

URS Table 2A (MHBG Table 8A). Profile of Persons Served, All Programs by Age, Gender, and Race

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this project is 0930-0168. Public reporting burden estimate, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-A, Rockville, Maryland 20857.

This table provides an unduplicated aggregate profile of persons served in the reporting year. The reporting year is based on a client receiving services in programs provided or funded by the state mental health agency. The client's age, gender, and race are based on the information provided by the state mental health agency. States and jurisdictions are to provide this information on all programs by age, gender, and race.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS

MHBG Table 8A							
Reporting Period:	From:						To:
State Identifier:							
	Total						
	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available
0-5 years	0	0					0
6-12 years	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0
Pregnant Women	0			0			

Are these measures unduplicated?

Unduplicated

Duplicated between children and adults

Duplicated between children and adults

Other

Comments on Data
(Age):

Comments on Data
(Gender):

Comments on Data (Race):	
Comments on Data (Overall):	

id to, a collection of information unless it displays a currently valid
 1 for this collection of information is estimated to average 187 hours per
 ering and maintaining the data needed, and completing and reviewing
 collection of information, including suggestions for reducing this
 nd, 20857.

should be the latest state fiscal year for which data are available. This profile
 ent profile takes into account all institutional and community services for such

LS!

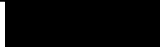
American Indian or Alaska Native							
Total	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available
0							
0							
0							
0							
0							
0							
0							
0							
0							
0							
0							
0	0	0	0	0	0	0	0
0							

Duplicated among community programs

er, please describe: _____

Native Hawaiian or Other Pacific Islander

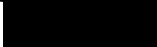
Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female	Male	Transgender (Male to Female)
0	0	0	0	0	0	0	0



ce

More than One Race Reported

Two Spirit [AI/AN only]	Other	Not Available	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]
0	0	0	0	0	0	0	0



Hospitals &
Community

Unduplicated

Unduplicated

0

Community Programs Between Adults & Kids

Share,
describe:

0 0 0 0

Table 2B (MHGB Table 8B). Profile of Persons Served, All Programs by Age, Gender, and Ethn

This table provides an unduplicated aggregate profile of persons served in the reporting year. The report includes data where available. This profile is based on a client receiving services in programs provided or funded by the state. The profile takes into account all institutional and community services for such programs. States and jurisdictions should report data by age, gender, and ethnicity. Total persons served would be the same as the total indicated in the report.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS

MHGB Table 8B.						
Reporting Period:	From:					
State Identifier:						
	Not Hispanic or Latino					
	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other
0-5 years						
6-12 years						
13-17 years						
18-20 years						
21-24 years						
25-44 years						
45-64 years						
65-74 years						
75+ years						
Not Available						
Total	0	0	0	0	0	
Pregnant Women						
Comments on Data (Age):						
Comments on Data (Gender):						
Comments on Data (Race/Ethnicity):						
Comments on Data (Overall):						

icity

Reporting year should be the latest state fiscal year for
funded by the state mental health agency. The client
jurisdictions are to provide this information on all
as reported in MHBG Table 8A.

OR CELLS!

	To:	
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Hispanic or Latino							
Not Available	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available
0	0	0	0	0	0		0

Hispanic or Latino Origin Not Available							
Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female
							0
							0
							0
							0
							0
							0
							0
							0
							0
0	0	0	0	0		0	0

Total						
Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Total
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	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

Table 2C (MHBG Table 8C) Profile of Persons Served, All Programs by Sexual Orientation and Race

This table provides an unduplicated aggregate profile of persons served in the reporting year. The reporting mental health agency. The client profile takes into account all institutional and community services for services indicated in MHBG Table 8A.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR

MHBG Table 8C			
Reporting Period:	From:		
State Identifier:			
	American Indian or Alaska Native	Asian	Black or African American
Straight or Heterosexual			
Lesbian or Gay			
Bisexual			
Two Spirit (if Client is AI/AN)			
Other			
Not Available			
Total	0	0	0
Comments on Data (Sexual Orientation):			
Comments on Data (Race):			
Comments on Data (Overall):			

Table (Optional Reporting Table)

The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client research program. States and jurisdictions are to provide this information on all programs by sexual orientation and gender identity.

! CELLS!

