

Florida

UNIFORM APPLICATION

FY 2025 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025
(generated on 11/26/2024 11.37.30 AM)

Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State Unique Entity Identification

Unique Entity ID GKB5R3B9JGE4

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 2415 North Monroe St, Suite 400
City Tallahassee
Zip Code 32303-4190

II. Contact Person for the Grantee of the Block Grant

First Name Nikki
Last Name Wotherspoon
Agency Name Florida Department of Children and Families
Mailing Address 2415 North Monroe Street Suite 400
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Zip Code 32303-4190
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III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2023
To 6/30/2024

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

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Footnotes:

Additional Contact Responsible for Submission:

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NOT FINAL

B. Implementation Report

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

Priority #: 1

Priority Area: Mobile Response Team Diversions

Priority Type:

Population(s): BHCS

Goal of the priority area:

Ensure Mobile Response Teams maintain prompt response times for acute call responses.

Objective:

Increase number of MRT providers who meet response time target values for acute call responses.

Strategies to attain the goal:

The Department will monitor performance on an ongoing basis and offer training and technical assistance resources as needed to maintain performance standards.

Edit Strategies to attain the objective here:

(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The percentage of MRT providers that meet the target values for average response time for calls requiring an acute response.

Baseline Measurement: In FY 22-23, 86.7% of MRT providers met the target value for acute call response time.

First-year target/outcome measurement: At least 87% of MRT providers met the target value for acute call response time.

Second-year target/outcome measurement: At least 88% of MRT providers met the target value for acute call response time.

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

Data Source:

MRT Cumulative Data tracking spreadsheet.

New Data Source(if needed):

☐

Description of Data:

The numerator is the number of providers meeting the target value for acute call response time, and the denominator is the number of providers responding to calls requiring an acute response.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None.

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 first-year actual is 94.3% which exceeds the target of 87%. Thirty-three (33) of the thirty-five MRT providers met the target value for acute call response time. The Florida Legislature provided funding that allowed MRT providers to increase the number of teams and expand the number of existing teams. The average wait time statewide was 41 minutes.

Priority #:

2

Priority Area:

Intensive Team-Based Services

Priority Type:

MHS

Population(s):

SMI, SED

Goal of the priority area:

Expand intensive, team-based services to children with SED and adults with SMI.

Objective:

Increase the number of children served by Community Action Treatment (CAT) teams and adults served by Florida Assertive Community Treatment (FACT) teams.

Strategies to attain the goal:

Department representatives will educate various community partners on the eligibility, goals, approach to treatment, and location of current CAT teams to help generate more referrals.

The Department recently implemented a statewide requirement for FACT teams to administer the Assertive Community Treatment Transition Readiness Scale (ATR). The ATR is a standardized measure developed to identify individuals receiving Assertive Community Treatment services who may be ready to transition to less intensive care. Use of the ATR could increase overall capacity for intensive services by transitioning individuals to community-based settings, when appropriate.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

The number of children served by Community Action Treatment (CAT) Teams

Baseline Measurement:

In FY 22-23, 3,576 children were served by CAT teams.

First-year target/outcome measurement:

The number of children served by CAT teams increased by 50 compared with the number served in FY 22-23.

Second-year target/outcome measurement:

The number of children served by CAT teams increased by 50 compared with the number served in FY 23-24.

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

Data Source:

The data source is the CAT team monthly supplemental data reports.

New Data Source(if needed):

Description of Data:

This is the total number of young people served, unduplicated across all CAT teams.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None.

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:

In FY 23-24, 3444 children were served by CAT Teams. The number served was short of the target (3626) and less than the previous fiscal year. Many of the providers reported that the inability to maintain full compliance for staffing affected the number of clients admitted for services. In an effort to address performance deficits, the state has implemented increased engagement with the managing entities to ensure that they receive regular updates on policy and procedures and that programmatic issues are addressed earlier.

How first year target was achieved (optional):☐**Indicator #:**

2

Indicator:

The number of adults served by FACT teams.

Baseline Measurement:

In FY 22-23, 3,627 adults were served by FACT teams

First-year target/outcome measurement:

The number of adults served by FACT teams increased by 35 compared with the number served in FY 22-23.

Second-year target/outcome measurement:

The number of adults served by FACT teams increased by 35 compared with the number served in FY 23-24.

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

Quarterly contract reports.

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

The Department collects a quarterly contract report with a total number of individuals served, as well as performance data. The total served will be calculated on an annual basis, based on admissions per team.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None.

