA Technical Assistance Activities		\$
MHA Planning Council Activities		\$
MHA Administration		\$234,523
MHA Data Collection/Reporting		\$
MHA Activities Other Than Those Above		\$
Total Non-Direct Services		\$234,523
Comments on Data:		
Footnotes:		

### III: Expenditure Reports

MHBG Table 6 (URS Table 10) - Statewide Entity Inventory

Expenditure Period Start Date:      Expenditure Period End Date:

Entity Number	I-BHS ID (for SABG)	Area Served (Statewide or Sub-State Planning Area)	Provider/Program/Agency 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 with serious mental illness	CMHS Block Grant - G. Children with serious emotional disturbance
1			Apache Behavioral Health			AZ							\$0.00	\$27,000.00
2			Cenpatico Behavioral Health - 2			AZ							\$156,083.00	\$162,560.00
3			Cenpatico Behavioral Health - 3			AZ							\$293,522.00	\$293,879.00
4			Cenpatico Behavioral Health - 4			AZ							\$280,932.00	\$298,951.00
5			Community Partnership of Southern Arizona - 5			AZ							\$701,235.00	\$635,480.00
6			Gila River Regional Behavioral Health Authority			AZ							\$20,968.00	\$13,807.00
10			Magellan Health Services			AZ							(\$56,394.00)	\$0.00
9			Mercy Maricopa Integrated Care			AZ							\$3,052,336.00	\$2,685,065.00
7			Northern Arizona Regional Behavioral Health -1			AZ							\$474,730.00	\$558,655.00
8			Pascua Yaqui Tribe			AZ							\$17,791.00	\$5,259.00
Total								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,941,203.00	\$4,680,656.00

Footnotes:

### III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2013) + B2(2014)</u> 2 (C)
SFY 2013 (1)	\$485,303,751	
SFY 2014 (2)	\$465,688,067	\$475,495,909
SFY 2015 (3)	\$515,846,015	

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

SFY 2013	Yes	<u>X</u>	No	_____
SFY 2014	Yes	<u>X</u>	No	_____
SFY 2015	Yes	<u>X</u>	No	_____

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

**Footnotes:**

Arizona Department of Health Services/Division of Behavioral Health Services is currently in the process of merging with the State Medicaid Authority. This has caused delays in accessing required data for the completion of the Maintenance of Effort table. ADHS/DBHS requests a brief extension for the submission of the data.

Based on Arizona's restatement of MOE, column B should reflect (2013) 470,776,333, (2014) 479,695,705 and C should reflect 475,236,019.

### III: Expenditure Reports

#### MHBG Table 8A & 8B (URS Table 5A and 5B) - Profile of Clients by Type of Funding and Support

Table 8A

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			Native 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)	54,701	48,905	0	103,606	1,873	1,648	0	409	374	0	3,817	3,718	0	131	115	0	47,322	41,907	0	0	0	0	759	796	0	390	347	0
Non-Medicaid Sources (only)	6,298	5,195	0	11,493	187	153	0	62	39	0	261	225	0	11	12	0	5,249	4,275	0	0	0	0	55	48	0	473	443	0
People Served by Both Medicaid and Non-Medicaid Sources	20,897	19,002	0	39,899	892	890	0	113	85	0	1,382	1,581	0	57	43	0	18,078	16,052	0	0	0	0	320	292	0	55	59	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>81,896</b>	<b>73,102</b>	<b>0</b>	<b>154,998</b>	<b>2,952</b>	<b>2,691</b>	<b>0</b>	<b>584</b>	<b>498</b>	<b>0</b>	<b>5,460</b>	<b>5,524</b>	<b>0</b>	<b>199</b>	<b>170</b>	<b>0</b>	<b>70,649</b>	<b>62,234</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,134</b>	<b>1,136</b>	<b>0</b>	<b>918</b>	<b>849</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 Race):

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.

Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons covered by Medicaid would be the total indicated in Table 5A. Please 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	38,659	32,977	0	15,649	15,580	0	393	348	0	54,701	48,905	0	103,606
Non-Medicaid Only	4,996	3,973	0	829	779	0	473	443	0	6,298	5,195	0	11,493
People Served by Both Medicaid and Non-Medicaid Sources	14,891	12,982	0	5,953	5,962	0	53	58	0	20,897	19,002	0	39,899
Medicaid Status Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Served	58,546	49,932	0	22,431	22,321	0	919	849	0	81,896	73,102	0	154,998

Comments on Data (for Ethnicity):

Comments on Data (for Gender):

Comments on Data (Overall):

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

Footnotes:

## IV: Populations and Services Reports

### MHBG Table 9 (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:
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## IV: Populations and Services Reports

### MHBG Table 10 (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 type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2. Aged 4 to 17	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<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:				

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. Please describe how you calculate and count the number of persons with co-occurring disorders. Use 5 Axis\_I codes and 2 Axis\_II codes

#### 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
- If yes, please check the responsibilities the SMHA has:
- 4.b.3 Direct contractual responsibility and oversight of the MCOs or BHOs  Yes
- 4.b.4 Setting Standards for mental health services  Yes
- 4.b.5 Coordination with state health and Medicaid agencies  Yes
- 4.b.6 Resolving mental health consumer complaints  Yes
- 4.b.7 Input in contract development  Yes
- 4.b.8 Performance monitoring  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: 7/1/2014 12:00:00 AM to 6/30/2015 12:00:00 AM

6.d. Person Responsible for Submission: Angela Aguayo

6.e. Contact Phone Number: 602-364-4638

6.f. Contact Address: 150 N. 18th Avenue, Suite 280 Phoenix, AZ 85007

6.g. E-mail: angela.aguayo@azdhs.gov

Footnotes:

# IV: Populations and Services Reports

## MHBG Table 11 A and MHBG Table 11 B (URS Tables 2A and 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 11A

	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	10,227	18,700	0	28,927	467	748	0	35	94	0	897	1,587	0	34	34	0	8,519	15,752	0	0	0	0	235	450	0	40	35	0
13-17 years	9,444	11,615	0	21,059	493	558	0	45	53	0	685	976	0	23	37	0	7,767	9,625	0	0	0	0	227	237	0	204	129	0
18-20 years	3,172	3,430	0	6,602	183	160	0	16	16	0	198	269	0	6	14	0	2,649	2,844	0	0	0	0	54	52	0	66	75	0
21-24 years	3,857	3,369	0	7,226	165	142	0	20	19	0	262	264	0	13	5	0	3,263	2,812	0	0	0	0	60	42	0	74	85	0
25-44 years	25,882	18,263	0	44,145	1,008	658	0	198	166	0	1,735	1,256	0	69	47	0	22,346	15,690	0	0	0	0	303	191	0	223	255	0
45-64 years	25,153	16,012	0	41,165	581	399	0	221	124	0	1,528	1,097	0	49	30	0	22,348	14,034	0	0	0	0	221	152	0	205	176	0
65-74 years	3,489	1,470	0	4,959	47	24	0	40	19	0	127	68	0	4	3	0	3,182	1,291	0	0	0	0	30	9	0	59	56	0
75+ years	672	243	0	915	8	2	0	9	7	0	28	7	0	1	0	0	575	186	0	0	0	0	4	3	0	47	38	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	81,896	73,102	0	154,998	2,952	2,691	0	584	498	0	5,460	5,524	0	199	170	0	70,649	62,234	0	0	0	0	1,134	1,136	0	918	849	0
Pregnant Women	1,408	0	0	1,408	78			11			121			4			1,180					13				1		

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 (6/30/2015).

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

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 11A.

