Rhode Island

UNIFORM APPLICATION
FY 2024 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

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

A. State Information

State Information

State Unique Entity Identification

Unique Entity ID   LWPVXFL8DS51

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

Agency Name   Rhode Island Department of Behavioral Healthcare, Developmental Disabilties and Hospitals

Organizational Unit   Division of Behavioral Health

Mailing Address   14 Harrington Road

City   Cranston

Zip Code   02920

II. Contact Person for the Grantee of the Block Grant

First Name   Louis

Last Name   Cerbo

Agency Name   Rhode Island Department of Behavioral Healthcare, Developmental Disabilties and Hospitals

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Zip Code   02920

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

From   7/1/2022

To   6/30/2023

IV. Date Submitted

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

Submission Date   12/1/2023 1:16:57 PM

Revision Date   12/1/2023 1:17:03 PM

V. Contact Person Responsible for Report Submission

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Footnotes:

B. Implementation Report

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

Priority #:   1

Priority Area: Youth

Priority Type: SAP

Population(s):   PP

Goal of the priority area:

> Reduce youth (ages 12-17) use, misuse, and abuse of alcohol, marijuana, prescription drugs, and tobacco (or tobacco-related products including use of electronic nicotine delivery system products (ENDS).

Objective:

> To reduce the prevalence of youth use of illegal substances including alcohol, marijuana, prescription drugs (not prescribed to them) tobacco, and tobacco-related products.

Strategies to attain the goal:

> Implementation of an evidence-based program, Project SUCCESS, in junior high/middle schools and high schools in more than 35 school districts statewide. Project Success includes programming directed at the entire school population (universal indirect); education for an entire grade of students (universal direct); and interventions for students at high risk for substance use (selected and/or indicated). Implementation of the six CSAP strategies by the state's seven regional prevention task forces which include regional coalitions working within their communities.

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

Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator: Percentage of youth ages 12-17 reporting 30 day use of alcohol, marijuana, prescription drugs (past year, non-medical use of pain relievers), and tobacco products including electronic nicotine delivery system products (ENDS; ever used)

Baseline Measurement: 30 day use of cigarettes: 3.79 %; 30 day use of marijuana: 8.61%%; 30 day use of alcohol: 10.39%; ever used e-cigarettes 40.3%; past year non-medical use of pain relievers: 2.38%

First-year target/outcome measurement: Stabilization of reported 30 day use of alcohol, marijuana, prescription drugs, tobacco, and ENDS products by junior high/middle school and high school students in municipalities across the state.

Second-year target/outcome measurement: One percentage point decrease in reported 30 day use of alcohol, marijuana, prescription drugs, tobacco, and ENDS products by junior high/middle school and high school students in municipalities across the state.

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

Data Source:

> Rhode Island Student and Youth Risk Behavioral Surveys (RISS; RI YRBS)

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

Description of Data:

> The Rhode Island Student Survey (RISS) is a risk and prevalence survey that is administered biennially in nearly every middle and high school in RI. The Youth Risk Behavior Survey (RI YRBS) is also administered biennially on the off year of the RISS to a school sample.

New Description of Data:*(if needed)*

☐

Data issues/caveats that affect outcome measures:

The RISS was administered in 2020 over a longer period to allow for schools to participate due to the COVID-19 pandemic. It was completed in the spring of 2021 and our evaluator was able to keep separate who participated in what school year for the sake of data quality. Municipal level data is only available from the RISS and the YRBS provides state estimates.

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:

We did not meet the stabilization of the 30-day use percentages for alcohol or marijuana during this time period. We had rates of 12.4% for alcohol and 12.4% for marijuana. We believe that the covid-19 pandemic influenced 30-day use of alcohol increased due to several reasons: 1) Adult alcohol use increased during this time period 2) Alcohol became more available during the covid-19 pandemic with drive thru and delivery services becoming wide-spread in Rhode Island. We believe that the 30-day marijuana use increased due to these reasons 1) Marijuana legalization was on the horizon for Rhode Island. 2) The neighboring state of Connecticut legalized during this time period.