	To:	
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Native Hawaiian or Other Pacific Islander	White	More Than One Race Reported	Some Other Race	Race Not Available
0	0	0	0	0

*iving services in programs provided or funded by the state
l race. Total persons served would be the same as the total*

Total	
	0
	0
	0
	0
	0
	0
	0
	0

Table 2D (MHBG Table 8D) Profile of Persons Served, All Programs by Sexual Orientation and

This table provides an unduplicated aggregate profile of persons served in the reporting year fiscal year for which data are available. The profile is based on a client receiving services in a mental health agency. The client profile takes into account all institutional and community settings. All jurisdictions are to provide this information on all programs by sexual orientation and ethnicity. The total indicated in MHBG Table 8B.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND

MHBG Table 8D		
Reporting Period:	From:	
State Identifier:		
	Not Hispanic or Latino	Hispanic or Latino
Straight or Heterosexual		
Lesbian or Gay		
Bisexual		
Two Spirit (if Client is AI/AN)		
Other		
Not Available		
Total	0	0
Comments on Data (Sexual Orientation):		
Comments on Data (Ethnicity):		
Comments on Data (Overall):		

d Ethnicity (Optional Reporting Table)

*1r. The reporting year should be the latest state
n programs provided or funded by the state
services for such programs. States and
icity. Total persons served would be the same as*

FOR CELLS!

To:	
Hispanic or Latino Origin Not Available	Total
	0
	0
	0
	0
	0
	0
0	0

Table 3 (MHGB Table 9). Profile of Persons Served in Community Mental Health Setting, State Ps

This provides an aggregate profile of the number of persons that received public mental health services centers, and institutions under the justice system. The reporting year should be the latest SFY for which

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/O

MHGB Table 9						
Reporting Period:	From:					
State Identifier:						
	Age 0-5					
	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other
Community Mental Health Programs						
State Psychiatric Hospitals						
Other Psychiatric Inpatient						
Residential Treatment Centers						
Institutions under the Justice System						
Comments on Data (Age):						
Comments on Data (Gender):						
Comments on Data (Race):						
Comments on Data (Overall):						

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hosp reported in counts for both rows.

Instructions:

- States that have county psychiatric hospitals that serve as surrogate state hospitals should report persons served in such se
- If forensic hospitals are part of the state mental health agency system include them.
- Persons who receive non-inpatient care in state psychiatric hospitals should be included in the Community MH Program F
- Persons who receive inpatient psychiatric care through a private provider or medical provider licensed and/or contracted t Medicaid funded inpatient services through a provider that is not licensed or contracted by the SMHA should not be count
- A person who is served in both community settings and inpatient settings should be included in both rows
- RTC: CMHS has a standardized definition of RTC for Children: “An organization, not licensed as a psychiatric hospital, v services in conjunction with residential care for children and youth primarily 17 years old and younger. It has a clinical p master’s degree or doctorate. The primary reason for the admission of the clients is mental illness that can be classified b related disorders such as drug use and alcoholism (unless these are co-occurring with a mental illness).” **If your state ser treatment center row using the appropriate age group columns.**

residential treatment
nder.

Age 13-17							
Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female

Age 18-20

Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female	Male

Age 21-24

Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female	Male	Transgender (Male to Female)

#REF!

#REF!

#REF!

#REF!

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

This table provides an unduplicated aggregate profile of adults served in the report year by the public mental health system who are disabled, retired or who are homemakers, caregivers, etc., and not a part of the labor force looking for work but have not found employment. Data should be reported for clients in non-institutional settings.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/O

MHBG Table 15A						
Reporting Period:	From: _____					
State Identifier:	_____					
	Age 18-20					
	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other
Competitively Employed Full- or Part-Time (includes Supported Employment)						
Unemployed						
Not In Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)						
Not Available						
Total	0	0	0	0	0	0

How often does your state measure employment status? At Least Annually At Discretion

What populations are included in reported data? All Clients Only selected

Comments on Data (Age):	_____
Comments on Data (Gender):	_____
Comments on Data (Overall):	_____

mental health system in terms of employment status. The focus is on employment for adults, recognizing labor force. These persons should be reported under the "Not in Labor Force" category. Unemployed refer to settings at time of discharge or last evaluation. The reporting year is the latest SFY for which data are

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To:	
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Age 21-24							
Not Available	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available
0	0	0	0	0	0	0	0

Discharge Monthly Quarterly Other, please describe: _____

Selected groups. Please describe: _____

g, however, that there
 rs to persons who are
 available.

Age 25-44							
Female	Male	Transgende r (Male to Female)	Transgende r (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female
0	0	0	0	0	0	0	0

Other	Not Available	Total
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

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

This table provides information on the status of adult clients served in the report year by the public mental health system. Data should be reported for clients in non-institutional settings. The reporting year is the latest SFY for which data are available. Total persons reported same as the total indicated in MHBG Table 15A.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND

MHBG Table 15B			
Reporting Period:	From:		To:
State Identifier:			
Clients Primary Diagnosis	Competitively Employed Full- or Part-Time (including Supported Employment)	Unemployed	Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)
Schizophrenia & Related Disorders (F20, F25)			
Bipolar and Mood Disorders (F30, F31, F32, F32.9, F33, F34.0, F34.1)			
Other Psychoses (F22, F23, F24, F28, F29)			
All Other Diagnoses			
No Diagnosis and Deferred Diagnosis (R69, R99, Z03.89)			
Total	0	0	0
Comments on Data:			

nosis

mental health system in terms of
things at time of discharge or last
! on this table would be the

WOR CELLS!

Employment Status Not Available	Total
	0
	0
	0
	0
	0
	0
0	0

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

This table provide an aggregate profile of the unduplicated number of persons served in the reporting period (Not Available). The reporting period should be the latest SFY for which data are available. The client profile information on all programs by gender and race. Persons are to be counted in the Medicaid row if

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/C

MHBG Table 10A					
Reporting Period:	From:				
State Identifier:					
	Total				
	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]
Medicaid Only	0	0	0	0	0
Non-Medicaid Sources Only	0	0	0	0	0
People Served by Both Medicaid and Non-Medicaid	0	0	0	0	0
Medicaid Status Not Available	0	0	0	0	0
Total	0	0	0	0	0

Data based on Medicaid services

Data based on Medicaid eligibil

Comments on Data (Race):	
Comments on Data (Gender):	
Comments on Data (Overall):	

Each row should have a unique (deduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid (If a state is unable to deduplicate counts of people whose care is paid for by Medicaid only or Medicaid the 'People Served by Both includes people with any Medicaid' checkbox should be checked.

period by type of funding support (Medicaid Only, Non-Medicaid Sources Only, Both Medicaid and Non-Medicaid Sources Only). This profile takes into account all institutional and community services for all such programs. States and territories that have not received a service reimbursable through Medicaid.

OR CELLS!

	To:	
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		American Indian or Alaska Native			
Other	Not Available	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)
0	0				
0	0				
0	0				
0	0				
0	0	0	0	0	0

ity, not Medicaid paid services

'People served by both' includes people with Medicaid

Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not A and other funds, then all data should be reported into the 'People Served by Both Medicaid and

d Non-Medicaid, and Status
 d jurisdictions are to provide

a Native					
Two Spirit [AI/AN only]	Other	Not Available	Female	Male	Transgender (Male to Female)
0	0	0	0	0	0

any

available.
 | Non-Medicaid Sources' and

Asian					
Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female	Male
0	0	0	0	0	0

Black or African American					
Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female
0	0	0	0	0	0

Native Hawaiian or Other Pacific Islander

Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available
0	0	0	0	0	0

White					
Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other
0	0	0	0	0	0

	Some Other Race				
Not Available	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]
0	0	0	0	0	0

		More than One Race Re			
Other	Not Available	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)
0	0	0	0	0	0

Reported			R		
Two Spirit [AI/AN only]	Other	Not Available	Female	Male	Transgender (Male to Female)
0	0	0	0	0	0

Race Not Available			
Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available
0	0	0	0

Paid Services	Paid Services	Data are duplicated
0	0	0

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

This table provide an aggregate profile of the unduplicated number of persons served in the reporting period b reporting period should be the latest SFY for which data are available. The client profile takes into account all i gender and ethnicity. Persons are to be counted in the Medicaid row if they received a service reimbursable th

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CE

MHBG Table 10B.					
Reporting Period:	From:				
State Identifier:					
	Not Hispanic or Latino				
	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]
Medicaid Only					
Non-Medicaid Sources Only					
People Served by Both Medicaid and Non-Medicaid					
Medicaid Status Not Available					
Total					
Comments on Data (Ethnicity):					
Comments on Data (Gender):					
Comments on Data (Overall):					

Each row should have a unique (deduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) | If a state is unable to deduplicate counts of people whose care is paid for by Medicaid only or Medicaid and ot Served by Both includes people with any Medicaid' checkbox should be checked.

by type of funding support (Medicaid Only, Non-Medicaid Sources Only, Both Medicaid and Non-Medicaid Sources), and (4) Medicaid Status (Medicaid Only, Non-Medicaid Sources Only, Both Medicaid and Non-Medicaid Sources). States and jurisdictions are to provide this information for all such programs. Total persons served would be the same as the total indicated in MHBG Table 10A.

