

2022 Uniform Reporting Summary Output Tables Executive Summary

State Mental Health Agencies (SMHAs) compile and report annual data as part of their application package for SAMHSA's Community Mental Health Block Grant. These compiled data constitute the Uniform Reporting System (URS).

The URS is comprised of 21 tables that are developed by SAMHSA in consultation with SMHAs. The 2022 URS Output Tables present findings from 59 states and U.S. territories. Each output table provides summary information on the SMHA clients served in 2022: sociodemographic characteristics of clients served, outcomes of care, use of selected evidence-based practices, client assessment of care, insurance status, living situation, employment status, and readmission to state psychiatric hospitals within 30 and 180 days. Key data highlights are listed below:

- In 2022, 8,180,236 clients received SMHA services from 59 states and U.S. territories. This is a decrease from 8,195,517 SMHA clients in 2021. There were 5,965,872 adults (or 23.1 per 1,000), 2,197,002 children (or 29.9 per 1,000) served. About 17,362 (0.2 percent) clients were missing age data.
- Among SMHA clients, there were 4,394,191 (53.7 percent) females served while there were 3,730,939 (45.6 percent) males served. In 27 states and U.S. territories, more SMHA males were served than females, while in 32 states and U.S. territories, more SMHA females were served.
- The age distribution among SMHA clients was the largest among ages 25-44 with 33.0 percent, followed by ages 45-64 with 22.8 percent, children ages 0-12 with 14.2 percent, and children ages 13-17 with 12.7 percent.
- The highest percentage of SMHA clients that were served was among the White population with 57.9 percent, followed by Black or African Americans with 17.4 percent. SMHA clients served were 15.8 percent Hispanic and 74.5 percent non-Hispanic.

Alaska 2022 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System

Utilization Rates/Number of Consumers Served	U.S.	State	U.S. Rate	States
Penetration Rate per 1,000 population	8,180,236	31.47	24.37	59
Community Utilization per 1,000 population	7,900,059	30.06	23.53	59
State Hospital Utilization per 1,000 population	108,725	0.80	0.33	53
Other Psychiatric Inpatient Utilization per 1,000 population	433,997	0.28	1.53	42
Adult Employment Status	U.S.	State	U.S. Rate	States
Employed (Percent in Labor Force)*	890,626	68.3%	51.2%	58
Employed (percent with Employment Data)**	890,626	36.4%	27.2%	58
Adult Consumer Survey Measures		State	U.S. Rate	States
Positive About Outcome		66.7%	77.7%	52
Child/Family Consumer Survey Measures		State	U.S. Rate	States
Positive About Outcome		69.1%	70.7%	47
Readmission Rates:(Civil "non-Forensic" clients)	U.S.	State	U.S. Rate	States
State Hospital Readmissions: 30 Days	5,477	11.0%	7.8%	44
State Hospital Readmissions: 180 Days	13,252	27.9%	18.9%	48
State Hospital Readmissions: 30 Days: Adults	5,064	11.3%	8.0%	42
State Hospital Readmissions: 180 Days: Adults	12,250	28.8%	19.3%	46
State Hospital Readmissions: 30 Days: Children	413	5.9%	6.5%	21
State Hospital Readmissions: 180 Days: Children	1,002	11.8%	15.7%	22
Living Situation	U.S.	State	U.S. Rate	States
Private Residence	4,235,783	70.0%	85.8%	58
Homeless/Shelter	199,656	4.7%	4.0%	53
Jail/Correctional Facility	69,379	1.0%	1.4%	52
Adult EBP Services	U.S.	State	U.S. Rate	States
Supported Housing	96,893	3.6%	3.1%	32
Supported Employment	62,679	5.8%	1.7%	43
Assertive Community Treatment	71,243	1.5%	1.9%	44
Family Psychoeducation	36,147	-	2.4%	19
Dual Diagnosis Treatment	197,663	-	8.7%	27
Illness Self Management	321,887	24.3%	17.9%	25
Medications Management	538,094	-	28.6%	23
Child/Adolescent EBP Services	U.S.	State	U.S. Rate	States
Therapeutic Foster Care	12,465	14.5%	1.6%	23
Multisystemic Therapy	25,099	-	3.2%	23
Functional Family Therapy	58,340	-	9.0%	18
Change in Social Connectedness		State	U.S. Rate	States
Adult Improved Social Connectedness	65.2%		74.2%	51
Child/Family Improved Social Connectedness	76.9%		86.1%	43

*Denominator is the sum of consumers employed and unemployed.

**Denominator is the sum of consumers employed, unemployed, and not in labor force.

SAMHSA Uniform Reporting System - 2022 State Mental Health Measures

Alaska

Utilization	State Number	State Rate	U.S.	U.S. Rate	States
Penetration Rate per 1,000 population	23,038	31.47	8,180,236	24.37	59
Community Utilization per 1,000 population	22,004	30.06	7,900,059	23.53	59
State Hospital Utilization per 1,000 population	588	0.80	108,725	0.33	53
Medicaid Funding Status	17,292	81%	5,877,944	75%	58
Employment Status (percent employed)	3,090	36%	890,626	27%	58
State Hospital Adult Admissions	644	1.16	78,782	0.80	51
Community Adult Admissions	6,971	0.50	15,560,130	3.02	53
Percent of Adults with SMI and Children with SED	17,179	75%	5,887,999	72%	59
Utilization	State Rate	U.S. Rate	States		
State Hospital LOS Discharged Adult patients (Median)	56 Days	100 Days		51	
State Hospital LOS for Adult Resident patients in facility <1 year (Median)	19 Days	94 Days		50	
Percent of Clients who meet Federal SMI definition	54%	70%		57	
Adults with Co-occurring MH/SU Disorders	51%	27%		55	
Children with Co-occurring MH/SU Disorders	12%	6%		54	
Adult Consumer Survey Measures	State Rate	U.S. Rate	States		
Access to Services	73.7%	86.9%		52	
Quality/Appropriateness of Services	82.5%	89.2%		52	
Outcome from Services	66.7%	77.7%		52	
Participation in Treatment Planning	76.9%	85.3%		52	
General Satisfaction with Care	82.1%	87.8%		52	
Child/Family Consumer Survey Measures	State Rate	U.S. Rate	States		
Access to Services	74.1%	86.5%		46	
General Satisfaction with Care	75.9%	85.7%		46	
Outcome from Services	69.1%	70.7%		47	
Participation in Treatment Planning	88.4%	88.4%		47	
Cultural Sensitivity of Providers	90.8%	93.7%		46	
Consumer Living Situations	State Number	State Rate	U.S.	U.S. Rate	States
Private Residence	9,073	70.0%	4,235,783	85.8%	58
Jail/Correctional Facility	134	1.0%	69,379	1.4%	52
Homeless or Shelter	614	4.7%	199,656	4.0%	53
Hospital Readmissions	State Number	State Rate	U.S.	U.S. Rate	States
State Hospital Readmissions: 30 Days	72	11.0%	5,477	7.8%	44
State Hospital Readmissions: 180 Days	183	27.9%	13,252	18.9%	48
Readmission to any psychiatric hospital: 30 Days	-	-	40,403	16.3%	20
State Mental Health Finance (2022)	State Number	State Rate	U.S.	U.S. Rate	States
SMHA Expenditures for Community Mental Health*	\$137,648,377	67.1%	\$35,672,092,437	69.6%	58
State Expenditures from State Sources	\$46,808,219	22.8%	\$18,057,819,516	35.3%	56
Total SMHA Expenditures	\$205,072,678	-	\$51,223,086,503	-	58
Adult Evidence-Based Practices	State Number	State Rate	U.S.	U.S. Rate	States
Assertive Community Treatment	68	1.5%	71,243	1.9%	44
Supported Housing	157	3.6%	96,893	3.1%	32
Supported Employment	254	5.8%	62,679	1.7%	43
Family Psychoeducation	-	-	36,147	2.4%	19
Integrated Dual Diagnosis Treatment	-	-	197,663	8.7%	27
Illness Self-Management and Recovery	1,069	24.3%	321,887	17.9%	25
Medications Management	-	-	538,094	28.6%	23
Child Evidence Based Practices	State Number	State Rate	U.S.	U.S. Rate	States
Therapeutic Foster Care	494	14.5%	12,465	1.6%	23
Multisystemic Therapy	-	-	25,099	3.2%	23
Functional Family Therapy	-	-	58,340	9.0%	18
Outcome	State Number	State Rate	U.S.	U.S. Rate	States
Adult Criminal Justice Contacts	14	3.0%	21,398	2.1%	35
Juvenile Justice Contacts	1	0.9%	2,720	0.8%	36
School Attendance (Improved)	21	21.9%	6,935	26.8%	25

* Includes primary prevention, evidence-based practices for early serious mental illness, and other 24-Hour care.

Mental Health Community Services Block Grant: 2022 State Summary Report

Alaska

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State Revenue Expenditure Data

	Amount
FY 2022 Mental Health Block Grant Expenditures	\$1,722,810
FY 2022 SMHA Community MH Expenditures	\$137,648,377
FY 2022 Per Capita Community MH Expenditures	\$187.87
FY 2022 Community Percent of Total SMHA Spending	67.04%
FY 2022 Total SMHA Mental Health Expenditure	\$205,072,678
FY 2022 Per Capita Total SMHA Mental Health Expenditures	\$279.90

Statewide Mental Health Agency Data*

Measure
Total Clients Served by SMHA System
Clients Served in Community Settings
Clients Served in State Hospitals

Number of Clients	Utilization Rate Per 1,000 Population
23,038	31.5
22,004	30.1
588	0.8

Gender	Percent
Female	53.0%
Male	40.2%
Other	0.2%
Not Available	6.6%

Age	Percent
0 to 12	16.1%
13 to 17	16.0%
18 to 20	5.4%
21 to 24	5.9%
25 to 44	33.4%
45 to 64	16.4%
65 to 74	2.5%
75 and over	0.4%
Not Available	4.0%

Race/Ethnicity	Percent
American Indian or Alaska Native	26.3%
Asian	1.3%
Black or African American	2.8%
Native Hawaiian or Other Pacific Islander	0.7%
White	41.2%
More Than One Race	12.6%
Not Available	15.2%

Living Situation (with Known Status)	Percent
Private Residence	70.0%
Foster Home	6.5%
Residential Care	4.5%
Crisis Residence	0.2%
Residential Treatment Center	1.9%
Institutional Setting	0.3%
Jail (Correctional Facility)	1.0%
Homeless (Shelter)	4.7%
Other	10.7%

Medicaid Funding Status of Consumers	Percent
Medicaid Only	73.8%
Non-Medicaid	19.4%
Both Medicaid and Other Funds	6.8%

Consumer Perception of Care: (Children/Adolescents)	Percent
Access to Services	74.1%
Overall Satisfaction with Care	75.9%
Outcome from Services	69.1%
Participation in Treatment Planning	88.4%
Cultural Sensitivity of Providers	90.8%

Consumer Perception of Care: (Adults)	Percent
Access to Services	73.7%
Quality/Appropriateness of Services	82.5%
Outcome from Services	66.7%
Participation in Treatment Planning	76.9%
Overall Satisfaction with Care	82.1%

Outcome Measures Developmental	Percent
Adults Arrested this Year	3.0%
Youth Arrested this Year	0.9%
Improved School Attendance	21.9%

Implementation of Evidence-Based Practices	Percent
Assertive Community Treatment	1.5%
Supported Housing	3.6%
Supported Employment	5.8%
Family Psychoeducation	-
Integrated Dual Diagnosis Treatment	-
Illness Self-Management and Recovery	24.3%
Medications Management	-
Therapeutic Foster Care	14.5%
Multisystemic Therapy	-
Functional Family Therapy	-

Hospital Readmissions (Civil Status Patients)	Percent
State Hospital Readmissions: 30 Days	11.0%
State Hospital Readmissions: 180 Days	27.9%
Readmission to any psychiatric hospital: 30 Days	-

* Based on 2022 URS data provided by US States and Territories per annual reporting guidelines.



The Community Mental Health Block Grant is administered by the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration of the US Department of Health and Human Services

Demographics	Total Served				Penetration Rates			States Reporting	
	State		US		(per 1,000 population)				
	n	%	n	%	State	West	US		
Total	23,038	100.0%	8,180,236	100.0%	31.4	18.4	24.4	59	
0-12	3,700	16.1%	1,158,981	14.2%	28.4	18.7	22.4	59	
13-17	3,682	16.0%	1,038,021	12.7%	74.8	44.2	47.5	59	
18-20	1,237	5.4%	412,521	5.0%	47.1	27.3	31.9	59	
21-24	1,361	5.9%	492,047	6.0%	33.5	21.2	28.6	59	
25-44	7,692	33.4%	2,703,227	33.0%	35.7	20.6	30.4	59	
45-64	3,782	16.4%	1,868,490	22.8%	21.8	15.2	22.4	59	
65-74	568	2.5%	352,243	4.3%	8.6	6.8	10.5	59	
75 and over	93	0.4%	137,344	1.7%	3.0	2.8	6.2	58	
Age Not Available	923	4.0%	17,362	0.2%	-	-	-	24	
Female	12,221	53.0%	4,394,191	53.7%	35.1	19.9	25.9	59	
Male	9,255	40.2%	3,730,939	45.6%	24.1	16.8	22.4	59	
Other	41	0.2%	16,811	0.2%	-	-	-	12	
Gender Not Available	1,521	6.6%	38,295	0.5%	-	-	-	38	
American Indian/Alaskan Native	6,048	26.3%	152,709	1.9%	52.6	26.3	35.0	53	
Asian	308	1.3%	129,994	1.6%	6.4	4.4	6.4	57	
Black/African American	639	2.8%	1,424,351	17.4%	23.9	30.8	31.6	54	
Native Hawaiian/Pacific Islander	162	0.7%	24,325	0.3%	13.6	21.2	28.6	53	
White	9,487	41.2%	4,737,430	57.9%	20.1	10.1	18.8	57	
Multi-Racial	2,898	12.6%	231,800	2.8%	50.1	13.7	25.7	50	
Race Not Available	3,496	15.2%	1,479,627	18.1%	-	-	-	54	
Hispanic or Latino Ethnicity	1,135	4.9%	1,164,171	15.8%	20.7	17.2	19.4	52	
Not Hispanic or Latino Ethnicity	19,653	85.3%	5,482,345	74.5%	29.0	14.3	21.3	56	
Ethnicity Not Available	2,250	9.8%	715,131	9.7%	-	-	-	43	

Note:

Are Client Counts Unduplicated? Duplicated between Hospitals and Community **Number of States with Unduplicated Counts** 43

This table uses data from URS Table 2a, Table 2b and from the U.S. Census Bureau. All denominators for penetration rates use the U.S. Census data from 2021.

U.S. totals are calculated uniquely for each data element based on only those states who reported clients served.

The penetration rates for 'Other' gender as well as Age, Gender, Race and Ethnicity Not Available are not reported on this table because the U.S. Census data does not include these categories.

Regional groupings are based on SAMHSA's Block Grant Regions.

State Notes:**Table 2a**

Age

Age is assigned as of the middle of the reporting period for SFY2022, thus December 31st, 2021.

Gender

See General Data Notes; for some EDI, DET, ISM, discretionary grant, and API data for which there were internal data gaps, simple client counts rather than full demographics are reported.

Race

See General Data Notes; for some EDI, DET, ISM, discretionary grant, and API data for which there were internal data gaps, simple client counts rather than full demographics are reported.

Overall

See General Data Notes; for API clients, duplicated counts could occur if the API client was also seen in a community setting during the reporting period.

Table 2b

Age

Age is assigned as of the middle of the reporting period for SFY22; thus December 31st, 2021.

Gender

See General Data Notes, for some EDI, DET, ISM, discretionary grant, and API data for which there were internal data gaps, simple client counts rather than full demographics are reported.

Race

See General Data Notes, for some EDI, DET, ISM, discretionary grant, and API data for which there were internal data gaps, simple client counts rather than full demographics are reported.

Overall

See General Data Notes, for some EDI, DET, ISM, discretionary grant, and API data for which there were internal data gaps, simple client counts rather than full demographics are reported.

ACCESS DOMAIN: Persons Served in Community Mental Health Programs by Age and Gender, FY 2022
Alaska
Reporting Period: 7/1/2021 To: 6/30/2022

Demographic	Served in Community Mental Health Programs				Penetration Rates (rate per 1,000 population)		States Reporting
	State		US		State	US	
	n	%	n	%			
Age 0-17	7,103	32.3%	2,144,847	27.1%	39.6	29.2	59
Age 18-20	1,173	5.3%	395,224	5.0%	44.7	30.6	59
Age 21-64	12,173	55.3%	4,873,711	61.7%	28.3	25.7	59
Age 65+	632	2.9%	469,166	5.9%	6.5	7.9	59
Age Not Available	923	4.2%	17,111	0.2%	-	-	24
Age Total	22,004	100.0%	7,900,059	100.0%	30.0	23.5	59
Female	11,857	53.9%	4,268,201	54.0%	34.0	25.2	59
Male	8,767	39.8%	3,578,016	45.3%	22.8	21.5	59
Other	41	0.2%	16,679	0.2%	-	-	12
Gender Not Available	1,339	6.1%	37,163	0.5%	-	-	35
Total	22,004	100.0%	7,900,059	100.0%	30.0	23.5	59

Note:

U.S. totals are based on states reporting.

This table uses data from URS Table 3 and from the U.S. Census Bureau. All denominators for penetration rates use the U.S. Census data from 2021.

U.S. penetration rates are calculated uniquely for each data element based on only those states who reported numerator (clients served) data.

State Notes:

Age	Age is assigned as of the middle of the reporting period for SFY2022; thus December 31st, 2021.
Gender	See General Data Notes.
Overall	See General Data Notes.

ACCESS DOMAIN: Persons Served in State Psychiatric Hospitals by Age and Gender, FY 2022
Alaska
Reporting Period: 7/1/2021 To: 6/30/2022

Demographic	Served in State Psychiatric Hospitals				Penetration Rates (rate per 1,000 population)		States Reporting
	State		US		State	US	
	n	%	n	%			
Age 0-17	35	6.0%	5,878	5.4%	0.2	0.1	31
Age 18-20	46	7.8%	3,715	3.4%	1.8	0.3	51
Age 21-64	479	81.5%	91,632	84.3%	1.1	0.5	53
Age 65+	28	4.8%	7,490	6.9%	0.3	0.1	53
Age Not Available	-	-	10	0.0%	-	-	4
Age Total	588	100.0%	108,725	100.0%	0.8	0.3	53
Female	240	40.8%	34,261	31.5%	0.7	0.2	53
Male	346	58.8%	74,270	68.3%	0.9	0.5	53
Other	-	-	20	0.0%	-	-	2
Gender Not Available	2	0.3%	174	0.2%	-	-	22
Total	588	100.0%	108,725	100.0%	0.8	0.3	53

Note:

U.S. totals are based on states reporting.

This table uses data from URS Table 3 and from the U.S. Census Bureau. All denominators for penetration rates use the U.S. Census data from 2021.

U.S. penetration rates are calculated uniquely for each data element based on only those states who reported numerator (clients served) data.

The penetration rates for 'Other' gender as well as Age and Gender Not Available are not reported on this table because the U.S. Census data does not include these categories.

State Notes:

Age	Age is assigned as of the middle of the reporting period for SFY2022; thus December 31st, 2021.
Gender	See General Data Notes.
Overall	See General Data Notes.

ACCESS DOMAIN: Persons Served by SMHA System through Medicaid and Other Funding Sources by Race, Gender, and Ethnicity, FY 2022
Alaska
Reporting Period: 7/1/2021 To: 6/30/2022

Demographic	State							US Averages							States Reporting	
	Number Served			% Served			Number Served			% Served						
	Medicaid Only	Non-Medicaid Only	Both Medicaid & Other	Total Served with Known Funding Status	Medicaid Only	Non-Medicaid Only	Both Medicaid & Other	Medicaid Only	Non-Medicaid Only	Both Medicaid & Other	Total Served with Known Funding Status	Medicaid Only	Non-Medicaid Only	Both Medicaid & Other		
Female	8,621	2,508	739	11,868	73%	21%	6%	2,730,309	999,347	497,288	4,226,944	65%	24%	12%	56	
Male	6,596	1,627	718	8,941	74%	18%	8%	2,182,078	941,519	437,172	3,560,769	61%	26%	12%	56	
Other	29	10	-	39	74%	26%	-	12,890	2,053	948	15,891	81%	13%	6%	13	
Gender Not Available	588	7	1	596	99%	1%	0%	16,036	10,179	1,223	27,438	58%	37%	4%	35	
Total	15,834	4,152	1,458	21,444	74%	19%	7%	4,941,313	1,953,098	936,631	7,831,042	63%	25%	12%	56	
American Indian or Alaska Native	4,100	1,421	294	5,815	71%	24%	5%	102,797	21,821	18,127	142,745	72%	15%	13%	52	
Asian	221	48	34	303	73%	16%	11%	75,199	29,173	16,265	120,637	62%	24%	13%	55	
Black or African American	463	88	77	628	74%	14%	12%	851,801	329,449	181,044	1,362,294	63%	24%	13%	53	
Native Hawaiian or Other Pacific Islander	111	29	15	155	72%	19%	10%	12,221	6,230	4,459	22,910	53%	27%	19%	51	
White	6,841	1,556	869	9,266	74%	17%	9%	2,796,644	1,199,210	514,684	4,510,538	62%	27%	11%	55	
More Than One Race	1,958	729	110	2,797	70%	26%	4%	114,047	73,513	38,952	226,512	50%	32%	17%	48	
Race Not Available	2,140	281	59	2,480	86%	11%	2%	988,604	293,702	163,100	1,445,406	68%	20%	11%	52	
Total	15,834	4,152	1,458	21,444	74%	19%	7%	4,941,313	1,953,098	936,631	7,831,042	63%	25%	12%	56	
Hispanic or Latino	781	242	67	1,090	72%	22%	6%	568,049	298,481	200,130	1,066,660	53%	28%	19%	51	
Not Hispanic or Latino	13,976	3,708	1,369	19,053	73%	19%	7%	2,877,338	1,437,682	638,635	4,953,655	58%	29%	13%	54	
Ethnicity Not Available	1,077	202	22	1,301	83%	16%	2%	771,644	133,649	87,786	993,079	78%	13%	9%	41	
Total	15,834	4,152	1,458	21,444	74%	19%	7%	4,217,031	1,869,812	926,551	7,013,394	60%	27%	13%	54	

Note:

This table uses data from URS Tables 5a and 5b.

Type of Medicaid Data Reported

Data based on Medicaid Eligibility, not Medicaid Paid Services.

State Notes:

5a Age See General Notes.

5a Gender See General Notes.

5a Overall Overall, for special data sets (e.g., EDI, DET, ISM, discretionary grants, API), "medicaid status unknown" was selected when the source was incomplete/had gaps/contradictory information to better ensure data integrity/reliability in the URS tables.

5b Overall Overall, for special data sets (e.g., EDI, DET, ISM, discretionary grants, API), "medicaid status unknown" was selected when the source was incomplete/had gaps/contradictory information to better ensure data integrity/reliability in the URS tables.

ACCESS DOMAIN: Demographic Characteristics of Adults with SMI and Children with SED Served by the State Mental Health Authority, FY 2022
Alaska
Reporting Period: 7/1/2021 To: 6/30/2022

Demographics	Total Served				Penetration Rates			States Reporting	
	State		US		(per 1,000 population)				
	n	%	n	%	State	West	US		
Total	17,179	100.0%	5,887,999	100.0%	23.4	16.4	17.5	59	
0-12	2,648	15.4%	833,752	14.2%	20.3	17.0	16.1	57	
13-17	2,778	16.2%	786,363	13.4%	56.4	38.2	35.9	58	
18-20	944	5.5%	288,397	4.9%	35.9	23.9	22.3	57	
21-24	977	5.7%	346,398	5.9%	24.0	19.0	20.2	57	
25-44	5,293	30.8%	1,904,403	32.3%	24.6	18.5	20.4	59	
45-64	2,854	16.6%	1,388,353	23.6%	16.4	13.7	16.6	59	
65-74	428	2.5%	253,129	4.3%	6.4	5.9	7.5	58	
75 and over	71	0.4%	83,983	1.4%	2.3	2.3	4.2	57	
Age Not Available	1,186	6.9%	3,221	0.1%	-	-	-	15	
Female	8,806	51.3%	3,230,535	54.9%	25.3	17.8	19.1	59	
Male	6,673	38.8%	2,633,364	44.7%	17.4	15.0	15.8	59	
Other	26	0.2%	10,509	0.2%	-	-	-	10	
Gender Not Available	1,674	9.7%	13,591	0.2%	-	-	-	35	
American Indian/Alaskan Native	3,848	22.4%	98,447	1.7%	33.5	20.6	22.5	53	
Asian	224	1.3%	99,545	1.7%	4.6	3.9	4.9	56	
Black/African American	553	3.2%	1,059,668	18.0%	20.7	27.9	23.5	54	
Native Hawaiian/Pacific Islander	118	0.7%	16,860	0.3%	9.9	16.6	19.5	53	
White	7,317	42.6%	3,372,682	57.3%	15.5	8.6	13.4	56	
Multi-Racial	2,061	12.0%	186,685	3.2%	35.6	12.5	19.1	49	
Race Not Available	3,058	17.8%	1,054,112	17.9%	-	-	-	52	
Hispanic or Latino Ethnicity	802	4.7%	1,023,591	18.9%	14.7	15.7	16.3	52	
Not Hispanic or Latino Ethnicity	14,143	82.3%	3,852,486	71.2%	20.9	12.3	14.3	56	
Ethnicity Not Available	2,234	13.0%	537,823	9.9%	-	-	-	43	

Note:

This table uses data from URS Table 14a, Table 14b and from the U.S. Census Bureau. All denominators use the U.S. Census data from 2021.

U.S. totals are calculated uniquely for each data element based on only those states who reported clients served.

The penetration rates for 'Other' gender as well as Age, Gender, Race and Ethnicity Not Available are not reported on this table because the U.S. Census data does not include these categories.

Regional groupings are based on SAMHSA's Block Grant Regions.

State Notes:
Table 14a

Age	Age is assigned as of the middle of the reporting period for SFY22; thus December 31st, 2021.
Gender	None
Race	None
Overall	See General Comments.

Table 14b

Age	Age is assigned as of the middle of the reporting period SFY2022; thus December 31st, 2021.
Gender	None
Race	None
Overall	See General Comments.

ACCESS DOMAIN: Adults with SMI and Children with SED Served in Community Mental Health Programs by Age and Gender, FY 2022

Alaska

Reporting Period: 7/1/2021 To: 6/30/2022

Demographic	Served in Community Mental Health Programs				Penetration Rates (rate per 1,000 population)		States Reporting
	State		US		State	US	
	n	%	n	%			
Age 0-17	5,250	32.4%	1,508,451	27.9%	29.3	21.1	56
Age 18-20	887	5.5%	264,248	4.9%	33.8	21.0	55
Age 21-64	8,652	53.5%	3,327,617	61.5%	20.1	18.0	57
Age 65+	471	2.9%	303,837	5.6%	4.8	5.2	55
Age Not Available	923	5.7%	2,749	0.1%	-	-	15
Age Total	16,183	100.0%	5,406,902	100.0%	22.1	16.5	57
Female	8,501	52.5%	2,982,471	55.2%	24.4	18.1	57
Male	6,247	38.6%	2,401,524	44.4%	16.3	14.8	57
Other	26	0.2%	10,306	0.2%	-	-	9
Gender Not Available	1,409	8.7%	12,601	0.2%	-	-	32
Total	16,183	100.0%	5,406,902	100.0%	22.1	16.5	57

Note:

U.S. totals are based on states reporting.

This table uses data from URS Table 15a.

U.S. penetration rates are calculated uniquely for each data element based on only those states who reported numerator (clients served) data.

State Notes:

Age Age is assigned as of the middle of the reporting period of SFY2022; thus December 31st, 2021.
 Gender None
 Overall See General Comments.

ACCESS DOMAIN: Adults with SMI and Children with SED Served in State Psychiatric Hospitals by Age and Gender, FY 2022

Alaska

Reporting Period: 7/1/2021 To: 6/30/2022

Demographic	Served in State Psychiatric Hospitals				Penetration Rates (rate per 1,000 population)		States Reporting
	State		US		State	US	
	n	%	n	%			
Age 0-17	35	6.0%	4,747	5.4%	0.2	0.1	26
Age 18-20	46	7.8%	2,797	3.2%	1.8	0.2	48
Age 21-64	479	81.5%	75,002	85.2%	1.1	0.4	52
Age 65+	28	4.8%	5,463	6.2%	0.3	0.1	51
Age Not Available	-	-	2	0.0%	-	-	2
Age Total	588	100.0%	88,011	100.0%	0.8	0.3	52
Female	240	40.8%	27,900	31.7%	0.7	0.2	52
Male	346	58.8%	59,949	68.1%	0.9	0.4	52
Other	-	-	9	0.0%	-	-	2
Gender Not Available	2	0.3%	153	0.2%	-	-	17
Total	588	100.0%	88,011	100.0%	0.8	0.3	52

Note:

U.S. totals are based on states reporting.

This table uses data from URS Table 15a.

U.S. penetration rates are calculated uniquely for each data element based on only those states who reported numerator (clients served) data.

State Notes:

Age Age is assigned as of the middle of the reporting period of SFY2022; thus December 31st, 2021.
 Gender None
 Overall See General Comments.

ACCESS DOMAIN: Adults with SMI and Children with SED Receiving Crisis Response Services, FY 2022
Alaska
Reporting Period: 7/1/2021 To: 6/30/2022

Services	State				US			
	Adults Served N	Estimated Percent of Adult Population with Access to Service %	Children Served N	Estimated Percent of Child Population with Access to Service %	Adults Served N	Estimated Percent of Adult Population with Access to Service %	Children Served N	Estimated Percent of Child Population with Access to Service %
Call Centers	15,958	100.0%	776	100.0%	1,615,298	11.6%	100,900	8.2%
24/7 Mobile Crisis Team	0	-	0	-	293,981	3.4%	61,748	6.9%
Crisis Stabilization Programs	1,484	14.0%	637	15.9%	270,343	4.8%	26,959	2.5%

Note:

This table uses data from URS Table 16b.

APPROPRIATENESS DOMAIN: Number of Admissions During the Year to State Hospitals, Other Psychiatric Inpatient, Residential Treatment Centers, and Community-Based Programs, FY 2022

Alaska

Reporting Period: 7/1/2021 To: 6/30/2022

Setting	Demographic	State			US			Admission Rate		States Reporting
		Admissions During Year	Total Served At Start of Year	Total Served During Year	Admissions During Year	Total Served At Start of Year	Total Served During Year	State	US	
State Psychiatric Hospitals	Total	678	588	588	84,949	41,489	104,802	1.15	0.81	51
	Children	34	35	35	6,144	1,041	5,850	0.97	1.05	29
	Adults	644	553	553	78,782	40,425	98,942	1.16	0.80	51
	Age NA	-	-	-	23	23	7	-	3.29	2
Other Psychiatric Inpatient	Total	196	41	208	438,023	84,840	410,558	0.94	1.07	39
	Children	192	39	203	62,279	8,010	58,829	0.95	1.06	36
	Adults	4	2	5	375,719	76,594	351,412	0.80	1.07	38
	Age NA	-	-	-	25	236	17	-	1.47	4
Residential Treatment Centers	Total	142	144	238	72,878	24,994	63,310	0.60	1.15	35
	Children	140	130	223	17,108	6,000	12,526	0.63	1.37	34
	Adults	2	14	15	55,766	18,994	50,761	0.13	1.10	28
	Age NA	-	-	-	4	-	4	-	1.00	1
Community Programs	Total	10,218	7,367	22,004	26,770,139	4,249,313	7,107,464	0.46	3.77	53
	Children	3,247	1,970	7,103	11,172,598	1,070,880	1,937,184	0.46	5.77	53
	Adults	6,971	4,474	13,978	15,560,130	3,166,979	5,159,668	0.50	3.02	53
	Age NA	-	923	923	37,411	11,454	3,577	-	10.46	17

Note:

Admission Rate= number of admissions divided by total served during the year.

U.S. Admissions During Year uses data from states reporting data only. States are only included in "U.S. Total Served" if they also reported data on admissions.

U.S. Total Served During Year is calculated using data in URS Table 3.

This table uses data from URS Tables 3 and 6.

State Notes:

Table 3

Age

Age is assigned as of the middle of the reporting period for SFY2022; thus December 31st, 2021.

Gender

See General Data Notes.

Overall

See General Data Notes.

Table 6

Hospitals

Data for the State Psychiatric Hospital are received from API (Alaska Psychiatric Hospital).

Other Inpatient

None

Residential

None

Community

Includes data from EDI agencies and, as relevant, discretionary grant clients.

Overall

Duplicate counts potential across Community programs, residential treatment centers, and other psychiatric inpatient.

Setting	Demographic	State						US						States Reporting	
		Length of Stay (Days)						Length of Stay (Days)							
		Discharged Clients		Resident Clients in Facility 1 year or less		Resident Clients in Facility more than 1 year		Discharged Clients		Resident Clients in Facility 1 year or less		Resident Clients in Facility more than 1 year			
		Average	Median	Average	Median	Average	Median	Average	Median	Average	Median	Average	Median		
State Psychiatric Hospitals	All	-	-	-	-	-	-	191	81	106	82	1,368	909	16	
	Children	24	6	60	54	193	177	107	78	103	89	704	604	28	
	Adults	76	56	50	19	999	660	259	100	114	94	1,603	1,003	52	
	Age NA	-	-	-	-	-	-	52	49	238	234	3,722	1,871	2	
Other Psychiatric Inpatient	All	-	-	-	-	-	-	69	56	96	83	868	742	12	
	Children	50	43	50	43	-	-	33	30	50	45	735	721	29	
	Adults	67	32	67	32	-	-	62	50	55	46	815	689	35	
	Age NA	-	-	-	-	-	-	18	8	29	29	-	-	2	
Residential Treatment Centers	All	-	-	-	-	-	-	215	131	121	120	707	652	8	
	Children	274	265	201	216	486	455	180	148	125	119	678	662	30	
	Adults	461	402	255	254	598	282	411	302	146	149	998	824	26	
	Age NA	-	-	-	-	-	-	24	26	-	-	-	-	-	

Note:

Resident clients are clients who were receiving services in inpatient settings at the end of the reporting period.

This table uses data from URS Table 6.

State Notes:

State Psychiatric Hospitals Data for the State Psychiatric Hospital are received from API (Alaska Psychiatric Hospital).

Other Psychiatric Inpatient None

Residential Treatment Centers None

Overall Duplicate counts potential across Community programs, residential treatment centers, and other psychiatric inpatient.

APPROPRIATENESS DOMAIN: Percent of Adults and Children Served Who Meet the Federal Definition for SMI/SED and Percent of Adults and Children Served Who Have Co-Occurring MH/SU Disorders, FY 2022**Alaska****Reporting Period: 7/1/2021 To: 6/30/2022**

Adults and Children who meet the Federal Definition of SMI/SED	State	US Average	US Median	States Reporting
Percent of Adults served through the SMHA who meet the Federal definition for SMI	53.9%	69.7%	74.0%	57
Percent of Children served through the SMHA who meet the Federal definition for SED	70.9%	69.0%	74.0%	57

Co-occurring MH and Substance Use Consumers	State	US Average	US Median	States Reporting
Percent of Adults served through the SMHA who had a co-occurring MH and SU disorder	51.0%	26.4%	22.5%	56
Percent of Children served through the SMHA who had a co-occurring MH and SU disorder	12.0%	5.7%	2.5%	56
Percent of Adults served through the SMHA who met the Federal definitions of SMI who also have a substance use diagnosis	45.0%	29.8%	24.0%	56
Percent of Children served through the SMHA who met the Federal definitions of SED who also have a substance use diagnosis	11.0%	10.5%	3.0%	56

Note:

This table uses data from URS Table 12.

How are the number of clients with co-occurring disorders counted and calculated?

% of priority population and co-occurring are based on community program data only. See general Notes. Important Caveat: Due to staff departures and systems issues, DBH is unable to report Table 12 percentages with SFY22, and thus is reporting our figures from SFY20 here (last year for which actuals were available) as estimates to inform our understanding of SFY22. DBH will strive to modify/adapt systems for next year's Table 12 to again capture these percentages for SFY23.

State Notes:

See general notes.

APPROPRIATENESS DOMAIN: Living Situation of Consumers Served by State Mental Health Agency Systems, FY 2022

Alaska

Reporting Period: 7/1/2021 To: 6/30/2022

Age Group	Setting	State			US			States Reporting
		Living Situation	Percent in Living Situation	Percent with Known Living Situation	Living Situation	Percent in Living Situation	Percent with Known Living Situation	
All Persons Served	Private Residence	9,073	40.4%	70.0%	4,235,783	57.1%	85.8%	58
	Foster Home	842	3.8%	6.5%	52,342	0.7%	1.1%	48
	Residential Care	581	2.6%	4.5%	161,908	2.2%	3.3%	54
	Crisis Residence	30	0.1%	0.2%	7,783	0.1%	0.2%	31
	Residential Treatment Center	250	1.1%	1.9%	7,306	0.1%	0.1%	31
	Institutional Setting	40	0.2%	0.3%	76,984	1.0%	1.6%	49
	Jail (Correctional Facility)	134	0.6%	1.0%	69,379	0.9%	1.4%	52
	Homeless (Shelter)	614	2.7%	4.7%	199,656	2.7%	4.0%	53
	Other	1,389	6.2%	10.7%	125,127	1.7%	2.5%	44
	Not Available	9,497	42.3%	-	2,479,398	33.4%	-	53
Total		22,450	100.0%	100.0%	7,415,666	100.0%	100.0%	58
Children under age 18	Private Residence	2,995	40.8%	67.9%	1,156,640	59.2%	92.5%	57
	Foster Home	771	10.5%	17.5%	37,260	1.9%	3.0%	48
	Residential Care	50	0.7%	1.1%	11,754	0.6%	0.9%	42
	Crisis Residence	4	0.1%	0.1%	1,031	0.1%	0.1%	28
	Residential Treatment Center	86	1.2%	1.9%	4,631	0.2%	0.4%	29
	Institutional Setting	11	0.1%	0.2%	5,808	0.3%	0.5%	45
	Jail (Correctional Facility)	51	0.7%	1.2%	3,358	0.2%	0.3%	43
	Homeless (Shelter)	22	0.3%	0.5%	4,853	0.2%	0.4%	50
	Other	421	5.7%	9.5%	25,618	1.3%	2.0%	40
	Not Available	2,930	39.9%	-	701,565	35.9%	-	52
Total		7,341	100.0%	100.0%	1,952,518	100.0%	100.0%	58
Adults over age 18	Private Residence	6,078	42.9%	71.2%	3,072,512	56.4%	83.6%	58
	Foster Home	71	0.5%	0.8%	15,030	0.3%	0.4%	45
	Residential Care	531	3.7%	6.2%	149,874	2.8%	4.1%	54
	Crisis Residence	26	0.2%	0.3%	6,749	0.1%	0.2%	31
	Residential Treatment Center	164	1.2%	1.9%	2,675	0.0%	0.1%	21
	Institutional Setting	29	0.2%	0.3%	70,941	1.3%	1.9%	49
	Jail (Correctional Facility)	83	0.6%	1.0%	65,318	1.2%	1.8%	51
	Homeless (Shelter)	592	4.2%	6.9%	194,381	3.6%	5.3%	53
	Other	968	6.8%	11.3%	99,108	1.8%	2.7%	43
	Not Available	5,634	39.7%	-	1,769,234	32.5%	-	53
Total		14,176	100.0%	100.0%	5,445,822	100.0%	100.0%	58

Note:

This table uses data from URS Table 15.

State Notes:

None

APPROPRIATENESS DOMAIN: Persons Experiencing Homelessness by Age, Gender, Race, and Ethnicity, FY 2022

Alaska

Reporting Period: 7/1/2021 To: 6/30/2022

Demographic	Homeless or Living in Shelters				Percent of Total with Known Living Situation		States Reporting
	State		US		State	US	
	N	%	N	%	%	%	
Age 0 to 17	22	3.6%	4,853	2.4%	0.5%	0.4%	50
Age 18 to 64	575	93.6%	186,023	93.2%	7.1%	5.6%	53
Age 65+	17	2.8%	8,358	4.2%	4.0%	2.5%	51
Age Not Available	-	-	422	0.2%	-	4.8%	10
Age Total	614	100.0%	199,656	100.0%	4.7%	4.0%	53
Female	285	46.4%	75,917	38.0%	4.1%	2.9%	52
Male	328	53.4%	121,966	61.1%	5.9%	5.3%	53
Other	-	-	561	0.3%	-	1.7%	10
Gender Not Available	1	0.2%	1,212	0.6%	0.3%	8.8%	21
Gender Total	614	100.0%	199,656	100.0%	4.7%	4.0%	53
American Indian or Alaska Native	176	28.7%	5,572	2.8%	4.9%	5.9%	49
Asian	3	0.5%	1,831	0.9%	2.2%	2.4%	48
Black or African American	37	6.0%	60,568	30.3%	11.0%	6.7%	51
Native Hawaiian or Other Pacific Islander	6	1.0%	707	0.4%	7.8%	5.7%	42
White	248	40.4%	100,108	50.1%	4.7%	3.4%	52
More Than One Race	90	14.7%	6,271	3.1%	4.1%	3.5%	46
Race Not Available	54	8.8%	24,599	12.3%	3.9%	3.3%	49
Race Total	614	100.0%	199,656	100.0%	4.7%	4.0%	53
Hispanic or Latino	51	8.3%	39,131	20.1%	6.0%	3.4%	51
Not Hispanic or Latino	559	91.0%	138,317	71.1%	4.9%	4.5%	51
Ethnicity Not Available	4	0.7%	17,185	8.8%	0.6%	5.0%	42
Ethnicity Total	614	100.0%	194,633	100.0%	4.7%	4.2%	52

Note:

U.S. totals are based on states reporting.

This table uses data from URS Table 15.

U.S. totals are calculated uniquely for each data element based on only those states who reported numerator (clients served) data.

State Notes:

None

APPROPRIATENESS DOMAIN: Evidence-Based Practices Reported by SMHAs, FY 2022

Alaska

Reporting Period: 7/1/2021 To: 6/30/2022

	State		US		Penetration Rate: % of Consumers Receiving EBP/Estimated SMI		Measuring Fidelity		States Reporting
	EBP N	SMI N	EBP N	SMI N	State	US Average	State	US	
Adult EBP Services									
Supported Housing	157	4,404	96,893	3,849,402	3.6%	3.1%	No	10	32
Supported Employment	254	4,404	62,679	3,849,402	5.8%	1.7%	Yes	23	43
Assertive Community Treatment	68	4,404	71,243	3,849,402	1.5%	1.9%	No	27	44
Family Psychoeducation	-	-	36,147	3,849,402	-	2.4%	-	5	19
Dual Diagnosis Treatment	-	-	197,663	3,849,402	-	8.7%	-	9	27
Illness Self-Management and Recovery	1,069	4,404	321,887	3,849,402	24.3%	17.9%	No	6	25
Medication Management	-	-	538,094	3,849,402	-	28.6%	-	3	23

	State		US		Penetration Rate: % of Consumers Receiving EBP/Estimated SED		Measuring Fidelity		States Reporting
	EBP N	SED N	EBP N	SED N	State	US Average	State	US	
Child/Adolescent EBP Services									
Therapeutic Foster Care	494	3,404	12,465	1,322,969	14.5%	1.6%	No	2	23
Multisystemic Therapy	-	-	25,099	1,322,969	-	3.2%	-	10	23
Family Functional Therapy	-	-	58,340	1,322,969	-	9.0%	-	8	18

Note:

U.S. totals are based on states reporting.

This table uses data from URS Tables 16 and 17.

U.S. averages are calculated uniquely for each data element based on only those states who reported numerator (clients served) data.

State Notes:

Table 16: See General Notes; due to agency level data entry anomaly and challenge of new 'other' gender data collection category, for table alignment for children, six other gender were categorized as n/a and one as male.

Table 17: Data based on consumer self report. See general notes as well. One agency indicated they did not use the SAMHSA EBP toolkit for EBP implementation guidance.

APPROPRIATENESS DOMAIN: Adults with SMI and Children with SED Receiving Evidence-Based Services for First Episode Psychosis (FEP), FY 2022

Alaska

Reporting Period: 7/1/2021 To: 6/30/2022

Number of coordinated specialty care programs: 1

Admissions to Coordinated Specialty Care (CSC)-FEP Service During the Year

	State		US		States Reporting
	N	%	N	%	
Adult CSC-FEP Admissions	5	100.0%	13,785	58.5%	47
Children/Adolescent CSC-FEP Admissions	-	0.0%	9,789	41.5%	42
Total CSC-FEP Admissions	5	100.0%	23,574	100.0%	48
Total Programs Reporting Number of Admissions	1	100.0%	284	87.9%	48
Average Admissions per Program	5.0	-	73.0	-	48

Clients Currently Receiving CSC-FEP Services

	State		US		States Reporting
	N	%	N	%	
Adults Receiving CSC-FEP Services	15	100.0%	12,423	82.8%	46
Children/Adolescents Receiving CSC-FEP Services	-	0.0%	2,572	17.2%	40
Total Receiving CSC-FEP Services	15	100.0%	14,995	100.0%	46
Total Programs Reporting Number of Clients Receiving Services	1	100.0%	282	87.3%	48
Average Number of Clients Services per Program	15.0	-	46.4	-	46

CSC-FEP Fidelity and Training

	State		US		States Reporting
	N	%	N	%	
Number of Programs Measuring Fidelity	-	0.0%	209	64.7%	47
Number of Programs with Staff Training Specifically in CSC EBP	1	100.0%	275	85.1%	42

Clients Served by Programs With and Without CSC-FEP Fidelity

	State			US			States Reporting
	Number of Programs	Clients Served	Average Number of Clients Served Per Program	Number of Programs	Clients Served	Average Number of Clients Served Per Program	
Programs with Fidelity	-	-	-	209	12,061	57.71	31
Programs without Fidelity	1	15	15.00	114	2,934	25.74	19

Note:

This table uses data from URS Table 16a.

OUTCOMES DOMAIN: Employment Status of Adult Mental Health Consumers Served in the Community by Age and Gender, FY 2022
Alaska
Reporting Period: 7/1/2021 To: 6/30/2022

Demographics	State				Employed as Percent of those in Labor Force		Employed as Percent of Known Employment Status		States Reporting
	Employed	Unemployed	In Labor Force*	With Known Employment Status**	State	US	State	US	
Age 18 to 20	197	83	280	600	70%	57%	32.8%	25.3%	58
Age 21 to 64	2,833	1,313	4,146	7,333	68%	51%	38.6%	29.0%	58
Age 65 and over	43	15	58	424	74%	42%	10.1%	12.8%	57
Age Not Available	17	26	43	128	40%	81%	13.3%	44.2%	8
Age TOTAL	3,090	1,437	4,527	8,485	68%	51%	36.4%	27.2%	58
Male	1,157	672	1,829	3,438	63%	48%	33.7%	25.4%	58
Female	1,904	734	2,638	4,889	72%	54%	38.9%	28.6%	58
Other	7	5	12	23	58%	61%	30.4%	34.9%	11
Gender Not Available	22	26	48	135	46%	70%	16.3%	31.3%	33
Gender TOTAL	3,090	1,437	4,527	8,485	68%	51%	36.4%	27.2%	58

What populations are reported?

Clients in our AKAIMS and ISM systems have employment status noted

Number of States Reporting All Clients:

34

Number of States Reporting Some Clients:

12

When is Employment Status Measured?
At Admission
At Discharge
Monthly
Quarterly
Other

AK	Yes	Yes	-	-	Per entry in AKAIMS and ISM databases
US	35	19	3	8	19

Note:

*In Labor Force is the sum of consumers employed and unemployed.

**With Known Employment Status is the sum of consumers employed, unemployed and not in labor force.

Consumers employed as a % of those in labor force uses adults employed and unemployed as the denominator.

Consumers employed as a % of known employment status uses the sum of persons employed, unemployed and not in labor force as the denominator.

This table uses data from URS Table 4.

State Notes:

Age Age is assigned as of the middle of the reporting period for SFY2022; thus December 31st, 2021.

Gender See General Data Notes.

Overall See General Data Notes.

OUTCOMES DOMAIN: Employment Status of Adult Mental Health Consumers Served in the Community by Diagnosis, FY 2022
Alaska
Reporting Period: 7/1/2021 To: 6/30/2022

Diagnosis	State				Employed as a % of Labor Force		Employed as % of Known Employment Status		% of Consumers with Dx		States Reporting
	Employed	Unemployed	In Labor Force*	With Known Employment Status**	State	US	State	US	State	US	
Schizophrenia and Related Disorders	73	84	157	880	46.5%	32.4%	8.3%	11.8%	10.4%	12.8%	54
Bipolar and Mood Disorders	1,077	430	1,507	2,733	71.5%	52.2%	39.4%	28.5%	32.2%	37.5%	54
Other Psychoses	21	29	50	120	42.0%	31.9%	17.5%	15.6%	1.4%	2.0%	53
All other Diagnoses	1,915	892	2,807	4,738	68.2%	56.3%	40.4%	32.0%	55.8%	39.3%	54
No Diagnosis and Deferred Diagnosis	4	2	6	14	66.7%	50.3%	28.6%	29.9%	0.2%	8.4%	44
TOTAL	3,090	1,437	4,527	8,485	68.3%	51.6%	36.4%	27.6%	100.0%	100.0%	54

Note:

*In Labor Force is the sum of consumers employed and unemployed.

**With Known Employment Status is the sum of consumers employed, unemployed and not in labor force.

Consumers employed as a % of those in labor force uses adults employed and unemployed as the denominator.

Consumers employed as a % of known employment status uses the sum of persons employed, unemployed and not in labor force as the denominator.

This table uses data for URS Table 4a.

State Notes:

Clients in our AKAIMS database have this information available (i.e., diagnosis and employment status).

OUTCOMES DOMAIN: Consumer Survey Results, FY 2022

Alaska

Reporting Period: 1/1/2021 To: 12/31/2021

Indicators	Children: State	Children: U.S. Average	States Reporting	Adults: State	Adults: U.S. Average	States Reporting
Reporting Positively About Access	74.1%	86.5%	46	73.7%	86.9%	52
Reporting Positively About Quality and Appropriateness				82.5%	89.2%	52
Reporting Positively About Outcomes	69.1%	70.7%	47	66.7%	77.7%	52
Reporting on Participation in Treatment Planning	88.4%	88.4%	47	76.9%	85.3%	52
Family Members Reporting High Cultural Sensitivity of Staff	90.8%	93.7%	46			
Reporting positively about General Satisfaction with Services	75.9%	85.7%	46	82.1%	87.8%	52

Note:
U.S. average rates for children only include states that used the YSS-F, and the U.S. average rates for adults only include states that used a version of the MHSIP Consumer Survey.

This table uses data from URS Table 11.

Children/Family	State	U.S.
Type of Survey Used	YSS-F	YSS-F=34

Type of Adult Consumer Survey Used	28-Item MHSIP	Other MHSIP	Other Survey
U.S.	29	20	4
State	-	Yes	-

Sample Size & Response Rate	Children: State	Children: U.S.	States Reporting	Adults: State	Adults: U.S. Average	States Reporting
Response Rate	5.0%	90.5%	32	8.0%	93.5%	35
Number of Surveys Attempted (sent out)	2,750	186,313	32	8,250	308,386	35
Number of Surveys Contacts Made	2,250	107,080	31	6,500	150,352	34
Complete Surveys	113	55,245	37	539	134,476	42

Populations covered in survey	Children: State	Children: U.S.	Adults: State	Adults: U.S.
All Consumers	-	4	-	1
Sample	Yes	41	Yes	48

Sample Approach	Children: State	Children: U.S.	Adults: State	Adults: U.S.
Random Sample	-	7	-	8
Stratified Sample	-	11	-	16
Convenience Sample	-	21	-	21
Other Sample	Yes	3	Yes	5

Who is Sampled?	Children: State	Children: U.S.	Adults: State	Adults: U.S.
Current Clients	Yes	40	Yes	47
Former Clients	Yes	16	Yes	19

Populations included in sample: (e.g., all adults, only adults with SMI, etc.)	Children: State	Children: U.S.	Adults: State	Adults: U.S.
All Children or Adults Served	-	20	-	24
SMI Adults or SED Children	-	19	-	23
Persons Covered by Medicaid	-	10	-	10
Other	The survey was sent to all clients who received service within a specified six month window	5	The survey was sent to all clients who received service within a specified six month window	10

State Notes:

Participation in Treatment: Wording for 3rd question reads: "I participated in my child's treatment" in place of "I was frequently involved in child's treatment."

OUTCOMES DOMAIN: Consumer Survey Results by Race/Ethnicity, FY 2022

Alaska

Reporting Period: 1/1/2021 To: 12/31/2021

Race/Ethnicity	Family of Children Survey Indicators: Reporting Positively About...															States Reporting
	Access		General Satisfaction with Services		Outcomes		Participation In Tx Planning		Cultural Sensitivity of Staff		Social Connectedness		Improved Functioning			
	State	US Average	State	US Average	State	US Average	State	US Average	State	US Average	State	US Average	State	US Average	State	US Average
American Indian or Alaska Native	68%	84%	74%	84%	67%	73%	79%	88%	89%	92%	71%	87%	56%	74%	30	
Asian	100%	82%	100%	86%	100%	71%	100%	89%	100%	92%	50%	84%	100%	73%	31	
Black or African American	33%	88%	67%	88%	67%	72%	100%	90%	50%	94%	67%	87%	-	70%	36	
Native Hawaiian or Other Pacific Islander	-	88%	-	92%	-	81%	-	88%	-	94%	-	87%	-	82%	21	
White	73%	87%	77%	86%	75%	71%	90%	89%	89%	94%	77%	87%	69%	72%	35	
Hispanic or Latino	77%	88%	77%	88%	77%	72%	69%	89%	91%	95%	62%	79%	69%	75%	31	
More Than One Race	82%	84%	76%	84%	59%	66%	91%	87%	97%	92%	87%	85%	53%	67%	26	
Not Available	67%	87%	67%	85%	67%	75%	67%	87%	100%	93%	33%	86%	67%	73%	34	

Race/Ethnicity	Adult Consumer Survey Indicators: Reporting Positively About...															States Reporting
	Access		Quality & Appropriateness		Outcomes		Participation In Tx Planning		General Satisfaction		Social Connectedness		Improved Functioning			
	State	US Average	State	US Average	State	US Average	State	US Average	State	US Average	State	US Average	State	US Average	State	US Average
American Indian or Alaska Native	69%	85%	81%	88%	63%	73%	78%	83%	78%	88%	68%	74%	68%	74%	37	
Asian	79%	88%	86%	89%	57%	74%	71%	82%	86%	89%	85%	73%	71%	73%	38	
Black or African American	83%	89%	75%	92%	83%	80%	83%	86%	83%	90%	67%	77%	83%	79%	39	
Native Hawaiian or Other Pacific Islander	67%	92%	67%	95%	67%	89%	33%	89%	67%	90%	33%	80%	67%	80%	29	
White	74%	88%	80%	91%	68%	74%	73%	86%	80%	89%	65%	72%	66%	73%	41	
Hispanic or Latino	82%	88%	94%	91%	71%	76%	82%	85%	88%	88%	70%	72%	70%	74%	35	
More Than One Race	78%	85%	91%	88%	66%	73%	88%	82%	90%	87%	63%	67%	66%	71%	29	
Not Available	64%	86%	83%	89%	57%	73%	76%	84%	83%	88%	68%	72%	68%	73%	39	

Note:

This table uses data from URS Table 11a.

State Notes:

None

OUTCOMES DOMAIN: Change in Social Connectedness and Functioning, FY 2022
Alaska
Reporting Period: 1/1/2021 To: 12/31/2021

Indicators	Children				Adults			
	State	US Average	US Median	States Reporting	State	US Average	US Median	States Reporting
Percent Reporting Improved Social Connectedness from Services	76.9%	86.1%	83.9%	43	65.2%	74.2%	75.1%	51
Percent Reporting Improved Functioning from Services	60.9%	71.2%	67.3%	43	67.0%	75.0%	76.2%	51

Note:

This table uses data from URS Table 9.

U.S. average and median rates only include states which used the recommended Social Connectedness and Functioning questions.

Adult Social Connectedness and Functioning Measures	State	US
Did you use the recommended new Social Connectedness Questions?	Yes	43
Did you use the recommended new Functioning Domain Questions?	Yes	43
Did you collect these as part of your MHSIP Adult Consumer Survey?	Yes	46

Children/Family Social Connectedness and Functioning Measures	State	US
Did you use the recommended new Social Connectedness Questions?	Yes	38
Did you use the recommended new Functioning Domain Questions?	Yes	37
Did you collect these as part of your YSS-F Survey?	Yes	41

State Notes:

None

OUTCOMES DOMAIN: Civil (Non-Forensic) & Forensic Patients Readmission within 30 Days by Age, Gender, and Race, FY 2022
Alaska
Reporting Period: 7/1/2021 To: 6/30/2022

Demographic	Readmissions within 30 days to state psychiatric hospitals: "Civil" (Non-Forensic) Patients							Readmissions within 30 days to state psychiatric hospitals: Forensic Patients							
	State			US				States Reporting	State			US			
	Readmissions N	Discharges N	%	Readmissions N	Discharges N	%	Readmissions N	Discharges N	%	Readmissions N	Discharges N	%	States Reporting		
Age 0 to 12	0	0	-	85	1,340	6.3%	10	0	0	-	-	18	-	0	
Age 13 to 17	2	34	5.9%	328	5,040	6.5%	20	0	0	-	6	171	3.5%	2	
Age 18 to 20	5	53	9.4%	233	3,427	6.8%	22	2	4	50.0%	24	594	4.0%	12	
Age 21 to 64	62	538	11.5%	4,625	57,184	8.1%	42	1	33	3.0%	581	19,753	2.9%	36	
Age 65 to 74	1	21	4.8%	161	2,255	7.1%	32	0	0	-	34	854	4.0%	11	
Age 75 and over	2	10	20.0%	45	733	6.1%	18	0	0	-	7	145	4.8%	6	
Age Not Available	0	0	-	-	13	-	0	0	0	-	-	35	-	0	
Age Total	72	656	11.0%	5,477	69,992	7.8%	44	3	37	8.1%	652	21,570	3.0%	36	
Female	25	279	9.0%	2,146	28,442	7.5%	41	1	3	33.3%	179	4,906	3.6%	28	
Male	47	375	12.5%	3,318	41,456	8.0%	43	2	34	5.9%	473	16,607	2.8%	33	
Other	0	2	0.0%	1	8	12.5%	1	0	0	-	-	3	-	0	
Gender Not Available	0	0	-	12	86	14.0%	3	0	0	-	-	54	-	0	
Gender Total	72	656	11.0%	5,477	69,992	7.8%	44	3	37	8.1%	652	21,570	3.0%	36	
American Indian or Alaska Native	35	282	12.4%	136	1,337	10.2%	16	3	23	13.0%	24	478	5.0%	8	
Asian	2	18	11.1%	80	913	8.8%	18	0	0	-	12	687	1.7%	5	
Black or African American	4	48	8.3%	1,035	14,343	7.2%	35	0	3	0.0%	225	7,514	3.0%	23	
Native Hawaiian or Other Pacific Islander	0	7	0.0%	48	448	10.7%	5	0	1	0.0%	1	72	1.4%	1	
White	30	268	11.2%	3,706	45,696	8.1%	41	0	8	0.0%	313	9,867	3.2%	31	
More Than One Race	0	6	0.0%	212	2,651	8.0%	17	0	1	0.0%	11	523	2.1%	8	
Race Not Available	1	27	3.7%	260	4,604	5.6%	19	0	1	0.0%	66	2,429	2.7%	12	
Race Total	72	656	11.0%	5,477	69,992	7.8%	44	3	37	8.1%	652	21,570	3.0%	36	
Hispanic or Latino	0	20	0.0%	595	8,268	7.2%	21	0	1	0.0%	54	2,198	2.5%	14	
Not Hispanic or Latino	71	623	11.4%	4,561	56,629	8.1%	40	3	35	8.6%	563	17,432	3.2%	33	
Ethnicity Not Available	1	13	7.7%	321	5,095	6.3%	17	0	1	0.0%	35	1,940	1.8%	10	
Ethnicity Total	72	656	11.0%	5,477	69,992	7.8%	44	3	37	8.1%	652	21,570	3.0%	36	

Forensics included in "non forensic" data?

No

Note:

U.S. totals are based on states reporting.

This table uses data from URS Tables 20a and 20b.

State Notes:

None

Alaska

Reporting Period: 7/1/2021 To: 6/30/2022

Demographic	Readmissions within 180 days to state psychiatric hospitals: "Civil" (Non-Forensic) Patients								Readmissions within 180 days to state psychiatric hospitals: Forensic Patients							
	State			US			States Reporting	State			US			States Reporting		
	Readmissions N	Discharges N	%	Readmissions N	Discharges N	%		Readmissions N	Discharges N	%	Readmissions N	Discharges N	%			
Age 0 to 12	0	0	-	198	1,340	14.8%	13	0	0	-	1	18	5.6%	1		
Age 13 to 17	4	34	11.8%	804	5,040	16.0%	21	0	0	-	17	171	9.9%	5		
Age 18 to 20	15	53	28.3%	515	3,427	15.0%	27	3	4	75.0%	59	594	9.9%	21		
Age 21 to 64	154	538	28.6%	11,326	57,184	19.8%	46	3	33	9.1%	1,713	19,753	8.7%	42		
Age 65 to 74	3	21	14.3%	335	2,255	14.9%	37	0	0	-	84	854	9.8%	26		
Age 75 and over	7	10	70.0%	74	733	10.1%	20	0	0	-	12	145	8.3%	8		
Age Not Available	0	0	-	-	13	-		0	0	-	-	35	-			
Age Total	183	656	27.9%	13,252	69,992	18.9%	48	6	37	16.2%	1,886	21,570	8.7%	43		
Female	71	279	25.4%	5,133	28,442	18.0%	43	1	3	33.3%	523	4,906	10.7%	38		
Male	112	375	29.9%	8,099	41,456	19.5%	48	5	34	14.7%	1,363	16,607	8.2%	41		
Other	0	2	0.0%	2	8	25.0%	1	0	0	-	-	3	-			
Gender Not Available	0	0	-	18	86	20.9%	2	0	0	-	-	54	-			
Gender Total	183	656	27.9%	13,252	69,992	18.9%	48	6	37	16.2%	1,886	21,570	8.7%	43		
American Indian or Alaska Native	85	282	30.1%	339	1,337	25.4%	19	4	23	17.4%	48	478	10.0%	11		
Asian	7	18	38.9%	187	913	20.5%	22	0	0	-	39	687	5.7%	14		
Black or African American	18	48	37.5%	2,608	14,343	18.2%	39	1	3	33.3%	713	7,514	9.5%	35		
Native Hawaiian or Other Pacific Islander	0	7	0.0%	186	448	41.5%	6	0	1	-	7	72	9.7%	3		
White	67	268	25.0%	8,883	45,696	19.4%	43	1	8	12.5%	862	9,867	8.7%	41		
More Than One Race	2	6	33.3%	499	2,651	18.8%	22	0	1	-	45	523	8.6%	12		
Race Not Available	4	27	14.8%	550	4,604	11.9%	28	0	1	-	172	2,429	7.1%	19		
Race Total	183	656	27.9%	13,252	69,992	18.9%	48	6	37	16.2%	1,886	21,570	8.7%	43		
Hispanic or Latino	3	20	15.0%	1,458	8,268	17.6%	29	0	1	-	154	2,198	7.0%	24		
Not Hispanic or Latino	177	623	28.4%	11,059	56,629	19.5%	45	6	35	17.1%	1,631	17,432	9.4%	41		
Ethnicity Not Available	3	13	23.1%	735	5,095	14.4%	22	0	1	-	101	1,940	5.2%	18		
Ethnicity Total	183	656	27.9%	13,252	69,992	18.9%	48	6	37	16.2%	1,886	21,570	8.7%	43		

Forensics included in "non forensic" data?

No

Note:

U.S. totals are based on states reporting.

This table uses data from URS Tables 20a and 20b.

State Notes:

None

STRUCTURE DOMAIN: SMHA Expenditure for Early Serious Mental Illness and First Episode Psychosis, FY 2022
Alaska
Reporting Period: 7/1/2021 To: 6/30/2022

Activity	State										US									
	MHBG		Medicaid		State Funds		Other Funds		Total		MHBG		Medicaid		State Funds		Other Funds		Total	
	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%
CSC-Evidence-Based Practices for First Episode Psychosis	\$162,654	100.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$162,654	100%	\$77,444,966	70.8%	\$1,426,512	1.3%	\$20,165,362	18.4%	\$10,346,454	3.2%	\$109,383,294	100%
Training for CSC Practices	\$0	-	\$0	-	\$0	-	\$0	-	\$0	-	\$3,834,141	89.6%	\$17,565	0.4%	\$276,564	6.5%	\$152,194	1.2%	\$4,280,464	100%
Planning for CSC Practices	\$0	-	\$0	-	\$0	-	\$0	-	\$0	-	\$1,656,275	88.5%	\$13,746	0.7%	\$145,000	7.7%	\$56,255	1.0%	\$1,871,276	100%
Other Early Serious Mental Illnesses program (other than FEP or partial CSC programs)	\$0	-	\$0	-	\$0	-	\$0	-	\$0	-	\$4,292,980	53.8%	\$1,146,187	14.4%	\$1,070,312	13.4%	\$1,470,988	6.1%	\$7,980,467	100%
Training for ESMI	\$0	-	\$0	-	\$0	-	\$0	-	\$0	-	\$2,178,556	98.3%	\$0	0.0%	\$0	0.0%	\$38,580	0.6%	\$2,217,136	100%
Planning for ESMI	\$0	-	\$0	-	\$0	-	\$0	-	\$0	-	\$2,994,214	96.3%	\$0	0.0%	\$116,509	3.7%	\$0	0.0%	\$3,110,723	100%

Note:

This table uses data from URS Table 7a.

* Other Funds include Other Federal funds, local funds, and other funds from Table 7a.

State Notes:

None

STRUCTURE DOMAIN: SMHA Expenditure for Crisis Services, FY 2022

Alaska

Reporting Period: 7/1/2021 To: 6/30/2022

Services	State										US									
	MHBG		Medicaid		State Funds		Other Funds		Total		MHBG		Medicaid		State Funds		Other Funds		Total	
	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%
Call Centers	\$81,327	20.0%	\$0	0.0%	\$325,444	80.0%	\$0	0.0%	\$406,771	100%	\$19,337,726	30.5%	\$2,854,936	4.5%	\$35,097,905	55.3%	\$6,158,992	9.7%	\$63,449,559	100%
24/7 Mobile Crisis Teams	\$0	0.0%	\$0	0.0%	\$1,939,600	89.7%	\$222,023	10.3%	\$2,161,623	100%	\$48,520,797	18.2%	\$31,510,954	11.8%	\$147,314,049	55.3%	\$38,962,497	14.6%	\$266,308,297	100%
Crisis Stabilization Programs	\$0	0.0%	\$0	0.0%	\$2,014,551	96.0%	\$84,557	4.0%	\$2,099,108	100%	\$16,818,386	3.4%	\$51,652,833	10.4%	\$397,568,821	80.3%	\$28,798,148	5.8%	\$494,838,188	100%
Training and Technical Assistance	\$0	-	\$0	-	\$0	-	\$0	-	\$0	-	\$1,329,684	27.0%	\$0	0.0%	\$1,884,462	38.3%	\$1,701,513	34.6%	\$4,915,659	100%
Strategic Planning and Coordination	\$0	-	\$0	-	\$0	-	\$0	-	\$0	-	\$1,202,909	20.0%	\$0	0.0%	\$1,327,407	22.1%	\$3,469,982	57.8%	\$6,000,298	100%

Note:

This table uses data from URS Table 7b.

* Other Funds include Other Federal funds, local funds, and other funds from Table 7b.

State Notes:

None

Alaska

Reporting Period: 7/1/2021 To: 6/30/2022

	Expenditures: State	Percent of Total Expenditures: State	Expenditures: U.S.	Percent of Total Expenditures: U.S.	States Reporting
State Hospitals-Inpatient	\$43,146,809	21%	\$11,863,227,801	23%	55
Other 24-Hour Care	\$31,409,931	15%	\$5,858,806,596	11%	47
Ambulatory/Community	\$106,075,792	52%	\$29,476,144,024	58%	57
EBPs for Early Serious Mental Illness	\$162,654	0%	\$134,180,758	0%	58
Primary Prevention	-	0%	\$202,961,059	0%	19
Other Psychiatric Inpatient Care	\$15,889,168	8%	\$1,593,280,341	3%	17
Crisis Services	\$4,667,502	2%	\$807,927,639	2%	53
Administration	\$3,720,822	2%	\$1,286,558,285	3%	55
Total	\$205,072,678	100%	\$51,223,086,503	100%	58

Note:

This table uses data from URS Table 7.

State Notes:

None

STRUCTURE DOMAIN: State Mental Health Agency Controlled Expenditures by Funding Sources, FY 2022
Alaska
Reporting Period: 7/1/2021 To: 6/30/2022

Funding Source	Ambulatory/Community				State Hospital			
	State		US		State		US	
	\$	%	\$	%	\$	%	\$	%
Mental Health Block Grant	\$1,696,312	1.2%	\$687,911,135	1.9%				
Medicaid (Federal, State, and Local)	\$115,227,710	81.0%	\$24,694,373,261	67.7%	\$21,127,078	49.0%	\$1,883,033,937	15.9%
Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare), SAMHSA, etc.)	\$2,729,655	1.9%	\$1,024,812,483	2.8%	-	-	\$357,702,941	3.0%
State Funds	\$21,767,457	15.3%	\$8,062,306,924	22.1%	\$22,019,731	51.0%	\$9,145,883,968	77.1%
Local Funds (excluding local Medicaid)	-	-	\$984,204,660	2.7%	-	-	\$156,309,193	1.3%
COVID-19 Relief Funds (MHBG)	\$259,862	0.2%	\$201,741,561	0.6%				
ARP Funds (MHBG)	\$45,631	0.0%	\$59,527,919	0.2%				
Other	\$589,252	0.4%	\$765,142,133	2.1%	-	-	\$320,297,762	2.7%
Total	\$142,315,879	100.0%	\$36,480,020,076	100%	\$43,146,809	100.0%	\$11,863,227,801	100%

Note:

This table uses data from URS Table 7.

Ambulatory/Community includes Primary Prevention, Evidence-Based Practices for Early Serious Mental Illness, Other 24-Hour Care, and Crisis Services expenditures.

This table does not include administration (excluding program/provider level) expenditures.

State Notes:

None

STRUCTURE DOMAIN: Mental Health Block Grant Expenditures for Non-Direct Service Activities, FY 2022
Alaska
Reporting Period: 7/1/2021 To: 6/30/2022

Services	State								US							
	MHBG		COVID-19 Funds		ARP Funds		Total		MHBG		COVID-19 Funds		ARP Funds		Total	
	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%
Information Systems	\$0	0.0%	\$0	-	\$0	-	\$0	-	\$5,057,069	5.3%	\$2,317,765	10.4%	\$10,586	0.3%	\$7,385,420	6.1%
Infrastructure Support	\$0	0.0%	\$0	-	\$0	-	\$0	-	\$12,657,288	13.3%	\$5,478,300	24.6%	\$1,654,126	39.1%	\$19,789,714	16.2%
Partnerships, Community Outreach, and Needs Assessment	\$0	0.0%	\$0	-	\$0	-	\$0	-	\$19,761,855	20.7%	\$4,791,760	21.5%	\$1,147,210	27.1%	\$25,700,825	21.1%
Planning Council Activities	\$45,000	100.0%	\$0	-	\$0	-	\$45,000	100.0%	\$4,148,556	4.3%	\$448,756	2.0%	\$166,664	3.9%	\$4,763,976	3.9%
Quality Assurance and Improvement	\$0	0.0%	\$0	-	\$0	-	\$0	-	\$14,847,753	15.6%	\$2,302,922	10.3%	\$474,289	11.2%	\$17,624,964	14.5%
Research and Evaluation	\$0	0.0%	\$0	-	\$0	-	\$0	-	\$10,737,218	11.3%	\$584,114	2.6%	\$143,166	3.4%	\$11,464,498	9.4%
Training and Education	\$0	0.0%	\$0	-	\$0	-	\$0	-	\$28,169,527	29.5%	\$6,349,768	28.5%	\$633,104	15.0%	\$35,152,399	28.8%
Total	\$45,000	100.0%	\$0	-	\$0	-	\$45,000	100.0%	\$95,379,266	100.0%	\$22,273,385	100.0%	\$4,229,145	100.0%	\$121,881,796	100.0%

Note:

This table uses data from URS Table 8.

State Notes:

None

STRUCTURE DOMAIN: Mental Health Programs Funded by the Federal Mental Health Block Grant, FY 2022**Alaska****Reporting Period: 7/1/2021 To: 6/30/2022**

Adult Programs: 1	Child Programs: 1	Set-Aside FEP Programs: 1	Set-Aside ESMI Programs: 0	Total Programs: 2
Adult Total: \$644,839	Child Total: \$644,839	Set-Aside FEP Total: \$162,654	Set-Aside ESMI Total: \$0	Total: \$1,452,331

Agency Name	Address	Area Served	Total Block Grant Funds	Block Grant for Adults with SMI	Block Grant for Children with SED	Set-Aside for FEP Programs	Set-Aside for ESMI Programs
Alaska Behavioral Health (formerly ACMHS)	4020 Folker St.	Anchorage	\$1,289,677	\$644,839	\$644,839	\$0	\$0
Mat-Su Health Services	1363 W. Spruce Ave.	Anchorage and Mat-Su Regions	\$162,654	\$0	\$0	\$162,654	\$0

Alaska

URS Table Number	General Notes
ALL	The reporting year is State Fiscal Year (SFY) 2022, except for the Consumer Survey Tables; for these tables (9,11,11a,19a, and 19b), the survey period is during CY 2021.
ALL	Data Sources, Limitations, and Notes: Community Programs.
ALL	Community Programs: The Division uses an electronic health records system (the Alaska Automated Information Management System (AKAIMS)) to collect and report Community Program data. However, AKAIMS does not include information on youth or adults who receive illness self-management (ISM) services. Starting in SFY12, the number of individuals who received ISM services (based on grantee quarterly reports) was added to the AKAIMS counts for the total number individuals who received services. Due to this change in methodology, caution should be exercised when making comparisons with prior year data. The Division has improved data collection and reporting of demographic information for clients receiving ISM services; however, many of these clients are still included in the "Not Available" category for age, gender, race, ethnicity, employment status, and living situation.
ALL	The AKAIMS client counts are unduplicated counts of "clients served" and reflect the number of clients who received services through program enrollment. These counts do not include clients who received a mental health service but were not enrolled in a program. Starting in SFY15, the AKAIMS counts of persons served reflect unduplicated client counts within and across agencies; prior year counts were unduplicated at the agency level, but duplicated across agencies if a client received services from more than one agency.
ALL	As of SFY 19, for Community setting, counts are now based on a "client type" logic that allows reporting agencies to indicate if the individual receiving care meets specific criteria. Previously, "treated here for" criteria required the system to perform estimations to determine if the individual met priority population based on diagnosis and other criteria. Additionally, the "client type" logic accurately identifies SED/SMI clients in the 18-20 age group. DBH acknowledges the scope of reporting noted in the 2022 URS Table instructions, including the basic tenet that the scope will represent the mental health system that comes under the auspices of the SMHA. Per guidance from previous contractor, DBH is including API, the State Psychiatric Hospital in its URS tables where appropriate, though API is organizationally now separate from Alaska's Division of Behavioral Health, though both API (Alaska Psychiatric Institute) and DBH remain organizationally within the State of Alaska system.
ALL	Starting in SFY16, all ISM client counts generally reflect unduplicated client counts for each agency (note: there may be duplication across agencies).
ALL	Due to the changes in AKAIMS and ISM reporting methodology, caution is advised when making comparisons over time.
ALL	Several of the state's larger sub-grantees are in the process of implementing a new electronic health record system. Given this situation, the client counts for those grantees may not be accurate, and may likely reflect only a subset of the total clients served in those agencies. At this point it is impossible to tell how many clients may be missing, but the division is progressing to include the full population of people served due to the implementation of the reporting database through the state's health information exchange. A handful of agencies report outside AKAIMS such as via EDI reporting, and several other sources exist beyond AKAIMS, including DET clients, API (Alaska Psychiatric Institute) State Hospital clients, and some discretionary grant clients. In addition, State of Alaska DBH utilizes Medicaid data/clients through both its Cognos and connection to Optum Tableau sources.
ALL	State Psych Hospital: Data source is the Alaska Psychiatric Institute (API) electronic health records system: Meditech.
ALL	DET: Data are collected and tracked through Excel. DET data are currently not tracking all demographics, though DBH is working towards improving fuller reporting of age/gender/race/ethnicity data for such clients, and continues to explore revised mechanisms such as improved tally sheets for collecting and reporting these data to DBH. A further challenge has been staff transitions at DBH and provider agencies, and one implication is to ensure the new staff are trained and reminded on the reporting elements/definitions/obligations. DBH staff held additional internal meetings as well as meetings with external providers to clarify definitions and to discuss best methods to ensure more complete and aligned DET data in future cycles.
ALL	ACUTE PSYCH: Data are from the MMIS-Cognos Decision Support System (Medicaid claims data). Includes in- and out- of state clients. The unduplicated client count is based on paid Medicaid claims.
ALL	Age: Client Counts: For community program client counts, age is assigned as of the middle of the reporting period (e.g., SFY22= Age as of December 31st, 2021). For API, Other Psych Inpatient, and RPTC client counts (except those in Table 6), age is assigned as of the middle of the reporting period; the Table 6 client counts have age (child vs. adult) assigned as of the date of admission.
ALL	Age- Admissions/Discharges: For all admission and discharge counts, age is assigned on the date of admission.

URS Table Number	General Notes
ALL	Race/Ethnicity: For community programs, Acute Psych, and RPTCs. 'Hispanic' data are collected separately from 'Race' data (i.e., two separate questions); and for DET client counts, no race/ethnicity were collected presently. For consistency in reporting on the URS tables, the balance was assigned to Ethnicity as "Hispanic Origin Not Available."
ALL	For a few data sets outside of the major DBH data sources (AKAIMS/Medicaid), agencies reported data that were difficult to disaggregate by one or more demographic variables; in these cases, lump sum client counts were reported, and data gaps/deficiencies were identified, so that DBH may work with providers to improve reporting in future cycles. DBH provides instruction and technical assistance to partner providers on URS data instructions/definitions/requirements to help ensure improvement, as during staff transitions or new guidance documents for URS tables.
3	The reason for the increase was that the State Psychiatric Hospital (API), reopened closed units and increased census as additional staff were hired and trained.
4	<p>Employment Status: Starting in SFY14, the methods utilized for reporting the most recent employment status changed from using the AKAIMS Admissions/Discharge data to the Client Status Review (CSR) data. The CSR is administered at admission, periodically during treatment (every 90 to 135 days), and at discharge.</p> <p>The decrease in unemployed consumers in 2022 compared with 2021 relates to the status of the pandemic, the associated reduction in economic activity in society.</p> <p>The reason that the Table 4 total (14,352) of adult consumers with employment status appears greater than the Table 3 total (13,978) of all adult consumers served in the community, is that there were 923 individuals without age data available in Table 3. When 923 is added to 13,978 the total is 14,901, and greater than the Table 4 value of 14,352. Though DBH cannot say for certain that all or most of the 923 unknown aged persons were adults aged 18 or older, that is likely the case, and that would align with the logic that Table 4 total of adult consumers with employment status should NOT be greater than the Table 3 adult community total (13,978 plus 923 = 14,901). DBH will continue to work on improving data integrity and completeness, and on ensuring automated and semi-automated tables or table portions utilize the same logic and aligned fields, and that subrecipient agencies utilizing alternative EHRs, report their data to DBH with improved accuracy and completeness aligned with SAMHSA URS data definitions and instructions for the relevant reporting period.</p>
5a, 5b	<p>Funding Support- Medicaid Status: For consistency in reporting across service settings, the rows reflect 'Primary' Expected Payment Source = Medicaid or Non-Medicaid. We are not always fully able to identify clients with Medicaid only, non-Medicaid only, or both Medicaid and Non-Medicaid. For many clients, DBH is able to determine if the "primary" funding source is Medicaid or non-Medicaid. Thus in the row labeled "Medicaid only," DBH reports the number of clients with "Primary" expected payment source = Medicaid, and in the row labeled "non Medicaid only" DBH reports the number of clients with "Primary" expected payment source is not Medicaid. DBH used the following methods for each setting:</p> <p>For community programs: In AKAIMS, the 'primary' expected payment source is collected. If the client's primary expected payment source is Medicaid, then the client is counted under Medicaid only. If the client's primary expected payment source is not Medicaid, then the client is counted under non-Medicaid only. For some smaller specialty data sources, Medicaid status was not available for SFY22, for reasons including: incomplete/confounded aggregate reporting, staff changes, and/or that the organization does not presently collect data in the needed format and fields. DBH reviews data completeness and integrity and continues to work with partner organizations to provide TA to improve future reporting. Given staff and system changes, it is evident that DBH should engage in periodic review and quality control to ensure all parties understand the requirements and have the capacity to fulfill the data obligations.</p>
5a	The reason for the increase is that Alaska DBH continues to implement its CMS 115 Waiver, greater attention at both the provider level and the DBH level to funding source as a result, with consequence that there is likely more complete reporting and better data integrity in 2022 compared to 2021. Pandemic and cyberattack may also account for more data anomalies and incomplete data on this measure in 2021.

URS Table Number	General Notes
	<p>Total Number of Consumers Served in State Hospital at the beginning of the Year: The reason for the increase was that the State Psychiatric Hospital (API), reopened closed units and increased census as additional staff were hired and trained.</p> <p>Total Admissions to Community Program During the Year: The reasons for the decrease relate to issues of data completeness and integrity, including systems impacted by the cyberattack and pandemic in the reporting period, as well as impacts of outreach to relevant entities as well as reporting extensions in 2021.</p> <p>Total Admissions to Other Psychiatric Inpatient During the Year: The reasons for the decrease relate to issues of data completeness and integrity, including systems impacted by the cyberattack and pandemic in the reporting period, as well as impacts of outreach to relevant entities as well as reporting extensions in 2021.</p> <p>Total Admissions to Residential Treatment Centers During the Year: The reasons for the decrease relate to issues of data completeness and integrity, including systems impacted by the cyberattack and pandemic in the reporting period, as well as impacts of outreach to relevant entities as well as reporting extensions in 2021.</p> <p>Average LOS of children discharged from State Hospital: The reasons for the increase include an increase in autistic patients without placement resources in Alaska; no specialized placement in AK for those with complex behavioral needs coupled with long waitlists for out of state placement; Fluctuation in census on the adolescent unit based on staff turnover from 2021 to 2022; and less severe patients found placement somewhere else or placed by Behavioral Health, prior to coming to API.</p>
6	<p>Average LOS of children (in facility < 1 year) who were state hospital residents at year end: The reasons for the increase include an increase in autistic patients without placement resources in Alaska; no specialized placement in AK for those with complex behavioral needs coupled with long waitlists for out of state placement; Fluctuation in census on the adolescent unit based on staff turnover from 2021 to 2022; and less severe patients found placement somewhere else or placed by Behavioral Health, prior to coming to API.</p> <p>Average LOS of adults discharged from State Hospital: The reasons for the increase include a lack of placement for those who no longer meet acute inpatient criteria but who continue to need support in the community or in a residential placement; An increase T12 transfers (forensic patients who have now moved over to the civil units); Complex needs for discharge. Not available in Alaska; An increase in more severe cases-longer to stabilize and find discharge placement; Challenges in acquiring funding through the waiver program which help to fund ALF placement; Increased demands on beds for those with grave disabilities which includes dementia, autism and other like disorders; Delays in obtaining benefits and other supports; Closure of local homeless shelters.</p> <p>Average LOS of adults (in facility <1 yr.) who were state hospital residents at year's end: The reasons for the increase include a lack of placement for those who no longer meet acute inpatient criteria but who continue to need support in the community or in a residential placement; An increase T12 transfers (forensic patients who have now moved over to the civil units); Complex needs for discharge. Not available in Alaska; An increase in more severe cases-longer to stabilize and find discharge placement; Challenges in acquiring funding through the waiver program which help to fund ALF placement; Increased demands on beds for those with grave disabilities which includes dementia, autism and other like disorders; Delays in obtaining benefits and other supports; Closure of local homeless shelters.</p>
7	The increase in total MHBG expenditures is due to a funding increase in combination with the State recovering from a cyberattack. The state is further recovered from FY21 allowing for more grants to be processed. The difference in total other fund expenditures is mainly the 5% set aside for MHBG for crisis. This wasn't included in prior years. The reduction in total other expenditures is due to a reduction in funding from a third party (Trust fund was reduced). The increase in total state hospital expenditures between 2021 and 2022 is due to API receiving additional DSH funding last year.
12	Percentage of Persons Served who have a Dual Diagnosis (Co-Occurring Mental Health and Substance Use): For community settings, counts are now based on a 'client type' logic that allows reporting agencies to indicate if the individual receiving care meets specific criteria. Previously "treated here for" criteria required the system to perform estimations to determine if the individual met priority population based on diagnosis and other criteria. Additionally, the "client type" logic accurately identifies SMI/SED clients in the 18-20 age group.

URS Table Number	General Notes
14a	<p>Though present analyses and available information cannot be certain, reasons for the increase likely include reductions in stigma and associated increased comfort in seeking SMI/SED services, perhaps in part resulting from state and national public health psychoeducation efforts and outreach. Additionally, given the raised profile of mental health awareness as the pandemic continued over several years, and the greater availability of services later rather than earlier in the pandemic, the increasing data trend aligns logically with theory. It does not appear that there was a significant overall state level increase in this racial population generally that would account for the increase in this racial population with SMI/SED in this table.</p> <p>Total number of White consumers with SMI/SED: Though present analyses and available information cannot be certain, reasons for the increase likely include reductions in stigma and associated increased comfort in seeking SMI/SED services, perhaps in part resulting from state and national public health psychoeducation efforts and outreach. Additionally, given the raised profile of mental health awareness as the pandemic continued over several years, and the greater availability of services later rather than earlier in the pandemic, the increasing data trend aligns logically with theory. It does not appear that there was a significant overall state level increase in this racial population generally that would account for the increase in this racial population with SMI/SED in this table.</p> <p>The reason that the Table 14A totals exceed the Table 2A totals for the three Gender NA cells indicated, relates to the onboarding and implementation of the new Gender Other category. Given the SAMHSA data definitions and instructions for the 2022 report year URS tables were released after the conclusion of the relevant SFY2022 reporting period had concluded, many agencies and systems were not collecting the Gender Other category, or were merging, partially merging, or other misaligning or not reliably reporting the Gender Other with the Gender NA categories. The changes led to some gaps and inconsistencies in the data integrity and completeness for these gender related cells as the cross table edit report for Table 14A and Table 2A indicate. DBH will continue to work towards more complete implementation of the recent SAMHSA Gender variable guidance, which includes providing technical assistance and communication of the new requirements to subrecipient agencies and analysts, as well as ensuring data systems in DBH and its partners are aligned with the SAMHSA guidance, especially in terms of cross-table alignment and consistency.</p>
15	<p>Living Situation: Starting in FY14, for Community Programs, the methodology for reporting the most recent living situation changed from using the AKAIMS Admission/Discharge data to Client Status Review (CSR) data.</p> <p>Total number of consumers in Jail/Correctional Facility: Though available information and analysis cannot determine the reason for the decrease with absolute certainty, it is likely that the improvements in pandemic response, and associated improvements in the economy and labor market, as well as onboarding and fuller implementation of BH services, including telehealth and outpatient programs and pandemic related grant funding, are associated with decreases in 2022 from 2021 of both consumers in Jail/Correctional Facility and consumers that are Homeless/in shelter.</p> <p>Total number of consumers Homeless/Shelter: Though available information and analysis cannot determine the reason for the decrease with absolute certainty, it is likely that the improvements in pandemic response, and associated improvements in the economy and labor market, as well as onboarding and fuller implementation of BH services, including telehealth and outpatient programs and pandemic related grant funding, are associated with decreases in 2022 from 2021 of both consumers in Jail/Correctional Facility and consumers that are Homeless/in shelter.</p> <p>Comparison Between Age and Gender Category- Foster Home total by Age does not match the total by Gender: To resolve the undercount in Gender, 330 should be added to the count presently listed in Gender NA (330 plus = 339). Since no additional specificity of male/female/other for that column is available at this stage in time, listing the 330 as Gender NA, seems most appropriate, and aligns the total with the Age, Race, and Ethnicities Totals in the Foster Home column. It is likely that during the various stages of integration and development of the 2022 URS tables, that a cell or count of some females was deleted by error; statistically it is likely that the numbers of males and females in this setting is more evenly balanced, but due to the likely deletion/error, it is advised to list the 330 as added to the 9 in the Gender NA cell, as it is not possible to be certain these 330 were females or males.</p> <p>All living situations total by age does not match the total by Gender: This issue relates to the Table 15 Foster Home Gender count issue noted directly above, and is also a discrepancy of 330. This issue is resolved when 330 is added to the Foster Home column for Gender NA, and the total is then auto-calculated and the Table 15 is aligned (i.e., adding 330 to the count of 9 as indicated above, aligns all living situations total by age (22,450) to match the total by gender (22,150 plus 330= 22,450).</p>

URS Table Number	General Notes
16	<p>EBP data are reported for Community Setting Only.</p> <p>In order to split the data between types of services (Supported Housing, Supported Employment, Assertive Community Treatment), the division has utilized a different data source (quarterly reports) that does not collect demographic information such as race, ethnicity, age, etc. For this reason, the total count of unduplicated persons served will not match those on table 14 and 14b. The Electronic Health Records System (AKAIMS) is able to pull total unduplicated clients by demographic; however, it does not track non-medical services with demographics at such a nuanced level. DBH suspects data in Table 16 underestimate actual counts, due to incomplete subprovider data submission, and will continue to work internally and with DBH partners towards a goal of improved data collection/submission/integrity/accuracy on this table.</p> <p>Total number of consumers receiving Supported Housing Services: The reason for the decrease relates mostly to issues of data reporting and integrity, as well as interpretations of data/program elements by various systems and stakeholders, as well as staff transitions. DBH will work to monitor more clearly how programmatic staff and providers collect and report elements to DBH to ensure smooth succession when systems or programmatic staff change. Pandemic related changes in volume of certain services may also play a role.</p> <p>Total number of consumers receiving ACT services: The reason for the decrease relates mostly to issues of data reporting and integrity, as well as interpretations of data/program elements by various systems and stakeholders, as well as staff transitions. DBH will work to monitor more clearly how programmatic staff and providers collect and report elements to DBH to ensure smooth succession when systems or programmatic staff change. Pandemic related changes in volume of certain services may also play a role.</p> <p>Total number of Adults with SMI: The reason for the decrease relates mostly to issues of data reporting and integrity, as well as interpretations of data/program elements by various systems and stakeholders, as well as staff transitions. DBH will work to monitor more clearly how programmatic staff and providers collect and report elements to DBH to ensure smooth succession when systems or programmatic staff change. Pandemic related changes in volume of certain services may also play a role. Finally, certain automated or semi-automated reports may not be completely pulling SMI/SED information, such as for specialty tables, and system and staff transitions may make precise conclusions as to all sources of error not fully possible at this time; DBH continues to work to ensure data definitions and logic are updated and built in line with the appropriate SAMHSA URS definitions and instructions for the relevant reporting years.</p> <p>Total number of Children with SED: The reason for the decrease relates mostly to issues of data reporting and integrity, as well as interpretations of data/program elements by various systems and stakeholders, as well as staff transitions. DBH will work to monitor more clearly how programmatic staff and providers collect and report elements to DBH to ensure smooth succession when systems or programmatic staff change. Pandemic related changes in volume of certain services may also play a role. Finally, certain automated or semi-automated reports may not be completely pulling SMI/SED information, such as for specialty tables, and system and staff transitions may make precise conclusions as to all sources of error not fully possible at this time; DBH continues to work to ensure data definitions and logic are updated and built in line with the appropriate SAMHSA URS definitions and instructions for the relevant reporting years.</p>
16b	<p>For this new URS Table 16B, Estimated Percentage of Population with Access to Service was based on available data from Alaska Department of Labor and Workforce Development (AKDOL). Estimates utilized available AKDOL population estimates provided for date 7/1/2021, indicating Alaska's total population was 734,323 (181,861 children [24.77%], and 552,462 adults [75.23%] aged 18 and over), combined with Alaska community population estimates that are served by relevant crisis services. Counts for 24/7 crisis services are not available for this reporting period, as SAMHSA introduced this Table 16B after the conclusion of SFY22; DBH will work towards more complete data client counts of these Table 16B services in future reporting periods.</p> <p>NOTE: AK's reported current 24/7 mobile crisis services (Anchorage/Fairbanks), are not yet fully 24/7 and AK continues to work towards more comprehensive mobile crisis coverage in terms of geography and 24/7 access. For crisis stabilization, communities included Ketchikan (youth only), Fairbanks, and Bethel/YK Census Area.</p>

URS Table Number	General Notes
	<p>EBP data are reported for Community Setting Only.</p> <p>DBH is working to improve data collection and reporting abilities relating to clients receiving EBP services. Also, until DBH is fully able to report demographics for all clients receiving specific EBP services, such client counts in Table 17 are included in the "Not Available" category for age/gender/race/ethnicity. DBH continues to communicate with DBH research and program manager/ clinical staff, as well as with providers to ensure better that relevant persons and organizations understand their obligations and the required elements needed. Such TA may include email/phone calls to share and interpret URS guidance documents such as data definitions/ instructions.</p>
17	<p>Illness Self-Management: See information under data sources, limitations, and notes for community programs.</p> <p>Total number of consumers receiving Illness Self-Management services: The reason for the increase is largely due to better data integrity and completeness for this information in 2022 as compared to 2021. DBH will continue to monitor the methods and systems with which it reports this measure, and may make adaptations such as revised provider trainings, program manager reminders, and technical assistance as needed.</p> <p>Total number of age NA consumers receiving ISM services is greater than the total number of age NA with SMI reported in Table 16: The Table 17 value is 1, but the Table 16 value for age NA with SMI is 0. The Table 17 is internally aligned for the ISM column and the totals in Table 17 for race, Hispanic/Latino ethnicity, and gender, match the Table 17 total for age. The discrepancy between 0 and 1 for age NA is indeed an anomaly, likely resulting from different staff, data aggregation and systems for ISM. DBH continues to mature in its reporting compliance, completeness, and integrity for the ISM elements and in its inter-table alignments. The discrepancy of a count of 1, is acknowledged with this response, but cannot be further resolved for this reporting cycle.</p>
20b	<p>Total Percent readmitted within 30 days: The reason is that the State Psychiatric Hospital (API) had difficulty placing former patients in appropriate levels of community care, including lack of shelter space and thus readmits increased.</p> <p>Total percent readmitted within 180 days: The reason is that the State Psychiatric Hospital (API) had difficulty placing former patients in appropriate levels of community care, including lack of shelter space and thus readmits increased.</p>
21	Table 21 is optional, and DBH is not reporting on it this year.