

# Appendix A

\* Please refer to the CMHS website, [www.mentalhealth.org/funding](http://www.mentalhealth.org/funding) or [mhsip.org](http://mhsip.org) for current data definitions for this project.

## Basic Tables

**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*<sup>1</sup> and the State level estimates for both adults with SMI and children with SED.

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

<sup>1</sup>Adults with SMI - Source FR Volume 64 No. 121 Thursday, June 24, 1999 pages 33890 through 33897. Children with SED - Source FR Volume 63 No. 137 Friday, July 17, 1998 pages 38661 through 38665.

**Table 2A. 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 enter the “total” in the appropriate row and column and report the data under the categories listed.

Table 2A.																
Report Year:																
State Identifier:																
Persons Served by Age	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than one Race Reported		Others/ Unknown	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
0-3																
4-12																
13-17																
18-20																
21-64																
65-74																
75 +																
Not Available																
Total																

**Table 2B. Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity**

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 2A.

<b>Table 2.B</b>				
<b>Report Year</b>				
<b>State Identifier:</b>				
<b>Persons Served by Age</b>	<b>Not Hispanic or Latino</b>		<b>Hispanic or Latino</b>	
	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>
<b>0-3</b>				
<b>4-12</b>				
<b>13-17</b>				
<b>18-20</b>				
<b>21-64</b>				
<b>65-74</b>				
<b>75 +</b>				
<b>Not Available</b>				
<b>Total</b>				







**Table 5B. Profile of Clients by Type of Funding Support**

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.

<b>Table 5.B</b>				
<b>Report Year</b>				
<b>State Identifier</b>				
<b>Profile of Clients Served by the State Mental Health Agency</b>	<b>Not Hispanic or Latino</b>		<b>Hispanic or Latino</b>	
	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>
Medicaid				
Non-Medicaid				

**Table 6. Profile of Client Turnover**

This table presents client flow through the public mental health system for several general categories of services. For the identified services, States are asked to provide a total, a count of additions during the report year, a count of discharges during the report year, and an average length of stay for clients in state hospitals and community programs. Persons may have been admitted or discharged more than once during the report period. Count all such events.

<b>Table 6.</b>				
<b>Report Year:</b>				
<b>State Identifier:</b>				
<b>Profile of Service Utilization for General Services.</b>	<b>Total Served (unduplicated)</b>	<b>Additions during the year</b>	<b>Discharges during the year</b>	<b>Average Length of Service (in Days)</b>
State Hospitals				
Children (0-17 yrs.)				
Adult (18 yrs. and over)				
Community Programs				
Children (0-17 yrs.)				
Adult (18 yrs. and over)				

**Table 7. Profile of Mental Health Service Expenditures and Sources of Funding**

This table describes expenditures for public mental health services provided or funded by the State mental health agency by source of funding.

<b>Table 7.</b>				
<b>Report Year:</b>				
<b>State Identifier:</b>				
<b>Profile of Mental Health Service Expenditures and Sources of Funding by General Category of Services.</b>	<b>State Hospital</b>	<b>Other 24-Hour Care</b>	<b>Ambulatory/ Non 24-Hour Care</b>	<b>Total</b>
<b>Total</b>				
Medicaid				
Community MH Block Grant				
Other CMHS				
Other Federal (non CMHS)				
State				
Other				

*\*National Research Institute will provide CMHS audited data based on the information reported in this table.*

**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.

<b>Table 8.</b>	
<b>Report Year:</b>	
<b>State Identifier:</b>	
Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities.	
<b>Service</b>	<b>Estimated Total Block Grant Expenditures \$</b>
MHA Technical Assistance Activities	
MHA Planning Council Activities	
MHA Other Activities	
MHA Administration	
MHA Data Collection/Reporting	
<b>Total Non-Direct Services</b>	

**Table 9. Public Mental Health System Service Inventory Checklist**

This table is used to provide an overview of the range of services currently operated or funded by the State mental health agency.

Indicate by a checkmark the extent to which the services listed below are available in the State.

