| **CONTRACTOR:** |  |
| --- | --- |
| **REPORTING PERIOD:** |  |
| **REPORT DATE:** |  |

**Provide the following information regarding services provided under the Mental Health Block Grant (MHBG) funds for Serious Emotional Disturbances (SED) during the report period. Responses must provide detailed efforts.**

1. Enrolled members

| **NUMBER OF ENROLLED MEMBERS RECEIVING MHBG SED SERVICES THIS QUARTER PER MONTH** | **NUMBER OF MEMBERS WITH SED DIAGNOSES WHO ARE NOT ELIGIBLE FOR MEDICAID, DO NOT HAVE PRIVATE INSURANCE, AND/OR ARE UNDERINSURED SO THEY CAN RECEIVE SERVICES THROUGH MHBG SED FUNDING** | **NUMBER OF MEMBERS WITH SED DIAGNOSES WHO HAVE PRIVATE INSURANCE AND ARE IN NEED OF WRAP AROUND SERVICES THROUGH MHBG SED FUNDING.** | **NUMBER OF MEMBERS ENROLLED WITH JUSTICE SYSTEM RECEIVING SED FUNDING (PROBATION AND/OR INCARCERATED)** |
| --- | --- | --- | --- |
| **MONTH 1:**  **MONTH 2:**  **MONTH 3:** |  |  |  |

1. Categorized to align with reported information in Question 1, provide a summary of services,(including but not limited to service codes) provided to members with SED designation utilizing MHBG funds.

| **SUMMARY OF SERVICES** | **SERVICE CODES** |
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1. Description of programs implemented under MHBG SED that are not encounterable services, if any. Include funding utilization towards non encounterable services and positions, verify that those positions do not bill for services.

| **NON-ENCOUNTERABLE SERVICES AND FUNDED POSITIONS** | **MHBG FUNDS THAT ARE NON-ENCOUNTERABLE** |
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1. Description of efforts or services provided under MHBG to reduce recidivism of members enrolled with the Justice System receiving SED funding.
2. Description and examples of services and activities provided under MHBG to reduce suicidal ideation and/or behaviors among members with SED.
3. Summary of Evidence Based Practices utilized this quarter to support the SED population served under the MHBG and the manner in which they were implemented. Include details regarding RHBA’s oversight and monitoring of fidelity and member outcomes related to the utilization of the EBP’s identified.
4. Description of RHBA and Provider efforts to identify individuals with SED diagnoses who are uninsured so they can receive services through MHBG SED funding.
5. Description of RHBA and Provider efforts to identify individuals with SED diagnoses who are underinsured and are in need of services through MHBG SED funding.
6. Description of education and training provided to providers and/or subrecipients regarding the availability and utilization of MHBG funds available to support youth with a SED designation in geographic service area.
7. Initiatives taken to target underrepresented and rural communities within your region.
8. Described implementation and related outcomes of family peer support within the last quarter.
9. Identify any under/over-utilization of MHBG-SED funding. If there is any under/over-utilization, provide a plan to address management of the MHBG-SED funding to maximize utilization and services to members.
10. Identify the outcome from efforts taken to implement the plan to address management of the MHBG-SED funding from the prior quarter.

1. Identify any barriers or challenges experienced by the Contractor or providers. If there are any barriers or challenges, provide a plan to address the barriers or challenges.
2. Identify outcome of previous quarters plan to address barriers or challenges, if applicable
3. Identify any successes experienced by the Contractor or providers specific to the MHBG SED activities.
4. Budget for specific programs/initiatives, with real-time expenditure amounts compared to budgeted amounts. *(This budget shall be completed by Contractor financial staff and coincide with Contractor financial statements.)*

| **PROVIDER/ PROGRAM/ ACTIVITY** | **TOTAL BUDGETED** | **ACTUAL EXPENDITURES - THIS PERIOD** | **ACTUAL EXPENDITURES – YEAR TO DATE (YTD)** |
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|  | **TOTAL:** | **TOTAL:** | **TOTAL:** |