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

We met the goal of stabilization and decrease of 30-day use of tobacco at 3.4% and electronic delivery system (ENDS) devices at 30.1%.

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

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

The 1% decrease from our baseline which was 8.61% was not meant for 30-day use of marijuana. Our 30-day marijuana use rate from the 2022 RI Student Survey (RISS) was 9%. However, based on our RISS data we did see a decrease from the 2020/2021 at 12.4% to the 2022 10%.
Also, we did not meet the 1% decrease for prescription drugs and cigarettes but did see an overall decrease with 30-day use of cigarettes decreasing from 3.79% to 3% and 30-day use of prescription medication decreasing from 2.38% to 2%,

How second year target was achieved:

We met our second-year target for 30-day use of alcohol from 10.39% to 9% and ever used electronic nicotine devices from 40.3% to 22%.

Indicator #:	2
Indicator:	Percentage of youth ages 12-17 reporting perception of risk of harm associated with substance misuse
Baseline Measurement:	Perception of risk of harm for alcohol: 64%; Perception of risk of harm for marijuana: 44%; Perception of risk of harm for prescription drugs: 76%
First-year target/outcome measurement:	Increase perception of risk of harm for substances by 2% (based on baseline)
Second-year target/outcome measurement:	Increase perception of risk of harm for substances by 2% (based on first year target)

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

Data Source:

Rhode Island Student and Youth Risk Behavior Surveys

New Data Source*(if needed)*:

☐

Description of Data:

The RI Student Survey (RISS) is a risk and prevalence survey that is administered bi-annually in nearly every middle and high school. The Youth Risk Behavior Survey (YRBS) is also administered bi-annually on the off year of the RISS to a school sample.

New Description of Data:*(if needed)*

☐

Data issues/caveats that affect outcome measures:

The RISS was administered in 2020 over a longer period to allow for schools to participate due to the COVID-19 pandemic. It was completed in the spring of 2021 and our evaluator was able to keep separate who participated in what school year for the sake of data quality. Municipal level data is only available from the RISS and the YRBS provides state estimates.

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:
We did not meet the target of increasing perception of risk of harm for alcohol or marijuana. Alcohol decreased to 43.6% and Marijuana to 45.8%. We believe that the covid-19 pandemic influenced the perceived risk of harm of alcohol due to several reasons: 1 Adult alcohol use increased during this time period 2) Alcohol became more available during the covid-19 pandemic with drive thru and delivery services becoming wide-spread in Rhode Island. We believe that the perception of risk of marijuana decreased to these reasons 1) Marijuana legalization was on the horizon for Rhode Island. 2) The neighboring state of Connecticut legalized during this time period.

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:

We did not meet the second-year target of increasing perception of risk of harm by 2% for marijuana, alcohol and prescription drugs. The rates are alcohol decreased to 62%, marijuana 38%, and prescription drugs 74%.

How second year target was achieved:

Priority #:   2

Priority Area: Persons Who Inject Drugs

Priority Type: SAT

Population(s):   PWID

Goal of the priority area:

Reduce the number of overdose deaths of individuals in RI who inject drugs. Populations to be served include individuals who have overdosed regardless of route of administration.

Objective:

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator: Number of unique contacts who met with a recovery coach through Anchor's ED program and/or recovery community center ED outreach

Baseline Measurement: 1,200

First-year target/outcome measurement: 1,200

Second-year target/outcome measurement: 1,200

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

Data Source:

Anchor ED and/or recovery community center ED reporting to the BHDDH Contract Monitoring Unit

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

Description of Data:

Our goal is to continue to reach about 100 new individuals each month through this program. Historically, this data has been reported to us from Anchor
ED as a requirement of their contract each month. However, it is possible that these responsibilities will be subsumed by the recovery community centers, as part of their contracts currently being finalized. It will be aggregated to an annual total for reporting.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Eventually, this indicator may experience a ceiling effect where there aren't as many unique contacts to work with in this program.

