

I: State Information

State Information

State DUNS Number

Number 964093350

Expiration Date

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

Agency Name Oregon Health Authority

Organizational Unit Addictions and Mental Health Division

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

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IV. Date Submitted

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footnote:

II: Annual Report

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

Priority #: 1
Priority Area: Improve the lifelong health of all Oregonians.
Priority Type: SAP, SAT, MHP, MHS
Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Improve the lifelong health of all Oregonians.

Specifically:

1. Utilize Positive Youth Development (PYD) to decrease risk of adverse behavioral health behaviors, and encourage youth to adopt healthy behaviors to ensure healthy transition into adulthood.
2. Determine a baseline for children age six and under living in any setting, receiving a mental health assessment through the public mental health system.
3. Children in Child Welfare with SED will receive a mental health assessment within 60 days of entering substitute care.
4. To provide the infrastructure, planning and implementation of a statewide alcohol and drug prevention system

Strategies to attain the goal:

Improving the lifelong health of all Oregonians is part of Oregon's Triple Aim under Health System Transformation increasing the quality, reliability and availability of care for all Oregonians and lowering or containing the cost of care so it is affordable for everyone. With solid systems in place to identify the factors that lead to chronic disease and focus on early signs and symptoms, the state can provide services and supports much earlier. Access points to better health care should start within locations where Oregonians live and should be built on a foundation of community awareness, behavioral health promotion, prevention, early identification, early intervention, access to treatment services and supports, and recovery management.

Specifically:

- Collaborate with Adolescent and School Health Program Unit of Public Health Division to identify PYD-programs (if any) exists in schools across the state.
- Recruit additional schools to participate in Student Wellness Survey and track PYD in eighth grade students.
- Promote PYD in schools with low PYD scores and high substance use in eighth grade students, with the assistance of county prevention coordinators.
- Determine method to increase the number of completed mental health assessments
- Utilize CW-AMH workgroup monitoring of system and child level data monitoring.
- Facilitate collaboration between mental health programs and child welfare system
- Communicate with child welfare caseworkers about importance of this measure
- Fund each county and tribe in the state to provide a minimum of a .50FTE Prevention Coordinator to provide prevention services with an approved plan.
- Support a statewide prevention system that includes policies, practices, and programs that serve many Oregonians.
- Coordinate a prevention training system to increase the number of Certified Prevention Specialists (CPS).

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Substance use prevalence in eighth grade students
Baseline Measurement: Establish baseline of substance use prevalence in eighth grade students during 2012-2013.
First-year target/outcome measurement: Identify counties with high substance use prevalence rates among eighth graders, and decrease by 1 percent in 2014.
Second-year target/outcome measurement: Decrease substance use by eighth grade students by an additional 1 percent in 2015.
New Second-year target/outcome measurement (if needed):
Data Source:
Student Wellness Survey, Oregon Healthy Teens Survey, School Health Policies and Practices Survey.
New Data Source (if needed):

Description of Data:

Student Wellness Survey assesses and monitors health and well-being of Oregon youth including Positive Youth Development measures. Oregon Healthy Teens Survey is a comprehensive school-based survey that assesses public health issues in Oregon teens. The School Health Policies and Practices Survey is a comprehensive assessment of school health policies and practices in the nation and is conducted at the state, district, school and classroom levels. It monitors eight components of schools' health including mental health and social services.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

One issue that could arise is the possibility that too few schools implement positive youth development enhancing programs. Data could also be affected by too few schools participating in the surveys that monitor PYD in middle school students. This can affect analysis and comparison of data while determining success of the planned strategy.

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:

N/A

How first year target was achieved (optional):

N/A

Indicator #:

2

Indicator:

Children age six and under living in any setting, receiving a mental health assessment through the public mental health system.

Baseline Measurement:

Baseline of all children age six and under, living in any setting, who received a mental health assessment through the public mental health system is being established in this grant period.

First-year target/outcome measurement: Exceed baseline by 1 percent

Second-year target/outcome measurement: Exceed baseline by 2 percent

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

Data Source:

MMIS, ORKIDS

New Data Source (if needed):

Description of Data:

Determine number of children age 6 and under who are Medicaid eligible, and determine number of those Medicaid eligible children who have received a mental health assessment through the public mental health system. Use MMIS billing codes H0031 and H1011.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Reliability and functionality of MMIS and ORKIDS (updated version of SACWIS, Statewide Automated Child Welfare Information System)

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):

Baseline was established for this measure during this reporting period: four percent of all children age six and under, living in any setting, received a mental health assessment through the public mental health system. We expect to meet our first year target of exceeding this baseline measure by one percent for the next reporting period.

Indicator #: 3
Indicator: Children in the custody of Child Welfare with SED receiving a mental health assessment within 60 days of entering substitute care.
Baseline Measurement: 56 percent (2011)
First-year target/outcome measurement: 65 percent
Second-year target/outcome measurement: 75 percent
New Second-year target/outcome measurement (if needed):

Data Source:

MMIS and OR-KIDS

New Data Source (if needed):

Description of Data:

Numerator is the number of children entering substitute care in DHS Child Welfare system who receive a mental health assessment within 60 days of entering care. Denominator is the number of children entering substitute care in DHS Child Welfare system.

New Description of Data (if needed)

Due to changes in our data reporting system, there have been shifts in the way the indicator is compiled with this report. All children entering foster care are included in the denominator, regardless of SED status. In the past differing methodology was used to calculate children in the SED group.

Data issues/caveats that affect outcome measures:

transitional issues with ORKIDS system; lag in reporting

New Data issues/caveats that affect outcome measures:

MHA Procedure codes for services have changed in MMIS. Codes used in 2011 AMH report: 90801, 90802, 96101, 96102, H0031, H1011; in 2013 90801 and 90802 were replaced by 90791 and 90792. The others remained the same. Since 1/1/2013 Evaluation and Management (E/M) procedures codes have been billable, but they don't distinguish mental health assessment from other types of services. In particular, the rate schedule for that date indicates 90801 is replaced with "90732 or appropriate E/M code." It is possible that in other cases assessment services were provided but coded on claims as E/M rather than one of the codes designated for MHA. Assessments provided to children in day or residential treatment are not consistently captured in the MMIS claims database. In some areas providers did not have a clear understanding of what the requirements were or how to identify children needing assessment after entering foster care. This can be addressed through technical assistance to the CCOs by OHA. We expect reporting of MHA services to be more complete in CY2014. Implementation of the CCO Performance Measure for mental and physical assessments within 60 days of foster entry, beginning with the final quarter of 2013, motivates CCOs and their providers to maximize reporting of MHA services under the procedure codes designated for the measure (same as those used in this measure).

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:

There has been difficulty in consistent reporting of the mental health assessments, especially for the children who are continuing in foster care but may gain and lose Medicaid enrollment due to geographic changes, as well as for children who cycle in and out of foster care within a year. Tightening up the MHA reporting and providing technical assistance to the CCOs will certainly improve these numbers. As the system begins to stabilize with the CCO transition, more CCOs will both be motivated and become more fully informed

as to the proper reporting. We anticipate changing the target to accommodate this reality with our next application.

How first year target was achieved (optional):

Indicator #: 4

Indicator: Percentage of counties and Tribes with approved prevention plans

Baseline Measurement: Number of counties and Tribes with an approved prevention plan for 2013-2015 biennium.

First-year target/outcome measurement: All counties and Tribes have approved prevention goals and objectives.

Second-year target/outcome measurement: Each CMHP completed a minimum of 80 percent of approved prevention goals and objectives.

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

Data Source:

Biennial Implementation Plans, Prevention Section

New Data Source (if needed):

Description of Data:

Each county and tribe that submits their plans will be compared against those who have approved plans to determine if the target was met.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

Currently there is no system to collect data from the BIP or from the Prevention Workforce Training system, although data can be gathered and compiled to determine if targets were met.

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:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 5

Indicator: Oregonians that have received prevention services

Baseline Measurement: Total served in federal fiscal year July 1, 2010 - June 30, 2011 was 171,283.

First-year target/outcome measurement: An increase of one percent from baseline.

Second-year target/outcome measurement: An increase of one percent from first year target.

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

Data Source:

Minimum Data Set Database

New Data Source (if needed):

Description of Data:

Each prevention coordinator is responsible for entering prevention services in the MDS database. Examples of data are: individuals served, evidence-based practices, and the 6 CSAP strategies.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Logging consistency by providers.

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:

N/A

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

N/A

Indicator #: 6

Indicator: Number of qualified candidates for the national International Certification & Reciprocity Consortium (ICRC) CPS exam.

Baseline Measurement: Number of candidates that qualified in 2012.

First-year target/outcome measurement: Maintain current number of qualified candidates.

Second-year target/outcome measurement: Maintain current number of qualified candidates from the first year.

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

Data Source:

Addictions Counselor Certification Board of Oregon Data

New Data Source *(if needed)*:

Description of Data:

Number of candidates will be collected through ACCBO prevention certification data.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Numbers of candidates may fluctuate as cohort training occurs every other year.

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:

N/A

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

N/A

Priority #: 2
 Priority Area: Improve the quality of life for the people served.
 Priority Type: SAP, SAT, MHP, MHS
 Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Improve the quality of life for the people served.

Specifically:

1. The population of children with SED will show improved participation in school following mental health treatment.
2. To determine the percentage of youth and young adults ages 14-25 responding agree or strongly agree to the Adult MHSIP Survey or Youth Services Survey questions as to whether they feel they are doing better in school and/or work, and better able to handle things when they go wrong, as a result of services received.
3. Increase housing stability for children with SED.
4. Children with SED will experience a lower likelihood of arrest following initiation of mental health treatment.
5. Increase housing stability for adults with SMI.

Strategies to attain the goal:

A key component of both Health System Transformation and AMH System Change is the use of flexible funds to meet the needs of the individuals served. Flexible funds will allow service providers to more effectively meet the holistic health needs of people with behavioral health disorders to improve their quality of life. AMH is committed to continuous quality improvement, and will continue to assess and take steps to improve consumer and family member satisfaction in areas such as housing stability, educational and vocational opportunities, social connectedness, and treatment outcomes.

Specifically:

- Continue to support statewide provision of educational services and supports to children with SED
- Work with educational system to create effective services/programs that meet the needs of children with SED.
- Continue stigma reduction efforts.
- Young adult system involvement
- Positive peer support
- Developmentally appropriate services for youth and young adults
- Targeted development of residential treatment homes and residential treatment facilities for young adult population
- Address family stability and secure housing arrangements through Child and Family Teams.
- Work plan of CSAC for 2011-12: Surveys of providers, juvenile justice staff, OYA staff, families and youth to determine critical barriers to collaboration
- Improved collaboration between juvenile justice system and mental health system
- Improved quality of services for youth involved in juvenile justice system are expected to decrease likelihood of criminal activity
- CCO contracts require all individuals with SMI to be assessed for participation in IPS SE, and, if it would benefit the individual, provide IPS SE services.
- CCOs and Local Mental Health Authorities providing IPS SE services must meet fidelity benchmarks identified by AMH (see Step One).
- Contract with the Oregon Supported Employment Center for Excellence to provide ongoing training, technical assistance and fidelity monitoring for IPS SE providers.
- Increase funding allocations to Local Mental Health Authorities to support the development and implementation of IPS SE.
- Targeted development of residential treatment homes and residential treatment facilities for specialty populations
- Increase in funding for LMHAs to provide scattered-site supported housing and rental assistance – increasing access to and maintenance of housing for adults with SMI
- Utilization of Projects for Assistance in Transition from Homelessness funds to provide outreach and case management to individuals with SMI who are homeless and not engaged in mainstream services.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Children with SED showing improved participation in school following mental health treatment.
Baseline Measurement:	30 percent
First-year target/outcome measurement:	32 percent
Second-year target/outcome measurement:	33 percent
New Second-year target/outcome measurement (if needed):	
Data Source:	
	MHSIP YSS-F Survey

New Data Source *(if needed)*:

Description of Data:

The number of parents/guardians who report that their child's school attendance improved following the initiation of mental health treatment.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Survey response 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)*:

Indicator #: 2

Indicator: Young adults ages 14-25 who agree that they feel they are doing better in school and/or work, and better able to handle things when they go wrong as a result of services received.

Baseline Measurement: 2013 MHSIP/YSS Surveys in progress; responses to this survey will establish baseline.

First-year target/outcome measurement: Exceed baseline by 1 percent

Second-year target/outcome measurement: Exceed baseline by 2 percent

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

Data Source:

YSS and MHSIP Survey data

New Data Source *(if needed)*:

Description of Data:

Positive response (agree or strongly agree) on MHSIP survey questions inquiring whether they are doing better in school and /or work, and better able to handle things when they go wrong

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Response rate of surveys

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)*:

This is a new indicator and baseline was established during this reporting period through the 2013 MSHIP/YSS surveys. The

Denominator includes 687 YSS respondents and 113 adults; results differed substantially between adults and youth - 50.4% of youth responded positively to both items, compared to 38.9% of adults. We expect to meet our first year target of exceeding baseline by 1% for the next reporting period.

Indicator #: 3
Indicator: Decrease the number of children with SED enrolled in mental health services that are homeless.
Baseline Measurement: Develop baseline.
First-year target/outcome measurement: Decrease the number of children with SED enrolled in mental health services that are homeless by 1 percent.
Second-year target/outcome measurement: Decrease the number of children with SED enrolled in mental health services that are homeless by 2 percent.

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

Data Source:

COMPASS and MMIS

New Data Source(*if needed*):

Description of Data:

See Step Two for a description of COMPASS and MMIS.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None identified at this time.

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:

Baseline was established during this reporting period. The number of children with SED enrolled in mental health services that are homeless on the first day of the year who are no longer homeless on the last day of the year decreased by 36 percent. We expect to meet the first year target of exceeding this baseline measure by one percent for the next reporting period.

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

Indicator #: 4
Indicator: Percentage of children with arrest history in year prior to treatment who are not rearrested in the year following treatment.
Baseline Measurement: 43.7 percent
First-year target/outcome measurement: 45 percent
Second-year target/outcome measurement: 46 percent
New Second-year target/outcome measurement(*if needed*):

Data Source:

YSS-F Survey

New Data Source(*if needed*):

Description of Data:

The percentage of children, as reported by parents or guardians, who were arrested in Year 1 (year prior to mental health treatment) and not re-arrested in Year 2 (one year after starting mental health treatment).

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None

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)*:

Indicator #:

5

Indicator:

Increase the number individuals with SED or SMI utilizing IPS SE services.

Baseline Measurement:

1,501 unduplicated individuals have received IPS SE between July 1, 2011 and September 30, 2012.

First-year target/outcome measurement:

Increase IPS SE utilization by 5 percent.

Second-year target/outcome measurement:

IPS SE utilization by 5 percent.

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

Data Source:

COMPASS and MMIS

New Data Source *(if needed)*:

Description of Data:

See Step Two for a description of COMPASS and MMIS

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

None at this time.

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:

In calendar year 2013, 1,025 consumers (unduplicated count) received supported employment services from programs known to be at fidelity, representing a 19% increase in consumers served from the previous year (863 in calendar year 2012). There were 21 sites at fidelity level by the end of 2013 compared to 17 the previous year.
The 2013 Block Grant Application indicated the baseline measurement for Supported Employment Services was 1,501 unduplicated individuals for the time period between July 1, 2011 and September 30, 2012. The baseline number for this period was reported in error. Due to staff turnover, and lack of procedural documentation that would explain how the 1,501 individuals served was arrived upon, AMH must rely solely upon MMIS data to report the numbers of participants in the program.

For calendar year 2012, the baseline measurement has been revised to 863 unduplicated individuals that received IPS SE. Utilizing the revised number of unduplicated individuals served in calendar year 2013; AMH exceeded the first year target/outcome measurement goal of 5%. The first year yielded an additional 19%, or 162 individuals who received IPS SE services.

The second year target/outcome measurement was to increase IPS SE utilization by 5%. Early counts of consumers (unduplicated count) received supported employment services from programs known to be at fidelity, indicate that program growth will again exceed the original goal of 5%.

The 2013 Oregon State Legislature authorized major investments in mental health programs, including \$1.5 million to expand the Supported Employment program statewide. Because of this unprecedented investment of state funds, the program will see significant growth for an additional reporting year. However, once there is program access statewide, the yearly growth of the program is expected to grow at a more modest rate.

Third year target/outcome measurement: Increase IPS SE utilization by 5%

Fourth year target/outcome measurement: Increase IPS SE utilization by 3%

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

Indicator #: 6

Indicator: Decrease the number of adults with SMI enrolled in mental health services that are homeless.

Baseline Measurement: Due to the limitations of CPMS (see Step Two) AMH has been unable to accurately identify the number of adults with SMI enrolled in mental health services that are homeless.

First-year target/outcome measurement: Develop baseline.

Second-year target/outcome measurement: Decrease the number of adults with SMI enrolled in mental health services that are homeless by 5 percent.

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

Data Source:

COMPASS and MMIS

New Data Source (*if needed*):

Description of Data:

See Step Two for a description of COMPASS and MMIS.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None identified at this time.

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:

Baseline was established during this reporting period. The number of adults with SMI enrolled in mental health services that are homeless on the first day of the year who are no longer homeless on the last day of the year decreased by 24 percent. We expect to meet the second year target/outcome of decreasing the number of adults with SMI enrolled in mental health services that are homeless by 5 percent.

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

Priority #: 3

Priority Area: Increase the availability, utilization and quality of community-based, integrated health care services.

Priority Type: SAP, SAT, MHP, MHS

Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Increase the availability, utilization and quality of community-based, integrated health care services.

Specifically:

1. Increase access to publicly funded mental health services by children with SED and their families
2. Expand the array of community-based mental health services available to and delivered to children with SED.
3. Increase access to publicly-funded, community-based services for eligible individuals.
4. Increase utilization of substance use disorder services in Oregon.
4. Increase access to and utilization of evidence-based Assertive Community Treatment (ACT) services.

Strategies to attain the goal:

CCOs are replacing a fragmented system of care that relied on different groups to provide physical health, dental health, and behavioral health services and supports. CCOs are set up to emphasize person-centered care, where all care providers are coordinating efforts to make sure treatment plans complement each other. CCOs also work to increase health equity, to ensure that everyone in Oregon has the care they need to stay healthy. AMH and the Division of Medical Assistance Programs will continue to collaborate to ensure that individuals in need of behavioral health services have access to high-quality services regardless of health coverage.

Specifically:

- Support of statewide expansion of community based services.
- Support of CCOs in service provision to enrollees.
- Utilization of Wraparound model /SOC to further develop the community-based services array
- Monitor enrollment increases through Oregon Healthy Kids during Medicaid expansion.
- Workforce development
- Technical assistance
- Sharing of strategies for expansion of services under Statewide Children's Wraparound Initiative
- Medicaid expansion
- Increase General Fund allocations for Local Mental Health Authorities
- CCO contracts require all individuals with SMI to be assessed for participation in ACT, and, if it would benefit the individual, provide ACT services.
- CCOs and Local Mental Health Authorities providing ACT services must meet fidelity benchmarks identified by AMH (see Step One).
- Contract with a Center for Excellence to provide ongoing training, technical assistance and fidelity monitoring for ACT providers.
- Increase funding allocations to Local Mental Health Authorities to support the development and implementation of ACT.
- Promote and increase the use of Screening, Brief Intervention and Referral to Treatment (SBIRT) among primary care providers including Patient Centered Primary Care Homes.
- Provide technical assistance to Coordinated Care Organizations and network providers through partnerships with the Division of Medical Assistance Programs (Oregon's Medicaid Authority), the Northwest Addiction Technology Transfer Center (ATTC), and Oregon Health and Science University (OHSU).
- Monitor CCO performance in SBIRT, substance use disorder treatment initiation and engagement encounters.
- Monitor access performance targets for AMH contractors and report progress routinely.
- Provide technical assistance and consultation to contractors and sub-contracted providers aimed at improving access to services as needed based on performance.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Access to publicly-funded mental health services by children with SED and their families will increase.
Baseline Measurement:	Percentage served in the publicly funded mental health system: 34 percent
First-year target/outcome measurement:	35 percent
Second-year target/outcome measurement:	36 percent
New Second-year target/outcome measurement (if needed):	
Data Source:	COMPASS, MMIS
New Data Source (if needed):	

Description of Data:

Encounters and claims, indigent care under County Financial Assistance Agreement

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Transition of reporting during Health System Transformation and CCO development

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)*:

Indicator #: 2

Indicator: The percentage of children with SED receiving three or more types of community-based mental health services will steadily increase.

Baseline Measurement: 61 percent

First-year target/outcome measurement: 65 percent

Second-year target/outcome measurement: COMPASS, MMIS

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

Data Source:

COMPASS, MMIS

New Data Source *(if needed)*:

Description of Data:

The percentage of children with SED who receive three or more types of community based mental health services over the course of a year.

New Description of Data: *(if needed)*

Over the past few years use of the field for the data element that was used to identify children with SED shifted. It is not a reliable indicator of SED status and has been dropped in our replacement system (MOTS). As a result, all children who received any community-based mental health services are included in the denominator, regardless of SED status.

Data issues/caveats that affect outcome measures:

None at this time

New Data issues/caveats that affect outcome measures:

Adding Evaluation and Management (E/M) procedure codes in 2013 had a much greater than anticipated impact on this measure. With the new codes the denominator grew to 46,947 children, yet more than one third (33.9%) had no other types of mental health services aside from those coded as E/M.

Introduction of (E/M) procedure codes also contributed to problems identifying and categorizing types of mental health services provided. For example, when E/M codes were added, procedure codes that were previously in different categories were replaced with unspecified E/M codes, which are all grouped together. The effect of this was to eliminate three of the 20 categories of services and drastically reduce counts for two others (receiving medication management and individual therapy).

Mental Health Procedure Codes: There are also some issues with the non-E/M services used for this measure. Several procedure codes that were included in previous years were not in this year's data pull. Among these were all codes for PDTs, PRTs, respite care,

SCIP/SAIP/STS, crisis, and level of need determination (T1023). In other categories, some procedure codes that were used previously were not included in the data pull, including some but not all codes for mental health assessment, case management, and wraparound services.

Other changes in the MMIS data query may have resulted in part from review and revision of procedure codes in conjunction with development of AMH dashboard reporting, or from changes in how procedure codes are used by providers for billing purposes. Revised rate schedules are issued annually and additional updates are made when needed.

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:

Overall, there has been a decline in the number of services provided to eligible children ages 0-17 enrolled in Medicaid. We are examining our system to determine possible explanations for this. It could be related to the health system transformation and the impact of transition of our mental health organizations to the Coordinated Care Organization model. Most CCOs are using existing behavioral health expertise, many of whom were the mental health organization key leaders. Much work is being done to integrate the service delivery paradigm in which the physical health and behavioral health systems currently operate. In the process, this may have created a temporary reduction in volume of service. Additionally, the manner in which procedural codes are assigned to categories of services has changed. The overall number of children has increased both prior to and in conjunction with the opening of Medicaid enrollment to a wider group of children in early 2014.

With a reduction in availability of higher levels of care (primarily residential treatment) over the past 5-7 years, the outpatient community based system has had to prioritize treatment of children with more intense needs. During this same time frame, until just about a year ago, there had also been cuts in state general funds impacting service delivery. We will continue to examine our system for explanations, and more importantly, solutions going forward.

Suggested Methodological Adjustments: 1) Review and correct or update the query used to extract claims and encounter data from MMIS. 2) Review and revise assignment of procedure codes to categories of services, with emphasis on those that have been changed, added, or dropped.

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

Indicator #: 3
Indicator: Increase access to publicly-funded, community-based services for eligible individuals.
Baseline Measurement: 73,279 adults were served in SFY 2012
First-year target/outcome measurement: Increase access by 5 percent
Second-year target/outcome measurement: Increase access by 5 percent
New Second-year target/outcome measurement (*if needed*):

Data Source:

COMPASS and MMIS

New Data Source (*if needed*):

Description of Data:

See Step Two for a description of COMPASS and MMIS.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None at this time.

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):

Indicator #: 4

Indicator: Increase the number individuals with SMI utilizing ACT services.

Baseline Measurement: 611 unduplicated individuals have received ACT services in SFY 2012.

First-year target/outcome measurement: Increase ACT utilization by 5 percent.

Second-year target/outcome measurement: Increase ACT utilization by 5 percent.

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

Data Source:

New Data Source (if needed):

Description of Data:

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

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 2013 Block Grant Application indicated the baseline measurement for Assertive Community Treatment was 611 unduplicated individuals for the time period between July 1, 2011 and September 30, 2012. The baseline number for this period was reported in error. Due to staff turnover, and lack of procedural documentation that would explain how the 611 individuals served was arrived upon, AMH must rely solely upon MMIS data to report the numbers of participants in the program.

For calendar year 2012, the baseline measurement has been revised to 529 unduplicated individuals that received ACT Services. Utilizing the revised number of unduplicated individuals served in calendar year 2013: AMH did not meet the expected 5% increase in consumers served. The number of consumers who received ACT services decreased by 36, or by 7% from the previous year.

In 2013, AMH adopted the Dartmouth ACT Fidelity Scale (DACT) as the Oregon State Standard and entered into a contract with the Oregon Center of Excellence for Assertive Community Treatment (OCEACT) to provide:

- Initial and Ongoing Training,
- Technical Assistance,
- Program Development Support, and
- Fidelity Reviews

Additionally, AMH promulgated Administrative Rules that defined the minimum fidelity requirements for ACT teams statewide. The decrease in individuals served can be attributed to the adaptation of the DACT and program alignment with that scale. Some programs could not meet the minimum fidelity requirements, and while they continue to offer intensive case management services, cannot bill Medicaid until a minimum fidelity score is obtained.

The 2013 Oregon State Legislature authorized major investments in mental health programs, including \$5.5 million to expand the ACT services statewide. Because of this unprecedented investment of state funds, the program will see significant growth in the next reporting year. However, once there is program access statewide, the yearly growth of the program is expected to grow at a more modest rate.

Third Year Target/Outcome: Increase ACT utilization by 5%.

Fourth Year Target/Outcome: Increase ACT utilization by 3%

How first year target was achieved (optional):

Indicator #: 5
Indicator: SBIRT Encounters among Oregon Health Plan members.
Baseline Measurement: 0.6 per 1,000 adults seen in outpatient.
First-year target/outcome measurement: Increase above baseline by 0.5 percent
Second-year target/outcome measurement: Increase above first year measurement by 0.5 percent
New Second-year target/outcome measurement (if needed):

Data Source:

MMIS Encounter data

New Data Source (if needed):

Description of Data:

Medicaid encounter data submitted by Coordinated Care Organizations through the MMIS system. Available through the Office of Health Analytics.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

utilization of this encounter has been very low. First year measurement comparison to baseline is difficult to forecast. However, this measure is an incentive measure for CCOs so it is likely to improve over time. There are no national comparisons for face validity checks.

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:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 6
Indicator: Initiation and Engagement in Substance Use Disorder Treatment among OHP Members.
Baseline Measurement: Initiation and Engagement of Alcohol and Other Drug Metric – Intake Period 01/01/2011 – 11/15/2011 (Statewide) •Age 13-17 oDenominator = 331 Numerator (Initiation) = 49 Numerator (Engagement) = 18; •Age 18 and Over oDenominator = 5145 Numerator (Initiation) = 1424 Numerator (Engagement) = 448
First-year target/outcome measurement: Increase by 5 percent above baseline
Second-year target/outcome measurement: Increase by 5 percent above first year
New Second-year target/outcome measurement (if needed):

Data Source:

MMIS encounter data

New Data Source (if needed):

Description of Data:

Medicaid encounter data submitted by Coordinated Care Organizations through the MMIS system. Available through the Office of Health Analytics.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

The utilization of this encounter has been very low. First year measurement comparison to baseline is difficult to forecast. However, this measure is an incentive measure for CCOs so it is likely to improve over time.

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:

N/A

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

N/A

Priority #: 4
Priority Area: Reduce overall health care and societal costs through appropriate investments.
Priority Type: SAP, SAT, MHP, MHS
Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Reduce overall health care and societal costs through appropriate investments.

Specifically:

1. To reduce high risk drinking among 18-25 year olds, ultimately leading to the reduction of alcohol abuse and dependence and over time, reduce rates of chronic liver disease.
2. Preventing or reducing foster care placements by providing ongoing development and monitoring of addiction treatment services for parents who are at risk of or involved in the child welfare system.
3. The percentage of utilization and engagement in treatment will remain the same or increase.

Strategies to attain the goal:

Health System Transformation and the AMH System Change are focused on prevention and helping people manage chronic conditions. This gives people support to be healthy reducing unnecessary emergency room visits, hospitalizations, and incarceration. Better care brings:

- lower costs;
- more preventive care;
- better coordination of care to limit unnecessary tests and medications;
- Integrating physical and behavioral health care; and
- Chronic disease management to help people avoid unnecessary hospital care.

Service providers will have the flexibility to provide the services and supports that assist people in getting and staying healthier. Focusing on prevention and helping people manage chronic conditions assists in avoiding higher costs over the long term. Increasing behavioral health promotion, prevention and early identification/intervention services and recovery support services will aid in decreasing overall health care and societal costs.

Specifically:

- Build capacity across the state to utilize and implement the Strategic Prevention Framework by funding counties with the highest alcohol consumption and consequence rates due to binge, heavy and underage drinking.
- Provide technical assistance and promote cross-collaborations between addiction providers and child welfare.
- Provide families with recovery support services that include parenting education, child care, and transportation resources.
- Provide technical assistance to Coordinated Care Organizations in integrating residential and outpatient behavioral health services for pregnant women within physical health care.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Alcohol Dependence or Abuse in the Past Year among 18 to 25 year olds
Baseline Measurement: 18.7 percent in 2008-2009
First-year target/outcome measurement: 17.7 percent
Second-year target/outcome measurement: 16.7 percent
New Second-year target/outcome measurement (if needed):

Data Source:

National Survey on Drug Use and Health (NSDUH)

New Data Source (if needed):

Description of Data:

NSDUH provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

This data is challenging to collect on the age population identified.

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:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 2
Indicator: Past month binge drinking among 18 to 24 year olds
Baseline Measurement: 24.1 percent in 2009
First-year target/outcome measurement: 23.1 percent
Second-year target/outcome measurement: 22.1 percent
New Second-year target/outcome measurement (if needed):

Data Source:

Oregon Behavioral Risk Factor Surveillance System

New Data Source (if needed):

Description of Data:

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

This data is challenging to collect on the age population identified. Data is not current and not adequate.

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:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 3

Indicator: Past Month Heavy Drinking among 18 to 24 year olds

Baseline Measurement: 5.9 percent in 2009

First-year target/outcome measurement: 4.9 percent

Second-year target/outcome measurement: 3.9 percent

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

Data Source:

Oregon Behavioral Risk Factor Surveillance System (BRFSS)

New Data Source (if needed):

Description of Data:

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

This data is challenging to collect on the age population identified. Data is not current and not adequate.

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:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 4

Indicator: Percent of participants in ITRS reunited with child in DHS custody

Baseline Measurement: Number of children reunited with their parent(s) in 2012.

First-year target/outcome measurement: Maintain current number of children returned.

Second-year target/outcome measurement: Increase number of children returned by 1 percent or better.

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

Data Source:

ORKIDS, CPMS and OWITS

New Data Source *(if needed)*:

Description of Data:

CPMS and OWITs data systems capture treatment need and demographic information of each enrolled individual. ORKIDS system is maintained by child welfare and captures information about children who are in foster care.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

The ORKIDS data system is updating its capacity to provide information about number of kids returned to their families from foster care.