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 first-year actual is 3922 individuals served. This indicates that 295 additional individuals were served by FACT Teams. The target

(3662) was exceeded due to the Florida Legislature increasing funding to the FACT program. With this funding, additional FACT teams were established to serve Florida counties based on regional need.

Priority #: 3
Priority Area: Pregnant Women and Women with Dependent Children
Priority Type:
Population(s): PWWDC

Goal of the priority area:

Improve services for pregnant women receiving substance use treatment services.

Objective:

Increase the rate of successful treatment.

Strategies to attain the goal:

The Department will monitor discharges on an ongoing basis in coordination with regional Department representatives, Managing Entities, and Neonatal Abstinence Syndrome/Substance Exposed Newborn (NAS/SEN) Care Coordinators, and headquarters subject matter experts. Obstacles to successful completion will be described and analyzed. The Department will also identify and promote relevant training materials designed to improve retention and completion rates. The Women's Services Coordinator is responsible for reviewing data submitted by the Managing Entities, addressing discrepancies, completing quarterly reports, and sharing resources. Additionally, the Statewide NAS/SEN Care Coordinator is responsible for overseeing a statewide coordinated response across programs for families at risk of or with infants born substance exposed and for providing guidance to six regional NAS/SEN Care Coordinators. The Department also continues to contract with the Florida Association of Alcohol and Drug Abuse and the Florida Certification Board to provide online trainings and resources on evidence-based practices and treatment specific to pregnant women.

Edit Strategies to attain the objective here:
(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The percent of successful discharges from substance use treatment services among pregnant women.
Baseline Measurement: In FY 22-23, 41.5% of discharges from substance use treatment services among pregnant women were successful.
First-year target/outcome measurement: In FY 23-24, the percentage of successful discharges from substance use treatment services among pregnant women increased by 2 points compared to the previous year.
Second-year target/outcome measurement: In FY 24-25, the percentage of successful discharges from substance use treatment services among pregnant women increased by 2 points compared to the previous year.
New Second-year target/outcome measurement(if needed):

Data Source:

The Department's Financial and Services Accountability Management System (FASAMS)

New Data Source(if needed):

☐

Description of Data:

The numerator is the number of pregnant women discharges reflecting successful completion of substance use services. The denominator is the total number of pregnant women discharges.

The following discharge reasons are considered successful and included in the numerator: successfully completed treatment, successfully completed transfer to another program/facility.

The following discharge reasons are excluded from the calculation of this performance indicator: death, changes of eligibility or funding source, agency closure, or client moved and transferred to another provider.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None.

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 first-year actual is 48.2%, which exceeded the target of 43.5%. The Managing Entities and Providers have made several adjustments to serving the PPW population and accurately capturing the data. Some of the adjustments included providing outreach for individuals at risk for dropping out of treatment and offering technical assistance on data collection to providers.

Priority #:

4

Priority Area:

Coordinated Specialty Care for Early Serious Mental Illness (CSC-ESMI) and First Episodes of Psychosis (FEP)

Priority Type:

Population(s):

SED, ESMI

Goal of the priority area:

Improve functioning or symptom severity among individuals served by Coordinated Specialty Care for Early Serious Mental Illness programs.

Objective:

Achieve a high percent of individuals served that experience improvements in functioning or symptom severity.

Strategies to attain the goal:

The Department will monitor progress, periodically consult with the teams regarding obstacles, and secure any training/TA needed to address inadequate progress.

Edit Strategies to attain the objective here:
(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

The percent of individuals served by CSC-ESMI teams that experience improvements in functioning or symptom severity.

Baseline Measurement:

77.9% of individuals served by CSC for ESMI programs experienced improvements in functioning or symptom severity (FY 22-23).

First-year target/outcome measurement:

At least 80% of individuals served by CSC for ESMI in FY 21-22 experience improvements in functioning or symptom severity.

Second-year target/outcome measurement:

At least 80% of individuals served by CSC for ESMI in FY 22-23 experience improvements in functioning or symptom severity.

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

Data Source:

Data is reported by the CSC-ESMI teams and based on various instruments measuring functional improvement, including the Brief

New Data Source(if needed):

☐

Description of Data:

The numerator is the unduplicated number of the most recent subsequent assessments showing improvements in functioning or symptom severity. The denominator is total number of most recent subsequent assessments conducted during the time period.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None.

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 23-24, 81.6% of individuals served by CSC for ESMI experienced improvements in functioning or symptom severity. This exceeded the target of 80%.

Priority #: 5
Priority Area: Infectious Disease Control
Priority Type: MHS
Population(s): EIS/HIV, TB

Goal of the priority area:

Ensure the cost-effectiveness of services and prevent the spread of infectious diseases through screening of individuals in substance use treatment at risk of contracting infectious diseases, such as HIV and tuberculosis.

Objective:

Ensure EIS/HIV funds are cost-effective by targeting service to maintain a minimum test positivity rate of at least 1%.

Maintain a low TB case rate.

Strategies to attain the goal:

The Department analyzes historical provider-level variation in test positivity rates to identify factors associated with both high and low performance, and share findings and recommendations with any underperforming providers. The Department also collaborates with the Department of Health regarding opportunity to convey behavioral health resources and training opportunities.

**Edit Strategies to attain the objective here:
(if needed)**

☐

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The percent of HIV tests that are positive among providers reporting at least one positive test.

Baseline Measurement: In FY 22-23, the percent of HIV-tests that were positive among providers reporting at least one positive test was 1.47%.

First-year target/outcome measurement: In FY 23-24, the percent of HIV-tests that are positive among providers reporting at least one positive test is at least 0.10%.

Second-year target/outcome measurement: In FY 24-25, the percent of HIV-tests that are positive among providers reporting at least one positive test is at least 0.10%.

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

Data Source:

EIS/HIV service data reported on the Managing Entity Block Grant Data Reporting Template 2.

New Data Source(if needed):

☐

Description of Data:

The numerator is the number of positive HIV tests, and the denominator is the total number of tests administered by providers reporting at least one positive test. Of the 14,897 tests conducted with EIS/HIV funds in FY 22-23 by providers reporting at least one positive test, 220 tests were positive, resulting in a 1.47% positivity rate for the baseline measurement.

New Description of Data(if needed)

☐

Data issues/caveats that affect outcome measures:

None.

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 23-24, providers reported 103 positive HIV tests out of 15,120 tests conducted, resulting in a positivity rate of .68%. This exceeded the target of .10%.

Indicator #: 2

Indicator: The TB case rate per 100,000.

Baseline Measurement: In FY 22-23, Florida's TB case rate is 2.4 per 100,000.

First-year target/outcome measurement: In FY 23-24, Florida's TB case rate is 2.5 per 100,000 or lower.

Second-year target/outcome measurement: In FY 24-25, Florida's TB case rate is 2.5 per 100,000 or lower.

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

Data Source:

Tuberculosis cases per 100,000 come from the Florida Department of Health and are published at www.flhealthcharts.com.

New Data Source(if needed):

☐

Description of Data:

The purpose of this indicator is to maintain a tuberculosis case rate at or below a specific threshold (i.e., 2.5 per 100,000). For the baseline (Calendar Year 2020), the numerator is 535 tuberculosis cases, and the denominator is 22,329,178 individuals, yielding a rate of 1.9 per 100,000.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None.

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:

In calendar year 2023, the tuberculosis rate was 2.8 per 100,000. Although the tuberculosis rate increased slightly from the baseline of 2.4 per 100,000, the Department continues to ensure that providers follow the policies related to communicable diseases through contracts and independent peer review visits. The Department also continues to collaborate with the Florida Department of Health to convey behavioral health resources and training opportunities.

How first year target was achieved (optional):☐

Priority #:

6

Priority Area:

Primary Drug Prevention

Priority Type:

Population(s):

PP

Goal of the priority area:

Reduce accidental deaths caused by fentanyl and fentanyl analogs through prevention activities.

Objective:

Prevent nonmedical prescription drug misuse by increasing perceived risk of harm.

Strategies to attain the goal:

Collaborate with local prevention providers, coalitions, and other stakeholders to increase awareness of the dangers of taking prescription drugs without a doctor's orders.

Edit Strategies to attain the objective here:
(if needed)

☐**Annual Performance Indicators to measure goal success**

Indicator #:

1

Indicator:

The percentage of middle and high school students that perceive great risk of harm in taking a prescription drug without a doctor's orders.

Baseline Measurement:

In FY 22-23, 67.8% of middle and high school students in Florida perceived great risk of harm in taking a prescription drug without a doctor's orders.

First-year target/outcome measurement:

In FY 23-24, at least 69% of middle and high school students in Florida perceived great risk of harm in taking a prescription drug without a doctor's orders.

Second-year target/outcome measurement:

In FY 24-25, at least 70% of middle and high school students in Florida perceived great risk of harm in taking a prescription drug without a doctor's orders.

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

Data Source:

Florida Youth Substance Abuse Survey (FYSAS)

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

The FYSAS is an annual survey administered to Florida's middle and high school students each spring. Surveys are administered to a statewide sample of students.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None.

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:

The FY 23-24 actual is 67.4%, a slight drop from the baseline of 67.8%. While the target for this risk factor was not met, there were nonetheless continued improvements with respect to reductions in the ultimate outcome of the prevalence of prescription drug misuse. Of the students surveyed in 2024, 1.7% used prescription pain relievers at least once in their lifetime, compared to 2.4 % of the students surveyed in 2023. For Past 30-Day Prevalence in 2024, .6% of surveyed Florida students reported the use of prescription pain relievers compared to .9% in 2023.

There was a similar decrease in amphetamine use. Of the students surveyed in 2024, 1.8% used prescription amphetamines at least once in their lifetime, compared to 2.3 % of the students surveyed in 2023. For Past 30-Day Prevalence in 2024, .6% of surveyed Florida students reported the use of prescription amphetamines compared to .8% in 2023.

How first year target was achieved (optional):☐

Priority #:

7

Priority Area:

Recovery Support Services and Recovery Oriented Systems of Care

Priority Type:

MHS

Population(s):

SMI, SED, ESMI, PWWDC, PWID, Other

Goal of the priority area:

Establish an integrated, value-based Recovery Oriented System of Care where recovery is expected and achieved through meaningful partnerships and shared decision making.

Objective:

- 1) Develop and pilot a statewide provider-level tracking system for recovery domain scores obtained during Recovery-Oriented Quality Improvement monitoring visits.
- 2) Establish a baseline score for each of the following domains of recovery from a sample of direct service providers: Strengths-Based Approach, Customization and Choice, Opportunity to Engage in Self-Determination, Network Supports/Community Integration, and Recovery Focus.
- 3) Analyze and publish a report on the use of recovery support service data codes to identify variations in use among network service providers and ensure reliable, accurate use.
- 4) Evaluate the Recovery management Practices Guidance Document 35 and publish a report describing the document's effectiveness with a focus on challenges related to communication and integration of service requirements.
- 5) Provide training from NAS/SEN Care Coordinators to RCOs on linking pregnant women with SUD receiving peer recovery services with resources for PWWDC with NAS/SEN.

Strategies to attain the goal:

The Department's Statewide Coordinator of Integration and Recovery Services will collaborate with system partners on each of the objectives.

Edit Strategies to attain the objective here:

(if needed)

☐**Annual Performance Indicators to measure goal success**

Indicator #: 1

Indicator: The number of objectives achieved.

Baseline Measurement: In FY 22-23, zero objectives were achieved.

First-year target/outcome measurement: FY 23-24, at least 1 of the 5 objectives is achieved.

Second-year target/outcome measurement: In FY 24-25, at least 3 of the 5 objectives are achieved.

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

Data Source:

All information regarding the completion of each objective will be reported by the Department's Statewide Coordinator of Integration and Recovery Services.

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

The data vary from objective to objective, but it includes published reports, published analyses, and RCO development phase reports.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None.

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 first-year target was achieved by completing objective 2 which is to establish a baseline score for each of the following domains of recovery from a sample of direct service providers: Strengths-Based Approach, Customization and Choice, Opportunity to Engage in Self-Determination, Network Supports/Community Integration, and Recovery Focus.

Thirty-nine (39) Community Behavioral Health Providers were assessed using the Recovery Oriented Monitoring (ROM) protocol to establish baseline scores for five recovery domains. As part of evolving statewide ROSC initiatives, a uniquely emerged – Quality Improvement Monitoring for Recovery-Oriented Systems of Care. This innovative program uses evidence-based measures of recovery principles and applies these measures to service provider organizations. A recovery-oriented quality improvement component was added to the State's traditional quality improvement monitoring practices for contracted mental health and substance use provider organizations. The desired end goal is a fully operationalized recovery-oriented system of care. Per the Department's Recovery Management Guidance Document #35, community provider organizations are expected to score 4 or higher on a 5-point scale. Key findings: Strengths-Based Approach scored 3.67 (moderate integration of individual strengths, needs improvement); Customization and Choice scored 3.71 (substantial individualization efforts, but not consistent); Opportunity to Engage in Self-Determination scored 3.62 (reasonable involvement of individuals in planning, needs further encouragement); Network Supports and Community Integration scored 2.78 (minimal efforts to involve support networks, needs significant enhancement); Recovery Focus scored 2.88 (underperformance in long-term recovery planning, needs comprehensive recovery plans).

Recommendations: Increase integration of individual strengths, ensure true individualization of services, enhance individual involvement in planning, strengthen support network involvement, and develop comprehensive recovery plans for long-term goals.

Footnotes:

2025 Covid Mitigation and Testing Report document uploaded to BGas attachments on 10/23/2024.

NOT FINAL

COVID Mitigation and Testing Report

The report does not apply as Florida opted to not receive these funds.

NOT FINAL

C. State Agency Expenditure Report

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

This table provides a report of statewide expenditures for children’s mental health services during the last completed SFY States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

Statewide Expenditures for Children's Mental Health Services			
A Actual SFY 1994	B Actual SFY 2023	C Estimated/Actual SFY 2024	Please specify if expenditure amount reported in Column C is actual or estimated
\$39,659,772	\$46,784,261	\$45,541,807	<div><div></div><div></div></div> <div>Actual Estimated</div>

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.

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Footnotes:

Please see the attached file Community MH BG MOE and Children’s Threshold Report for 2023-24. 11/25/2024 KRG

**Community Mental Health Block Grant MOE and Children's Mental Health
Threshold Reporting Methodology for SFY 2023-24**

Adult Mental Health Services

OCA	OCA Title	SFY 23/24 Expenditures
MH072	ME MH COMM FORENSIC BEDS	\$13,944,896
FCTGR	FACT Team Transfer to AHCA	\$9,192,644
MHMCT	ME MH MOBILE CRISIS TEAMS	\$32,891,794
MH076	ME MH INDIG PSYCH MEDS PROGRAM	\$2,176,236
Total Adult Services		\$58,205,570

Children's Mental Health Services

OCA	OCA Title	SFY 23/24 Expenditures
32N03	JV RESTORATION-INCMPTNT TO PRO	\$10,340,028
MH071	ME MH PRTS EMOT DISTURB CHILD/YOUTH	\$2,201,779
MHCAT	CAT Teams	\$33,000,000
Total Children's Services		\$45,541,807

Total Adult Services	\$58,205,570
Total Children's Set-Aside	\$45,541,807
Total Mental Health MOE	\$103,747,376

C. State Agency Expenditure Report

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

This table provides a report of expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

Reporting Period Start Date: 07/01/2023 Reporting Period End Date: 06/30/2024

A Period	B Expenditures	C <u>B1 (2022) + B2 (2023)</u> 2
SFY 2022 (1)	\$101,580,046	
SFY 2023 (2)	\$104,380,279	\$102,980,163
SFY 2024 (3)	\$103,747,376	

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

SFY 2022	Yes	X	No
SFY 2023	Yes	X	No
SFY 2024	Yes	X	No

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

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Footnotes:

Please to attached file Community MH BG MOE and Children's Threshold Report for 2023-24. 11/25/2024 KRG

**Community Mental Health Block Grant MOE and Children's Mental Health
Threshold Reporting Methodology for SFY 2023-24**

Adult Mental Health Services

OCA	OCA Title	SFY 23/24 Expenditures
MH072	ME MH COMM FORENSIC BEDS	\$13,944,896
FCTGR	FACT Team Transfer to AHCA	\$9,192,644
MHMCT	ME MH MOBILE CRISIS TEAMS	\$32,891,794
MH076	ME MH INDIG PSYCH MEDS PROGRAM	\$2,176,236
Total Adult Services		\$58,205,570

Children's Mental Health Services

OCA	OCA Title	SFY 23/24 Expenditures
32N03	JV RESTORATION-INCMPTNT TO PRO	\$10,340,028
MH071	ME MH PRTS EMOT DISTURB CHILD/YOUTH	\$2,201,779
MHCAT	CAT Teams	\$33,000,000
Total Children's Services		\$45,541,807

Total Adult Services	\$58,205,570
Total Children's Set-Aside	\$45,541,807
Total Mental Health MOE	\$103,747,376

F. State General Data Notes

State General Data Notes

Expenditure Period Start Date: Expenditure Period End Date:

MHBG Table Number	General Data Note
No Data Available	

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Footnotes:

NOT FINAL