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

Table 11B

	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	6,100	10,498	0	4,086	8,167	0	41	35	0	10,227	18,700	0	28,927
13-17 years	5,638	7,025	0	3,603	4,460	0	203	130	0	9,444	11,615	0	21,059
18-20 years	2,038	2,172	0	1,068	1,183	0	66	75	0	3,172	3,430	0	6,602
21-24 years	2,638	2,293	0	1,146	991	0	73	85	0	3,857	3,369	0	7,226
25-44 years	19,025	13,623	0	6,633	4,385	0	224	255	0	25,882	18,263	0	44,145
45-64 years	19,949	12,996	0	4,998	2,841	0	206	175	0	25,153	16,012	0	41,165
65-74 years	2,726	1,180	0	704	234	0	59	56	0	3,489	1,470	0	4,959
75+ years	432	145	0	193	60	0	47	38	0	672	243	0	915
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	58,546	49,932	0	22,431	22,321	0	919	849	0	81,896	73,102	0	154,998
Pregnant Women	1,038			369			1			1,408	0	0	1,408

Comments on Data (for Age):	Age is defined as the age at the end of the enrollment period (6/30/2015).
-----------------------------	--

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

Footnotes:

## IV: Populations and Services Reports

MHBG Table 12 (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	18,619	28,976	0	2,899	3,161	0	52,854	36,324	0	4,043	1,665	0	0	0	0	78,415	70,126	0	148,541
State Psychiatric Hospitals	0	0	0	0	2	0	70	209	0	2	10	0	0	0	0	72	221	0	293
Other Psychiatric Inpatient	1,145	976	0	314	358	0	7,333	6,111	0	353	172	0	0	0	0	9,145	7,617	0	16,762
Residential Treatment Centers	89	106	0	9	16	0	1	2	0	0	0	0	0	0	0	99	124	0	223

Comments on Data (for Age):

Age is defined as the age at the end of the enrollment period (6/30/2015).

Comments on Data (for Gender):

Comments on Data (Overall):

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

Footnotes:

# IV: Populations and Services Reports

MHBG Tables 13 A, B, C (URS Tables 14A/14B) - Profile of Persons With SMI/SED Served by Age, Gender and Race/Ethnicity

Table 13A,B

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	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	6,839	15,066	0	258	537	0	24	84	0	668	1,332	0	20	28	0	5,669	12,691	0	0	0	0	168	366	0	32	28	0
13-17 years	7,684	10,018	0	358	440	0	32	47	0	585	858	0	16	30	0	6,318	8,327	0	0	0	0	191	210	0	184	106	0
18-20 years	318	451	0	11	17	0	3	2	0	27	38	0	0	1	0	270	379	0	0	0	0	6	13	0	1	1	0
21-64 years	21,260	17,959	0	475	450	0	216	187	0	1,506	1,445	0	51	42	0	18,737	15,619	0	0	0	0	250	198	0	25	18	0
65-74 years	2,006	902	0	29	14	0	27	13	0	75	42	0	4	1	0	1,848	828	0	0	0	0	21	4	0	2	0	0
75+ years	331	116	0	0	0	0	5	2	0	22	7	0	0	0	0	301	103	0	0	0	0	3	3	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
Total	38,438	44,512	0	1,131	1,458	0	307	335	0	2,883	3,722	0	91	102	0	33,143	37,947	0	0	0	0	639	794	0	244	154	0

Comments on Data (for Age):	Age is defined as the age at the end of the enrollment period (6/30/2015).
Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	

1. State Definitions Match the Federal Definitions

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

Diagnoses included in the state SMI definition:



Diagnoses included in the state SED definition:

Table 13C

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	4,165	8,531	0	2,642	6,507	0	32	28	0	6,839	15,066	0	21,905
13-17 years	4,654	6,161	0	2,847	3,751	0	183	106	0	7,684	10,018	0	17,702
18-20 years	243	340	0	74	110	0	1	1	0	318	451	0	769
21-64 years	17,423	14,496	0	3,812	3,446	0	25	17	0	21,260	17,959	0	39,219
65-74 years	1,721	783	0	283	119	0	2	0	0	2,006	902	0	2,908
75+ years	263	90	0	68	25	0	0	1	0	331	116	0	447
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	28,469	30,401	0	9,726	13,958	0	243	153	0	38,438	44,512	0	82,950
Comments on Data (for Age):	Age is defined as the age at the end of the enrollment period (6/30/2015).												
Comments on Data (for Gender):													
Comments on Data (for Race/Ethnicity):													
Comments on Data (Overall):													

Footnotes:



## IV: Populations and Services Reports

MHBG Table 14 (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	240	54	79	0	0	0	0	0	0
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	240	54	79	990	469	181	181	1,798	2,302
Age Not Available	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	2,743	7,651	7,377	0	0	0	0	0	0
Children (0 to 17 years)	332	1,255	1,229	2	1	2	1	0	0
Adults (18 yrs and over)	2,411	6,396	6,148	2	1	2	1	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
Residential Tx Centers	35	208	136	0	0	0	0	0	0
Children (0 to 17 years)	21	181	116	17	15	17	15	0	0
Adults (18 yrs and over)	14	27	20	17	18	17	18	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
Community Programs	38,707	38,707	0	0	0	0	0	0	0
Children (0 to 17 years)	14,140	14,140							
Adults (18 yrs and over)	24,567	24,567							
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):

Comments on Data (Overall):

Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 15 (URS Table 17) - Profile of Adults with Serious Mental Illnesses Receiving Specific Services During the Year

*This table provides a profile of adults with serious mental illness receiving specific evidence-based practices in the reporting year. The reporting year should be the latest state fiscal year for which data are available.*

ADULTS WITH SERIOUS MENTAL ILLNESS				
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)	Receiving Illness Self Management and Recovery	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	0	0	0	0
Unknown	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?	<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"/>
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?	<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			

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

Comments on Data (overall): <input type="text" value="we do not collect data for this table."/>
Comments on Data (Family Psychoeducation): <input type="text"/>
Comments on Data (Integrated Treatment for Co-occurring Disorders): <input type="text"/>
Comments on Data (Illness Self Management and Recovery): <input type="text"/>
Comments on Data (Medication Management): <input type="text"/>

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

Footnotes: <input type="text"/>
------------------------------------

# V: Performance Indicators and Accomplishments

MHBG Table 16A (URS Table 4) - Profile of Adult Clients By Employment Status

This table describes the status of adults clients served in the report year by the public mental health system in terms of employment status. The focus is on employment for the working age population, recognizing, however, that there are clients who are disabled, retired or who are homemakers, care-givers, etc and not a part of the workforce. These persons should be reported in the "Not in Labor Force" category. This category has two subcategories: retired and other. (The totals of these two categories should equal the number in the row for "Not in Labor Force"). Unemployed refers to persons who are looking for work but have not found employment.

Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.

Adults Served	18-20			21-64			65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Avail	Total
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	364	309	0	10,802	6,736	0	197	106	0	0	0	0	11,363	7,151	0	18,514
Unemployed	652	703	0	17,654	13,088	0	546	230	0	0	0	0	18,852	14,021	0	32,873
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	1,679	1,892	0	23,509	15,553	0	3,175	1,225	0	0	0	0	28,363	18,670	0	47,033
Not Available	204	257	0	889	947	0	125	104	0	0	0	0	1,218	1,308	0	2,526
<b>Total</b>	<b>2,899</b>	<b>3,161</b>	<b>0</b>	<b>52,854</b>	<b>36,324</b>	<b>0</b>	<b>4,043</b>	<b>1,665</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>59,796</b>	<b>41,150</b>	<b>0</b>	<b>100,946</b>

How Often Does your State Measure Employment Status?

At Admission  At Discharge  Monthly  Quarterly  Other, describe:

Annual Update

---

What populations are included:  All clients  Only selected groups, describe:

---

Comments on Data (for Age):  
Age is defined as the age at the end of the enrollment period (6/30/2015).

---

Comments on Data (for Gender):

---

Comments on Data (Overall):  
Employment Status for Volunteer, Unpaid Rehabilitation activities, Homemaker, Student, Retired, and Inmate of Institution are counted as "Not in Labor Force".

