

I: State Information

State Information

State DUNS Number

Number

808819957

Expiration Date

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

Agency Name

Nebraska Department of Health & Human Services

Organizational Unit

Division of Behavioral Health

Mailing Address

301 Centennial Mall South, PO Box 95026

City

Lincoln

Zip Code

68509-5026

II. Contact Person for the Grantee of the Block Grant

First Name

Scot

Last Name

Adams, Ph.D.

Agency Name

Nebraska Department of Health & Human Services Division of Behavioral Health

Mailing Address

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Email Address

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

From

7/1/2012

To

6/30/2013

IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date

12/2/2013 11:21:31 PM

Revision Date

V. Contact Person Responsible for Application Submission

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Harker

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Footnotes:

Table 1 - State Priorities

| Number | Title | Description |
|--------|---|---|
| 1 | Substance Abuse Prevention | Substance abuse prevention and wellness promotion efforts are essential to helping people live better, healthier lives. Through a strategic planning initiative, DBH will strengthen its existing infrastructure to deliver a unified and effective prevention system. The plan will guide DBH in developing a comprehensive prevention approach which focuses on strategies to reduce underage drinking and the occurrence of excessive drinking among adults, and the reduction of tobacco sales to youth. |
| 2 | Consumer Workforce | Peers are an essential component of recovery oriented systems and services. The Office of Consumer Affairs will facilitate training opportunities and certification of Peer Support and Wellness Specialists (CPSWS). |
| 3 | Peer Recovery Supports | Peers are an essential component of recovery oriented systems and services. The Division of Behavioral Health will lead the development and implementation of consumer and family driven and consumer run services and supports. There are multiple approaches to peer run recovery supports (such as veterans groups, family organizations in the six Regions). The Division of Behavioral Health will: * define what a peer recovery support service is and * work with the six regions to identify the number of peer recovery supports currently being operated in NE. |
| 4 | SA Treatment – Women’s Set Aside Services (including Pregnant Women And Women With Dependent Children) | DBH in concert with our system partners must continue to impact the health of Nebraska’s families to promote safety, permanency and well-being. The DBH works to improve services for priority populations by focusing on Trauma Informed Care (TIC) and recovery among other factors. Substance Using Pregnant Women And Women With Dependent Children are Substance Abuse Priority Populations in Nebraska. Specifically (1) Pregnant injecting drug users, (2) Other pregnant substance users, (3) Other injecting drug users, and (4) Women with dependent children. |
| 5 | Transition Age Youth and Young Adult | Youth/Young Adults need access to developmentally appropriate services, tailored to meet their needs. By developing such services, DBH will be proactive in ensuring this population’s needs are met and preventing hospitalization or incarceration. One service each Region provides is Regional Transition Age Youth care planning. This voluntary Transition Age Care planning is based on a team approach that offers care recommendations and referral information to community resources for young adults and their families as requested. At this time, developmentally appropriate services provided to these youth/young adults on an individual basis. In order to systematically meet the needs of young adults/youth in transition to adulthood, the Division of Behavioral Health will further develop a statewide plan for services, seek TA on services/supports and identify potential funding for these services and supports. DBH will work in partnership with the DHHS Division of Children and Family Services, the six Regions and others. |
| 6 | Professional Partners Program | DBH in concert with our system partners must continue to impact the health of Nebraska’s families to promote safety, permanency and well-being. DBH will improve the fidelity to the wrap-around model to increase the integrity and effectiveness of the Professional Partners Program. |
| 7 | Co-Occurring Disorder Services | The Division of Behavioral Health Strategic Plan Goal 1 states, "The public behavioral health workforce will be able to deliver effective prevention and treatment in recovery-oriented systems of care for people with co-occurring disorders." The Statewide Quality Improvement Team (SQIT) Co-Occurring Disorders Workgroup completed a road map to co-occurring service delivery system. Nebraska must develop the no wrong door approach to serving consumers. The Co-Occurring Disorders Workgroup road map initiatives are: I. Nebraska will develop a co-occurring disorder system of care which is consumer driven and consumer centered. This system of care will include common vision - coordinated advisory committees - consumer input. II. Nebraska will develop a strong infrastructure to support co-occurring disorder services-consumer experiences no wrong door. The infrastructure will include regulations/service definitions - data and technology - financial - service delivery - workforce development - prevention and early intervention - screening, assessment and treatment planning. III. Nebraska will develop strong partnerships across all systems to ensure an expanded continuum of care. These systems include: Criminal Justice Settings - primary health care - educational settings - homeless settings - human service settings |
| 8 | Trauma Informed Care | Trauma informed care cuts across all identified behavioral health, adult and child treatment service populations. Trauma impacts children and family outcomes. The DBH Strategic Plan requires effectiveness and specifies a continuous QI process for services funded by the DBH, focusing on a number of factors including trauma. Work to improve access to a Trauma Informed Care service delivery system includes: - Increased the number of behavioral health providers who have completed a Trauma Informed Service |