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:

N/A

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

N/A

Indicator #:

5

Indicator:

Sixty percent of providers provide 90 or more days of treatment in outpatient treatment for PWWDC

Baseline Measurement:

Percent of providers who met length of stay requirements for 2013.

First-year target/outcome measurement:

Maintain 2013 numbers for length of stay

Second-year target/outcome measurement:

Maintain 2013 numbers for length of stay or increase by 1%

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

Data Source:

CPMS and OWITS

New Data Source *(if needed)*:

Description of Data:

CPMS and OWITS data systems capture treatment need and demographic information of each enrolled individual.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

none

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:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 6

Indicator: Percent of participants receiving TB Services

Baseline Measurement: Number of individuals who are in addiction treatment services receiving TB screenings

First-year target/outcome measurement: Increase number of TB screenings by 1 percent

Second-year target/outcome measurement: Increase number of TB screenings by 2%

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

Data Source:

Public Health

New Data Source (if needed):

Description of Data:

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

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:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 7

Indicator: Ensure that 100 percent of counties/direct contractors meet contractual utilization and waitlist requirements for IVDU's.

Baseline Measurement: Number of counties who met waitlist and utilization requirements for 2013.

First-year target/outcome measurement: All 36 counties and 1 tribe meeting requirements by reporting IVDU in their waitlist to the AMH

Second-year target/outcome measurement: All 36 counties and 1 tribe meeting requirements by reporting IVDU in their waitlist to the AMH

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

Data Source:

CPMS, Waitlists, and OWIT's Data

New Data Source (if needed):

Description of Data:

CPMS and OWITs data systems capture treatment need and demographic information of each enrolled individual. The waitlist monitors service and status information.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

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:

N/A

How first year target was achieved (optional):

N/A

Priority #: 5

Priority Area: Increase the effectiveness of the integrated health care delivery system.

Priority Type: SAP, SAT, MHP, MHS

Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Increase the effectiveness of the integrated health care delivery system.

Specifically:

1. Decrease rates of readmission for children with SED to the Secure Children's Inpatient Program (SCIP) and the Secure Adolescent Inpatient Program (SAIP) at 30 and 180 days who are in non-forensic programs.
2. Decrease State psychiatric hospital readmission rates at 30 and 180 days.
3. To provide technical assistance and training to the Drug Free Communities (DFC), a Federal grant program that provides funding to community-based coalitions that organize to prevent youth substance use, and to coalitions across the state who are actively seeking DFC funding.

Strategies to attain the goal:

AMH will implement strategies and systems emphasizing behavioral health promotion, prevention, early identification and early intervention of conditions that lead to chronic mental health and addiction disorders. AMH will implement and participate in activities supporting a continuum of care that includes:

- Person Centered Planning and Coordination;
- Community-based services;
- Early Assessment Support Alliance (EASA);
- Screening, Brief Intervention and Referral to Treatment (SBIRT); and
- Recovery Management

Specifically:

- AMH is working with Community Mental Health Programs, Coordinated Care Organizations and Intensive Community Based Treatment Services (ICTS) providers to ensure children discharged from SCIP and SAIP have transition plans that assure successful community tenure.
- AMH monitors discharge planning at SCIP/SAIP through technical assistance; and continues to encourage development of community-based services that will meet the needs and strengths of children being discharged from SCIP/SAIP.
- At the SAIP, youth needing the highest level of non-forensic care are served in a separate secure program from youth requiring forensic care in addition to inpatient level mental health care. The needs of these youth are distinctly different from the youth requiring forensic care. Some youth are negatively triggered by the behavior of youth requiring forensic care.

- AMH will continue to work with community providers to ensure that they have appropriate transition plans to smooth the transition trauma that may occur.
- As described in Step One, System of Care, Wraparound Model, Supported Employment, the Early Assessment and Support Alliance, Peer Delivered Services, and Supported Housing are available to help ensure that individuals discharged from SCIP/SAIP have access to vital community-based services.
- AMH has developed a multi-tiered process to help assure that individuals who are discharged from the state hospital are not readmitted. The standardized discharge criteria (LOCUS) was developed and implemented in 2010. AMH will ensure that the tool is being applied appropriately and that individuals who have been determined ready to transition are reassessed periodically. Individuals who are no longer stable should stay at the hospital for the length of time it takes them to meet the criteria again.
- AMH will continue to work with community providers to ensure that they have appropriate transition plans to smooth the transition trauma that may occur. AMH's psychiatrist will also be available for consultation to residential providers during the first 90 days to provide insight and suggestions about stabilizing someone in the community.
- As described in Step One, expansion of Assertive Community Treatment, Supported Employment, the Early Assessment and Support Alliance, Peer Delivered Services, and Supported Housing will help to ensure that individuals discharged from the State Hospitals have access to vital community-based services.
- Support planning, capacity and community coalition-building.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Decrease non-forensic patients' readmission to SCIP at 30 days.

Baseline Measurement: 0 percent

First-year target/outcome measurement: at or below 1 percent

Second-year target/outcome measurement: Maintain 30-day readmission rates at or below 1.0 percent

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

Data Source:

MMIS, COMPASS

New Data Source (if needed):

Description of Data:

See Step 2 for a description

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None identified at this time.

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):

Indicator #: 2

Indicator: Decrease non-forensic patients' readmission to SAIP at 30 days.

Baseline Measurement: 2 percent

First-year target/outcome measurement: at or below 2 percent (note that for 2012 this represents 1 patient)

Second-year target/outcome measurement: at or below 2 percent

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

Data Source:

MMIS, COMPASS

New Data Source(*if needed*):

Description of Data:

See Step 2 for a description

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None identified at this time.

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*):

Indicator #:

3

Indicator:

Decrease non-forensic patients' readmission to SCIP at 180 days.

Baseline Measurement:

17 percent

First-year target/outcome measurement:

Maintain at or below 15 percent

Second-year target/outcome measurement:

Maintain at or below 13 percent

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

Data Source:

MMIS, COMPASS

New Data Source(*if needed*):

Description of Data:

See Step 2 for a description

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None identified at this time.

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*):

Indicator #: 4
Indicator: Decrease non-forensic patients' readmission to SAIP at 180 days.
Baseline Measurement: 18 percent
First-year target/outcome measurement: Decrease readmission rates by 1 percent
Second-year target/outcome measurement: 2014 readmission rates by 1 percent
New Second-year target/outcome measurement (if needed):

Data Source:

MMIS, COMPASS

New Data Source (if needed):

Description of Data:

See Step 2 for a description

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None identified at this time.

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):

Indicator #: 5
Indicator: Decrease non-forensic (voluntary and civil-involuntary) patients' readmission to State psychiatric hospitals at 30 days.
Baseline Measurement: 5.77 percent
First-year target/outcome measurement: 5.0 percent
Second-year target/outcome measurement: Maintain 30-day readmission rates at or below 5.0 percent
New Second-year target/outcome measurement (if needed):

Data Source:

Avatar Electronic Health Record

New Data Source (if needed):

Description of Data:

See Step 2 for a description of Avatar

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None identified at this time.

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)*:

Indicator #: 6

Indicator: Decrease non-forensic (voluntary and civil-involuntary) patients' readmission to State psychiatric hospitals at 180 days.

Baseline Measurement: 24.15 percent

First-year target/outcome measurement: Decrease readmission rates by 5 percent.

Second-year target/outcome measurement: Decrease 2014 readmission rates by 5 percent.

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

Data Source:

New Data Source *(if needed)*:

Description of Data:

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

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)*:

Indicator #: 7

Indicator: Decrease forensic patients' readmission to State psychiatric hospitals at 30 days.

Baseline Measurement: 6.79 percent

First-year target/outcome measurement: 6.0 percent

Second-year target/outcome measurement: 5.0 percent

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

Data Source:

New Data Source *(if needed)*:

Description of Data:

See Step 2 for a description of Avatar

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

The Psychiatric Security Review Board has the ability to revoke an individual's conditional release agreement and readmit the individual to the State hospital.

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)*:

From July 1, 2013 through June 30, 2014, 80 individuals were conditionally released from the Oregon State Hospital (OSH). Of those 80 individuals, one returned by means of revocation within 30 days of conditional release. This brings the percentage to 1.25%, meeting the expected outcome measurement by a reduction of 5.54%.

Indicator #: 8

Indicator: Decrease forensic patients' readmission to State psychiatric hospitals at 180 days.

Baseline Measurement: 18.78 percent

First-year target/outcome measurement: Decrease readmission rates by 5 percent.

Second-year target/outcome measurement: Decrease 2014 readmission rates by 5 percent.

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

Data Source:

Avatar Electronic Health Record

New Data Source *(if needed)*:

Description of Data:

See Step 2 for a description of Avatar

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

The Psychiatric Security Review Board has the ability to revoke an individual's conditional release agreement and readmit the individual to the State hospital.

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)*:

From July 1, 2013 through June 30, 2014, 80 individuals were conditionally released from the Oregon State Hospital (OSH). Of those 80 individuals, three returned by means of revocation within 180 days of conditional release. Therefore, the percentage is 3.75%, meeting

the expected criteria for the first year target/outcome measurement with a reduction of 15.03 %.

Indicator #: 9

Indicator: Number of hours of training and technical assistance provided to the Drug Free Communities (DFC), a Federal grant program that provides funding to community-based coalitions that organize to prevent youth substance use, and to coalitions across the state who are actively seeking DFC funding.

Baseline Measurement: To be established in 2013

First-year target/outcome measurement: Maintain baseline for number of hours of training and technical assistance.

Second-year target/outcome measurement: Increase the number of hours of training and technical assistance by 5 percent from the first year target outcome measurement.

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

Data Source:

AMH Prevention Staff

New Data Source (*if needed*):

Description of Data:

Each Prevention Coordinator is responsible for logging hours of training and technical assistance.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

Logging consistency.

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:

N/A

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

N/A

Priority #: 6

Priority Area: Increase the involvement of individuals and family members in all aspects of health care delivery and planning.

Priority Type: SAP, SAT, MHP, MHS

Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Increase the involvement of individuals and family members in all aspects of health care delivery and planning.

Specifically:

1. Ensure access to high quality peer delivered services statewide.
2. Support the participation of behavioral health service consumers and their family members on AMH advisory councils.
3. Identify Community Advisory Council (CAC) for various CCOs across the state. The CAC includes community members to assess, design, plan and implement a strategic population health and health care system service plan, for the community served by the CCO. Assist Community Advisory Council of CCOs in conducting a community health assessment which is one of their contractual requirements. Assist CCOs designing and updating community health improvement plan which is one of their contractual requirements.

Strategies to attain the goal:

AMH recognizes that individuals and families need to be included in all aspects of the health care system. AMH providers facilitate Person Centered Planning and Coordination with individuals they serve. The goal of recovery is addressed through person-centered planning so that all planning is specific to the needs of the individual. Individuals and family members must have meaningful involvement that is supported at the system, program, and clinical levels. This includes:

- Participation on advisory councils and quality improvement and assurance committees;
- Providing input on developing new services and supports;
- Providing access to peer coaching;
- Monitoring outcomes; and
- Developing policies that are responsive to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, gender, sexual orientations, age and other aspects of diversity.

Specifically:

- AMH will continue to support the use and availability of peer delivered services by: Providing technical assistance regarding the development of peer delivered services training curricula; Approving peer delivered services training curricula; Working with the Office of Equity and Inclusion to develop competencies and training for Non-Traditional Health Workers (see Step One); Ensure that individuals enrolled in a Coordinated Care Organization with behavioral health disorders have access to Non-Traditional Health Workers.
- Ensuring a minimum of 51 percent consumers, family members and advocates make-up of the Addictions and Mental Health Planning Council (AMHPAC), family members and youth serving on AMHPAC and the Children's System Advisory Council (CSAC) and a minimum of 20 percent on other AMH advisory councils;
- Utilizing Mental Health Block Grant funds to provide reimbursement for lodging, meals, mileage, and child care expenses incurred by consumer, family members and youth serving on AMHPAC and the Children's System Advisory Council (CSAC) ;
- Researching the feasibility of providing stipends for consumer ,family member and youth participation on AMH advisory councils;
- Providing technical assistance and training for advisory council members to ensure their ability to actively participate in council business.
- Identifying and analyzing available data
- Developing a preliminary identification of health disparities
- Developing plans for gathering additional information and performing analyses on identifying more accurately and completely the significant health disparities in the CCO's service area.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase utilization of peer delivered services by individuals enrolled in publicly-funded behavioral health services.

Baseline Measurement: Due to the limitations of CPMS (see Step Two) AMH has been unable to accurately identify the number of individuals utilizing peer delivered services.

First-year target/outcome measurement: Establish baseline.

Second-year target/outcome measurement: Increase utilization of peer delivered services by 5 percent.

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

Data Source:

COMPASS

New Data Source(*if needed*):

Description of Data:

Please see Step Two for a description of COMPASS.

New Description of Data: (*if needed*)

Data issues/caveats that affect outcome measures:

None identified at this time.

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:

Baseline was established during this reporting period. The number of individuals enrolled in publicly-funded behavioral health services utilizing peer delivered services was 1,124.

The Addictions and Mental Health Division (AMH) is in the process of implementing a new data collecting system, Measures and Outcomes Tracking System (MOTS). Although it is not fully implemented, many providers are now using the new system. The data we are collecting in MOTS regarding peer delivered services is the following:

- Were clients informed of Peer Delivered Services
- Did clients receive Peer Delivered Services
- Are Peer Delivered Services planned as part of the Transition Plan/Discharge

As we continue to improve our data collecting system and capture more data on peer delivered services, we anticipate that we will meet the second year target/outcome of increasing utilization of peer delivered services by 5 percent for the next reporting period.

How first year target was achieved (optional):

Indicator #: 2

Indicator: Ensure consumer and family member access and membership on AMH advisory councils.

Baseline Measurement: +51 percent consumer, family member or advocate membership on AMHPAC; +51 percent consumer, family member or advocate membership on CSAC; +100 percent consumer or family member membership on OCAC

First-year target/outcome measurement: Maintain consumer and family member membership on AMHPAC, CSAC and OCAC.

Second-year target/outcome measurement: Maintain consumer and family member membership on AMHPAC, CSAC and OCAC.

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

Data Source:

Advisory council membership rosters

New Data Source (if needed):

Description of Data:

Each advisory council maintains a membership roster including the membership configuration.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None identified at this time.

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):

Indicator #: 3

Indicator: Use of OHA data to conduct Community Health Assessment and Community Health Improvement Plan by CCO Community Advisory Councils.

Baseline Measurement: Use of OHA data for available community health assessments in each CCO service area.

First-year target/outcome measurement: Use of OHA data for the CCO Community Health Assessment

Second-year target/outcome measurement: Use of OHA data for a 3 year CCO Community Health Improvement Plan

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

Data Source:

OHP data, Oregon State County and State Epidemiological Profile, NSDUH, TEDS, N-SSATS

New Data Source (if needed):

Description of Data:

various data sources that contain incidence and trend data on addiction and mental health use, consequence and treatment data.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Delays in availability of data.

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):

Priority #: 7
Priority Area: Increase accountability of the health care system.
Priority Type: SAP, SAT, MHP, MHS
Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Increase accountability of the health care system.

Specifically:

1. Increase referrals by health care professionals to substance use disorder treatment for youth. Provide recovery support services to youth who are in need of addiction treatment services.

Strategies to attain the goal:

Oregon has identified over 80 potential measures of cost, quality, access, consumer experience, and health status that can be tracked over delivery settings and populations. These measures are derived from several measure sets, including the CMS Adult Medicaid Quality Measures, Children's Health Insurance Program Reauthorization Act (CHIPRA) Measures, Oregon's key performance measures, and the incentive measures for year one selected by the Metrics and Scoring Committee that may impact incentive payments for both CCOs and LMHAs.

Specifically:

- Promote and increase the use of SBIRT among pediatricians and primary care providers.
- Provide technical assistance to Oregon CCO's in assessing risk factors for youth enrolled in the Oregon Health Plan and the Children's Health Insurance Program.
- Increase referrals to treatment services.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Initiation and engagement in substance use disorder treatment among OHP members 13 to 17 years of age. (HEDIS-IET)

Baseline Measurement: 14.8 percent Initiation; 5.4 percent Engagement
First-year target/outcome measurement: Increase Initiation and Engagement by greater than 1 percent.
Second-year target/outcome measurement: Increase Initiation and Engagement by greater than 1 percent.
New Second-year target/outcome measurement (if needed):

Data Source:

MMIS

New Data Source (if needed):

Description of Data:

Medicaid encounter data submitted by Coordinated Care Organizations through the MMIS system. Available through the Office of Health Analytics

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Utilization of this measure is new to Oregon's health care system. First year measurement comparison to baseline is difficult to forecast. However, this is an incentive measure for CCOs so improvement is expected as the SUD treatment and physical health systems become integrated.

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:

N/A

How first year target was achieved (optional):

N/A

Indicator #: 2
Indicator: Percentage of youth who report using alcohol.
Baseline Measurement: Use 2013 data as baseline
First-year target/outcome measurement: Maintain 2013 rates
Second-year target/outcome measurement: reduction of greater than 1 percent
New Second-year target/outcome measurement (if needed):

Data Source:

Student Wellness Survey

New Data Source (if needed):

Description of Data:

Student Wellness Surveys alcohol use information from Oregon students in grades 6, 8 and 11.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

None

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:

N/A

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

N/A

Priority #: 8

Priority Area: Increase the efficiency and effectiveness of the state administrative infrastructure for health care.

Priority Type: SAP, SAT, MHP, MHS

Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Increase the efficiency and effectiveness of the state administrative infrastructure for health care.

Specifically:

1. Increase data capacity through the development of a coordinated prevention data collection, analysis and distribution system.

Strategies to attain the goal:

CCOs have the flexibility to support new models of care that are patient-centered and team-focused, and reduce health disparities. CCOs are able to better coordinate services and also focus on prevention, chronic illness management and person-centered care. They have flexibility within their budgets to provide services in addition to OHP medical benefits with the goal of meeting the Triple Aim.

Specifically:

- Develop the prevention module within the AMH data system
- Ongoing administration of the Oregon Student Wellness Survey (SWS) and support of the Oregon Healthy Teens Survey (OHT)
- Ongoing development, analysis and dissemination of state, county and tribal epidemiological data

CCOs are local. They have one budget that grows at a fixed rate for mental, physical and ultimately dental care. CCOs are accountable for health outcomes of the population they serve. They are governed by a partnership among health care providers, community members, and stakeholders in the health systems that have financial responsibility and risk.

For consumers without Medicaid coverage AMH has aligned policies, payment and outcome monitoring in a similar manner to the goals of the CCOs and Health System Transformation.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Transition from current MDS system to Prevention module developed within COMPASS system

Baseline Measurement: COMPASS system currently does not include a prevention module

First-year target/outcome measurement: Prevention measures developed, tested and integrated into the COMPASS system

Second-year target/outcome measurement: All prevention providers are trained and utilizing new prevention module within the COMPASS system

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

Data Source:

AMH COMPASS Team

New Data Source (*if needed*):

Description of Data:

Data will describe the development and transition from MDS to COMPASS for all prevention data.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

Workload of AMH COMPASS Team and ability of contractor to meet timelines.

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:

N/A

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

N/A

Indicator #: 2

Indicator: Availability of state, county and tribal data

Baseline Measurement: Availability of required data measures to meet state and federal requirements in 2013.

First-year target/outcome measurement: Increase the availability of required Drug Free Community - Government Performance and Results Act (GPRA) data is collected through all data sources

Second-year target/outcome measurement: All required state and federal data is reported in state, county and tribal data profiles.

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

Data Source:

Student Wellness Survey, Oregon Healthy Teens Survey, Oregon Vital Statistics, Uniform Crime Reports, National Survey on Drug Use and Health (NSDUH), Behavioral Risk Factors Surveillance System (BRFSS), Treatment Episode Data Set (TEDS), Vista PHW, a software package that allows the public health community in Oregon to access and analyze population-based health data on the county or state level.

New Data Source *(if needed)*:

Description of Data:

Various data sources that capture addiction and mental health related consumption, consequence, treatment and trend data.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

OHT and SWS are administered on a rotating basis. Data not always updated on a timely basis.

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:

N/A

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

N/A

Priority #: 9

Priority Area: Eliminate health disparities for vulnerable populations.

Priority Type: SAP, SAT, MHP, MHS

Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Eliminate health disparities for vulnerable populations.

Specifically:

1. Reduce treatment outcome disparities for special populations (initiation, engagement, retention, completion and reduced use).

Strategies to attain the goal:

AMH supports equity for individuals receiving services through the publicly-funded behavioral health system. Current data show declining treatment outcomes and service gaps for seniors and individuals with disabilities, Native Americans, African Americans, and Hispanic girls ages 12-17.

AMH created the Health Equity Workgroup (HEW) to coordinate efforts directed at eliminating health disparities as a part of the AMH System Change. HEW's goal is to align health equity standards to those of the CCOs to eliminate disparities and achieve parity for all identified populations. The workgroup provides technical assistance and training to staff providing assistance with Biennial Implementation Plans and to the AMH Planning & Advisory Council. HEW develops health equity measures for the OHA Office of Equity & Inclusion for the State of Equity Report, and responds to the Secretary of State audit concerning the children's mental health system.

Specifically:

- Use a standardized method for analyzing treatment data to identify specific populations in need of better treatment outcomes.
- Identify and address the specific populations of greatest need for improvement.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Decrease treatment outcome disparities in Oregon.

Baseline Measurement: Use 2012 data as baseline

First-year target/outcome measurement: To be determined.

Second-year target/outcome measurement: To be determined.

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

Data Source:

CPMS and Compass

New Data Source (if needed):

Description of Data:

Rate ratios will be used to identify health disparities.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

The methodology for analyzing the data, reporting and prioritizing the results has not been finalized.

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:

N/A

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

N/A

footnote:

III: Expenditure Reports

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

Start Year:

End Year:

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention and Treatment	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2. Primary Prevention	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
3. Tuberculosis Services	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
4. HIV Early Intervention Services	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
5. State Hospital	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
6. Other 24 Hour Care	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
7. Ambulatory/Community Non-24 Hour Care	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
8. Administration (Excluding Program and Provider Level)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9. Subtotal (Rows 1, 2, 3, 4, and 8)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
10. Subtotal (Rows 5, 6, 7, and 8)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
11. Total	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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: 7/1/2013 Expenditure Period End Date: 6/30/2014

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

footnote:

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 2013	Estimated/Actual SFY 2014
\$45,786,491	\$60,664,068	\$89,120,912

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.

footnote:

III: Expenditure Reports

MHBG Table 5 (URS Table 8) - Profile Of Community 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		\$
MHA Data Collection/Reporting		\$
MHA Activities Other Than Those Above		\$
Total Non-Direct Services		\$
Comments on Data:	Data not available	
Footnotes:		

III: Expenditure Reports

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

Expenditure Period Start Date: 10/1/2011 Expenditure Period End Date: 9/30/2013

Entity Number	I-SATS 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			Center For Human Development Inc	2301 Cove Ave	Lagrande	OR	97850						\$40,291.00	\$0.00
2			Community Counseling Solutions	2301 Cove Ave	Lagrande	OR	97836						\$19,994.00	\$0.00
3			Confederated Tribes Of Warm Springs	Po Box 469	Warm Springs	OR	97761						\$26,648.00	\$0.00
4			County Of Baker	County Treasurer	Baker City	OR	97814						\$106,200.00	\$0.00
5			County Of Benton	County Treasurer	Corvallis	OR	97330						\$123,433.00	\$0.00
6			County Of Clackamas	County Treasurer	Oregon City	OR	97045						\$108,616.00	\$0.00
7			County Of Clatsop	Clatsop Financial Services	Astoria	OR	97103						\$87,810.00	\$0.00
8			County Of Columbia	County Treasurer	St Helens	OR	97051						\$24,560.00	\$0.00
9			County Of Coos	County Treasurer	Coquille	OR	97423						\$14,566.00	\$0.00
10			County Of Crook	Kathy Gray Treasurer	Prineville	OR	97754						\$295,434.00	\$0.00
11			County Of Curry	County Treasurer	Gold Beach	OR	97444						\$27,568.00	\$0.00
12			County Of Deschutes	County Treasurer	Bend	OR	97701						\$61,746.00	\$0.00
13			County Of Douglas / County Treasurer	County Treasurer	Roseburg	OR	97470						\$83,965.00	\$0.00
14			County Of Jackson	County Treasurer	Medford	OR	97501						\$383,477.00	\$0.00
15			County Of Josephine	County Treasurer	Grants Pass	OR	97526						\$506,165.00	\$0.00
16			County Of Klamath	County Treasurer	Klamath Falls	OR	97601						\$62,381.00	\$0.00
17			County Of Lake	County Treasurer	Lakeview	OR	97630						\$27,544.00	\$0.00
18			County Of Lane	Lane County Finance	Eugene	OR	97401						\$14,281.00	\$0.00
19			County Of Lincoln	County Treasurer	Newport	OR	97365						\$301,812.00	\$0.00
20			County Of Linn Treasurer	Po Box 100	Albany	OR	97321						\$124,229.00	\$0.00
21			County Of Marion	County Treasurer Courthouse	Salem	OR	97309						\$27,772.00	\$0.00
22			County Of Multnomah	Finance Division	Portland	OR	97204						\$64,538.00	\$0.00
23			County Of Polk	Polk County Treasurer	Dallas	OR	97338						\$36,307.00	\$0.00
24			County Of Tillamook	County Treasurer	Tillamook	OR	97141						\$193,381.00	\$0.00
25			County Of Willowa	County Treasurer	Enterprise	OR	97828						\$82,056.00	\$0.00

26			County Of Washington	County Treasurer	Hillsboro	OR	97123						\$50,000.00	\$0.00
27			County Of Yamhill	County Treasurer	Mcminnville	OR	97128						\$257,016.00	\$0.00
28			Jefferson County Treasurer Office	66 Se "D" St Ste E	Madras	OR	97741						\$39,374.00	\$0.00
29			Lifeways Inc	702 Sunset Dr	Ontario	OR	97914						\$0.00	\$104,550.00
30			Lifeways Umatilla Inc	Po Box 1290	Ontario	OR	97914						\$43,153.00	\$0.00
31			Mid Columbia Centr For Living	1610 Woods Ct	Hood River	OR	97031						\$100,621.00	\$0.00
32			Mid-Valley Behavioral Care Network	1660 Oak St Se #230	Salem	OR	97301						\$584,134.00	\$0.00
33			Oregon Family Support Network	1300 Broadway St Ne #403	Salem	OR	97301						\$64,934.00	\$0.00
34			Symmetry Care Inc	348 W Adams	Burns	OR	97720						\$13,074.00	\$0.00
35			The Oregon Partnership Inc	5100 Sw Macadam Ave Ste 400	Portland	OR	97239						\$31,950.00	\$0.00
Total								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,029,030.00	\$104,550.00

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(2012) + B2(2013)</u> 2 (C)
SFY 2012 (1)	\$210,463,579	
SFY 2013 (2)	\$158,686,740	\$184,575,160
SFY 2014 (3)	\$230,170,542	

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

SFY 2012	Yes	<u>X</u>	No	_____
SFY 2013	Yes	<u>X</u>	No	_____
SFY 2014	Yes	_____	No	<u>X</u>

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

12/31/2014

footnote:

III: Expenditure Reports

MHBG Table 8A & 8B (URS Table 5A and 5B) - Profile of Clients by Type of Funding 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)	9,066	6,188	0	15,254	357	247	0	319	173	0	491	308	0	19	11	0	6,713	4,564	0	0	3	0	0	0	0	1,167	882	0
Non-Medicaid Sources (only)	21,733	20,264	1	41,998	84	57	0	373	335	0	1,640	1,578	0	72	83	0	17,250	16,042	1	1,823	1,727	0	0	0	0	491	442	0
People Served by Both Medicaid and Non-Medicaid Sources	35,946	27,368	0	63,314	955	695	0	497	355	0	1,454	1,249	0	85	60	0	29,095	21,794	0	10	32	0	0	0	0	3,850	3,183	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
Total Served	66,745	53,820	1	120,566	1,396	999	0	1,189	863	0	3,585	3,135	0	176	154	0	53,058	42,400	1	1,833	1,762	0	0	0	0	5,508	4,507	0

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	7,989	5,287	0	1,038	863	0	39	38	0	9,066	6,188	0	15,254
Non-Medicaid Only	2,543	1,863	0	277	231	0	18,913	18,170	1	21,733	20,264	1	41,998
People Served by Both Medicaid and Non-Medicaid Sources	32,446	24,047	0	3,376	3,175	0	124	146	0	35,946	27,368	0	63,314
Medicaid Status Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Served	42,978	31,197	0	4,691	4,269	0	19,076	18,354	1	66,745	53,820	1	120,566

Comments on Data (for Ethnicity):

Comments on Data (for Gender):

Comments on Data (Overall):
 Ethnicity is collected only in MMIS.

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:

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 checked="" type="checkbox"/> Yes			
2. Aged 4 to 17	<input checked="" type="checkbox"/> Yes			
3. Adults Aged 18 and over	<input checked="" type="checkbox"/> Yes			
4. Forensics	<input checked="" type="checkbox"/> Yes			
Comments on Data:				

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.

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: 1/1/2013 12:00:00 AM to 12/31/2013 12:00:00 AM

6.d. Person Responsible for Submission: Berhanu Anteneh

6.e. Contact Phone Number: (503)945-6195

6.f. Contact Address: 500 Summer Street NE Salem, OR 97301

6.g. E-mail: berhanu.anteneh@state.or.us

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	9,887	13,741	0	23,628	306	361	0	70	122	0	434	668	0	21	34	0	7,273	9,946	0	204	276	0	0	0	0	1,579	2,334	0
13-17 years	9,263	7,978	0	17,241	320	274	0	126	79	0	458	409	0	33	22	0	6,800	5,887	0	312	320	0	0	0	0	1,214	987	0
18-20 years	3,196	2,889	0	6,085	84	67	0	52	43	0	173	184	0	16	9	0	2,440	2,207	0	148	207	0	0	0	0	283	172	0
21-24 years	4,085	2,983	0	7,068	73	27	0	58	50	0	259	233	0	13	14	0	3,192	2,358	0	185	198	0	0	0	0	305	103	0
25-44 years	21,377	13,521	0	34,898	374	147	0	312	236	0	1,264	878	0	62	59	0	17,152	11,099	0	684	541	0	0	0	0	1,529	561	0
45-64 years	15,719	10,837	1	26,557	219	113	0	351	217	0	893	678	0	26	16	0	13,464	9,318	1	268	195	0	0	0	0	498	300	0
65-74 years	2,284	1,299	0	3,583	15	8	0	148	72	0	78	64	0	3	0	0	1,946	1,114	0	23	13	0	0	0	0	71	28	0
75+ years	934	572	0	1,506	5	2	0	72	44	0	26	21	0	2	0	0	791	471	0	9	12	0	0	0	0	29	22	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	66,745	53,820	1	120,566	1,396	999	0	1,189	863	0	3,585	3,135	0	176	154	0	53,058	42,400	1	1,833	1,762	0	0	0	0	5,508	4,507	0
Pregnant Women	0	0	0	0	0			0			0			0			0			0						0		

Are these numbers unduplicated?

Unduplicated

Duplicated : between Hospitals and Community

Duplicated : Among Community Programs

Duplicated between children and adults

Other : describe

Comments on Data (for Age):

Age is calculated as (6/30/2013-DOB)/365.25 and rounded down.

Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	Ethnicity is available only in MMIS and all those without record in MMIS are considered as non-Hispanic
Comments on Data (Overall):	Despite our best efforts to unduplicated this data, there could be about 0.5% duplication due to the imprecision of the matching method.

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	7,063	9,862	0	1,631	2,370	0	1,193	1,509	0	9,887	13,741	0	23,628
13-17 years	6,198	5,178	0	1,284	1,090	0	1,781	1,710	0	9,263	7,978	0	17,241
18-20 years	1,844	1,406	0	306	185	0	1,046	1,298	0	3,196	2,889	0	6,085
21-24 years	2,247	1,099	0	208	84	0	1,630	1,800	0	4,085	2,983	0	7,068
25-44 years	13,620	6,568	0	855	348	0	6,902	6,605	0	21,377	13,521	0	34,898
45-64 years	10,266	6,248	0	338	172	0	5,115	4,417	1	15,719	10,837	1	26,557
65-74 years	1,311	645	0	54	16	0	919	638	0	2,284	1,299	0	3,583
75+ years	429	191	0	15	4	0	490	377	0	934	572	0	1,506
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	42,978	31,197	0	4,691	4,269	0	19,076	18,354	1	66,745	53,820	1	120,566
Pregnant Women	0			0			0			0	0	0	0

Comments on Data (for Age):	Age is calculated as (6/30/2013-DOB)/365.25 and rounded down.
-----------------------------	---

Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	Ethnicity is available only in MMIS
Comments on Data (Overall):	Despite our best efforts to unduplicated this data, there could be about 0.5% duplication due to the imprecision of the matching method.

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	19,126	21,696	0	3,183	2,837	0	40,768	26,579	1	3,119	1,693	0	0	0	0	66,196	52,805	1	119,002
State Psychiatric Hospitals	0	4	0	12	61	0	356	954	0	45	84	0	0	0	0	413	1,103	0	1,516
Other Psychiatric Inpatient	198	162	0	154	221	0	2,849	2,655	0	237	162	0	0	0	0	3,438	3,200	0	6,638
Residential Treatment Centers	4	2	0	15	12	0	643	1,010	0	84	80	0	0	0	0	746	1,104	0	1,850

Comments on Data (for Age):

Age is calculated as (6/30/2013-DOB)/365.25 and rounded down.

Comments on Data (for Gender):

Comments on Data (Overall):

Despite our best efforts to unduplicated this data, there could be about 0.5% duplication due to the imprecision of the matching method.

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	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	7,901	11,200	0	19,101	215	258	0	55	95	0	344	551	0	16	28	0	5,864	8,202	0	204	276	0	0	0	0	1,203	1,790	0
13-17 years	7,909	6,960	0	14,869	204	195	0	105	65	0	396	360	0	30	21	0	5,911	5,192	0	312	317	0	0	0	0	951	810	0
18-20 years	2,800	2,667	0	5,467	57	53	0	39	36	0	153	170	0	16	8	0	2,166	2,048	0	148	207	0	0	0	0	221	145	0
21-64 years	36,305	25,136	1	61,442	549	238	0	526	418	0	2,111	1,667	0	90	86	0	29,995	20,956	1	1,137	934	0	0	0	0	1,897	837	0
65-74 years	1,960	1,151	0	3,111	10	7	0	87	48	0	71	59	0	3	0	0	1,716	999	0	23	13	0	0	0	0	50	25	0
75+ years	804	518	0	1,322	4	1	0	58	28	0	19	20	0	2	0	0	693	439	0	9	12	0	0	0	0	19	18	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	57,679	47,632	1	105,312	1,039	752	0	870	690	0	3,094	2,827	0	157	143	0	46,345	37,836	1	1,833	1,759	0	0	0	0	4,341	3,625	0

Comments on Data (for Age):	Age calculated as (6/30/2013-DOB)/365.25 and rounded down
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	5,498	7,884	0	1,235	1,835	0	1,168	1,481	0	7,901	11,200	0	19,101
13-17 years	5,108	4,366	0	1,030	890	0	1,771	1,704	0	7,909	6,960	0	14,869
18-20 years	1,512	1,212	0	243	157	0	1,045	1,298	0	2,800	2,667	0	5,467
21-64 years	21,560	11,805	0	1,101	513	0	13,644	12,818	1	36,305	25,136	1	61,442
65-74 years	1,005	503	0	36	10	0	919	638	0	1,960	1,151	0	3,111
75+ years	306	140	0	8	1	0	490	377	0	804	518	0	1,322
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	34,989	25,910	0	3,653	3,406	0	19,037	18,316	1	57,679	47,632	1	105,312
Comments on Data (for Age):	Age calculated as (6/30/2013-DOB)/365.25 and rounded down												
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	882	836	854	0	0	0	0	0	0
Children (0 to 17 years)	0	2	0	0	0	0	0	0	0
Adults (18 yrs and over)	882	834	854	279	106	114	85	1,256	854
Age Not Available	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	337	8,231	8,262	0	0	0	0	0	0
Children (0 to 17 years)	7	413	413	9	7	9	7	0	0
Adults (18 yrs and over)	330	7,818	7,849	9	5	9	5	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
Residential Tx Centers	991	1,318	1,277	0	0	0	0	0	0
Children (0 to 17 years)	160	767	718	90	41	66	37	531	519
Adults (18 yrs and over)	831	551	559	380	170	119	95	1,055	693
Age Not Available	0	0	0	0	0	0	0	0	0
Community Programs	61,223	65,905	0	0	0	0	0	0	0
Children (0 to 17 years)	19,107	23,298							
Adults (18 yrs and over)	42,116	42,607							
Age Not Available	0	0							

Comments on Data (State Hospital):

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	4	0	0	873
21-64	164	0	0	15,486
65-74	5	0	0	853
75+	1	0	0	305
Not Available	0	0	0	0
TOTAL	174	0	0	17,517

Gender				
Female	123	0	0	11,030
Male	51	0	0	6,487
Not Available	0	0	0	0

Race				
American Indian or Alaska Native	3	0	0	264
Asian	4	0	0	767
Black or African American	1	0	0	939
Native Hawaiian or Pacific Islander	1	0	0	39
White	150	0	0	14,315

Hispanic *	0	0	0	0
More Than One Race	0	0	0	0
Unknown	15	0	0	1,193

Hispanic / Latino Origin				
Hispanic / Latino origin	14	0	0	752
Non Hispanic / Latino	160	0	0	16,751
Not Available	0	0	0	14

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"/>
Comments on Data (Family Psychoeducation): <input type="text" value="The data includes all those who received services with and without children and in group of families."/>
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)	335	234	0	4,345	2,802	0	90	90	0	0	0	0	4,770	3,126	0	7,896
Unemployed	627	580	0	8,007	5,927	0	242	143	0	0	0	0	8,876	6,650	0	15,526
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	1,811	1,808	0	16,559	10,782	0	2,229	1,198	0	0	0	0	20,599	13,788	0	34,387
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2,773	2,622	0	28,911	19,511	0	2,561	1,431	0	0	0	0	34,245	23,564	0	57,809

How Often Does your State Measure Employment Status?

At Admission
 At Discharge
 Monthly
 Quarterly
 Other, describe:

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

Outpatient adult clients

Comments on Data (for Age):
Age is calculated as (6/30/2013-DOB)/365.25 and rounded down.

Comments on Data (for Gender):

Comments on Data (Overall):
See General Notes.

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)	0	0	0	0	0
Bipolar and Mood Disorders (296, 300.4, 301.11, 301.13, 311)	0	0	0	0	0
Other Psychoses (297, 298)	0	0	0	0	0
All Other Diagnoses	0	0	0	0	0
No Dx and Deferred DX (799.9, V71.09)	0	0	0	0	0
Diagnosis Total	0	0	0	0	0

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	27,976	3,596	732	0	450	303	0	160	159	0	33,376
18-64	54,650	3,652	2,119	0	150	1,990	0	5,617	1,378	0	69,556
65+	2,816	458	204	0	0	561	0	114	127	0	4,280
Not Available	0	0	0	0	0	0	0	0	0	0	0
TOTAL	85,442	7,706	3,055	0	600	2,854	0	5,891	1,664	0	107,212
Female	48,632	3,625	1,279	0	253	1,395	0	2,529	898	0	58,611
Male	36,809	4,081	1,776	0	347	1,459	0	3,362	766	0	48,600
Not Available	1	0	0	0	0	0	0	0	0	0	1
TOTAL	85,442	7,706	3,055	0	600	2,854	0	5,891	1,664	0	107,212

American Indian/Alaska Native	1,309	297	96	0	39	52	0	86	25	0	1,904
Asian	1,314	110	45	0	5	49	0	57	23	0	1,603
Black/African American	4,599	447	200	0	29	227	0	616	80	0	6,198
Hawaiian/Pacific Islander	238	28	3	0	6	4	0	19	8	0	306
White/Caucasian	68,446	6,244	2,519	0	463	2,369	0	4,800	1,418	0	86,259
Hispanic *	3,121	196	69	0	21	60	0	147	37	0	3,651
More than One Race Reported	0	0	0	0	0	0	0	0	0	0	0
Race/Ethnicity Not Available	6,415	384	123	0	37	93	0	166	73	0	7,291
TOTAL	85,442	7,706	3,055	0	600	2,854	0	5,891	1,664	0	107,212

	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	5,816	587	164	0	74	101	0	114	53	0	6,909
Non Hispanic or Latino Origin	48,557	5,633	2,400	0	444	1,732	0	2,611	989	0	62,366
Hispanic											

or Latino Origin Not Available	31,069	1,486	491	0	82	1,021	0	3,166	622	0	37,937
TOTAL	85,442	7,706	3,055	0	600	2,854	0	5,891	1,664	0	107,212

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"/>

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

Footnotes:

V: Performance Indicators and Accomplishments

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	340	1,678	267	280	1,728	277	172	147	21	87	1,571	20	430	835	145	731	144	2,285
Gender																		
Female	103	873	126	87	882	133	47	48	8	33	828	12	221	410	66	330	75	1,102
Male	237	805	141	193	846	144	125	99	13	54	743	8	209	425	79	401	69	1,183
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age																		
Under 18	340	1,678	267	280	1,728	277	172	147	21	87	1,571	20	430	835	145	731	144	2,285

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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender																		
Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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?	21,902
2. What was your sample size? (How many individuals were selected for the sample)?	10,936
3. How many survey contacts were made? (surveys to valid phone numbers or addresses)	9,506
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?	2,285
5. What was your response rate? (number of Completed surveys divided by number of Contacts)	24.0 %

State Comments/Notes:

Incentive (\$10 gift card) was offered to respondents for the first time this year. See General Notes for more information.

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		612	1,115	55%
2. Functioning		511	1,107	46%
Child/Adolescent Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
3. Social Connectedness		1,979	2,259	88%
4. Functioning		1,401	2,259	62%
Comments on Data:	Survey was conducted in 2014, sent by mail to samples drawn from clients who received mental health services between July 1 and December 31, 2013. Adult Survey N=1,160; YSS-F N=2,285. See General Notes for explanation of sample size.			

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.	744	1,128	+/- 2.8%
2. Reporting Positively About Quality and Appropriateness for Adults	809	1,103	+/- 2.6%
3. Reporting Positively About Outcomes.	490	1,073	+/- 3.0%
4. Adults Reporting on Participation In Treatment Planning.	647	1,063	+/- 3.0%
5. Adults Positively about General Satisfaction with Services.	855	1,138	+/- 2.6%

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.	1,676	2,262	+/- 1.8%
2. Reporting Positively about General Satisfaction for Children.	1,628	2,272	+/- 1.8%
3. Reporting Positively about Outcomes for Children.	1,413	2,260	+/- 2.0%
4. Family Members Reporting on Participation In Treatment Planning for their Children	1,867	2,272	+/- 1.6%
5. Family Members Reporting High Cultural Sensitivity of Staff.	2,014	2,251	+/- 1.2%

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:

Survey was conducted in 2014, sent by mail to samples drawn from clients who received mental health services between July 1 and December 31, 2013. Adult Survey N=1,160; YSS-F N=2,285.

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

- 4.b. Who administered the Survey? (Check all that apply) 1. MH Consumers
 2. Family Members
 3. Professional Interviewers
 4. MH Clinicians
 5. Non Direct Treatment Staff
 6. Other, describe:

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

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

6. Sample Size and Response Rate

- 6.a. How Many Surveys were Attempted (sent out or calls initiated)? 5,936
- 6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)? 5,121
- 6.c. How many surveys were completed? (survey forms returned or calls completed) 1,160
- 6.d. What was your response rate? (number of Completed surveys divided by number of Contacts) 22.7 %
- 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:

* Report Confidence Intervals at the 95% confidence level

Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer. The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level. When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. (From www.surveysystem.com)

Child / Family Consumer Surveys

- 1. Was the MHSIP Children / Family Survey (YSS-F) Yes Used? 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 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)? 10,936
- 6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)? 9,506
- 6.c. How many surveys were completed? (survey forms returned or calls completed) 2,285
- 6.d. What was your response rate? (number of Completed surveys divided by number of Contacts) 24.0 %
- 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:

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.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Reporting Positively About Quality and Appropriateness.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Reporting Positively About Outcomes.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Reporting Positively about Participation in Treatment Planning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Reporting Positively about General Satisfaction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Social Connectedness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Functioning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reporting Positively About General	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Satisfaction																		
Reporting Positively About Outcomes.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reporting Positively Participation in Treatment Planning for their Children.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reporting Positively About Cultural Sensitivity of Staff.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Social Connectedness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Functioning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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	156	2987	302	105	3016	324	45	96	15	48	2896	43	231	144	240	2607	223	3445
Total Children/Youth (under age 18)	69	2002	214	54	2004	227	20	43	6	25	1952	25	128	82	73	1901	101	2285
Female	27	971	104	16	971	115	8	16	3	4	952	15	51	33	33	929	56	1102
Male	42	1031	110	38	1033	112	12	27	3	21	1000	10	77	49	40	972	45	1183
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)	87	985	88	51	1012	97	25	53	9	23	944	18	103	62	167	706	122	1160
Female	46	696	61	23	714	66	11	30	5	10	673	13	50	34	113	521	85	803
Male	41	289	27	28	298	31	14	23	4	13	271	5	53	28	54	185	37	357
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Children/Youth (under age 18)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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: July 1 - December 31, 2013

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

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

	Child/Adolescents	Adults
1. If data is from a survey, What is the total Number of people from which the sample was drawn?	21,902	27,246
2. What was your sample size? (How many individuals were selected for the sample)?	10,936	5,936
3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)	9,506	5,121
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?	2,285	1,160
5. What was your response rate? (number of Completed surveys divided by number of Contacts)	24.0 %	22.7 %

State Comments/Notes: See General notes for explanation of sample size and more information.

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	0	0	0	0	19	0	0	19,101
13-17 years	0	0	0	0	12	0	0	14,869
18-20 years	0	64	7	5,467	0	0	0	0
21-64 years	0	955	538	61,442	0	0	0	0
65-74 years	0	6	17	3,111	0	0	0	0
75+ years	0	0	2	1,322	0	0	0	0
Not Available	0	0	0	0	0	0	0	0
Total	0	1,025	564	71,342	31	0	0	33,970

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	0	537	239	41,869	12	0	0	15,810
Male	0	488	325	29,472	19	0	0	18,160
Not Available	0	0	0	1	0	0	0	0

Ethnicity	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
American Indian / Alaska Native	0	16	13	919	2	0	0	872
Asian	0	16	14	1,240	0	0	0	320
Black / African American	0	37	35	4,270	2	0	0	1,651
Hawaiian / Pacific Islander	0	3	0	205	0	0	0	95

White	0	882	484	59,013	26	0	0	25,169
Hispanic *	0	0	0	2,483	0	0	0	1,109
More than one race	0	0	0	0	0	0	0	0
Not Available	0	71	18	3,212	1	0	0	4,754

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	0	48	11	2,069	1	0	0	4,990
Non Hispanic / Latino	0	974	553	38,043	30	0	0	22,856
Not Available	0	3	0	31,230	0	0	0	6,124

	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="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
IF YES,								
What fidelity measure do you use?	<input type="text"/>	<input type="text" value="Dartmouth"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Who measures fidelity?	<input type="text"/>	<input type="text" value="Subcontractor"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
How often is fidelity measured?	<input type="text"/>	<input type="text" value="Annually"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Have staff been specifically trained to implement the EBP?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

* Hispanic is part of the total served.

Yes No

Comments on Data (overall):

Comments on Data (Supported Housing):
No data to report for Supported Housing data.

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):

* 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 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	366	1	26	0.27 %	7.10 %
Age					
0-12 years	1	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	12	1	2	8.33 %	16.67 %
21-64 years	273	0	23	0.00 %	8.42 %
65-74 years	41	0	1	0.00 %	2.44 %
75+ years	39	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	150	0	11	0.00 %	7.33 %
Male	216	1	15	0.46 %	6.94 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	1	0	0	0.00 %	0.00 %
Asian	13	0	1	0.00 %	7.69 %
Black/African American	26	1	3	3.85 %	11.54 %
Hawaiian/Pacific Islander	2	0	0	0.00 %	0.00 %

White	311	0	21	0.00 %	6.75 %
Hispanic *	6	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	7	0	1	0.00 %	14.29 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	9	0	1	0.00 %	11.11 %
Non Hispanic/Latino	208	1	18	0.48 %	8.65 %
Hispanic/Latino Origin Not Available	149	0	7	0.00 %	4.70 %

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	461	12	58	2.60 %	12.58 %
Age					
0-12 years	2	0	1	0.00 %	50.00 %
13-17 years	2	0	0	0.00 %	0.00 %
18-20 years	25	0	5	0.00 %	20.00 %
21-64 years	352	12	49	3.41 %	13.92 %
65-74 years	34	0	1	0.00 %	2.94 %
75+ years	46	0	2	0.00 %	4.35 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	96	3	10	3.13 %	10.42 %
Male	365	9	48	2.47 %	13.15 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	3	0	0	0.00 %	0.00 %
Asian	5	0	0	0.00 %	0.00 %
Black/African American	48	6	13	12.50 %	27.08 %
Hawaiian/Pacific Islander	3	0	2	0.00 %	66.67 %

White	353	6	39	1.70 %	11.05 %
Hispanic *	27	0	4	0.00 %	14.81 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	22	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	9	0	1	0.00 %	11.11 %
Non Hispanic/Latino	127	6	24	4.72 %	18.90 %
Hispanic/Latino Origin Not Available	325	6	33	1.85 %	10.15 %

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	8267	1022	2192	12.36 %	26.52 %
Age					
0-12 years	104	6	11	5.77 %	10.58 %
13-17 years	314	13	31	4.14 %	9.87 %
18-20 years	482	42	115	8.71 %	23.86 %
21-64 years	6923	917	1952	13.25 %	28.20 %
65-74 years	337	33	69	9.79 %	20.47 %
75+ years	107	11	14	10.28 %	13.08 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	4080	506	1078	12.40 %	26.42 %
Male	4186	516	1114	12.33 %	26.61 %
Gender Not Available	1	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	64	9	22	14.06 %	34.38 %
Asian	104	12	25	11.54 %	24.04 %
Black/African American	384	71	146	18.49 %	38.02 %
Hawaiian/Pacific Islander	11	0	2	0.00 %	18.18 %

White	4737	690	1502	14.57 %	31.71 %
Hispanic *	181	20	41	11.05 %	22.65 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	2786	220	454	7.90 %	16.30 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	97	13	22	13.40 %	22.68 %
Non Hispanic/Latino	2326	382	817	16.42 %	35.12 %
Hispanic/Latino Origin Not Available	5844	627	1353	10.73 %	23.15 %

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:

This narrative is required. Please submit a description to your MHBG State Project Officer of the Council's participation in the 2015 MHBG report through an attachment or direct communication with your SPO.

The Council must participate in the development of the MHBG state plan and is required to participate in monitoring, reviewing, and evaluating the adequacy of services for individuals with substance abuse and mental health disorders within the state. Please provide a narrative describing how the Behavioral Health Advisory Council was involved in evaluating the services and developing the 2015 Mental Health Block Grant Report.

The Addictions and Mental Health Planning and Advisory Council (AMHPAC) was developed in January 2013 and has specific duties as required by the Mental Health Services Block Grant. These duties are:

1. Provide input on the State Plan for Behavioral Health Services (Block Grant application) by monitoring, reviewing, and evaluating the adequacy of services for individuals with substance abuse and mental disorders within the state.
2. Advocate for children, youth, young adults, adults and older adults experiencing behavioral health disorders
3. Assess the adequacy and allocation of behavioral health services at least annually.

With membership of more than 51 percent consumers, AMHPAC is composed of an Executive Committee, Full Council and four Subcommittees. The Full Council has been provided with regular updates on Block Grant monitoring, reviewing and adequacy of services. As AMH develops the Strategic Plan, which is the foundation for the next Block Grant application, AMHPAC has been involved in the process. AMHPAC has received a formal presentation on the Strategic Plan, the opportunity to provide formal feedback, as well as regular updates throughout the writing process.

On November 13, 2014, the Annual Report was presented to AMHPAC Full Council for review. The Annual Report will be posted on the AMHPAC website for all members to access once it has been finalized.