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Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 16B (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)	1,247	3,297	9,036	264	13,844
Bipolar and Mood Disorders (296, 300.4, 301.11, 301.13, 311)	9,422	15,926	23,729	1,066	50,143
Other Psychoses (297, 298)	327	1,140	1,500	125	3,092
All Other Diagnoses	7,518	12,510	12,768	1,071	33,867
No Dx and Deferred DX (799.9, V71.09)	0	0	0	0	0
Diagnosis Total	18,514	32,873	47,033	2,526	100,946

Comments on Data (for Diagnosis):

Footnotes:

## V: Performance Indicators and Accomplishments

### MHBG Table 17 (URS Table 15) - Living Situation Profile

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

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

Please 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	44,175	3,184	618	229	0	0	177	144	1,038	0	49,565
18-64	86,742	323	2,709	114	0	281	677	3,519	3,270	0	97,635
65+	5,116	12	295	1	0	12	8	68	301	0	5,813
Not Available	0	0	0	0	0	0	0	0	0	0	0
TOTAL	136,033	3,519	3,622	344	0	293	862	3,731	4,609	0	153,013
Female	73,564	1,645	1,482	172	0	72	229	1,539	2,353	0	81,056
Male	62,469	1,874	2,140	172	0	221	633	2,192	2,256	0	71,957
Not Available	0	0	0	0	0	0	0	0	0	0	0
TOTAL	136,033	3,519	3,622	344	0	293	862	3,731	4,609	0	153,013

American Indian/Alaska Native	4,549	285	233	34	0	18	36	193	161	0	5,509
Asian	976	10	23	1	0	6	3	19	20	0	1,058
Black/African American	9,322	388	295	43	0	29	109	383	224	0	10,793
Hawaiian/Pacific Islander	306	19	11	2	0	0	2	10	7	0	357
White/Caucasian	118,871	2,735	3,034	253	0	173	695	3,068	2,395	0	131,224
Hispanic *	0	0	0	0	0	65	0	0	0	0	65
More than One Race Reported	2,003	82	26	11	0	0	17	58	41	0	2,238
Race/Ethnicity Not Available	6	0	0	0	0	2	0	0	1,761	0	1,769
TOTAL	136,033	3,519	3,622	344	0	293	862	3,731	4,609	0	153,013

	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	40,873	1,065	640	104	0	0	244	727	605	0	44,258
Non Hispanic or Latino Origin	95,154	2,454	2,982	239	0	0	618	3,004	2,243	0	106,694
Hispanic											

or Latino Origin Not Available	6	0	0	1	0	293	0	0	1,761	0	2,061
TOTAL	136,033	3,519	3,622	344	0	293	862	3,731	4,609	0	153,013

Comments on Data:	
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 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:
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## V: Performance Indicators and Accomplishments

MHBG Table 18 (URS Table 19B) - Profile of Change in School Attendance

1. This is a developmental measure. To assist in the development process, we are asking states to report information on the school attendance outcomes of mental health consumers with their December 2007 MHBG submission.
2. The SAMHSA National Outcome Measure for School Attendance measures the change in days attended over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer Self-Report items on School Attendance, you may report them here.
3. If your SMHA has data on School Attendance from alternative sources, you may also report that here. If you only have data for School attendance for consumers in this year, please report that in the T2 columns. If you can calculate the change in the Attendance from T1 to T2, please use all these columns.
4. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
5. Please tell us anything else that would help us to understand your indicator (e. g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

For Consumers in Service for at least 12 months

T1		T2			T1 to T2 Change			Impact of Services										
"T1" Prior 12 months (more than 1 year ago)		"T2" Most Recent 12 months (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Over the last 12 months, the number of days my child was in school have							
# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses	
Total	164	808	35	193	789	23	105	59	0	84	720	4	228	380	107	164	125	1,004
Gender																		
Female	39	240	19	58	223	16	27	12	0	31	206	3	60	120	35	47	35	297
Male	125	568	16	135	566	7	78	47	0	53	514	1	168	260	72	117	90	707
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age																		
Under 18	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		Impact of Services
"T1" 12 months prior to beginning services	"T2" Since Beginning Services (this year)	If Suspended at T1 (Prior 12 Months)	If Not Suspended at T1 (Prior 12 Months)	Since starting to receive MH Services, the number of days my child was in school have

	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	54	284	18	69	270	16	28	25	1	40	243	1	99	132	26	55	42	354
Gender																		
Female	10	103	5	13	99	5	6	3	1	7	96	0	29	48	10	16	15	118
Male	44	181	13	56	171	11	22	22	0	33	147	1	70	84	16	39	27	236
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source of School Attendance Information:

- 1. Consumer survey (recommended items)
- 2. Other Survey: Please send us items
- 3. Mental health MIS
- 4. State Education Department
- 5. Local Schools/Education Agencies
- 6. Other (specify)

Measure of School Attendance:

- 1. School Attendance
- 2. Other (specify):

Mental health programs include:

- 1. Children with SED only
- 2. Other Children (specify)
- 3. Both

Region for which 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 School Attendance Data Are Reported?

Child/Adolescents:

1. If data is from a survey, what is the total number of people from which the sample was drawn?	40,908
2. What was your sample size? (How many individuals were selected for the sample)?	2,800
3. How many survey contacts were made? (surveys to valid phone numbers or addresses)	2,124
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, how many persons were data available for?	1,614
5. What was your response rate? (number of Completed surveys divided by number of Contacts)	76.0 %

State Comments/Notes:

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

Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 19 (URS Table 9) - Social Connectedness and Improved Functioning

Adult Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness		1,260	1,602	79%
2. Functioning		1,139	1,602	71%
Child/Adolescent Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
3. Social Connectedness		1,391	1,614	86%
4. Functioning		1,092	1,614	68%
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

MHBG Table 20A (URS Table 11) - Summary Profile of Client Evaluation of Care

Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.	1,338	1,602	82.4-89.5
2. Reporting Positively About Quality and Appropriateness for Adults	1,420	1,602	86.9-93.0
3. Reporting Positively About Outcomes.	1,146	1,602	62.4-71.6
4. Adults Reporting on Participation In Treatment Planning.	1,403	1,602	83.5-90.4
5. Adults Positively about General Satisfaction with Services.	1,393	1,602	84.1-90.9

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.	1,347	1,614	77.5-87.5
2. Reporting Positively about General Satisfaction for Children.	1,364	1,614	72.9-83.7
3. Reporting Positively about Outcomes for Children.	1,046	1,614	53.0-65.8
4. Family Members Reporting on Participation In Treatment Planning for their Children	1,463	1,614	86.8-94.4
5. Family Members Reporting High Cultural Sensitivity of Staff.	1,467	1,614	91.5-97.5

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)  1. All Consumers In State  2. Sample of MH Consumers

- 2.a. If a sample was used, what sample methodology was used?  1. Random Sample  
 2. Stratified / Random Stratified Sample  
 3. Convenience Sample  
 4. Other Sample:

- 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="radio"/> Yes	<input type="radio"/> Yes
Mail	<input type="radio"/> Yes	
Face-to-face	<input checked="" 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)? 3,000
- 6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)? 2,146
- 6.c. How many surveys were completed? (survey forms returned or calls completed) 1,602
- 6.d. What was your response rate? (number of Completed surveys divided by number of Contacts) 74.7 %
- 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

\* 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) Used?  Yes
- 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)  1. All Consumers In State  2. Sample of MH Consumers
- 2.a. If a sample was used, what sample methodology was used?  1. Random Sample
- 2. Stratified / Random Stratified Sample
- 3. Convenience Sample
- 4. Other Sample:
- 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 Emotional Disturbances
- 3. Children who were Medicaid Eligible or in Medicaid Managed Care
- 4. Other, describe (for example, if you survey anyone served in the last 3 months, describe that here):

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

	Self-Administered	Interview
Phone	<input type="radio"/> Yes	<input type="radio"/> Yes
Mail	<input type="radio"/> Yes	
Face-to-face	<input checked="" 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)? 2,800
- 6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)? 2,124
- 6.c. How many surveys were completed? (survey forms returned or calls completed) 1,614
- 6.d. What was your response rate? (number of Completed surveys divided by number of Contacts) 76.0 %
- 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

Footnotes:

## V: Performance Indicators and Accomplishments

MHBG Table 20B (URS Table 11A) - Consumer Evaluation of Care By Consumer Characteristics: 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.	1,338	1,602	42	50	8	10	85	102	9	11	921	1,096	28	32	245	301	397	456
2. Reporting Positively About Quality and Appropriateness.	1,420	1,602	46	50	8	10	92	102	9	11	994	1,081	27	32	244	316	399	447
3. Reporting Positively About Outcomes.	1,146	1,602	42	51	10	10	73	102	9	11	789	1,064	24	31	199	333	322	434
4. Reporting Positively about Participation in Treatment Planning	1,403	1,602	42	49	8	10	90	100	5	8	993	1,068	24	29	241	338	396	435
5. Reporting Positively about General Satisfaction	1,393	1,602	46	53	8	10	90	102	9	11	965	1,096	28	31	247	299	413	458
6. Social Connectedness	1,260	1,602	44	49	8	8	75	100	7	9	865	1,061	26	34	235	341	379	441
7. Functioning	1,139	1,602	38	51	11	11	67	100	5	9	784	1,065	23	31	211	335	329	438

### 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.	1,347	1,614	50	55	2	5	102	118	1	1	912	1,074	46	65	234	296	516	596
Reporting Positively About General	1,364	1,614	51	55	2	2	108	118	2	2	915	1,077	48	65	238	295	527	601

Satisfaction																		
Reporting Positively About Outcomes.	1,046	1,614	32	55	2	5	78	114	2	2	713	1,070	33	66	186	302	411	592
Reporting Positively Participation in Treatment Planning for their Children.	1,463	1,614	48	50	2	2	114	116	2	2	989	1,070	55	65	253	309	557	597
Reporting Positively About Cultural Sensitivity of Staff.	1,467	1,614	51	53	6	6	121	121	2	2	983	1,015	63	63	241	354	554	573
6. Social Connectedness	1,391	1,614	50	55	2	2	109	115	2	2	936	1,058	61	66	231	316	534	588
7. Functioning	1,092	1,614	34	55	2	5	84	115	2	2	744	1,072	40	65	186	300	427	593

Comments on Data:

*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

MHBG Table 21 (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	171	1972	33	187	1978	16	78	88	5	99	1863	10	256	145	68	595	195	1259
Total Children/Youth (under age 18)	83	890	33	110	881	16	49	33	1	54	829	7	92	71	53	595	195	1006
Female	23	257	18	36	255	7	17	6	0	18	239	0	11	33	25	174	140	383
Male	60	633	15	74	626	9	32	27	1	36	590	7	81	38	28	421	55	623
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)	88	1082	0	77	1097	0	29	55	4	45	1034	3	164	74	15	0	0	253
Female	42	649	0	31	666	0	8	33	1	22	627	0	78	33	10	0	0	121
Male	46	433	0	46	431	0	21	22	3	23	407	3	86	41	5	0	0	132
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	73	418	32	83	426	14	38	35	0	44	373	1	87	35	22	226	38	408
Total Children/Youth (under age 18)	40	284	32	60	280	14	28	12	0	31	252	1	45	24	21	226	38	354
Female	9	91	18	7	103	7	6	3	0	1	89	1	15	5	2	81	14	117
Male	31	193	14	53	177	7	22	9	0	30	163	0	30	19	19	145	24	237
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)	33	134	0	23	146	0	10	23	0	13	121	0	42	11	1	0	0	54
Female	15	73	0	12	78	0	6	9	0	6	67	0	21	5	1	0	0	27
Male	18	61	0	11	68	0	4	14	0	7	54	0	21	6	0	0	0	27
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: 2015

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 SED 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)
  - See State Notes.
- Region for which children/youth data are reported:
- 1. The whole state
  - 2. Less than the whole state (please describe)
  - See State Notes.

