

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.

Florida

UNIFORM APPLICATION FY 2019 BEHAVIORAL HEALTH 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

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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 7/1/2017
To 6/30/2018

IV. Date Submitted

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

Submission Date 12/3/2018 2:54:19 PM
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

Footnotes:

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).

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

Indicator #: 1
Indicator: The rate readmissions (within 30 days following discharge) to crisis stabilization units among adults with SMI served in crisis stabilization units.
Baseline Measurement: 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%.
First-year target/outcome measurement: Reduce the readmission rate to 14.6% in FY 17-18.
Second-year target/outcome measurement: Reduce the readmission rate to 13.6% in FY 18-19.

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:

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 14.2%.

Priority #: 3

Priority Area: Intensive Team-Based Services

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Increase well-being among children served by Community Action Teams (CATs)

Strategies to attain the goal:

Work with DCF regional staff that manage DCF's contracts with the MEs to identify opportunities for improvement and best practices.

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.

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.

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.

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 53.8%.

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.

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 out of the four objectives will be achieved.
Second-year target/outcome measurement: Three out of the four objectives will be achieved.

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

Data Source:

The Block Grant Coordinator will report progress toward all objectives.

New Data Source(if needed):

Description of Data:

Reports, plans, and recommendations will all be in the form of 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 Housing Coordination Guidance Document was revised. Strategic plans were obtained and approved by the Department's Housing and Employment Coordinator.

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 #: 1
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:

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%.

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):

Data Source:

The FADAA contract manager.

New Data Source(if needed):

Description of Data:

Prevention trainings/webinars will be clearly identified by the topic addressed.

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 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)
3. Substance Abuse Prevention Skills Training (3 in-person trainings in October 2017).
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)

Priority #: 9

Priority Area: Overdose Prevention

Priority Type: SAP

Population(s): PP, PWID

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)

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

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)

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):

Between July 1, 2017 and April 20, 2018, 1,462 individuals have been trained.

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.

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 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:

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: 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.

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: 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.

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.

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."

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.

Footnotes:

C. State Agency Expenditure Reports

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

Statewide Expenditures for Children's Mental Health Services		
Actual SFY 1994	Actual SFY 2017	Estimated/Actual SFY 2018
\$39,659,772	\$43,681,102	\$44,294,307

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

Footnotes:

See attachment "SFY 17-18 CMHBG Reporting Methodology".

**Community Mental Health Block Grant MOE and Children's Mental Health Threshold Reporting
Methodology for SFY 2017-2018**

Adult Mental Health Services

OCA	OCA Title	SFY 17/18 Expenditures
9QPSR	PREADMIN SCREEN REV-M'CAID ADM	\$900,786
CFBAS	COMM FORENSIC BEDS - ADULT SVC	\$240,000
MH072	ME MH COMM FORENSIC BEDS	\$13,862,891
MH073	ME MH FACT PROGRAM	\$38,229,674
MH076	ME MH INDIG PSYCH MEDS PROGRAM	\$2,170,633
TBMHI	TRANSITIONAL BEDS FOR MH	\$782,996
Total Adult Services		\$56,186,980

Children's Mental Health Services

OCA	OCA Title	SFY 17/18 Expenditures
32N03	JV RESTORATION-INCMPTNT TO PRO	\$7,636,175
9PRTS	PURCHASED RES. T'MENT-MED SVCS	\$14,000,000
MH071	ME MH PRTS EMOT DISTURB CHILD/YOUTH	\$2,201,779
SP800-815 & SP822-831	CAT Teams	\$8,206,353
MHCAT	CAT Teams	\$12,250,000
Total Children's Services		\$44,294,307

Total Adult Services	\$56,186,980
Total Children's Set-Aside	\$44,294,307
Total Mental Health MOE	\$100,481,286

C. State Agency Expenditure Reports

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

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2016) + B2(2017)</u> 2 (C)
SFY 2016 (1)	\$86,141,381	
SFY 2017 (2)	\$90,204,734	\$88,173,058
SFY 2018 (3)	\$100,481,286	

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

SFY 2016 Yes X No _____
 SFY 2017 Yes X No _____
 SFY 2018 Yes X No _____

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

Footnotes:

See attachment "SFY 17-18 CMHBG Reporting Methodology".

**Community Mental Health Block Grant MOE and Children's Mental Health Threshold Reporting
Methodology for SFY 2017-2018**

Adult Mental Health Services

OCA	OCA Title	SFY 17/18 Expenditures
9QPSR	PREADMIN SCREEN REV-M'CAID ADM	\$900,786
CFBAS	COMM FORENSIC BEDS - ADULT SVC	\$240,000
MH072	ME MH COMM FORENSIC BEDS	\$13,862,891
MH073	ME MH FACT PROGRAM	\$38,229,674
MH076	ME MH INDIG PSYCH MEDS PROGRAM	\$2,170,633
TBMHI	TRANSITIONAL BEDS FOR MH	\$782,996
Total Adult Services		\$56,186,980

Children's Mental Health Services

OCA	OCA Title	SFY 17/18 Expenditures
32N03	JV RESTORATION-INCMPTNT TO PRO	\$7,636,175
9PRTS	PURCHASED RES. T'MENT-MED SVCS	\$14,000,000
MH071	ME MH PRTS EMOT DISTURB CHILD/YOUTH	\$2,201,779
SP800-815 & SP822-831	CAT Teams	\$8,206,353
MHCAT	CAT Teams	\$12,250,000
Total Children's Services		\$44,294,307

Total Adult Services	\$56,186,980
Total Children's Set-Aside	\$44,294,307
Total Mental Health MOE	\$100,481,286

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.