!!!

_____ **To:** _____

		Hispanic or Latino			
Other	Not Available	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)

Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available. If a person is funded by both Medicaid and Non-Medicaid sources, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' category.

id, and Status Not Available). The information on all programs by

			Hispanic o		
Two Spirit [AI/AN only]	Other	Not Available	Female	Male	Transgender (Male to Female)

l Sources' and the 'People

r Latino Origin Not Aavailable					
Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female	Male
				0	0
				0	0
				0	0
				0	0
				0	0

Total

Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Total
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	0	0

Table 14A (MHGB Table 13A). Profile of Persons with SMI/SED served by Age, Gender, and Race

This table provides an unduplicated aggregate profile of the number of persons with SMI or SED served agency. States and jurisdictions should report data using the Federal Definitions of SMI and SED if they The reporting period should be the latest SFY for your which data are available. States and jurisdictions

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OI

MHGB Table 13A.						
Reporting Period:	From:					
State Identifier:						
	Total					
	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	
0-5 years	0	0	0	0	0	
6-12 years	0	0	0	0	0	
13-17 years	0	0	0	0	0	
18-20 years	0	0	0	0	0	
21-24 years	0	0	0	0	0	
25-44 years	0	0	0	0	0	
45-64 years	0	0	0	0	0	
65-74 years	0	0	0	0	0	
75+ years	0	0	0	0	0	
Not Available	0	0	0	0	0	
Total	0	0	0	0	0	
Comments on Data (Age):						
Comments on Data (Gender):						
Comments on Data (Race):						
Comments on Data (Overall):						

Do the state definitions of SMI/SED match the Federal definitions?

<input type="radio"/> Yes	<input type="radio"/>
<input type="radio"/> Yes	<input type="radio"/>

Adults with SMI, If no, describe or attach state definition:

Diagnoses included in state SMI definition:

Children with SED, if no, describe or attach state definition:

Diagnoses included in state SED definition:

Asian					
Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female
0	0	0	0	0	0

Black or African American					
Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available
0	0	0	0	0	0

Native Hawaiian or Other Pacific Islander

Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other
0	0	0	0	0	0

		Some Other Race			
Other	Not Available	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)
0	0	0	0	0	0

			More t		
Two Spirit [AI/AN only]	Other	Not Available	Female	Male	Transgender (Male to Female)
0	0	0	0	0	0

More than One Race Reported					
Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female	Male
0	0	0	0	0	0

Not Available

Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available
0	0	0	0	0

Table 14B (MHBG Table 13B). Profile of Persons with SMI/SED served by Age, Gender and Et

This provides an aggregate profile of unduplicated number of persons with SMI or SED served in the SMI and SED if they can, if not, please report using the state's definition of SMI and SED and provide age, gender, and ethnicity. The total persons served who meet the Federal definition of SMI or SED

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND

MHBG Table 13B.				
Reporting Period:	From:			
State Identifier:				
	Not Hispanic or Latino			
	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)
0-5 years				
6-12 years				
13-17 years				
18-20 years				
21-24 years				
25-44 years				
45-64 years				
65-74 years				
75+ years				
Not Available				
Total				
Comments on Data (Age):				
Comments on Data (Gender):				
Comments on Data (Ethnicity):				
Comments on Data (Overall):				

l by the state mental health agency. States and jurisdictions should report data using the Federal I
=Y for your which data are available. States and jurisdictions are to provide this information on all p

		Hispanic or Latino Origin Not Availal			
Two Spirit [AI/AN only]	Not Available	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)

Table 14C (MHBG Table 14). Profile of Persons Served in Community Mental Health Setting, State Psych

This table provides an aggregate profile of the number of adults with serious mental illness (SMI) and children in health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, in residential treatment centers. States and jurisdictions are to provide this information on all programs by age and gender.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELL HEADINGS

MHBG Table 14:					
Reporting Period:	From:				
State Identifier:					
	Age 0-5				
	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]
Community Mental Health Programs					
State Psychiatric Hospitals					
Other Psychiatric Inpatient					
Residential Treatment Centers					
Institutions under the Justice System					
Comments on Data (Age):					
Comments on Data (Gender):					
Comments on Data (Race):					
Comments on Data (Overall):					

Note: clients can be duplicated between rows, e.g., the same client may be served in both state psychiatric hospitals and community mental health programs.

Instructions:

- 1 States that have county psychiatric hospitals that serve as surrogate state hospitals should report persons served in such settings as if they were state hospitals.
- 2 If forensic hospitals are part of the state mental health agency system include them.
- 3 Persons who receive non-inpatient care in state psychiatric hospitals should be included in the Community MH Program Row
- 4 Persons who receive inpatient psychiatric care through a private provider or medical provider licensed and/or contracted through the state or contracted by the SMHA should not be counted here.
- 5 A person who is served in both community settings and inpatient settings should be included in both rows
- 6 RTC: CMHS has a standardized definition of RTC for Children: “An organization, not licensed as a psychiatric hospital, whose primary focus is on children and adolescents primarily 17 years old and younger. It has a clinical program that is directed by a psychiatrist, psychologist, social worker, or psychologist other than the codes for mental retardation, developmental disorders, and substance-related disorders such as drug use and alcoholism.”

Psychiatric Hospitals, and Other Settings for Adults with SMI and Children with SED

with serious emotional disturbance (SED) that received publicly funded mental health services in community mental health centers, and institutions under the justice system. The reporting year should be the latest SFY for which data is available.

LLS!

	To:	
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Age 6-12					
Other	Not Available	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)

community mental health centers during the same year and thus would be reported in counts for both rows.

receiving services in state hospitals.

SMHA should be counted in the "Other Psychiatric Inpatient" row. Persons who receive Medicaid funded inpatient services through a provi

primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for chi
 iatric nurse who has a master's degree or doctorate. The primary reason for the admission of the clients is mental illness that can be classified
 sm (unless these are co-occurring with a mental illness)."

unity mental
ata are available.

Two Spirit [AI/AN only]	Other	Not Available	Female	Male	Transgender (Male to Female)

der that is not licensed

ldren and youth
1 by DSM-IV codes-

Age 13-17					
Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female	Male

Age 18-20					
Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female

Age 21-24

Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available

Age 25-44

Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other

	Age 45-64				
Not Available	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]

		Age 65-74			
Other	Not Available	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)

Two Spirit [AI/AN only]	Other	Not Available	Female	Male	Transgender (Male to Female)

Age 75+					
Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female	Male

Age Not Available					
Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female
					0
					0
					0
					0
					0

Total					
Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	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	0	0

Total
0
0
0
0
0

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Table 15 (MHBG Table 18). 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

This table provides an unduplicated aggregate profile of persons served in the reporting year by the public mental health program, private residence, foster care, residential care, jail/correctional facility, homeless shelter, etc. Data should be based on the individual's last known living situation. The reporting year should be the latest SFY for which data are available.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELL HEADINGS

Table 15.				
Reporting Period:	From:			
State Identifier:				
	Private Residence	Foster Home	Residential Care	Crisis Residence
0-5				
6-12				
13-17				
18-20				
21-24				
25-44				
45-64				
65-74				
75 and Older				
Not Available				
TOTAL	0	0	0	0
Female				
Male				
Transgender (Male to Female)				
Transgender (Female to Male)				
Two Spirit (if Client is AI/AN)				
Other				
Not Available				
TOTAL	0	0	0	0
American Indian/Alaska Native				
Asian				
Black/African American				
Hawaiian/Pacific Islander				
White				
Some Other Race				
More than One Race Reported				
Race/Ethnicity Not Available				
TOTAL	0	0	0	0
Hispanic or Latino Origin				
Non Hispanic or Latino Origin				
Hispanic or Latino Origin Not Available				
TOTAL	0	0	0	0
Comments on Data:				

How often does your state measure living situation?

At Admission

At Discharge

.....

Living Situation Definitions:

Private Residence: Individual lives in a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy.

Foster Home: Individual resides in a Foster Home. A Foster Home is a home that is licensed by a County or State Care Facilities. Therapeutic Foster Care is a service that provides treatment for troubled children within private homes.

Residential Care: Individual resides in a residential care facility. This level of care may include a Group Home, Residential Treatment Center, or other residential care facilities.

Crisis Residence: A residential (24 hours/day) stabilization program that delivers services for acute symptoms until they achieve stabilization. Crisis residences serve persons experiencing rapid or sudden deterioration of social functioning.

Children's Residential Treatment Facility: Children and Youth Residential Treatment Facilities (RTF's) are a type of organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned services are provided in facilities which are certified by state or federal agencies or through a national accreditation.

Institutional Setting: Individual resides in an institutional care facility with care provided on a 24 hour, 7 day basis. Examples include: Institutes of Mental Disease (IMD), Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), Veterans Affairs Medical Center, etc.

Jail/ Correctional Facility: Individual resides in a Jail and/or Correctional facility with care provided on a 24 hour basis. Examples include: Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.

Homeless: A person should be counted in the "Homeless" category if he/she was reported homeless at their last assessment. The "last" Assessment could occur at Admission, Discharge, or at some point during treatment. A person is considered homeless if their nighttime residency is:

- A) A supervised publicly or privately operated shelter designed to provide temporary living accommodations.
- B) An institution that provides a temporary residence for individuals intended to be institutionalized, or
- C) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for individuals.

Unavailable: Information on an individual's residence is not available.

mental health system in terms of living situation. Living situation categories include, but are not limited to, residential treatment, institutional setting, jail/correctional facility, homeless/shelter, other, and not available. Information is collected based on the most recent assessment in the reporting period. Specifically, information is collected as follows:

ELLS!

_____ To: _____

Residential Treatment	Institutional Setting	Jail/ Correctional Facility	Homeless/ Shelter	Other	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

Monthly Quarterly Other, please describe: _____

Describe.

in Occupancy (SRO).

or State Department to provide foster care to children, adolescents, and/or adults. This includes Therapeutic foster homes of trained families.

Home, Therapeutic Group Home, Board and Care, Residential Treatment, or Rehabilitation Center, or Adult

in reduction and restores clients to a pre-crisis level of functioning. These programs are time limited for medical and personal conditions such that they are clinically at risk of hospitalization but may be treated in the

provide fully-integrated mental health treatment services to seriously emotionally disturbed children and adolescents. Planned programs of mental health treatment services in conjunction with residential care for children and adolescents at a residential agency.

on a weekly basis. This level of care may include a Skilled Nursing/Intermediate Care Facility, Nursing Home, Veterans Affairs Hospital, or State Hospital.

24 hour, 7 day a week basis. This level of care may include a Jail, Correctional Facility, Detention Center, or

at the most recent (last) assessment during the reporting period (or at discharge for patients discharged during the reporting period) considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her personal

possessions,

or human beings (e.g., on the street).

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

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS

This table provides the total number of civil discharges within the year, the number of readmissions within 30-days and 180-days, and the percent readmitted by age, gender, race, and ethnicity. The reporting year should be the latest SFY for which data are available.

MHBG Table 23A.				
Reporting Period:	From:			To:
State Identifier:				
	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent R 30 days
		30 days	180 days	
TOTAL	0	0	0	

Age				
0-5				
6-12				
13-17				
18-20				
21-24				
25-44				
45-64				
65-74				
75+				
Not Available				

Gender				
Female				
Male				
Transgender (Male to Female)				
Transgender (Female to Male)				
Two Spirit (if Client is AI/AN)				
Other				
Not Available				

Race				
American Indian/ Alaska Native				
Asian				
Black/African American				
Hawaiian/Pacific Islander				
White				
Some Other Race				
More than one race				
Race Not Available				

Ethnicity				
Hispanic/Latino Origin				
Non Hispanic/Latino				
Hispanic/Latino Origin Not Available				

Are Forensic Patients Included? No Yes

Comments on Data:

nts

CELLS!

readmitted
180 days

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Table 20B (MHBG Table 23B). Profile of Forensic Patients Readmission to any State Psychiatric Hospital Within 30/180 Days of Discharge

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS

This table provides the total number of forensic discharges within the year, the number of readmissions within 30-days and 180-days, and the percent readmitted by age, gender, race and ethnicity. The reporting year should be the latest SFY for which data are available.

MHBG Table 23B.				
Reporting Period:	From:		To:	
State Identifier:				
	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted within 30 days
		30 days	180 days	
TOTAL	0	0	0	
Age				
0-5				
6-12				
13-17				
18-20				
21-24				
25-44				
45-64				
65-74				
75+				
Not Available				
Gender				
Female				
Male				
Transgender (Male to Female)				
Transgender (Female to Male)				
Two Spirit (if Client is AI/AN)				
Other				
Not Available				
Race				
American Indian/ Alaska Native				
Asian				
Black/African American				
Hawaiian/Pacific Islander				
White				
Some Other Race				
More than one race				
Race Not Available				
Hispanic/Latino Origin				
Hispanic/Latino Origin				
Non Hispanic/Latino				
Not Available				
Comments on Data:				

etric Inpatient

CELLS!

of
e, and

readmitted
180 days

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