<b>Table 9.</b>			
<b>Report Year:</b>			
<b>State Identifier:</b>			
<b>Service Available Statewide</b>	<b>Service Available in Parts of the State</b>	<b>Service Not Available in State</b>	<b>Services Inventory</b>
			<b>Other Services</b>
			Intensive Case Management
			Intensive Outpatient
			Assertive Community Treatment
			Emergency
			Services for persons with mental illness and mental retardation/developmental disabilities
			Integrated Services for Persons with Mental Illness and Substance Abuse
			Employment/Vocational Rehabilitation
			In Home Family Services
			School-based Services
			Consumer Run Services
			<b>Intake, Diagnostic, and Screening Services</b>
			Intake/ Screening
			Diagnostic Evaluation
			Information and Referral Services
			<b>Treatment Services</b>
			Individual Therapy
			Family/Couple Therapy
			Group Therapy
			Collateral Services
			Electro-convulsive Therapy
			Medication Therapy
			New Generation Medications
			Activity Therapy
			Behavioral Therapy
			Mobile Treatment Team
			Peer Support
			Psychiatric Emergency Walk-in
			Telephone Hotline







**Table 11. Summary Profile of Client Perception of Care**

This table provides a summary of key indicators of client perception of care used by State MHAs. The measures include those developed and implemented as part of the MHSIP consumer-oriented report card, but are not limited to the MHSIP survey.

Table 11.		
Report Year:		
Indicators	Adults	Children
Percent Reporting Positively About Access.		
Percent Reporting Positively About Quality and Appropriateness.		
Percent Reporting Positively About Outcomes.		
Percent of Family Members Reporting Positively About Care Received by children/adolescents with serious emotional disturbance.		

**Adults**

1. Was the MHSIP Consumer Survey Used? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - a. If yes, which version:
    - Original 40-Item Version \_\_\_\_\_
    - 28-Item Version \_\_\_\_\_
    - State Variation of MHSIP \_\_\_\_\_
  - b. If no, please attach instrument used.
2. Populations covered in survey? \_\_\_\_\_ Statewide \_\_\_\_\_ Sample
3. Methodology of collecting data? \_\_\_\_\_ Mail \_\_\_\_\_ Phone \_\_\_\_\_ Face-to-face interview
4. Are responses anonymous? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. How many responses are the results based on? \_\_\_\_\_ #

**Children/Adolescents:**

1. Was the MHSIP Children’s Survey used? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - a. If no, please attach instrument used.
2. Populations covered in survey? \_\_\_\_\_ Statewide \_\_\_\_\_ Sample
3. Methodology of collecting data? \_\_\_\_\_ Mail \_\_\_\_\_ Phone \_\_\_\_\_ Face-to-face interview
4. Are responses anonymous? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. How many responses are the results based on? \_\_\_\_\_ #

**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.

**Populations Served**

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

	Population Covered	Included In Data
<b>Children/Adults</b>		
<b>0-3</b>	G	G
<b>4-17</b>	G	G
<b>Adults (18+)</b>	G	G
<b>Forensic</b>	G	G
<b>Children/Adolescents</b>	G	G
<b>Adults</b>	G	G

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

	Yes	No
<b>Serious Mental Illness</b>	G	G
<b>Serious Emotional Disturbances</b>	G	G

- 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?

Percentage of adults meeting Federal definition of SMI: \_\_\_\_\_%

Percentage of children/adolescents meeting Federal definition of SED: \_\_\_\_\_%



a. Does the state have a Medicaid managed care initiative?      Yes G      No G

b. Does the state mental health agency have any responsibility for mental health services provided through Medicaid managed care?      Yes G      No G

If yes, please check the responsibilities that the state mental health agency has:

Direct contractual responsibility and oversight of MCOs or BHOs      G

Setting standards for mental health services      G

Coordination with state health and Medicaid agencies      G

Resolving mental health consumer complaints      G

Input in contract development      G

Performance monitoring and measurement      G

Other

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3. **Data Reporting**

Are the data reported in the tables:      Yes      No

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.      G      G

Duplicated: across state hospital and community programs      G      G

Duplicated: within community programs      G      G

**4. Summary administrative data**

**Report Year:** .....

**State Identifier:** .....

**Summary Information on Data Submitted by State MHA:**

**Year Being Reported From: MM/YY to MM/YY:**

**Person Responsible for Data Submission:**

**Contact Phone Number:** .....

**Contact Address:** .....

.....

**E-mail Address:** .....