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

	Child/Adolescents	Adults
1. If data is from a survey, What is the total Number of people from which the sample was drawn?	40,908	62,441
2. What was your sample size? (How many individuals were selected for the sample)?	2,800	3,000
3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)	2,124	2,146
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were CJ data available for?	1,614	1,602
5. What was your response rate? (number of Completed surveys divided by number of Contacts)	75.0 %	75.0 %

State Comments/Notes: The MHSIP is stratified by region and statewide data is weighted.

Footnotes:

# V: Performance Indicators and Accomplishments

MHBG Table 22 (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					1,330	0	0	21,905
13-17 years					625	0	0	17,702
18-20 years	33	258	0	773	0	0	0	0
21-64 years	1,469	9,586	0	39,237				
65-74 years	47	342	0	2,908				
75+ years	1	22	0	448				
Not Available	0	0	0	0	0	0	0	0
Total	1,550	10,208	0	43,366	1,955	0	0	39,607

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	751	5,320	0	23,926	823	0	0	14,523
Male	799	4,888	0	19,440	1,132	0	0	25,084
Not Available	0	0	0	0	0	0	0	0

Race/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	28	218	0	996	156	0	0	1,593
Asian	16	94	0	455	6	0	0	187
Black / African American	151	854	0	3,165	247	0	0	3,443
Hawaiian / Pacific Islander	4	23	0	99	8	0	0	94

White	1,331	8,896	0	38,102	1,488	0	0	33,005
Hispanic *	0	0	0	0	0	0	0	0
More than one race	19	120	0	499	50	0	0	935
Not Available	1	3	0	50	0	0	0	350

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	302	2,313	0	7,940	568	0	0	15,747
Non Hispanic / Latino	1,247	7,892	0	35,377	1,387	0	0	23,511
Not Available	1	3	0	49	0	0	0	349

	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):  
See General Notes

Comments on Data (Supported Housing):

Comments on Data (Supported Employment):

Comments on Data (Assertive Community Treatment):

Comments on Data (Therapeutic Foster Care):

Comments on Data (Multi-Systemic Therapy):

Comments on Data (Family  
Functional Therapy):

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\* 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

MHBG Table 23A (URS Table 20A) - Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

	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	42	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	41	0	0	0.00 %	0.00 %
65-74 years	1	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	18	0	0	0.00 %	0.00 %
Male	24	0	0	0.00 %	0.00 %
Gender Not Available	0	0	0	0.00 %	0.00 %
<b>Race</b>					
American Indian/Alaska Native	7	0	0	0.00 %	0.00 %
Asian	2	0	0	0.00 %	0.00 %
Black/African American	0	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

White	25	0	0	0.00 %	0.00 %
Hispanic *	8	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	0	0	0	0.00 %	0.00 %
Non Hispanic/Latino	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin Not Available	42	0	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

MHBG Table 23B (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	43	2	6	4.65 %	13.95 %
<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	43	2	6	4.65 %	13.95 %
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	3	1	1	33.33 %	33.33 %
Male	40	1	5	2.50 %	12.50 %
Gender Not Available	0	0	0	0.00 %	0.00 %
<b>Race</b>					
American Indian/Alaska Native	5	0	1	0.00 %	20.00 %
Asian	0	0	0	0.00 %	0.00 %
Black/African American	2	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

White	23	1	3	4.35 %	13.04 %
Hispanic *	13	1	2	7.69 %	15.38 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	0	0	0	0.00 %	0.00 %
Non Hispanic/Latino	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin Not Available	43	2	6	4.65 %	13.95 %

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

MHBG Table 24 (URS Table 21) - Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) within 30/180 Days of Discharge

	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	42	0	0	0.00 %	0.00 %
Age					
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	41	0	0	0.00 %	0.00 %
65-74 years	1	0	0	0.00 %	0.00 %
75+ years	0	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	18	0	0	0.00 %	0.00 %
Male	24	0	0	0.00 %	0.00 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	7	0	0	0.00 %	0.00 %
Asian	2	0	0	0.00 %	0.00 %
Black/African American	0	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %

White	25	0	0	0.00 %	0.00 %
Hispanic *	8	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	0	0	0	0.00 %	0.00 %
Non Hispanic/Latino	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin Not Available	42	0	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: