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 respor
OMB control number. The OMB control number for this project is 0930-0168. Public reporting burder
respondent, per year, including the time for reviewing instructions, searching existing data sources, gath
the collection of information. Send comments regarding this burden estimate or any other aspect of this
burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-A, Rockville, Maryla

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 cli programs. 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 CEL

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	0	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 hospitals and community ☐ Duplicated between children and adults ☐ Othe

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

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

OMB No. 0930-0168
Expiration Date: 6/30/2026

ıd to, a collection of information unless it displays a currently valid
ı for this collection of information is estimated to average 187 hours per
ıering and maintaining the data needed, and completing and reviewing
collection of information, including suggestions for reducing this
ınd, 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							

☐ Duplicated among community programs

er, please describe:

Asian							
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

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

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

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

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


Not Available
0

Hospitals &
Community

Unduplicated

Unduplicated

FALSE

Community Programs	between Adults & Kids	Other, describe:					
FALSE	FALSE	FALSE	FALSE				

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

This table provides an unduplicated aggregate profile of persons served in the reporting year. The rep which data are available. This profile is based on a client receiving services in programs provided or f profile takes into account all institutional and community services for such programs. States and jurisd programs by age, gender, and ethnicity. Total persons served would be the same as the total indicate

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

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):						

nicity

porting year should be the latest state fiscal year for
unded by the state mental health agency. The client
dictions are to provide this information on all
ed in MHBG Table 8A.

OR CELLS!

	To:	

	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 Rac

This table provides an unduplicated aggregate profile of persons served in the reporting year. The reportir mental health agency. The client profile takes into account all institutional and community services for suc 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):			

e (Optional Reporting Table)

ıg year should be the latest state fiscal year for which data are available. This profile is based on a client rece
h programs. States and jurisdictions are to provide this information on all programs by sexual orientation and

CELLS!

	To:	

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
race. Total persons served would be the same as the total

Total
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 yea fiscal year for which data are available. The profile is based on a client receiving services i mental health agency. The client profile takes into account all institutional and community s jurisdictions are to provide this information on all programs by sexual orientation and ethn as 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)

ar. The reporting year should be the latest state
n programs provided or funded by the state
ervices for such programs. States and
icity. Total persons served would be the same

/OR CELLS!

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

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

This provides an aggregate profile of the number of persons that received public mental health services i 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/OR

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:

1 States that have county psychiatric hospitals that serve as surrogate state hospitals should report persons served in such se

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 F

4 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 coun

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, 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.**

ychiatric Hospitals, and Other Settings

in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient settings, r
data are available. States and jurisdictions are to provide this information on all programs by age and gen

R CELLS!

To:	

	Age 6-12						
Not Available	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available

ɔitals and community mental health centers during the same year and thus would be

ttings as receiving services in state hospitals.

Row

hrough the SMHA should be counted in the "Other Psychiatric Inpatient" row. Persons who receive
ted here.

whose primary purpose is the provision of individually planned programs of mental health treatment
rogram that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a
y DSM-IV codes-other than the codes for mental retardation, developmental disorders, and substance-
ves adults in residential treatment centers, these adults should be reported in the residential

esidential treatment
ıder.

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)

Age 25-44				Age 45-64			
Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)

			Age 65-74				
Two Spirit [AI/AN only]	Other	Not Available	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]

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

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

Total							
Female	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

#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 m
are clients who are disabled, retired or who are homemakers, caregivers, etc., and not a part of the labo
looking for work but have not found employment. Data should be reported for clients in non-institutional

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 Admission ☐ At Dis

What populations are included in reported data? ○ All Clients

○ Only sele

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

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

R CELLS!

To:	

	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

scharge ☐ M ☐ Quarterly ☐ Other, please de...

ected groups. Please describe:

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

Age 25-44							
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

Age 45-64							
Male	Transgender (Male to Female)	Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female	Male
0	0	0	0	0	0	0	0

Age 65-74							
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

Age 75+				Age Not Availab			
Transgender (Male to Female)	Two Spirit [AI/AN only]	Other	Not Available	Female	Male	Transgender (Male to Female)	Transgender (Male to Female)
0	0	0	0	0	0	0	0

ble			Total				
Two Spirit [AI/AN only]	Not Available	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	0	0
			0	0	0	0	0
			0	0	0	0	0
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 Diagı

This table provides information on the status of adult clients served in the report year by the public r employment status by primary diagnosis. Data should be reported for clients in non-institutional sett evaluation. The reporting year is the latest SFY for which data are available. Total persons reported 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

nental health system in terms of
ings at time of discharge or last
' on this table would be the same

)/OR CELLS!

Employment Status Not Available	Total
	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 p 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 they

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 eligibility

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 C
If a state is unable to deduplicate counts of people whose care is paid for by Medicaid only or Medicaic
'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
e takes into account all institutional and community services for all such programs. States and juris
received a service reimbursable through Medicaid.

OR CELLS!

	To:	

					American Indian or Alask
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

, not Medicaid paid services ☐ 'People served by both' includes people with a

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

l Non-Medicaid, and Status Not
sdictions are to provide this

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

ny Medicaid

vailable.
Non-Medicaid Sources' and the

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

ported					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	FALSE	FALSE

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) I
If a state is unable to deduplicate counts of people whose care is paid for by Medicaid only or Medicaid and otl
Served by Both includes people with any Medicaid'
checkbox should be checked.

y type of funding support (Medicaid Only, Non-Medicaid Sources Only, Both Medicaid and Non-Medica
nstitutional and community services for all such programs. States and jurisdictions are to provide this in
rough Medicaid. Total persons served would be the same as the total indicated in MHBG Table 10A.

ELLS!

	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.
ner funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid

id, and Status Not Available). The
nformation 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 Avaliable

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 (MHBG 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?

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

○ Yes ○ No

Diagnoses included in state SMI definition:

○ Yes ○ No

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

Diagnoses included in state SED definition:

in the reporting year. The profile is based on a client receiving services in programs provided or funde
can, if not, please report using the state's definition of SMI and SED and provide information below de
are to provide this information on all programs by age, gender, and race.

R CELLS!

	To:	

					American Indian
Other	Not Available	Total	Female	Male	Transgender (Male to Female)
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

ed by the state mental health
escribing your state's definition.

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

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

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

han 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 provid 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):				

hnicity

e reporting year. The profile is based on a client receiving services in programs provided or funded
'e information below describing your state's definition. The reporting period should be the latest SF
would be the same as the total in MHBG Table 13A.

/OR CELLS!

				To:	

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

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

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

efinitions of
rograms by

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

Two Spirit [AI/AN only]	**Not Available**

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 v health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, in residential treatment ce 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 CE

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 cc

Instructions:

1 States that have county psychiatric hospitals that serve as surrogate state hospitals should report persons served in such settings as r

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 th 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 pri primarily 17 years old and younger. It has a clinical program that is directed by a psychiatrist, psychologist, social worker, or psycl other than the codes for mental retardation, developmental disorders, and substance-related disorders such as drug use and alcoholis

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

vith serious emotional disturbance (SED) that received publicly funded mental health services in commı
nters, and institutions under the justice system. The reporting year should be the latest SFY for which d

LLS!

	To:	

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

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

eceiving services in state hospitals.

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

mary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for chi
hiatric nurse who has a master's degree or doctorate. The primary reason for the admission of the clients is mental illness that can be classifie
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)

ider that is not licensed

ildren and youth
d 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	#REF!
0	#REF!
0	#REF!
0	#REF!
0	#REF!

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 m to, private residence, foster care, residential care, jail/correctional facility, homeless shelter, etc. Data should on the individual's last known living situation. The reporting year should be the latest SFY for which data are

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

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 Admiss... ☐ At Discharge

Living Situation Definitions:

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

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

Residential Care: Individual resides in a residential care facility. This level of care may include a Group H
residential care facilities.

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

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

Institutional Setting: Individual resides in an institutional care facility with care provided on a 24 hour, 7 da
Institutes of Mental Disease (IMD), Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), Veter

Jail/ Correctional Facility: Individual resides in a Jail and/or Correctional facility with care provided on a 2
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 thei
The "last" Assessment could occur at Admission, Discharge, or at some point during treatment. A person is
residency is:

A) A supervised publicly or privately operated shelter designed to provide temporary living accommodat
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 fo

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

ental health system in terms of living situation. Living situation categories include, but are not limited be based on the most recent assessment in the reporting period. Specifically, information is collected available.

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	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

☐ Mo... ☐ Quarterly ☐ Other, please des...

m Occupancy (SRO).

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

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

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

rovide fully-integrated mental health treatment services to seriously emotionally disturbed children and
anned programs of mental health treatment services in conjunction with residential care for children an
iting agency.

y a week basis. This level of care may include a Skilled Nursing/Intermediate Care Facility, Nursing F
ns Affairs Hospital, or State Hospital.

4 hour, 7 day a week basis. This level of care may include a Jail, Correctional Facility, Detention Cent

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

tions,

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

Total
0
0
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Table 20A (MHBG Table 23A). Profile of Non-Forensic (Voluntary and Civil Involuntary) Patie
Readmission to any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

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

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	180 days	30 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? ○ Yes ○ No

Comments on Data:	

nts

CELLS!

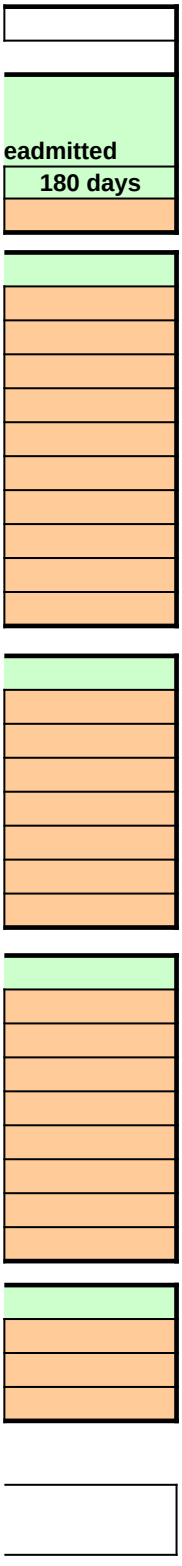

Table 20B (MHBG Table 23B). Profile of Forensic Patients Readmission to any State Psychia Hospital Within 30/180 Days of Discharge

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

This table provides the total number of forensic discharges within the year, the number readmissions within 30-days and 180-days, and the percent readmitted by age, gender, race 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 R
		30 days	180 days	30 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:	

ıtric Inpatient

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e, and