| | | |
|----|---------------------------------------|--|
| | | <p>self-assessment or Peer Assessment Tool.</p> <ul style="list-style-type: none"> - Regional Behavioral Health Authorities establish region wide initiatives to advance trauma informed care. - The DBH Central Office prioritizing opportunities for improvement. |
| 9 | Permanent Supportive Housing services | <p>Recovery is challenged when individuals are not in stable housing. Recovery oriented systems of care address the basic needs of the individuals served. A focus on improving the quality and quantity of permanent housing individuals includes enhancing the implementation of the Permanent Supportive Housing Evidence-Based Practice in Nebraska and developing sustainable methods to complete Permanent Supportive Housing Evidence-Based Practice fidelity monitoring.</p> |
| 10 | Supported Employment | <p>Recovery is challenged when individuals that desire work have limited employment options. Recovery oriented systems of care attempt to meet vocational and school needs of individuals served. The DBH Strategic Plan specifies implementation of processes to ensure fidelity to empirically supported approaches which includes supported employment. DBH has been partnering with State Vocational Rehabilitation (VR) for many years to provide Supported Employment (SE). DBH will work to develop the capacity to monitor fidelity consistent with the SAMHSA SE Toolkit.</p> |
| 11 | Intravenous Drug Abusers | <p>The Intravenous Drug Abusers are Substance Abuse Priority Populations in Nebraska. Specifically they are (1) Pregnant Injecting Drug Users and (2) Injecting Drug Users. The Division of Behavioral Health (DBH) contracts with each of the six Regional Behavioral Health Authorities (RBHA) to ensure priority access to intravenous drug abusers.</p> |
| 12 | Tuberculosis (TB) | <p>As required through the contracts with the Regional Behavioral Health Authorities, tuberculosis screening is provided to all persons entering a substance abuse treatment service. Additional services and/or referrals for services are made available to those individuals whose screening indicates "high risk" for TB. The Tuberculosis Program in the NE Division of Public Health provides the overall coordination for the State of Nebraska in this area. The Nebraska Tuberculosis Program reports to the Centers for Disease Control and Prevention (CDC).</p> |

footnote:

II: Annual Report

Table 2 - Priority Area by Goal, Strategy, and Performance Indicator

| | |
|---|---|
| Priority: | Substance Abuse Prevention |
| Goal of the priority area: | To complete a Strategic Plan for Prevention. |
| Strategies to attain the goal: | DBH will engage in Strategic Planning for Prevention work. |
| Annual Performance Indicators to measure goal success | |
| Indicator: | Contingent upon when Technical Assistance is received, the Strategic Plan for Prevention will be completed by the target date of 9-30-12. |
| Description of Collecting and Measuring Changes in Performance Indicator: | Completion is at the time the Director of DBH approves a Strategic Plan for Prevention. |
| Achieved: | N/A |
| Proposed Changes: | |

Reason Not Achieved:

Priority: Substance Abuse Prevention

Goal of the priority area:

To reduce the sale of tobacco to youth.