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 programs have been administered for 9 months, meaning 3 months of data have not been collected. Additionally, since the requirement is for unique contacts, the ceiling may have been met with reaching the majority of the population, at least once.

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:

How second year target was achieved:

1,364 contacts who met with a recovery coach through Anchor's ED program and/or recovery community center ED outreach

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Indicator #:	2
Indicator:	Number of people who received outreach/contact with a recovery coach through Anchor MORE/recovery community center outreach programs
Baseline Measurement:	7,400
First-year target/outcome measurement:	7,450
Second-year target/outcome measurement:	7,500

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

Data Source:

Anchor MORE reporting to the BHDDH Contract Monitoring Unit and/or recovery community center reporting to the BHDDH Contract Monitoring Unit

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

Description of Data:

The number of people who received outreach/contact with a recovery coach tends to be higher in summer and spring months versus winter months.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

This may include a duplicate count of people as it's not indicated as a unique count.

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)*:
Additional agencies provided outreach support and emergency department support. Their numbers were also included in the count.

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:

37,207 received outreach/contact with a recovery coach through Anchor MORE/recovery community center outreach programs

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Priority #: 3

Priority Area: Individuals Experiencing Homelessness

Priority Type: MHS

Population(s): Other

Goal of the priority area:

Provide affordable housing with supportive services to individuals experiencing chronic or long-term homelessness.

Objective:

1. By 9/30/2022, 120 individuals experiencing chronic homelessness will be placed in supportive housing.
2. By 9/30/2022, SOAR approval rate for individuals experiencing chronic or long-term homelessness will remain above 80%.

Strategies to attain the goal:

1. Conduct outreach to individuals experiencing homelessness to determine status of chronic or long-term homelessness, including conducting Vulnerability Index (VI) to add individuals to the State's consolidated housing wait list through the Housing Management Information System (HMIS).
2. Ensure provider perform Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) to determine service needs.
3. Participate in the chronic homeless housing wait list work group managed through the statewide Continuum of Care.
4. Engage individuals in supportive services.
5. Implement SSI/SSDI Outreach, Access, and Recovery (SOAR).

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

┌─ **Annual Performance Indicators to measure goal success** ─────

Indicator #: 1

Indicator: Number of individuals who have experienced chronic or long-term homelessness that are housed in supportive housing

Baseline Measurement: N/A

First-year target/outcome measurement: 120

Second-year target/outcome measurement: 120

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

Data Source:

Homeless Management Information System (HMIS)

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

Description of Data:

The Department of Housing and Urban Development's mandatory data base for the RI Continuum of Care.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Currently, access to HMIS data is limited due to a new vendor in place. We hope this will change by the time we report on this metric in December 2021.

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 organization, the Coalition to End Homelessness, reported the data. The target population received outreach services through multiple service providers. RI practices the Housing First model and is committed to obtaining housing for our population. 446 individuals were placed in supportive housing

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:

There were 535 individuals housed over the span of last year. This number includes those individuals who experienced chronic homelessness and long term homelessness.

Indicator #:   2

Indicator: SOAR approval rate for individuals who have experience chronic or long-term homelessness.

Baseline Measurement: N/A

First-year target/outcome measurement: 85%

Second-year target/outcome measurement: 85%

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

SAMHSA SOAR OAT data base

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

Description of Data:

Description of data: Provides state data on SOAR approval rates.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

N/A

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 population size is very small, and the results cannot be generalizable. 2 out of 35 clients were approved for SSI. Staffing shortages and other pandemic related problems continue to impede progress.

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:

The approval rate for SOAR was 28%. There were 7 successful cases out of 25. This program is administered by another organization, outside of BHDDH.

How second year target was achieved:

Priority #:   4

Priority Area: Youth and Young Adults Experiencing Early Serious Mental Illness/First Episode Psychosis

Priority Type: MHS

Population(s):   ESMI, Other

Goal of the priority area:

Ensure youth and young adults (ages 16-25) have access to and utilize behavioral healthcare services.

Objective:

By September 2023, increase the number of youth and young adults receiving services through Healthy Transitions' Coordinated Specialty Care interventions.

Strategies to attain the goal:

Continue to implement the Healthy Transitions grant activities beyond the life of the grant at the Labs operated though the Community Care Alliance which provides services to eligible individuals ages 16-25 living in the in the municipalities of Burrillville, Cumberland, Lincoln, North Smithfield and Woonsocket; and the Kent Center which provides services to eligible individuals ages 16-25 living in the municipalities of Coventry, East Greenwich, Warwick, West Greenwich, and West Warwick. Expand services to two new Healthy Transitions sites in Providence and Newport.

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

Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator: Number of youth and young adults ages 16-25 receiving outreach, assessment and treatment services through Healthy Transitions project

Baseline Measurement: 68 youth and young adults

First-year target/outcome measurement: 100 youth and young adults

Second-year target/outcome measurement: 100 youth and young adults

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

Data Source:

Healthy Transitions contract monitor reporting from service providers to BHDDH

New Data Source *(if needed)*:

Description of Data:

All contracts, whether funded by discretionary funding or Block grant funding, include data reporting requirements including this metric.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

One of the provider sites did not contract with BHDDH this year and therefore, we could not require them to report their data via contractual obligation. Therefore, our numbers are lower than expected.

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)*:
There were 164 reported via our electronic reporting system. These totals were from the 3 providers that directly contract with BHDDH. Two other providers did not report numbers since they don't have contracts. There has been considerable focus this year on training FEP providers to increase clinical skills and services. This may have contributed to the identification of individuals in need of services and targeted outreach activities.

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:

123 youth and young adults receiving services from 4 HT provider sites that reported to BHDDH during this time period

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Priority #: 5

Priority Area: Adults Diagnosed with SMI

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Reduce unnecessary hospitalization use by Integrated Health Homes/Assertive Community Treatment (IHH/ACT) clients.

Objective:

Strategies to attain the goal:

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

Indicator #:	1
Indicator:	Rate of IHH/ACT clients being re-admitted to hospitals within 30 days of previous admission per 1000
Baseline Measurement:	262 readmits per 1,000
First-year target/outcome measurement:	Less than 260 readmits per 1,000
Second-year target/outcome measurement:	Less than 260 readmits per 1,000
New Second-year target/outcome measurement*(if needed)*:	
Data Source:	

MMIS

New Data Source*(if needed)*:

☐

Description of Data:

Medicaid claims data for IHH/ACT members

New Description of Data:*(if needed)*

☐

Data issues/caveats that affect outcome measures:

Previously, this data was reported by State Fiscal Year; however, all future reporting will be shifted to align with the MACPRO (CMS) reporting which is based on the Calendar Year.

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)*:
Considerable work has focused on community stabilization this past year.

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:

Inpatient readmissions within 30 days in 2023 was 258. Rhode Island focused on the client flow between community services and inpatient units to improve communication and referral processes. This work is believed to have positively impacted this outcome.

Indicator #:	2
Indicator:	Number of ER admits by IHH/ACT clients per 1,000
Baseline Measurement:	108 ER admits per 1,000 clients
First-year target/outcome measurement:	105 ER admits per 1,000 clients
Second-year target/outcome measurement:	105 ER admits per 1,000 clients
New Second-year target/outcome measurement*(if needed)*:	
Data Source:	

MMIS

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

☐

Description of Data:

Reporting is calendar year to align with the MACPRO (CMS) reporting.

New Description of Data: *(if needed)*

☐

Data issues/caveats that affect outcome measures:

N/A

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 number of admits to the ED are on a positive downward trajectory. The baseline above should indicate the target outcome should be less than the target outcomes.

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:

The number of visits per 1000 member months was 92 for the 2023 report. Although the number increased from 2022, which was 82, this years results are below the baseline. Additionally, the numbers for Rhode Island are small due to population size. Slight fluctuations have a large impact on the percentage.

Priority #:   6

Priority Area: Older Adults with SMI

Priority Type: MHS

Population(s):   SMI, Other

Goal of the priority area:

To increase access to services for older adults with SMI

Objective:

By September 2023, increase the percentage of unique individuals assessed by BH Link age 60+

Strategies to attain the goal:

Targeted outreach for BH Link to older adults

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

☐

┌─ **Annual Performance Indicators to measure goal success** ─────────────

Indicator #:   1

Indicator: Percentage of unique individuals assessed by BH Link age 60+

Baseline Measurement: 7.2%

First-year target/outcome measurement: 8%

Second-year target/outcome measurement: 9%

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

Data Source:

> BHDDH Pulse Deck Reporting to EOHHS

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

☐

Description of Data:

> BHDDH regularly meets and discusses data with EOHHS. This is one of the metrics we provide on a regular basis.

New Description of Data:*(if needed)*

☐

Data issues/caveats that affect outcome measures:

> None at this time

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 baseline was determined during a pandemic. The indicator will be changed in the next cycle to reflect a number served rather than a percentage of the whole to insure targeted outreach.

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:

> BH Link assessed 117 individuals over age 60 which accounts for 7% of the total population. This indicator is being removed due to lack of relevance.

How second year target was achieved:

☐

Priority #: 7

Priority Area: Children at risk of BH disorders and their families

Priority Type: MHS

Population(s): Other

Goal of the priority area:

> Maintain children/youth at risk of BH disorders in their home and community or in the least restrictive setting as possible through accessing community based programs and peer support.

Objective:

> By September 2023, increase the number of families receiving services through warm lines, visits, meetings, phone calls, workshops, activities, and conferences.

Strategies to attain the goal:

> Provide peer support services, education about resources, family public awareness programs and attend Family Team Meetings addressing service needs

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

Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator: Number of calls made to Kid's Link

Baseline Measurement: 6,127 calls

First-year target/outcome measurement: 5,000 calls

Second-year target/outcome measurement: 5,000 calls

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

Data Source:

> Kid's Link reporting metrics from Bradley Hospital

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

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

> Possible duplication on individuals

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)*:
Kids Link received well above the number of calls anticipated. This is believed to be caused by the exasperation of behavioral health issues caused by the pandemic.

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:

> Kid's Link received 8,092 calls.

Indicator #:   2

Indicator: Number of participants (families with children meeting criteria for SED) who receive evidence-based parenting, peer support, education workshops, and/or support groups

Baseline Measurement: 988 participants

First-year target/outcome measurement: 900 families with children

Second-year target/outcome measurement: 900 families with children

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

Data Source:

MIS

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

☐

Description of Data:

Includes the three funded programs that DCYF manages to support children meeting the criteria for SED. This includes YAP and PSN's two programs, Family Preservation and Family Partners.

New Description of Data: *(if needed)*

☐

Data issues/caveats that affect outcome measures:

N/A

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 programs saw almost a duplicate number of clients served as last year, 986.

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

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

The target was 900 however, the outcome was 834 families with children were served.

How second year target was achieved:

☐

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

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: 7/1/2022   Reporting Period End Date: 6/30/2023

Statewide Expenditures for Children's Mental Health Services			
A **Actual SFY 1994**	**B** **Actual SFY 2022**	**C** **Estimated/Actual SFY 2023**	**Please specify if expenditure amount reported in Column C is actual or estimated**
$730,711	$11,237,111	$11,237,111	○ ● Actual Estimated

If _estimated_ expenditures are provided, please indicate when _actual_ expenditure data will be submitted to SAMHSA: **1/31/2024**

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

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:
expenditure data requested from DCYF to calculate statewide medicaid expenditures.

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: 7/1/2022   Reporting Period End Date: 06/30/2023

A Period	B Expenditures	C B1 (2021) + B2 (2022) 2
SFY 2021 (1)	$34,869,995	
SFY 2022 (2)	$40,147,776	$37,508,886
SFY 2023 (3)	$36,936,708	

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

SFY 2021	Yes		No	X
SFY 2022	Yes	X	No	
SFY 2023	Yes		No	X

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: 3/15/2024

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes: