Florida

UNIFORM APPLICATION
FY 2020 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/07/2017 - Expires 06/30/2020
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Center for Mental Health Services
Division of State and Community Systems Development

Please provide any comments and input to DCF's Block Grant Coordinator at Jeffrey.Cece@myFLfamilies.com. Any person can provide input both during the development of this Report and after submission to SAMHSA.
A. State Information

State Information

State DUNS Number
Number  604604350
Expiration Date

I. State Agency to be the Grantee for the Block Grant
Agency Name  Department of Children and Families
Organizational Unit  Office of Substance Abuse and Mental Health
Mailing Address  1317 Winewood Blvd., Bldg 6, Room 229
City  Tallahassee
Zip Code  32399-0700

II. Contact Person for the Grantee of the Block Grant
First Name  Ute
Last Name  Gazioch
Agency Name  Department of Children and Families
Mailing Address  1317 Winewood Blvd., Bldg 6, Room 229
City  Tallahassee
Zip Code  32399-0700
Telephone  850-717-4322
Fax  850-487-2239
Email Address  Ute.Gazioch@myflfamilies.com

III. State Expenditure Period (Most recent State expenditure period that is closed out)
From  7/1/2018
To  6/30/2019

IV. Date Submitted
NOTE: This field will be automatically populated when the application is submitted.
Submission Date
Revision Date

V. Contact Person Responsible for Report Submission
First Name  Nikki
Last Name  Wotherspoon
Telephone  (850) 717-4323
Fax  (850) 487-2239
Email Address  Nikki.Wotherspoon@myflfamilies.com

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Footnotes:
Additional contact responsible for report submission:
B. Implementation Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Funding Priorities Identified by Managing Entities
Priority Type: SAT, MHS
Population(s): SMI, SED, PWWDC, PWID, EIS/HIV

Goal of the priority area:
Address Unmet Needs Identified by Managing Entities

Strategies to attain the goal:
Ensure that legislative budget requests are data-driven, compelling, and derived from a collaborative approach.

Annual Performance Indicators to measure goal success

| Indicator #: | 1 |
| Indicator: | The number of objectives achieved. |
| Baseline Measurement: | Zero objectives achieved. |
| First-year target/outcome measurement: | Achieve two out of the four objectives. |
| Second-year target/outcome measurement: | Achieve three out of the four objectives. |
| New Second-year target/outcome measurement(if needed): | |
| Data Source: | |
| New Data Source(if needed): | |
| Description of Data: | Legislative budget requests are written documents. |
| New Description of Data:(if needed) | |
| Data issues/caveats that affect outcome measures: | |
| New Data issues/caveats that affect outcome measures: | |

Report of Progress Toward Goal Attainment

First Year Target: ✔ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):
In September 2017, the Department drafted and submitted the following legislative budget requests:

- $5 million for outpatient, case management, and aftercare services.
- $3.5 million for residential services.
- $3.5 million for methadone and buprenorphine maintenance treatment and an additional $2 million for hospital-based buprenorphine induction services for opioid overdose victims.
$680,000 for peer recovery support services and network development.

$12 million for care coordination activities and associated support services (i.e., housing, incidentals, employment readiness).

The final budget signed by the Governor appropriated $14.6 million in recurring General Revenue funds to the Department for “community-based services to address the opioid crisis, including, but not limited to: outreach, addiction treatment, and recovery support services.” Funding must be used “to expand capacity to increase access to and reduce waitlists for treatment; increase efforts to effectively engage and retain in treatment youth, pregnant women, high-risk populations, and high utilizers of acute care services; and further develop a recovery-based model of care.” Funding for specific services may include, but are not limited to, case management, residential services, outpatient services, aftercare services, and medication-assisted treatment (including methadone, buprenorphine, and Vivitrol).

**Second Year Target:**

- **Achieved**
- **Not Achieved**

**(if not achieved, explain why)**

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

The second year target called for accomplishing 3 out of 4 objectives. All 4 objectives were accomplished ahead of schedule, as reflected in the update above on the first year target.

**Priority #:** 2

**Priority Area:** Care Coordination

**Priority Type:** MHS

**Population(s):** SMI

**Goal of the priority area:**

Reduce the number of readmissions to acute levels of care among adults with SMI.

**Strategies to attain the goal:**

After discharge from an acute level of care, establish linkages to supportive, community-based services, like outpatient treatment, supported housing, and supported employment.

**Annual Performance Indicators to measure goal success**

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator:</strong></td>
<td>The rate readmissions (within 30 days following discharge) to crisis stabilization units among adults with SMI served in crisis stabilization units.</td>
</tr>
<tr>
<td><strong>Baseline Measurement:</strong></td>
<td>In FY 16-17, the rate of readmissions (within 30 days following discharge) to crisis stabilization units among adults with SMI served in crisis stabilization units was 15.6%.</td>
</tr>
<tr>
<td><strong>First-year target/outcome measurement:</strong></td>
<td>Reduce the readmission rate to 14.6% in FY 17-18.</td>
</tr>
<tr>
<td><strong>Second-year target/outcome measurement:</strong></td>
<td>Reduce the readmission rate to 13.6% in FY 18-19.</td>
</tr>
</tbody>
</table>

**New Second-year target/outcome measurement (if needed):**

**Data Source:** Substance Abuse and Mental Health Information System (SAMHIS)

**New Data Source (if needed):**

**Description of Data:**

This is the total number of persons readmitted within 30 days following discharge from a CSU divided by the total number of CSU discharges. The total number of consumers should be unduplicated. The number of consumers served is across regions and across providers.

**New Description of Data (if needed):**

**Data issues/caveats that affect outcome measures:**

_____

Printed: 11/14/2019 3:53 PM - Florida - Approved: 06/07/2017 Expires: 06/30/2020
New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ✔ Achieved ✗ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: ☐ Achieved ✔ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

Actual FY 18-19 performance was 14.0%, which fails to achieve the second year target of 13.6%. One possible explanation for not meeting target has to do with the nature of data reported by service providers. In this case, only Department-funded crisis stabilization services are reported to the Department. If an individual served has a portion of their behavioral healthcare funded by a source other than the Department there may be “false positive” readmissions. For example, if individual receives Department-funded crisis services on Monday, Tuesday, Wednesday and Friday, but on Thursday another source funded the service. In this case it would appear that there is a readmission to Department-funded services on Friday. The Department will work with contracted providers to ensure that other funding other sources have been exhausted before using Department funds. Compliance with this approach should reduce the number of these readmissions.

How second year target was achieved (optional):

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator: The percentage of children served by Community Action Teams (CATs) that show improvement in well-being from admission to discharge.

Baseline Measurement: In FY 16-17, 61% of children served by CATs showed improvement in well-being from admission to discharge.

First-year target/outcome measurement: Increase the percentage of children served by CATs that show improvement in well-being from admission to discharge to 63%.

Second-year target/outcome measurement: Increase the percentage of children served by CATs that show improvement in well-being from admission to discharge to 65%.

New Second-year target/outcome measurement *(if needed)*:

Data Source:

This information will be reported directly by the CATs.

New Data Source *(if needed)*:

Description of Data:

This measure is derived from the North Carolina Family Assessment Scale for Reunification.
New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:  
- Achieved  
- Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):
Actual FY 17-18 performance was 87%, exceeding both the first and second year targets.

Second Year Target:  
- Achieved  
- Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):
Actual FY 18-19 performance was 86%, achieving and exceeding the second year target of 65%.

Priority #: 4
Priority Area: Early Serious Mental Illness
Priority Type: MHS
Population(s): ESMI

Goal of the priority area:
Increase access to services for ESMI.

Strategies to attain the goal:
Designate a SAMH employee to take ownership of these objectives.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The number of objectives achieved.

Baseline Measurement: Zero objectives achieved.
First-year target/outcome measurement: One out of three objectives achieved.

Second-year target/outcome measurement: Two out of three objectives achieved.
New Second-year target/outcome measurement (if needed):

Data Source:
The Block Grant Coordinator will report progress toward the objectives.

New Data Source (if needed):

Description of Data:
Legislative budget requests and reports are written documents.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:
New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved □ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):
In 2017, the Department drafted and submitted a $3.5 million legislative budget request to implement five Coordinated Specialty Care treatment programs for youth and young adults with early serious mental illness, particularly first episodes of psychosis. Due to increased Mental Health Block Grant funding in the federal 2018 Consolidated Appropriations Act, the Department will implement new coordinated specialty care program for early serious mental illness in Hillsborough and Orange counties. This will achieve the second year target of 2 out of 3 objectives.

Second Year Target: ☑ Achieved □ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):
Aspire Health Partners, serving Orange County and overseen by CFCHS, began implementing their program in February 2019, and Success 4 Kids, serving Hillsborough County and overseen by CFBHN, began implementing in May 2019. This achieves the second year target of 2 out of 3 objectives.

Priority #: 5
Priority Area: Care Coordination
Priority Type: MHS
Population(s): SMI

Goal of the priority area:
Expedite community reintegration.

Strategies to attain the goal:
After a State Mental Health Treatment Facility identifies a person as ready for discharge to community-based care, the State Mental Health Treatment Facility and managing entities must work closely to ensure the timely transfer.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The percent of persons discharged from a State Mental Health Treatment Facility within 30 days of being ready to seek community placement.

Baseline Measurement: In FY 16-17, 51.7% of persons were discharged from a State Mental Health Treatment Facility within 30 days of being ready to seek community placement.

First-year target/outcome measurement: Increase the indicator to 53.7% by FY 17-18.

Second-year target/outcome measurement: Increase the indicator to 55.7% by FY 18-19.

New Second-year target/outcome measurement (if needed):

Data Source: The seeking placement list.

New Data Source (if needed):

Description of Data: Numerator includes all persons discharged from a civil State Mental Health Treatment Facility who were on the seeking placement list for more than 30 days; Denominator includes all persons discharged that were on the seeking placement list.
Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

**First Year Target:**

- **Achieved**
- **Not Achieved (if not achieved, explain why)**

**Reason why target was not achieved, and changes proposed to meet target:**

How first year target was achieved *(optional):*

- Actual FY 17-18 performance was 53.8%.

**Second Year Target:**

- **Achieved**
- **Not Achieved (if not achieved, explain why)**

**Reason why target was not achieved, and changes proposed to meet target:**

In FY 18-19, only 53.7% of individuals were discharged from a State Mental Health Treatment Facility within 30 days of being ready to seek community placement, which fails to achieve the second year target of 55.7%. An exploratory analysis of why the second year target was not achieved found that 80% of persons waiting longer than 30 days to be discharged experienced delays either awaiting bed availability for community housing or locating suitable housing that was equipped to adequately address their individual treatment needs and/or safely manage their individual risk factors. Furthermore, 65% of the individuals experiencing delays related to community housing were seeking placement in a Residential Treatment Facility or an Assisted Living Facility environment. In order to improve performance in the future, the Department will explore the need for training and technical assistance on referring individuals to supportive housing and addressing misconceptions about Assisted Living Facility placements.

**How second year target was achieved (optional):**

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**Priority #:** 6

**Priority Area:** Housing

**Priority Type:** SAT, MHS

**Population(s):** Other (Homeless)

**Goal of the priority area:**

Improve housing.

**Strategies to attain the goal:**

The Executive Director of the Office on Homelessness and members of the Policy Team within the Office of SAMH will collaborate with the ME Housing Coordinators and monitor progress toward the objectives.

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**Annual Performance Indicators to measure goal success**

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Indicator</th>
<th>Baseline Measurement</th>
<th>First-year target/outcome measurement</th>
<th>Second-year target/outcome measurement (if needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The number of objectives achieved.</td>
<td>Zero objectives achieved.</td>
<td>Two out of the four objectives will be achieved.</td>
<td>Three out of the four objectives will be achieved.</td>
</tr>
</tbody>
</table>

**New Second-year target/outcome measurement (if needed):**

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Block Grant Coordinator will report progress toward all objectives.</td>
<td>Reports, plans, and recommendations will all be in the form of written documents.</td>
</tr>
</tbody>
</table>
New Description of Data: (if needed)  

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:  
- Achieved  
- Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):
The Housing Coordination Guidance Document was revised. Strategic plans were obtained and approved by the Department’s Housing and Employment Coordinator.

Second Year Target:  
- Achieved  
- Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):
The Housing Coordination Guidance Document was revised, accomplishing objective 1. Strategic plans were obtained and approved by the Department’s Housing and Employment Coordinator, accomplishing objective 2, and thereby achieving the first year target of accomplishing two out of the four objectives. Additionally, all seven ME Housing Coordinators implemented at least one recommendation to address gaps identified in their strategic plan, thereby achieving the second year target of accomplishing three out of the four objectives. Details regarding the gaps addressed are provided in the attachment titled, “Details Regarding Indicator 6 (Housing) – Objectives (3) and (4).” The attachment also reflects the fact that all seven ME Housing Coordinators facilitated trainings on supportive housing, accomplishing objective 4, which means that four out of four objectives were achieved, exceeding the year two target.

Priority #:  7
Priority Area:  Services for Pregnant Women and Women with Dependent Children
Priority Type:  SAT
Population(s):  PWWDC

Goal of the priority area:

Improve outreach activities for pregnant women.

Strategies to attain the goal:

Analyze and describe current outreach activities that target pregnant women with substance use disorders. Analyze and describe current referral sources and processes that link pregnant women with substance use disorders to treatment. Generate a series of recommendations on ways to improve outreach and recruitment activities through revisions to contracts, training materials, guidance documents, or monitoring tools. Draft a legislative budget request for state funding to enhance outreach services for pregnant women with substance use disorders based on the findings from the analyses of outreach activities and referrals sources/processes.

Annual Performance Indicators to measure goal success

Indicator #:

Indicator: The percent of women served through the Department’s special funding allocation that are pregnant when they are engaged in services.

Baseline Measurement: Only 22% of women served through the Department’s special funding allocation are pregnant when they are engaged in services.

First-year target/outcome measurement: Increase the indicator to 24% for FY 17-18.

Second-year target/outcome measurement: Increase the indicator to 26% for FY 18-19.

New Second-year target/outcome measurement (if needed):

Data Source:
The reporting instrument that monitors the Department's special appropriation for PWWDC.

**New Data Source (if needed):**

**Description of Data:**
Numerator is the number of women served who are pregnant. The denominator is the number of all women served.

**New Description of Data (if needed):**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

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### Report of Progress Toward Goal Attainment

**First Year Target:**
- **Achieved** [✓]  
- **Not Achieved (if not achieved, explain why)** [ ]

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**
Actual FY 17-18 performance was 24.6%.

**Second Year Target:**
- **Achieved** [✓]  
- **Not Achieved (if not achieved, explain why)** [ ]

**Reason why target was not achieved, and changes proposed to meet target:**
Actual FY 18-19 performance was 23.6%, which fails to achieve the second year target of 26%. In order to improve this measure in the future, the Department will compare PWWDC service figures from the new FASAMS database to the Special Appropriation Spreadsheet on a quarterly basis to ensure that all data is being reported accurately. Discrepancies will be addressed with the Data Quality Unit. The Department will also survey PWWDC providers to identify any challenges faced engaging and enrolling women during pregnancy. Based on identified challenges, the Department will disseminate updated training, technical assistance and resources to help improve engagement and retention in care.

**How second year target was achieved (optional):**

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### Priority 

- **Priority #:** 8  
- **Priority Area:** Prevention Training and Technical Assistance  
- **Priority Type:** SAP  
- **Population(s):** PP  

**Goal of the priority area:**
Increase prevention workforce in Florida.

**Strategies to attain the goal:**
Survey providers to identify needs and incorporate content in DCF’s contracts with training providers.

**Annual Performance Indicators to measure goal success**

- **Indicator #:** 1  
- **Indicator:** The number of prevention-related trainings and webinars conducted.  
- **Baseline Measurement:** In FY 16-17, 4 prevention trainings/webinars were conducted.  
- **First-year target/outcome measurement:** Increase the number of prevention trainings/webinars conducted by June 30, 2018 from 4 to 6.  
- **Second-year target/outcome measurement:** Increase the number of prevention trainings/webinars conducted by June 30, 2019 from 6 to 8.  
- **New Second-year target/outcome measurement (if needed):**
Report of Progress Toward Goal Attainment

First Year Target: ✔ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):
In FY 17-18, the number of prevention trainings increased from 4 (baseline) to 11, exceeding both the first and second year targets. More specifically, from July 1, 2017 through June 30, 2018, the following trainings were conducted:

1. Overdose Prevention and Naloxone in Florida (webinar) (7/26/17)
2. How to Effectively Use Print, Broadcast, and Social Media in Substance Abuse Prevention (7/31/17)
4. Environmental Strategies to Reduce Excessive Alcohol Use (webinar) (1/24/18)
5. Annual Substance Abuse Trends Report (webinar) (2/23/18)
6. Implementing Effective Prevention Strategies in the Face of a Changing Environment (3 workshops in June 2018)
7. Seeing Through the Smoke: Current Understanding of Marijuana Use, Science, Effects, and Intervention Strategies (webinar) (June 2018)

Second Year Target: ✔ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):
The Department conducted 11 prevention trainings, exceeding the second year target of 8 trainings. In addition to the 7 prevention trainings previously reported for the first year update, the following prevention trainings were conducted in FY 18-19:

1. Adverse Childhood Experiences and Relationship to Substance Abuse Prevention
2. Cultural Competency: Engaging Racial and Ethnic Minorities in Prevention Education
3. Vaping and Teens: Trends, Research and Prevention Practices
4. Prevention of Synthetic Drug Use
Goal of the priority area:
Reduce the number of opioid overdose deaths.

Strategies to attain the goal:
The Department’s Overdose Prevention Coordinator will stimulate demand for naloxone training by partnering with state agencies and organizations to increase awareness about the opportunity to receive overdose recognition and response training from the Department. Receiving overdose prevention training is also a Department requirement prior to receiving naloxone kits.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The number of individuals trained in overdose recognition and response.
Baseline Measurement: 1,400 individuals were trained in FY 16-17.
First-year target/outcome measurement: Train an additional 1,400 individuals in FY 17-18 (bringing the total to 2,800).
Second-year target/outcome measurement: Train an additional 1,400 individuals in FY 18-19 (bringing the total to 4,200).

Data Source:
Data will be reported by the Department’s Overdose Prevention Coordinator

New Data Source (if needed):

Description of Data:
The Department’s Overdose Prevention Coordinator documents the number of individuals trained through sign-in sheets at each training. Evaluations are also conducted at each naloxone training and are utilized as a quality improvement measure.

New Description of Data (if needed):

Report of Progress Toward Goal Attainment
First Year Target: ✔ Achieved  ❌ Not Achieved (if not achieved, explain why)
Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):
Between July 1, 2017 and April 20, 2018, 1,462 individuals have been trained.

Second Year Target: ✔ Achieved  ❌ Not Achieved (if not achieved, explain why)
Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):
During FY 17-18, 1,679 individuals were trained, bringing the cumulative total to 3,079 (which achieves and exceeds the first year target of 2,800). During FY 18-19, 1,225 individuals were trained, bringing the cumulative total to 4,304 (which achieves and exceeds second year target of 4,200).

Priority #: 10
Priority Area: HIV Early Intervention Services (EIS) for People Who Inject Drugs
Priority Type: SAT
Population(s): PWID, EIS/HIV
Goal of the priority area:
Reduce the spread of infectious diseases.

Strategies to attain the goal:
The Block Grant Coordinator will collaborate with the managing entities on the analysis and recommendations.

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### Annual Performance Indicators to measure goal success

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>The number of objectives achieved.</td>
</tr>
<tr>
<td>Baseline Measurement</td>
<td>Zero objectives achieved.</td>
</tr>
<tr>
<td>First-year target/outcome measurement</td>
<td>One out three objectives achieved.</td>
</tr>
<tr>
<td>Second-year target/outcome measurement</td>
<td>Two out of three objectives achieved.</td>
</tr>
</tbody>
</table>

**New Second-year target/outcome measurement (if needed):**

**Data Source:**
The Block Grant Coordinator will report progress toward the objectives.

**New Data Source (if needed):**

**Description of Data:**
Analyses and recommendations are written documents.

**New Description of Data (if needed):**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

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**Report of Progress Toward Goal Attainment**

**First Year Target:**
- [ ] Achieved
- [ ] Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**
The analysis is complete. Recommendations based on it will follow.

**Second Year Target:**
- [ ] Achieved
- [ ] Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**
The second objective is complete, achieving the second year target of completing 2 out of 3 objectives. The second objective is accomplished with the publication of the following six recommendations:

1. Distribute this report to the Managing Entities along with a bulletin that highlights the new Guidance Document on HIV Early Intervention Services, the new HIV EIS covered service bundle, and expectations regarding the number of individuals tested (or the number of tests conducted) as an important outcome.

2. Conduct an analysis of the specific HIV tests used and the price paid. Share the analysis with the Department of Health and consult with them regarding ways to improve value or reduce costs so that savings can be reinvested in service expansion.

3. Consider formalizing, through contract revisions, the number of individuals tested (or the number of tests conducted) as a performance measure for set-aside funded providers.

4. Conduct an analysis of the impact of the new Guidance Document on the number of individuals tested and number of tests conducted using FY 16-17 as a baseline, FY 17-18 as a transition period, and FY 18-19 as a new target year to expect an overall increase.
5. Study the HIV testing policies, procedures, and processes used by the providers that are able to spend less than $100 per individual tested or per test conducted. Identify best practices that contribute to their efficiency and share them with the other providers.

6. Expand this analysis with available information on positivity rates and see if variation in positivity rates can be explained by variation in the way individuals are targeted, or not targeted, for testing.

Priority #: 11
Priority Area: Tuberculosis and HIV EIS Services for People Who Inject Drugs
Priority Type: SAT
Population(s): PWID, EIS/HIV, TB

Goal of the priority area:
Reduce the spread of infectious diseases.

Strategies to attain the goal:
Collaborate with the Department of Health.

**Annual Performance Indicators to measure goal success**

| Indicator #: | 1 |
| Indicator: | The number of objectives achieved. |
| Baseline Measurement: | Zero objectives achieved. |
| First-year target/outcome measurement: | Two objectives achieved. |
| Second-year target/outcome measurement: | Three objectives achieved. |

**New Second-year target/outcome measurement (if needed):**

**Data Source:**
The Block Grant Coordinator will report progress toward the objectives.

**New Data Source (if needed):**

**Description of Data:**
Analyses and recommendations are written documents.

**New Description of Data (if needed):**

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

**First Year Target:**
- [X] Achieved
- [ ] Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**
All analyses and recommendations are drafted.

**Second Year Target:**
- [X] Achieved
- [ ] Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**
The second year target calls for 3 out of 4 objectives to be completed. As previously noted, objectives 1, 2, and 3 were all accomplished through the attachment titled, “A Report on Behavioral Health Treatment Services and Medication Compliance among Individuals with...”
Tuberculosis, HIV/AIDS, and a History of Injecting Drugs." The analysis of behavioral health disorders as a barrier to adherence (Objective 1) begins on page 3, the analysis of access to treatment (Objective 2) begins on page 4, and the recommendations (Objective 3) are published on page 5.

Priority #: 12
Priority Area: Expanding access to medication-assisted treatment.
Priority Type: SAT
Population(s): PWWDC, PWID

Goal of the priority area:
Expand access to medication-assisted treatment.

Strategies to attain the goal:
The Block Grant Coordinator will collaborate with other teams as necessary.

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Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The number of objectives achieved.
Baseline Measurement: Zero objectives achieved.
First-year target/outcome measurement: Achieve one out of three objectives.
Second-year target/outcome measurement: Achieve two out of three objectives.
New Second-year target/outcome measurement (if needed):

Data Source:
The Block Grant Coordinator will report progress toward the objectives.

New Data Source (if needed):

Description of Data:
Contracts and licensure rules are written documents.

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment
First Year Target: ✔ Achieved  ❌ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:
How first year target was achieved (optional):
The current draft of the licensure rule (65D-30) includes an overdose prevention plan requirement for all substance abuse providers, not just MAT providers. Ute is reviewing the draft.

Additionally, the Department incorporated the following addition to Exhibit B1 of the contracts with the Managing Entities:

*B1-5.2 The Managing Entity shall ensure the following are included in all subcontracts with Network Service Providers:

B1-5.2.1 A requirement to discuss the option of medication-assisted treatment using FDA-approved medications with individuals with opioid use disorders or alcohol use disorders;
B1-5.2.2 A requirement to actively link individuals to medication-assisted treatment providers upon request;

B1-5.2.3 A prohibition on a denial of an eligible individual’s access to the Network Service Provider’s program or services based on the individual’s current or past use of FDA-approved medications for the treatment of substance use disorders. Specifically, this must include requirements to:

B1-5.2.3.1 Ensure the Network Service Provider’s programs and services do not prevent the individual from participating in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program when ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual’s opioid use disorder;

B1-5.2.3.2 Permit the individual to access medications for FDA-approved medication-assisted treatment by prescription or office-based implantation if the medication is appropriately authorized through prescription by a licensed prescriber or provider.

B1-5.2.3.3 Permit continuation in medication-assisted treatment for as long as the prescriber or medication-assisted treatment provider determines that the medication is clinically beneficial; and

B1-5.2.3.4 Prohibit compelling an individual to no longer use medication-assisted treatment as part of the conditions of any program or services if stopping is inconsistent with a licensed prescriber’s recommendation or valid prescription."

Second Year Target: ☑ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The second year target called for achieving 2 out of 3 objectives. All 3 objectives have been accomplished, exceeding the second year target.

The Department successfully revised the licensure rules to require overdose prevention plans. A copy of the current licensure rule is available at www.flrules.org/gateway/ChapterHome.asp?Chapter=65D-30. The overdose prevention content that was added is as follows:

(a) All providers must develop overdose prevention plans. All staff must have a working knowledge of the overdose prevention plan. Overdose prevention plans shall include: (1.) Education about the risks of overdose, including having a lower tolerance for opioids if the individual is participating in an abstinence-based treatment program or is being discharged from a medication-assisted treatment program; and (2.) Information about Naloxone, the medication that reverses opioid overdose, including how to use Naloxone and where and how to access it.

(b) Providers who maintain an emergency overdose prevention kit must develop and implement a plan to train staff in the prescribed use and the availability of the kit for use during all program hours of operation.

(c) Overdose prevention information, as described in subparagraphs (22)(a)1. and 2. of this rule, must be shared with individuals upon admission.

(d) Providers must offer overdose prevention information, as described in subparagraphs (22)(a)1. and 2. of this rule, to individuals placed on a waitlist to receive treatment services.

Additionally, the Department incorporated the following addition to Exhibit B1 of the contracts with the Managing Entities:

*B1-5.2 The Managing Entity shall ensure the following are included in all subcontracts with Network Service Providers:

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B1-5.2.3.1 Ensure the Network Service Provider’s programs and services do not prevent the individual from participating in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program when ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual’s opioid use disorder;
B1-5.2.3.2 Permit the individual to access medications for FDA-approved medication-assisted treatment by prescription or office-based implantation if the medication is appropriately authorized through prescription by a licensed prescriber or provider.

B1-5.2.3.3 Permit continuation in medication-assisted treatment for as long as the prescriber or medication-assisted treatment provider determines that the medication is clinically beneficial; and

B1-5.2.3.4 Prohibit compelling an individual to no longer use medication-assisted treatment as part of the conditions of any program or services if stopping is inconsistent with a licensed prescriber’s recommendation or valid prescription.”

Priority #: 13
Priority Area: Overdose Prevention
Priority Type: SAP, SAT
Population(s): PP

Goal of the priority area:
Reduce the number of opioid overdose deaths.

Strategies to attain the goal:
The Department’s Overdose Prevention Coordinator will stimulate demand for naloxone training by partnering with state agencies and organizations to increase awareness about the opportunity to receive overdose recognition and response training from the Department. Providers will be encouraged to report known reversals to the Department in order to document the number of lives saved with this initiative.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The number of lives saved according to overdose reversals reported to the Department.
Baseline Measurement: 5 lives were saved according to reported overdose reversals.
First-year target/outcome measurement: Save at least 250 lives according to reported overdose reversals.
Second-year target/outcome measurement: Save at least 375 lives according to reported overdose reversals.

New Second-year target/outcome measurement (if needed):

Data Source:
Reversals will be reported by providers to the Department’s Overdose Prevention Coordinator.

New Data Source (if needed):

Description of Data:
The use of naloxone kits to reverse opioid overdoses is self-reported by the individuals that reverse the overdoses and the providers that helped distribute the kits.

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:
Research indicates that reported reversals might only comprise 0.5% of all actual reversals.

Citation: Siegler, A., et al. (2017). Naloxone Use Among Overdose Prevention Trainees in New York City: A Longitudinal Cohort Study. Drug and Alcohol Dependence.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment
First Year Target: ✔ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:
How first year target was achieved (optional):
Between July 1, 2017 and August 8, 2018, there have been 1,340 lives saved according to reported reversals, achieving both the first and second year targets.

Second Year Target:  ✔  Achieved  □  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):
Between July 1, 2017 and June 30, 2019 there have been 3,182 lives saved according to reported reversals, exceeding both the year one target of 250 saves and the year two target of 375 saves.
<table>
<thead>
<tr>
<th>Managing Entity</th>
<th>Objective(s) Achieved</th>
<th>Gap</th>
<th>Addressed</th>
<th>Training Date (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lutheran Services Health Systems</td>
<td>3 &amp; 4</td>
<td>Lack of affordable housing</td>
<td>To address the housing gap identified in the Housing Strategic Plan LSF connected with CoC to identify high/need high utilizers of crisis services; and utilize Transitional Vouchers to supplement rent and wrap around services in order to simulate PSH.</td>
<td>Permanent Supportive Housing (PSH) Training provided by Amanda Rosado from the Florida Housing Coalition. June 4, 2019</td>
</tr>
<tr>
<td>Southeast Florida Behavioral Health Network</td>
<td>3&amp;4</td>
<td>Due to a lack of true “affordable” housing, the high costs associated with Fair Market rents make it impossible for disabled persons on limited income to live independently. Individuals transitioning into step down houses after residential substance use treatment on a MAT protocol are difficult to locate sober living in the Treasure Coast. There are a few FARR homes and Oxford homes which allow MAT which we have great collaboration in Palm Beach County.</td>
<td>April 18/19 – Jan. 19/20 Development of MOU with Treasure Coast Homeless Coalition to develop housing possibilities for persons receiving services through the Indian River Reinvestment Grant. Two houses were secured in which persons, male and female have transitioned into independent living. Development of MAT FARR Certified Houses are available after the push for sober home owners to accept MAT individuals.</td>
<td>May 24, 2019 – 10am – noon (Please note the attached Sign in Sheet for May 2019 CQI Presentations on Housing by both CoC’s. Providers invited to attend the Supportive Housing and Coordinated Point of Entry presentations by Palm Beach County CoC and Treasure Coast Homeless Coalition.</td>
</tr>
<tr>
<td>Broward Behavioral Health Coalition</td>
<td>3 &amp; 4</td>
<td>BBHC has identified 5 Housing Coordination primary goals: 1. Integrating into the Homeless Continuum of Care 2. Increase education for staff and community</td>
<td>BBHC has expanded our efforts to educate our providers on how access to the Homeless Continuum of Care (CoC) system for those that are experiencing homelessness or at risk of becoming homeless. Not all our providers have access to the Homeless Management Information System, so we have developed a method for those providers to complete a HMIS Housing Referral Packet (please see the attached packet) and to forward them directly to our Housing Referral email. The housing referrals are then processed by BBHC’s Housing and SOAR Entitlements Coordinator or our Peer Evaluator, as BBHC is an access point for Broward County’s Continuum of Care. Being an access point of our CoC allows for us to be a point of</td>
<td>BBHC Housing and SOAR Entitlements Coordinator has provided ongoing training in relation to the above expansion of access to the Homeless Continuum of Care System. Ongoing trainings have been necessary in order to improve the accuracy of the Homeless Management Information System’s (HMIS) Data Completeness Report Card and the HUD CoC APR Data Quality/Completeness Report. Since the implementation of the trainings, report card results have consistently remained in the A range and between 98.83% to 100% accuracy percentage. The improvement has been significant and has helped bolster the entire CoC’s score. As part of this training the Housing and SOAR Entitlements</td>
</tr>
</tbody>
</table>
### FY18-19 Block Grant Housing Goals and Objects

| Central Florida Cares Health System | 3 & 4 | 1. Lack of case management services for individuals in supportive housing preventing HUD housing vouchers from being utilized.  
2. Enhancing relationships with the Public Housing Authorities | 1.1 CFCHS reallocated funds and in collaboration with Tri-County COC, was able to expand case management services within the network to address this gap.  
1.2 CFCHS participated in the Affordable Housing Committee and was able to create a prioritization system for unused Cocoa Public Housing Authority (PHA) vouchers. | CFCHS partnered with the Homeless Service Network (lead CoC agency) on February 27, 2019 to facilitate a Diversion from Homelessness training. The training was attended by CFCHS NSP’s, HSN volunteer staff and community outreach specialist. |

| South Florida Behavioral Health Network | 3 & 4 | 1) Develop a plan to provide an informed and appropriate continuum of care including expanding access to safe and permanent housing with better contact for those housing providers within our network, as individuals are often difficult to locate once assigned to a housing provider. BBHC can utilize our database to determine where a person last received services and thus enable us to put the housing providers in touch with the homeless individual. | Coordinator has incorporated the SSI/SSDI, Outreach, Access and Recovery (SOAR) Eligibility Checklist in efforts to identify those homeless individuals that may be eligible for Social Security Benefits.  
The Housing and Benefits Coordinator continues to provide ongoing technical assistance training for those individuals that are becoming SOAR certified, with an emphasis on once becoming certified that they are completing applications according to the fidelity of the SOAR model and that they are utilizing the OAT tracking system. The Housing and SOAR Entitlements Coordinator has also begun to present the SOAR Initiative Model to youth providers within Broward County, as there is a Children’s SOAR Model. The YMCA of South Florida has initiated a pilot program and are having 5 of their staff SOAR trained, as the Special Needs Advisory Coalition (SNAC) has identified access to Social Security application assistance as one of their main gaps within the youth system. | South Florida Behavioral Health Network, Managing Entity (ME) for the Southern Region achieved this goal through:  
On-going education provided by our local Continuum of Care (CoC) Lead Agency, Miami-Dade County Homeless Trust, to our network of providers during our quarterly housing initiative meetings. During these meetings, providers are educated on the coordinated entry system, accessing permanent supportive housing, and accessing other housing resources e.g. rapid rehousing. Through this ongoing |
| Central Florida Behavioral Health Network | 3 | 1. Lack of affordable housing for our clientele  
2. Permanent Supportive Housing (PSH) Training | 1. Developed a housing and supportive services resource list for SAMH clientele who are currently homeless, at risk of homelessness or exiting the state hospital. Identified local key players including COCs, service providers, health plans, and permanent supportive housing operators. Joined Homeless Continuum of Care meetings in all 9 continuums in the Region. Developed data sharing projects with several of our Homeless CoCs. New housing projects in the works in Lee, Sarasota and Polk Counties | On June 26, 2019, education and training on supportive housing and housing resources was provided on the SOAR quarterly call. |

| | | 2) Increase housing capacity | - Partnered with The Homeless Trust in the 100 Day Challenge to End Youth Homelessness which created a system within our county to place homeless youth in shelter within two days. There are six access points for homeless youth to access shelter.  
- Gained access to HMIS which we use as a tool to assist our providers with discharge planning  
- Also now able to document episodes of homelessness for consumers coming into our system of care in HMIS  

2.1 - Contracted with Volunteers of America to create the Achieving Independence program: the goal of the program is to assist individuals obtain permanent housing with support services. The support services include: therapy, peer support, employment services to assist the consumer maintain recovery and become financially independent  
- Contracted with New Hope CORPS for transitional beds for consumers exiting residential treatment  
- Partnered with Carrfour Supportive Housing which will provide 56 permanent supportive housing units for consumers with mental health disorders.  
- Participated in the Coalition Lift Project under Carrfour to create a list of consumers that were frequently using the various public systems (shelters, behavioral health providers, jails, hospitals) to be referred to permanent supportive housing  
- Work closely with our CoC lead to facilitate access to housing resources available through the continuum of care for our behavioral health consumers | education our providers learn how to best access the housing supports needed for their consumers. On July 18, 2018, South Florida Behavioral Health Network facilitated a cross training session between our CoC Lead Agency and the PATH provider for Miami-Dade County.  
On March 18, 2019, our Miami-Dade County PATH Team and SFBHN Adult System of Care staff participated in all-day Street Outreach training facilitated by our CoC Lead. This training was intended to provide an overview of the street outreach HMIS workflow, Motivational Interviewing techniques to engage homeless individuals, accessing substance abuse and mental health services through the ME, and services offered by the homeless shelter providers in our community.  
On March 21, 2019, Miami-Dade County Homeless Trust provided a training during our Care Coordination workgroup meeting on how to access resources for consumers who are homeless or at risk of becoming homeless. Providers were educated on accessing resources through the Homeless Helpline which includes access to emergency shelter, assistance for domestic violence victims, services for homeless veterans, information on indoor meals, and accessing rental assistance. Education also included accessing permanent supportive housing, and other housing assistance resources through the CoC. |

Teresa Berdoll  October 17, 2019
### FY18-19 Block Grant Housing Goals and Objects

#### Big Bend CBC

<table>
<thead>
<tr>
<th>3 &amp; 4</th>
<th>1. The Needs Assessment Formula Worksheet indicates that there is a need for:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Transitional Housing</td>
</tr>
<tr>
<td></td>
<td>• Rapid Re-Housing</td>
</tr>
<tr>
<td></td>
<td>• Medium Term Supportive Housing</td>
</tr>
<tr>
<td></td>
<td>• Permanent Supportive Housing</td>
</tr>
</tbody>
</table>

The availability of adequate housing for convicted felons and sex offenders continues to be a need. There is also an extreme need for Assisted Living Facilities (ALF) with a Limited Mental Health (LMH) License.

<table>
<thead>
<tr>
<th>1.</th>
<th>BBCBC sits on the board of each of the CoCs in their region. BBCBC worked with the CoCs to explore opportunities for funding of housing developments through partnerships with for profit and not for profit entities. BBCBC has made and continues efforts to build relationships with assisted living facilities and nursing homes to address barriers and concerns.</th>
</tr>
</thead>
</table>

The Housing and Resource Specialist partnered with the Homeless Lead Continuum of Care (COC) Opening Doors Northwest Florida to host Gladys Cook with the Florida Housing Coalition on February 19, 2019 to discuss strategic planning for permanent supportive housing and future development opportunities. The training was well attended by nineteen attendees representing Lakeview Center Inc., Fort Walton Beach Medical Center, The Salvation Army, The Pensacola Dream Center, and Humana Medicaid, Red Cross, Children’s Home Society of Florida, Community Health of Northwest Florida, and Village Hope of Pensacola. Topics included bridging roles between the CoC and community behavioral health providers and understanding permanent supportive housing. This activity addresses an objective in the Big Bend Community Based Care Housing Strategic Plan 2017-2022 to work with the CoCs to explore opportunities for funding of housing developments through partnerships with for profit and not for profit entities.

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Teresa Berdoll October 17, 2019
C. State Agency Expenditure Reports

MHBG Table 3 - Set-aside for Children’s Mental Health Services

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Actual SFY 1994</th>
<th>Actual SFY 2018</th>
<th>Estimated/Actual SFY 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$39,659,772</td>
<td>$44,294,307</td>
<td>$49,845,735</td>
</tr>
</tbody>
</table>

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

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

Footnotes:
Community Mental Health Block Grant MOE and Children's Mental Health Threshold Reporting
Methodology for SFY 2018-2019

## Adult Mental Health Services

<table>
<thead>
<tr>
<th>OCA</th>
<th>OCA Title</th>
<th>SFY 18/19 Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>9QPSR</td>
<td>PREADMIN SCREEN REV-M'CAID ADM</td>
<td>$112,598</td>
</tr>
<tr>
<td>CFBAS</td>
<td>COMM FORENSIC BEDS - ADULT SVC</td>
<td>$240,000</td>
</tr>
<tr>
<td>FSH00</td>
<td>FSH INDIGENT DRUG PROGRAM</td>
<td>$4,285,612</td>
</tr>
<tr>
<td>MH072</td>
<td>ME MH COMM FORENSIC BEDS</td>
<td>$13,862,891</td>
</tr>
<tr>
<td>MH073</td>
<td>ME MH FACT PROGRAM</td>
<td>$25,796,974</td>
</tr>
<tr>
<td>MH076</td>
<td>ME MH INDIG PSYCH MEDS PROGRAM</td>
<td>$2,176,236</td>
</tr>
<tr>
<td>MHTMH</td>
<td>ME MH TRANSITIONAL BEDS FOR MH</td>
<td>$4,609,570</td>
</tr>
<tr>
<td></td>
<td><strong>Total Adult Services</strong></td>
<td><strong>$51,083,881</strong></td>
</tr>
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</table>

## Children's Mental Health Services

<table>
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<th>OCA</th>
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<tbody>
<tr>
<td>32N03</td>
<td>JV RESTORATION-INCMTNT TO PRO</td>
<td>$7,643,956</td>
</tr>
<tr>
<td>9PRTS</td>
<td>PURCHASED RES. T'MENT-MED SVCS</td>
<td>$10,000,000</td>
</tr>
<tr>
<td>MH071</td>
<td>ME MH PRTS EMOT DISTURB CHILD/YOUTH</td>
<td>$2,201,779</td>
</tr>
<tr>
<td>SP800-815 &amp; SP822-831</td>
<td>CAT Teams</td>
<td>$187,500</td>
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<td>MHCAT</td>
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<td></td>
<td><strong>Total Children's Services</strong></td>
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|                      | **Total Adult Services**                            | **$51,083,881**         |
|                      | **Total Children's Set-Aside**                      | **$49,845,735**         |
| **Total Mental Health MOE** |                                        | **$100,929,616**         |
## C. State Agency Expenditure Reports

**MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(A)</td>
<td>(B)</td>
</tr>
<tr>
<td>SFY 2017 (1)</td>
<td></td>
<td>$90,204,734</td>
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<tr>
<td>SFY 2018 (2)</td>
<td></td>
<td>$100,481,286</td>
</tr>
<tr>
<td>SFY 2019 (3)</td>
<td></td>
<td>$100,929,616</td>
</tr>
</tbody>
</table>

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

- SFY 2017: Yes [X] No
- SFY 2018: Yes [X] No
- SFY 2019: Yes [X] No

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

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

**Footnotes:**

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NOT FINAL
# Community Mental Health Block Grant MOE and Children’s Mental Health Threshold Reporting Methodology for SFY 2018-2019

## Adult Mental Health Services

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</table>

**Total Adult Services** $51,083,881  
**Total Children’s Set-Aside** $49,845,735  
**Total Mental Health MOE** $100,929,616

Please provide any comments and input to DCF’s Block Grant Coordinator at Jeffrey.Cece@myFLfamilies.com. Any person can provide input both during the development of this Report and after submission to SAMHSA.