Strategies to attain the goal:

DBH will maintain the current Retail Violation Rate.

Annual Performance Indicators to measure goal success

Indicator: The total number of sales to minors (Retailer Violation Rate – RVR). Nebraska’s RVR was 10.6% in FY11 and will maintain this percentage in FY12 and FY13.

Description of Collecting and Measuring Changes in Performance Indicator:

DBH will record the number of compliance checks completed that resulted in a successful sale to minors to determine the Retail Violation Rate in the annual Synar report.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Substance Abuse Prevention

Goal of the priority area:

To reduce underage drinking and excessive drinking by adults through the use of environmental strategies.

Strategies to attain the goal:

Community Coalitions will increase the number of environmental activities conducted toward the reduction of underage drinking and excessive drinking by adults.

Annual Performance Indicators to measure goal success

Indicator: A total of 28 of environmental activities related to the reduction of underage and excessive drinking by adults were performed and funded by DBH in FY11. In the FY12, the number will be increased to 40 and 55 in FY13.

Description of Collecting and Measuring Changes in Performance Indicator:

Recorded entries to the Nebraska Prevention Information Reporting System will be used to identify the total number of environmental activities related to underage drinking and excessive drinking by adults performed annually. The environmental activities to be counted will only include entries funded by the Division (state general funds and block grant only).

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Consumer Workforce

Goal of the priority area:

To increase the peer support workforce.

Strategies to attain the goal:

Evaluate, improve and implement the Peer Support and Wellness Specialist Certification.

Annual Performance Indicators to measure goal success

Indicator: Total Number of trained Peer Support and Wellness Specialists. Baseline as of June 30, 2011 for the total number of trained Peer Support and Wellness Specialists was 17. This will increase to 75 by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Data collected by the DBH Office of Consumer Affairs.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Peer Recovery Supports

Goal of the priority area:

To increase the number of peer recovery supports.

Strategies to attain the goal:

Partner with the Regional Consumer Specialists and the consumer run non-profit organizations to develop and implement more peer run recovery support services.

Annual Performance Indicators to measure goal success

Indicator: Total number of behavioral health services with a peer recovery support component. Define peer recovery supports & establish the baseline number of BH services with a peer recovery support component by June 30, 2012. Increase this number by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Data collected by the Division of Behavioral Health.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: SA Treatment – Women’s Set Aside Services (including Pregnant Women And Women With Dependent Children)

Goal of the priority area:

To ensure services for Pregnant Women and Women with Dependent Children are trauma informed and trauma specific.

Strategies to attain the goal:

* Work with RBHA and WSA providers to complete TIC tool.
* Provide TA for providers in analyzing assessment results and developing plan for becoming trauma informed and trauma specific.

Annual Performance Indicators to measure goal success

Indicator: Percent of WSA providers who have completed TIC tool. Baseline percent of WSA providers who have completed TIC tool is 56% as of January 1, 2012. This will increase to 100% by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Collect data via the annual Trauma Informed Care and Trauma Specific services survey completed by TIN.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Transition Age Youth and Young Adult

Goal of the priority area:

To increase access to services for young adults/youth transitioning to adulthood.

Strategies to attain the goal:

- * Partner with stakeholders to develop statewide plan for services.
- * Provide or seek out TA for development of services/supports.
- * Identify services and supports to meet the needs of young adults/youth in transition to adulthood.

Annual Performance Indicators to measure goal success

Indicator: Total number of persons age 16-24 served. Baseline for total number of persons age 16-24 served on June 30, 2011 was 6,110. This will increase to 6,500 by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

DBH Community Services information system captures persons served report data.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Professional Partners Program

Goal of the priority area:

To implement Wrap Around in the Professional Partners Program with integrity.

Strategies to attain the goal:

1. Create reliable data infrastructure.
2. Measure the Effectiveness of the Professional Partners Program.
3. Partner and provide TA on data, QI and fidelity.
4. Implement plans to improve Fidelity to the Wraparound Model.

Annual Performance Indicators to measure goal success

Indicator: WFI measures as compared to WFI national benchmarks. Establish the baseline across 11 WFI measures by September 30, 2012. Increase the number of measures at which we are meeting or exceeding the national benchmarks.

Description of Collecting and Measuring Changes in Performance Indicator:

The evaluation of the program will be two-fold:
* using the data, the Division of Behavioral Health (DBH) will make a determination on how well the Professional Partners Program is implementing the wraparound approach.
* DBH will also determine if significant positive outcomes are being achieved for children enrolled in the Program. Upon determination of Wraparound Fidelity Indicator (WFI) scores, strategies for training and technical assistance to improve scores on indicators found lacking will be developed.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Co-Occurring Disorder Services

Goal of the priority area:

To increase the capacity of the public behavioral health workforce to be able to deliver effective prevention and treatment in recovery-oriented systems of care for people with co-occurring disorders.

Strategies to attain the goal:

- * Nebraska will develop a co-occurring disorder system of care which is consumer driven and consumer centered.
- * Nebraska will develop strong partnerships across all systems to ensure an expanded continuum of care.
- * DBH will utilize the Co-Occurring Disorders Quality Initiative roadmap developed by Statewide Quality Improvement Team to implement the strategic plan.

Annual Performance Indicators to measure goal success

Indicator: Total number of behavioral health providers that are dual capable and dual enhanced. Baseline is zero as of January 1, 2012. One hundred percent (100%) of the providers under contract with the six RBHAs will complete the COMPASS-EZ by January 1, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Division of Behavioral Health will collect through use of the COMPASS-EZ (Version 1.0) with BH Providers to assess (1) dual capable or (2) dual enhanced.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Trauma Informed Care

Goal of the priority area:

To develop a service system that understands the effects of trauma and avoids re-traumatizing those who seek services (trauma-informed).

Strategies to attain the goal:

- * Increase trauma awareness by using the "expectation, not the exception" guidelines in daily behavioral health service practices.
- * Improve access to trauma informed care by requiring providers to complete a trauma informed services self or peer assessment tool and then develop plans for improvement.

Annual Performance Indicators to measure goal success

Indicator: Total number of providers assessed using the TIC tool. Baseline as of January 2012 is 63%. By June 30, 2013 this will increase to 100%.

Description of Collecting and Measuring Changes in Performance Indicator:

- * TIN annual survey count of providers assessed using the TIC tool and providing trauma specific services.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Permanent Supportive Housing services

Goal of the priority area:

To improve the Permanent Supportive Housing services.

Strategies to attain the goal:

- * Review and refine what Permanent Supportive Housing means in Nebraska.
- * Enhance the implementation of the Permanent Supportive Housing Evidence-Based Practice in Nebraska.
- * Develop sustainable methods to complete Permanent Supportive Housing Evidence-Based Practice fidelity monitoring.

Annual Performance Indicators to measure goal success

Indicator: Define what Permanent Supportive Housing services means in Nebraska by January 2013. Create process for fidelity monitoring by June 30, 2013. Total number persons served in Permanent Supportive Housing baseline as of June 30, 2011 was 817. This will incre

Description of Collecting and Measuring Changes in Performance Indicator:

Improve use of DBH database to count consumers living in permanent Supportive Housing. DBH has an approved definition of Permanent Supportive Housing services. DBH has an approved process for fidelity monitoring.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Supported Employment

Goal of the priority area:

To improve the quality of Supported Employment services.

Strategies to attain the goal:

- * Partner with Voc Rehab to improve the quality for the Supported Employment services.
- * Develop sustainable strategies for monitoring fidelity to the Supported Employment Evidence- Based Practice.

Annual Performance Indicators to measure goal success

Indicator: Create process for fidelity monitoring by June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

- * Maintain the number of Supported Employment providers (baseline of 7 Supported Employment providers as of June 30, 2011).
- * DBH will use a fidelity tool to improve the quality of Supported Employment services.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: Intravenous Drug Abusers

Goal of the priority area:

To Serve Intravenous Drug Abusers

Strategies to attain the goal:

The Intravenous Drug Abusers are Substance Abuse Priority Populations in Nebraska. Specifically they are (1) Pregnant Injecting Drug Users and (2) Injecting Drug Users.

Annual Performance Indicators to measure goal success

Indicator: Count of persons served who are Intravenous Drug Abusers. In FY2011, the unduplicated count persons served who were Pregnant Injecting Drug Users was 34 and the Injecting Drug Users was 1,559. DBH will maintain this service level through June 30, 2013.

Description of Collecting and Measuring Changes in Performance Indicator:

Division of Behavioral Health will use the Magellan Behavioral Health data to report the unduplicated count. The Division of Behavioral Health (DBH) contracts with each of the six Regional Behavioral Health Authorities (RBHA) to ensure priority access to intravenous drug abusers.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

Priority: Tuberculosis (TB)

Goal of the priority area:

To Screen for TB

Strategies to attain the goal:

Tuberculosis screening is provided to all persons entering a substance abuse treatment service.

Annual Performance Indicators to measure goal success
Indicator: Maintain the contractual requirements of the six Regional Behavioral Health Authorities to conduct the TB screenings.

Description of Collecting and Measuring Changes in Performance Indicator:
DBH will maintain the contractual requirements of the six RBHAs.

Achieved: N/A

Proposed Changes:

Reason Not Achieved:

[Empty text box for Reason Not Achieved]

Footnotes:

[Empty text box for Footnotes]

III: State Agency Expenditure Reports

Table 4 (URS Table 7) - Profile of Mental Health Service Expenditures and Sources of Funding

Start Year:

End Year:

| Activity | A. SA Block Grant | B. MH Block Grant | C. Medicaid (Federal, State, and Local) | D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.) | E. State Funds | F. Local Funds (excluding local Medicaid) | G. Other |
|--|-------------------|--|---|---|---|---|--------------------------------|
| 1. Substance Abuse Prevention and Treatment | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 2. Primary Prevention | \$ | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| 3. Tuberculosis Services | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 4. HIV Early Intervention Services | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 5. State Hospital | \$ | \$ | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| 6. Other 24 Hour Care | \$ | <input type="text" value="163,692"/> | <input type="text" value="865,408"/> | <input type="text" value="0"/> | <input type="text" value="13,320,598"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| 7. Ambulatory/Community Non-24 Hour Care | \$ | <input type="text" value="1,590,971"/> | <input type="text" value="22,600,907"/> | <input type="text" value="315,273"/> | <input type="text" value="40,668,945"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| 8. Administration (Excluding Program and Provider Level) | \$ | <input type="text" value="75,169"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| 9. Subtotal (Rows 1, 2, 3, 4, and 8) | \$ | \$75,169 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 10. Subtotal (Rows 5, 6, 7, and 8) | \$ | \$1,829,832 | \$23,466,315 | \$315,273 | \$53,989,543 | \$0 | \$0 |
| 11. Total | \$ | \$1,829,832 | \$23,466,315 | \$315,273 | \$53,989,543 | \$0 | \$0 |

Please indicate the expenditures are actual or estimated.

Actual Estimated

Footnotes:

\$10,326,616 of State funds included in MOE are reflected in Medicaid column.

Table 5 - MHBG Expenditures By Service

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

| Service | Unduplicated Individuals | Units | Expenditures |
|--|--------------------------|--------|--------------|
| Prevention (Including Promotion) | | | \$ |
| Screening, Brief Intervention and Referral to Treatment | | | \$ |
| Brief Motivational Interviews | | | \$ |
| Screening and Brief Intervention for Tobacco Cessation | | | \$ |
| Parent Training | | | \$ |
| Facilitated Referrals | | | \$ |
| Relapse Prevention/Wellness Recovery Support | | | \$ |
| Warm Line | | | \$ |
| Engagement Services | | | \$641,465 |
| Assessment | | | \$ |
| Specialized Evaluations (Psychological and Neurological) | | | \$ |
| Service Planning (including crisis planning) | | | \$ |
| Consumer/Family Education | | 790.27 | \$635,465 |
| Outreach | | | \$6,000 |
| Outpatient Services | | | \$403,138 |
| Individual evidenced based therapies | | | \$345,268 |
| Group therapy | | | \$ |
| Family therapy | | | \$ |
| Multi-family therapy | | | \$ |
| Consultation to Caregivers | | | \$57,870 |
| Medication Services | | | \$5,789 |
| Medication management | | 148.06 | \$5,789 |

| | | | |
|--|--|---------|-----------|
| Pharmacotherapy (including MAT) | | | \$ |
| Laboratory services | | | \$ |
| Community Support (Rehabilitative) | | | \$480,448 |
| Parent/Caregiver Support | | | \$8,000 |
| Skill building (social, daily living, cognitive) | | 1893.24 | \$222,919 |
| Case management | | 661.45 | \$186,569 |
| Continuing Care | | | \$ |
| Behavior management | | | \$ |
| Supported employment | | | \$62,960 |
| Permanent supported housing | | | \$ |
| Recovery housing | | | \$ |
| Therapeutic mentoring | | | \$ |
| Traditional healing services | | | \$ |
| Recovery Supports | | | \$ |
| Peer Support | | | \$ |
| Recovery Support Coaching | | | \$ |
| Recovery Support Center Services | | | \$ |
| Supports for Self Directed Care | | | \$ |
| Other Supports (Habilitative) | | | \$ |
| Personal care | | | \$ |
| Homemaker | | | \$ |
| Respite | | | \$ |
| Supported Education | | | \$ |
| Transportation | | | \$ |
| Assisted living services | | | \$ |
| Recreational services | | | \$ |
| Trained behavioral health interpreters | | | \$ |

| | | | |
|---|--|---------|-----------|
| Interactive communication technology devices | | | \$ |
| Intensive Support Services | | | \$50,131 |
| Substance abuse intensive outpatient (IOP) | | | \$ |
| Partial hospital | | | \$ |
| Assertive Community Treatment | | | \$ |
| Intensive home based services | | | \$ |
| Multi-systemic therapy | | | \$50,131 |
| Intensive Case Management | | | \$ |
| Out-of-Home Residential Services | | | \$163,692 |
| Crisis residential/stabilization | | | \$ |
| Adult Substance Abuse Residential | | | \$ |
| Adult Mental Health Residential | | 1378.85 | \$163,692 |
| Youth Substance Abuse Residential Services | | | \$ |
| Children's Residential Mental Health Services | | | \$ |
| Therapeutic foster care | | | \$ |
| Acute Intensive Services | | | \$ |
| Mobile crisis | | | \$ |
| Peer based crisis services | | | \$ |
| Urgent care | | | \$ |
| 23 hr. observation bed | | | \$ |
| Medically Monitored Intensive Inpatient | | | \$ |
| 24/7 crisis hotline services | | | \$ |
| Other (please list) | | | \$10,000 |
| Peer Review | | | \$10,000 |

footnote:

The amount listed under Individual Outpatient includes Group Outpatient, Family Outpatient, and Intensive MH Outpatient expenditures.

III: State Agency Expenditure Reports

Table 6 - Primary Prevention Expenditures Checklist

Start Year:

End Year:

| Strategy | IOM Target | MHBG Block Grant | Other Federal | State | Local | Other |
|-------------------------------------|-------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Information Dissemination | Universal | <input type="text" value="\$0"/> |
| Information Dissemination | Selective | <input type="text" value="\$0"/> |
| Information Dissemination | Indicated | <input type="text" value="\$0"/> |
| Information Dissemination | Unspecified | <input type="text" value="\$0"/> |
| Information Dissemination | Total | \$0 | \$0 | \$0 | \$0 | \$0 |
| Education | Universal | <input type="text" value="\$0"/> |
| Education | Selective | <input type="text" value="\$0"/> |
| Education | Indicated | <input type="text" value="\$0"/> |
| Education | Unspecified | <input type="text" value="\$0"/> |
| Education | Total | \$0 | \$0 | \$0 | \$0 | \$0 |
| Alternatives | Universal | <input type="text" value="\$0"/> |
| Alternatives | Selective | <input type="text" value="\$0"/> |
| Alternatives | Indicated | <input type="text" value="\$0"/> |
| Alternatives | Unspecified | <input type="text" value="\$0"/> |
| Alternatives | Total | \$0 | \$0 | \$0 | \$0 | \$0 |
| Problem Identification and Referral | Universal | <input type="text" value="\$0"/> |
| Problem Identification and Referral | Selective | <input type="text" value="\$0"/> |
| Problem Identification and Referral | Indicated | <input type="text" value="\$0"/> |
| Problem Identification and Referral | Unspecified | <input type="text" value="\$0"/> |
| Problem Identification and Referral | Total | \$0 | \$0 | \$0 | \$0 | \$0 |

| | | | | | | |
|-------------------------|-------------|-----|-----|-----|-----|-----|
| Community-Based Process | Universal | \$0 | \$0 | \$0 | \$0 | \$0 |
| Community-Based Process | Selective | \$0 | \$0 | \$0 | \$0 | \$0 |
| Community-Based Process | Indicated | \$0 | \$0 | \$0 | \$0 | \$0 |
| Community-Based Process | Unspecified | \$0 | \$0 | \$0 | \$0 | \$0 |
| Community-Based Process | Total | \$0 | \$0 | \$0 | \$0 | \$0 |
| Environmental | Universal | \$0 | \$0 | \$0 | \$0 | \$0 |
| Environmental | Selective | \$0 | \$0 | \$0 | \$0 | \$0 |
| Environmental | Indicated | \$0 | \$0 | \$0 | \$0 | \$0 |
| Environmental | Unspecified | \$0 | \$0 | \$0 | \$0 | \$0 |
| Environmental | Total | \$0 | \$0 | \$0 | \$0 | \$0 |
| Section 1926 Tobacco | Universal | \$ | \$ | \$ | \$ | \$ |
| Section 1926 Tobacco | Selective | \$ | \$ | \$ | \$ | \$ |
| Section 1926 Tobacco | Indicated | \$ | \$ | \$ | \$ | \$ |
| Section 1926 Tobacco | Unspecified | \$ | \$ | \$ | \$ | \$ |
| Section 1926 Tobacco | Total | \$ | \$ | \$ | \$ | \$ |
| Other | Universal | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other | Selective | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other | Indicated | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other | Unspecified | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other | Total | \$0 | \$0 | \$0 | \$0 | \$0 |

Footnotes:

Table 9 - Maintenance of Effort for State Expenditures on Mental Health Services

| Total Expenditures for SMHA | | |
|-----------------------------|---------------------|--|
| Period (A) | Expenditures (B) | <u>B1(2011) + B2(2012)</u> 2 (C) |
| SFY 2011 (1) | \$61,285,737 | |
| SFY 2012 (2) | \$59,601,455 | \$60,443,596 |
| SFY 2013 (3) | \$64,316,059 | |

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

SFY 2011 Yes X No _____
 SFY 2012 Yes X No _____
 SFY 2013 Yes X No _____

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

footnote:

Table 10 - Report on Set-aside for Children's Mental Health Services

| State Expenditures for Mental Health Services | | |
|---|-----------------|---------------------------|
| Actual SFY 2008 | Actual SFY 2012 | Estimated/Actual SFY 2013 |
| \$4,120,066 | \$6,880,176 | \$7,450,954 |

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

footnote: