Wisconsin

UNIFORM APPLICATION
FY 2018 BEHAVIORAL HEALTH REPORT

COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 06/07/2017 - Expires
(generated on 11/30/2017 9.42.10 AM)

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

I: State Information

State Information

State DUNS Number

Number	03644835
Expiration Date	4/10/2018 12:00:00 AM

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

Agency Name	Department of Health Services
Organizational Unit	Division of Care and Treatment Services; Bureau of Prevention Treatment and Recovery
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III. State Expenditure Period (Most recent State exependiture period that is closed out)

From	7/1/2016
To	6/30/2017

IV. Date Submitted

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

Submission Date	11/30/2017 9:41:49 AM
Revision Date	

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Footnotes:

II: Annual Report

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

Priority #: 1

Priority Area: Tuberculosis

Priority Type: SAP, SAT

Population(s): TB

Goal of the priority area:

Prevent TB transmission among IV drug users and treat those with TB.

Strategies to attain the goal:

In cooperation with the Wisconsin Division of Quality Assurance, identify agencies in non-compliance with TB screening, information and referral policies and provide follow-up technical assistance to ensure compliance.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The rate of treatment agencies in compliance with TB screening, information and referral policies versus total agencies certified or re-certified will be at least 98 percent.

Baseline Measurement: There are 650 certified substance abuse service agency sites across Wisconsin that are required to implement communicable disease screening, information and referral. Failure to do so results in a citation issued by our Division of Quality Assurance. In 2013, 304 sites were visited and/or reviewed. One was issued a citation, so 99.7 percent were in compliance.

First-year target/outcome measurement: Seven or fewer service agency sites (two percent or fewer) receive a communicable disease screening, information and referral citation.

Second-year target/outcome measurement: Seven or fewer service agency sites (two percent or fewer) receive a communicable disease screening, information and referral citation.

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

Data Source:

Wisconsin Department of Health Services, Division of Quality Assurance (DQA)

New Data Source*(if needed)*:

Description of Data:

Treatment agency citations issued by DQA staff for violations of TB screening, information, and referral policies consist of a letter to the treatment agency describing the violation.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None known at this time.

New Data issues/caveats that affect outcome measures:

As of 2016, the DHS Division of Quality Assurance (DQA) no longer had data positions to track compliance with TB information and referral requirements, and staff shortages prevented a consistent, comprehensive program of issuing citations for non-compliance. DQA staff informed us that its surveyors will often promote compliance with TB requirements through their survey response letters. However, the division has no way to pull compliance data from those documents. The Division of Care & Treatment Services (DCTS) also monitors compliance of TB requirements by reviewing the annual reports submitted by counties, where agencies are asked to confirm

that they comply with TB requirements as a condition of expending SABG Community Aid grant awards.

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)*:

During 2014, the Division of Quality Assurance (DQA) issued 3 citations of non-compliance to substance abuse service agency sites that DQA visited. During 2015, DQA issued 4 citations of non-compliance. DQA did not provide us with the exact number of sites visited during 2014 and 2015, but we believe that number was similar to 2013, when DQA visited 304 sites.

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

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

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

In 2015, DQA issued 4 citations of non-compliance to SUD service providers. Assuming a similar number to the 304 sites visited in 2013, the non-compliance rate was 1.3%, less than the target of 2.0% non-compliance. In addition, 67 counties/consortiums received SABG Community Aids awards during 2016. In their 2016 annual reports submitted to DCTS, all 67 counties reported compliance with the TB information sharing and screening/referral requirements, falling below the 2% non-compliance rate.

Priority #: 2

Priority Area: Intravenous Drug Users

Priority Type: SAP, SAT

Population(s): IVDUs

Goal of the priority area:

Increase prevention, street outreach, and access to recovery-oriented treatment for intravenous drug users.

Strategies to attain the goal:

Strengthen collaborations among agencies serving intravenous drug users; 2. Monitor intravenous drug use-related deaths.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase annual treatment admissions among intravenous drug users by two percent.

Baseline Measurement: In 2013, there were 1,579 intravenous drug use treatment admissions.

First-year target/outcome measurement: At least 1,611 annual intravenous drug use treatment admissions, or an increase of at least two percent over baseline.

Second-year target/outcome measurement: At least 1,611 annual intravenous drug use treatment admissions, or an increase of at least two percent over baseline.

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

Data Source:

Program Participation System (PPS) Alcohol/Drug Abuse module which is the statewide data system used to collect and submit federal Treatment Episode Data Set (TEDS) data.

New Data Source*(if needed)*:

Description of Data:

Count of admissions that have needle or injection as the route of drug administration.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Data quality and completeness issues will be minimized through data quality control reports and contracts with reporting agencies.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

2,292 IV drug use admissions occurred during CY 2015.

Priority #: 3

Priority Area: Culturally-appropriate and Comprehensive Services for Special Populations

Priority Type: SAP, SAT

Population(s): Other (LGBTQ, Persons with Disablities, Underserved Racial and Ethnic Minorities, Deaf and Hard of Hearing)

Goal of the priority area:

Improve access to recovery-oriented services for special populations.

Strategies to attain the goal:

Regularly monitor treatment services provided to special populations to assure the proportion of racial, ethnic and culturally diverse individuals being served are comparable to the substance use disorder prevalence in each population; 2. Provide technical assistance to service providers to improve access to services for special populations.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The proportion of special populations served will be comparable to their substance use disorder prevalence.

Baseline Measurement: The 2013 actual percent of substance use disorder treatment service admissions that are racial/ethnic populations is 21 percent.

First-year target/outcome measurement: The percent of substance use disorder treatment admissions that are racial/ethnic populations will be at or above 15 percent.

Second-year target/outcome measurement: The percent of substance use disorder treatment admissions that are racial/ethnic populations will be at or above 16 percent.

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

Data Source:

Program Participation System Alcohol/Drug Abuse module and Substance Abuse Prevention Services Information System (SAP-SIS) data will be used.

New Data Source*(if needed)*:

Description of Data:

Percent of county-authorized or funded admissions/participants that are African American, Hispanic/Latino, Asian American, or Native American.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Data quality and completeness issues will be minimized through data quality control reports and contracts with reporting agencies.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

18.9% of treatment service admissions were of a racial/ethnic population in 2015.

Priority #: 4

Priority Area: Youth Access to Tobacco Products

Priority Type: SAP

Population(s): Other (Youth Under Age 18)

Goal of the priority area:

Reduce youth tobacco use.

Strategies to attain the goal:

Continue retailer compliance checks and provide public outreach through the Department of Health Services Division of Public Health Tobacco Prevention and Control Program.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The proportion of successful purchases of tobacco products by youth will be below 10 percent.

Baseline Measurement: The rate of successful tobacco purchases by youth for 2013 was 7.3 percent.

First-year target/outcome measurement: Less than 10 percent of attempted tobacco product purchases by minors will be completed.

Second-year target/outcome measurement: Less than 10 percent of attempted tobacco product purchases by minors will be completed.

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

Data Source:

The Synar compliance check effort is coordinated by the Department of Health Services, Division of Public Health's Tobacco Prevention and Control Program WI Wins program. Data will be using an approved sampling scheme.

New Data Source*(if needed)*:

Description of Data:

The University of Wisconsin Survey Center scientifically determines the random sample of retail outlets that will targeted for law enforcement-supervised compliance checks in which minors will attempt to purchase tobacco products. The compliance checks are completed by July each year and the rate of violations data are available in December.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None known 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:

How first year target was achieved *(optional)*:
The rate of successful tobacco purchases by youth for CY14 was 6.4%.

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

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

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

The rate of successful tobacco purchases by youth during CY 2015 was 6.8 percent.

Priority #: 5

Priority Area: Pregnant women and women with dependent children

Priority Type: SAP, SAT

Population(s): PWWDC

Goal of the priority area:

Increase substance use disorder services and the quality of those services for pregnant women and women with dependent children.

Strategies to attain the goal:

Provide technical assistance to five new counties and tribes to help them develop plans and implement evidence-based practices for serving substance-using pregnant women and women with dependent children.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of counties and tribes that are using evidence-based practices for serving substance-using pregnant women and women with dependent children.

Baseline Measurement: Five counties/tribes received technical assistance in 2014 and 2015 to implement evidence-based practices for substance-using pregnant women and women with dependent children.

First-year target/outcome measurement: Five new counties or tribes will be selected to receive technical assistance and will begin receiving that assistance.

Second-year target/outcome measurement: The counties/tribes selected in Year 1 will begin using evidence-based practices to serve substance-using pregnant women and women with dependent children.

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

Data Source:

Department of Health Services, Division of Mental Health and Substance Abuse Services records. rds, training and fidelity forms and reports; County and/or Tribal agency client records.

New Data Source*(if needed)*:

Description of Data:

Records of training provided to counties/tribes.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None known 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:

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

During the period October 2015 through September 2016 the following five jurisdictions received technical assistance for reviewing and implementing evidence-based practices: Ashland, Iron, Sauk and Price counties; and the Menominee Tribe.

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

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

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

During the period Oct. 2016 through Sept. 2017 all five of the jurisdictions referenced in the first year target implemented one or more evidence-based practice that they received training and technical assistance in during the previous year. Five jurisdictions implemented the ASAM (American Society of Addiction Medicine) model in at least one component of their SUD systems. Four of five jurisdictions implemented Trauma Informed Care, and four of five implemented Fetal Alcohol Syndrome Disorder programming. Three of five jurisdictions implemented gender-specific programming and services.

Priority #: 6

Priority Area: Primary prevention services

Priority Type: SAP

Population(s): Other (individuals in need of primary substance use disorder prevention services)

Goal of the priority area:

Prevent substance use among at risk populations.

Strategies to attain the goal:

1. Award contracts/grants to service providers to provide primary prevention services;
2. Award contracts/grants to agencies to build capacity among the primary prevention workforce;
3. Require counties to spend at least 20 percent of their SABG community aids on primary prevention;
4. Provide technical assistance as needed to counties on implementing evidence-based primary prevention strategies.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Wisconsin will spend at least 20 percent of its SABG funds on primary prevention.

Baseline Measurement: Wisconsin spent 26 percent of its FFY12 SABG on primary prevention.

First-year target/outcome measurement: Wisconsin will spend at least 20 percent of its SABG funds on primary prevention.

Second-year target/outcome measurement: Wisconsin will spend at least 20 percent of its SABG funds on primary prevention.

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

Data Source:

Department of Health Services, Bureau of Fiscal Services records of block grant expenditures and the Department's Division of Mental Health and Substance Abuse Services (DMHSAS) records of contractor activities.

New Data Source*(if needed)*:

Department of Health Services, Bureau of Fiscal Services records of block grant expenditures and the Department's Division of Care and Treatment Services (DCTS) records of contractor activities.

Description of Data:

Program records from DMHSAS will be used to determine which contracts engage in primary prevention activities. Fiscal records will be used to determine how much money those programs spent during the fiscal year.

New Description of Data:*(if needed)*

Program records from DCTS will be used to determine which contracts engage in primary prevention activities. Fiscal records will be used to determine how much money those programs spent during the fiscal year.

Data issues/caveats that affect outcome measures:

None known 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:

How first year target was achieved *(optional)*:
Wisconsin spent 25% of SABG funds on primary prevention services in FFY14.

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

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

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

Wisconsin spent 25.1 percent of FFY 2015 SABG funds on primary prevention services. ($6,779,290 of $27,023,026 in total expenditures)

Priority #: 7

Priority Area: Reduce adult binge drinking

Priority Type: SAP, SAT

Population(s): Other (individuals with substance use disorders or who engage in high risk drinking)

Goal of the priority area:

Reduce adult binge drinking in Wisconsin for people ages 18 – 34.

Strategies to attain the goal:

Work with the Alcohol Policy Project to assist local communities in implementing evidence-based environmental prevention and enforcement strategies; 2. Monitor adult binge drinking rates.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The percent of adults who binge drink.

Baseline Measurement: In 2013, 22.5 percent of Wisconsin adults reported binge drinking in the last 30 days.

First-year target/outcome measurement: The percent of adults who report binge drinking in the past 30 days will not exceed 22 percent.

Second-year target/outcome measurement: The percent of adults who report binge drinking in the past 30 days will not exceed 21.5 percent.

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

Data Source:

Behavioral Risk Factor Survey

New Data Source*(if needed)*:

Behavioral Risk Factor Surveillance Survey (BRFSS) from the Center for Disease Control

Description of Data:

Survey of randomly-selected individuals that provides state-level estimates on the use of alcohol.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None known 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:

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

The confidence interval from the Wisconsin Behavioral Risk Factor Surveillance Survey for adult binge drinking was 20.6% to 23.6%.

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

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

According to the BRFSS by the CDC, in 2015 22.9% (21.3,24.5) adults in Wisconsin reported binge drinking in the last 30 days. This is technically above our goal of no more than 21.5% of adults binge drinking. However, in 2013 BRFSS reported 22.5% (20.9,24.2) adults who binge drank. Because of the overlapping confidence intervals, we cannot say that this is a significant difference over the last two years. We will continue to monitor this issue for any significant change.

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

2015: 22.9% (21.3,24.5)

Priority #: 8

Priority Area: Prescription Drug Abuse

Priority Type: SAP

Population(s): Other (people who misuse prescription drugs and opiates)

Goal of the priority area:

Prevent the misuse and abuse of prescription opiates in Wisconsin.

Strategies to attain the goal:

1. Develop best practices for reducing prescription drug availability, including practices for prescribers and dispensers, and for proper medication disposal;
2. Provide technical assistance to Wisconsin's three regional opioid treatment centers as needed;
3. Track statistics from the Prescription Drug Monitoring Program;
4. Track the number of non-medical/unauthorized prescription opiate-related deaths.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Record and document efforts in each of the identified strategies.

Baseline Measurement: The State Council on Alcohol and Other Drug Abuse has published two reports relating to opiate abuse: Wisconsin's Heroin Epidemic: Strategies and Solutions and Reducing Wisconsin's Prescription Drug Abuse: A Call to Action. Both reports made

recommendations about how government and community organizations can effectively address the heroin and prescription drug abuse epidemics. In addition, the Prescription Drug Monitoring Program has been implemented.

First-year target/outcome measurement: Implement the four identified strategies.

Second-year target/outcome measurement: Implement the four identified strategies.

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

Data Source:

Department of Health Services, Division of Mental Health and Substance Abuse Services (DMHSAS) records, Prescription Drug Monitoring Program records, and Department of Health Services, Division of Public Health (DPH) records.

New Data Source*(if needed)*:

Department of Health Services, Division of Care and Treatment Services (DCTS) records, Prescription Drug Monitoring Program records, and Department of Health Services, Division of Public Health (DPH) records.

Description of Data:

DMHSAS records of training and technical assistance provided to the opioid treatment centers and development of best practices; the Prescription Drug Monitoring Program is a database that collects information about monitored prescription drugs that are dispensed to patients in Wisconsin and discloses the information to persons who are legally authorized to obtain the information; and DPH records of death certificates listing the cause of death.

New Description of Data:*(if needed)*

DCTS records of training and technical assistance provided to the opioid treatment centers and development of best practices; the Prescription Drug Monitoring Program is a database that collects information about monitored prescription drugs that are dispensed to patients in Wisconsin and discloses the information to persons who are legally authorized to obtain the information; and DPH records of death certificates listing the cause of death.

Data issues/caveats that affect outcome measures:

None known 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:

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

1) SCAODA Reports on best practices were shared statewide
2) Three Regional Opioid Treatment Programs (OTPs) were authorized via state statute. In FFY14 state staff provided 10 technical assistance opportunities to Regional OTP partnerships in preparation for funding.
3) PDMP administrators at the Wisconsin Department of Safety and Professional Services provide quarterly reports on the prescribing practices based on PDMP data. They are also looking at system enhancements which can make querying PDMP data more available.
4) DHS continues to track death records for opioid-related causes of death. Data has been used to create fact sheets on opioid risks as well as to assess needs in the state and prioritize populations.

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

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

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

1) SCAODA Reports on best practices in reducing drug prescription availability continued to be shared statewide, and DCTS staff and contract vendors provided technical assistance to providers statewide. In late 2016, the Governor's Task Force on Opioid Abuse was created to further explore and publicize those best practices.
2) Three regional Opioid Treatment Programs (OTPs) that were initially authorized under state law during FFY 2014 were fully operationalized in FFY 2015. During that period, state staff provided 18 technical assistance sessions to individual OTPs or OTP partnerships.
3) Wisconsin Dept. of Safety and Professional Services continued providing quarterly reports on prescribing practices statewide based on PDMP (Prescription Drug Monitoring Program) data. Further enhancements are being made to PDMP to make data more available.
4) DHS continues to track death records for opioid-related causes of death. Data has been used to create fact sheets on opioid risks as

well as to assess needs in the state and prioritize populations.

Priority #: 9

Priority Area: Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Priority Type: SAP, SAT

Population(s): Other (people engaging risky substance use behaviors)

Goal of the priority area:

Implement Screening, Brief Intervention, Referral to Treatment (SBIRT) in the school system.

Strategies to attain the goal:

Provide technical assistance to schools on SBIRT and how to effectively implement SBIRT.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of new schools receiving technical assistance and using SBIRT.

Baseline Measurement: In 2013 five school-based trainings were delivered with 86 staff representing over 10 school districts.

First-year target/outcome measurement: Identify and provide initial SBIRT technical assistance and support to at least three new school districts.

Second-year target/outcome measurement: The three school districts receiving SBIRT technical assistance in Year 1 will begin using SBIRT.

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

Data Source:

Department of Health Services records of SBIRT trainings

New Data Source*(if needed)*:

Description of Data:

Administrative records

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None known 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:

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

During the 2014-15 school year, initial SBIRT training was provided to 112 student services staff from 41 separate school districts. DHS staff provided follow-up technical assistance to 15 staff from 1 school district. So far during the 2015-16 school year, initial SBIRT training was provided to 157 student services staff from 43 school districts. DHS staff has provided follow-up technical assistance to 23 staff from 1 school district.

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

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

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

During the 2016-2017 school year, initial SBIRT training was provided to 97 student services staff from 19 separate school districts. Three of these school districts receiving grant funding from the Wisconsin Department of Public Instruction (e.g., Safe Schools Healthy Students and the Alcohol/Drug Block Grant) achieved partial implementation of SBIRT. Because rates of implementation were low (less than 20% of total students in need), DHS staff will continue to provide technical assistance to these and other districts in 2017-2018.

Priority #: 10

Priority Area: Workforce Capacity

Priority Type: SAP, SAT

Population(s): Other (substance use workforce professionals and prospective students who may be interested in the substance use field)

Goal of the priority area:

Increase the substance use workforce capacity.

Strategies to attain the goal:

1. Provide training for prevention specialists toward certification;
2. Provide training for substance use disorder professionals so they can fulfill their continuing education requirements;
3. The State Council on Alcohol and Other Drug Abuse will draft a report with recommendations on how to best address the substance use disorder professional workforce shortage.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of trainings provided to substance use professionals.

Baseline Measurement: According to the federal Bureau of Labor Statistics, in 2013 there were about 1,200 employed substance use disorder counselors in Wisconsin and 1,610 substance use disorder and mental health social workers. According to the Wisconsin Department of Safety and Professional Services, there are 34 prevention specialists and 31 prevention specialists in training. There is one statewide training for prevention specialists each year and one statewide training for substance use disorder treatment counselors each year.

First-year target/outcome measurement: At least one statewide training for substance use disorder prevention professionals will be held and two Substance Abuse Prevention Specialists trainings and two ethics trainings for prevention professionals will be held. At least one statewide training for substance use disorder treatment counselors will be held.

Second-year target/outcome measurement: At least one statewide training for substance use disorder prevention professionals will be held and two Substance Abuse Prevention Specialists trainings and two ethics trainings for prevention professionals will be held. At least one statewide training for substance use disorder treatment counselors will be held.

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

Data Source:

Department of Health Services records of trainings.

New Data Source*(if needed)*:

Description of Data:

Administrative records

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None known 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:

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

1) The state held a Substance Abuse Prevention Skills Trainings (SAPST) and a Native American SAPST in FFY 2014. In addition, the state provided two Ethics trainings for prevention professionals in the state. The Alliance for Wisconsin Youth Regional Prevention Centers held three additional SAPST specifically targeted to professional within their regions as well as hosting two-day Regional Prevention Training Conferences.
2) The annual Mental Health and Substance Abuse Conference for substance use disorder treatment counselors was held in the fall of FFY14. In addition, DCTS worked with Great Lakes Addiction Transfer Center GLATC to provide a webinar series for substance abuse professionals.

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

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

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

1) The State sponsored annual Substance Abuse Prevention Skills Training (SAPST) sessions in FFY 2015, and provided two ethics trainings for prevention professionals statewide during that period. The Alliance for WI Youth Regional Prevention Centers also held SAPST events that targeted professionals within their regions.
2) The annual Mental Health and Substance Use Disorder Recovery Conference was held in October 2015 and was attended by numerous SUD counselors and other professionals. DCTS worked with GLATTC during FFY 2015 to deliver a webinar series for substance use disorder professionals.
3) In October 2016, DCTS partnered with professional organizations to sponsor Dinner with the Docs, where best practices in SUD prevention and treatment was shared. Also, during FFY 2015-2016 DCTS staff provided statewide training and technical support in implementation of ASAM criteria and the MATRIX model. In Nov. 2016, DCTS staff presented on best practices in opiate treatment center programming to the Governor's Task Force on Opioid Abuse.

Priority #: 11

Priority Area: Reduce Youth Binge Drinking

Priority Type: SAP, SAT

Population(s): Other (youth under age 18)

Goal of the priority area:

Reduce youth binge drinking.

Strategies to attain the goal:

1. Work with the Alliance for Wisconsin Youth coalitions to promote the implementation of evidence-based environmental prevention strategies;
2. Work with the Alliance for Wisconsin Youth to promote the implementation of evidence-based strategies that limit youth access to alcohol;
3. Continue the "Parents Who Host Lose the Most" campaign;
4. Monitor youth binge drinking rates.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The percent of youth who report binge drinking.

Baseline Measurement: In 2013, 18.4 percent of youth reported binge drinking in the past 30 days.

First-year target/outcome measurement: The percent of youth who report binge drinking in the past 30 days will remain at or below the national average.

Second-year target/outcome measurement: The percent of youth who report binge drinking in the past 30 days will remain at or below the national average.

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

Data Source:

National Survey on Drug Use and Health and the Youth Risk Behavior Survey

New Data Source*(if needed)*:

Description of Data:

The National Survey on Drug Use and Health is a survey of randomly-selected individuals that provides state-level estimates on the use of alcohol. The Youth Risk Behavior Survey is administered to selected school districts in Wisconsin and provides estimates of youth use of alcohol.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The Youth Risk Behavior Survey was administered in 2015 but did not have enough participants to obtain weighted data, so the 2013 data will be used in conjunction with the national survey data.

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 Wisconsin Department of Public Instruction which conducts the bi-annual Youth Risk Behavior Survey (YRBS; high school youth) has indicated that a sufficient participation sample was not achieved for the 2015 YRBS survey. Therefore, no measurement could be taken as planned for 2015. The soonest these data might be available is for a 2017 Wisconsin YRBS survey whose results will be made available in January 2018.

As a possible substitute, the National Survey on Drug Use and Health (NSDUH), State Estimates, for 2012-2013 showed a Wisconsin age 12 -17 binge drinking rate of 7.23%. The national rate for the same indicator in 2012-2013 was 6.73%. The 2013-2014 Wisconsin estimate for the same indicator was 7.13% and the national rate was 6.16%. While youth binge use declined slightly in Wisconsin in the NSDUH survey, it is one percentage point above the national average.

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 *(optional)*:

Although we do not have 2015 data from YRBS due to small sample size, the 2017 YRBS data was recently released and showed that the state average of youth binge drinking was 16.4%. There is no calculated national average yet, but going off the 2015 national average of 17.7% of youth binge drinking, Wisconsin falls below this number.

Priority #: 12

Priority Area: Children's Mental Health

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Improve service outcomes for youth with SED through the use of Coordinated Services Teams (CST) Initiatives.

Strategies to attain the goal:

1.Provide on-going technical assistance, training, and support to areas of the state/tribes with CST Initiatives to improve collaboration, coordination, and outcomes for children and families.
2.Provide technical assistance to those areas of the state without CST Initiatives.
3.Review data on child and family outcomes of CST Initiatives and identify quality improvement objectives.
4.Provide training on the use of Evidence Based Practices (EBP) and fidelity monitoring with the CST Initiatives.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	The percentage of youth who have completed CST services with “major or moderate” improvement as reported by the CST provider.
Baseline Measurement:	33% of CST youth participants complete their services with “major or moderate” improvement at discharge.
First-year target/outcome measurement:	36% of CST youth participants will complete their services with “major or moderate” improvement at discharge.
Second-year target/outcome measurement:	39% of CST youth participants will complete their services with “major or moderate” improvement at discharge.

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

Data Source:

The Mental Health Module of the Program Participation System (PPS) – the State’s data submission system for all counties.

New Data Source*(if needed)*:

Description of Data:

All counties submit data describing all consumers served to the PPS MH data system. The federal MHBG requirements as well as State requirements are incorporated into the PPS MH data system. The system includes data describing the consumer’s needs at enrollment (such as diagnosis), services received (such as outpatient vs. inpatient), and the outcomes of treatment (such as clinical improvement and functioning) which are reported every 6 months as long as a consumer is receiving services.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Currently, longitudinal outcome data is only required of consumers with serious, on-going needs. In the next year, Wisconsin will be expanding the requirements to all consumers. Some gaps in the completeness of the data exists due to the lack of a statewide data quality monitoring system and the lack of financial consequences for incomplete data. Wisconsin is also working on this issue by hiring a .50 FTE to focus on data quality and by implementing a more systematic approach to data quality monitoring.

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 percentage of youth who have completed CST services with “major or moderate” improvement as reported by the CST provider is 29% for 2015.

2015 CST Discharge Reason is as follows:
29% Completed with Major or Moderate Improvement
13% Have Continuing Services (Transferred to another service)
48.6% Services are Incomplete
9.4 % Other

The Wisconsin Division of Care and Treatment Services (DCTS) will continue to provide technical assistance and support to the state's CST programs in an effort to increase the percentage of youth who have completed CST services with "major or moderate" improvement.

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 *(optional)*:

41.5% of CST youth participants completed their services with “major or moderate” improvement at discharge in 2016.

Priority #: 13

Priority Area: MH/SA Outcome Improvement and Quality of Care

Priority Type: SAT, MHS

Population(s): SMI, SED

Goal of the priority area:

Improve Mental Health and Substance Abuse Services Outcomes and Quality of Care in Comprehensive Community Services (CCS) programs .

Strategies to attain the goal:

1. Monitor performance indicators for CCS programs using annual consumer satisfaction surveys.
2. Promote evidence-based practices (EBPs) – including Supported Employment, Permanent Supportive Housing, Medication Management (MedTEAM), Illness Management and Recovery, Integrated Treatment for Co-Occurring Disorders, and Family Psychoeducation – in CCS programs to better meet consumer needs.
3. Increase fidelity monitoring of EBP services, especially the use of outside monitors, in CCS programs.
4. Implement other quality improvement initiatives in areas needing performance enhancement.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase by 2% annually the percent of adults, youth, and families who reported being satisfied with treatment outcomes (among CCS counties and regions who surveyed their consumers in CY2014) based on the percent of consumers/caregivers who "agree" or "strongly agree" with the following statements about their own/their child's experience with CCS services.

Baseline Measurement: 78.5% of adult consumers reported being satisfied with their treatment outcomes. 74.6% of youth consumers reported being satisfied with their treatment outcomes. 56.9% of family caregivers reported being satisfied with their child's treatment outcomes.

First-year target/outcome measurement: 80.5% of adult consumers reported being satisfied with their treatment outcomes. 76.6% of youth consumers reported being satisfied with their treatment outcomes. 58.9% of family consumers reported being satisfied with their child's treatment outcomes.

Second-year target/outcome measurement: 82.5% of adult consumers reported being satisfied with their treatment outcomes. 78.6% of youth consumers reported being satisfied with their treatment outcomes. 60.9% of family consumers reported being satisfied with their child's treatment outcomes.

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

Data Source:

Comprehensive Community Services (CCS) consumer satisfaction surveys based on the Recovery Oriented System Indicators (ROSI) and Mental Health Statistical Improvement Project (MHSIP) surveys.

New Data Source*(if needed)*:

Description of Data:

Starting in the fall of 2014, CCS programs were required to measure and report the satisfaction of their consumers with mental health and/or substance abuse issues who received CCS services for six months or longer. Three satisfaction surveys provided by the state were used: the ROSI Adult Survey, completed by adult consumers (ages 18 years or older); the MHSIP Youth Survey, completed by adolescents (ages 13-17 years); and the MHSIP Family Survey, completed by family caregivers on behalf of their child consumers (ages 12 or younger).

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

With the recent CCS expansion, additional counties and regions are offering CCS services each year. In 2015 and 2016, CCS programs will be added in both Milwaukee and Dane counties, the two largest counties in Wisconsin (by population), potentially having a disproportionate effect on the levels of satisfaction reported by CCS consumers. Therefore, to accurately assess any change over time in consumer satisfaction with treatment outcomes, Year 1 and Year 2 levels of satisfaction will be evaluated for only those CCS programs

included in the Baseline (CY2014) cohort.

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:
74.1% of adult consumers reported being satisfied with their treatment outcomes. 74.1% of youth consumers reported being satisfied with their treatment outcomes. 69.3% of family caregivers reported being satisfied with their child's treatment outcomes. While Wisconsin observed an increase in satisfaction of 12.4% among family caregivers, both adult consumers and youth consumers satisfaction dropped from the previous year.

Analysis indicates the observed decline in adult consumer satisfaction from 2014 to 2015 may be within an expected margin of error. The 2014 adult outcome scale score was 78.5% with approximately a 4% margin of error, the score could range from 74.5-82.5%. The 2015 adult outcome scale score was 74.1% with approximately a 4% margin of error, the score could range from 70.1-78.1%. As these two ranges overlap, the 2014-15 may not be significant.

The Wisconsin Division of Care and Treatment Services (DCTS) will continue to provide technical assistance and quality improvement supports to CCS providers in Wisconsin in an effort to improve outcome satisfaction among those receiving CCS services.

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 *(optional)*:

Wisconsin partially achieved this target. 80.7 % of youth consumers reported being satisfied with their treatment outcomes, exceeding the second year target of 78.6%. 65.3% of family caregivers reported being satisfied with their child's treatment outcomes, exceeding the second year target of 60.9%. However, 71.6% of adult consumers reported being satisfied with their treatment outcomes, failing to meet the second year target of 82.5%.

The Wisconsin Division of Care and Treatment Services (DCTS) will continue to provide technical assistance and quality improvement supports to CCS providers in Wisconsin in an effort to improve outcome satisfaction among those receiving CCS services.

Priority #: 14

Priority Area: Behavioral Health Services in the Criminal Justice System

Priority Type: SAP, SAT, MHS

Population(s): SMI, SED

Goal of the priority area:

Improve behavioral health services in the criminal justice system.

Strategies to attain the goal:

1. Identify the technical assistance and education needs of TAD program providers.
2. Provide training on EBPs for TAD program providers.
3. Provide technical assistance to service providers on implementing EBPs.
4. Increase compliance to EBPs.
5. DMHSAS will have a representative on the statewide Criminal Justice Coordinating Council committee that oversees the Treatment Alternatives and Diversion program.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of people enrolled in a Treatment Alternatives and Diversion (TAD) program receiving at least one evidence based practice (EBP).

Baseline Measurement: Baseline percentage of people enrolled in TAD receiving at least one evidence based practice is unknown.

First-year target/outcome measurement: 60% percentage of people enrolled in TAD will receive at least one evidence based practice.

Second-year target/outcome measurement: 65% percentage of people enrolled in TAD will receive at least one evidence based practice.

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

Data Source:

TAD program records.

New Data Source*(if needed)*:

Description of Data:

Programmatic data from the Wisconsin Treatment Alternatives and Diversion program.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

No caveats or issues are anticipated.

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 Treatment and Diversion (TAD) program sites for the calendar year 2015 served 470 individuals to various treatment courts primarily Adult Drug Court, hybrid court and Operating While Intoxicated Treatment Courts. More than 230 individuals were discharged from the treatment courts. During the fall of 2015 all the treatment courts were trained regarding the National Standard for Treatment Courts which includes Evidence –Based Treatment services .

Treatment Alternative Program (TAP) (alternative to incarceration) program sites total of 4 served 273 clients with each client receiving at least one Evidence Based Treatment modality.

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

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

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

The Treatment and Diversion (TAD) program sites for the calendar year 2016 served individuals in various treatment courts primarily Adult Drug Court, Hybrid Court and Operating While Intoxicated Treatment Courts. 200 individuals were graduated from the treatment court in 2016. All the treatment courts have been trained regarding the National Standard for Treatment Courts which includes Evidence – Based Treatment services.

Treatment Alternative Program (TAP) (alternative to incarceration) program sites (a total of 4) served 496 clients with each client receiving at least one Evidence Based Treatment modality.

Priority #: 15

Priority Area: Suicide Prevention

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Reduce the rate of suicide in Wisconsin, including males age 40-59.

Strategies to attain the goal:

1. Support and expand systems change approaches in health care settings serving individuals with SMI/SED to strengthen suicide prevention policies,

procedures, and practices in those settings.
2. Support development of the mental health workforce through training in recognizing, assessing, managing, and responding to suicide risk in populations with SMI/SED.
3. Provide support for gatekeeper training for individuals in settings where SMI/SED populations are served to help assess for risk of suicide and encouraging appropriate professional help.
4. Support local suicide prevention coalitions in addressing the needs of populations with SMI/SED through activities such as increasing the use of evidence-based practices, and through evaluation of those efforts.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of behavioral health organizations, including county-based systems, implementing Zero Suicide Model principles.
Baseline Measurement:	17 organizations have implemented Zero Suicide Model principles.
First-year target/outcome measurement:	A total of 22 behavioral health organizations will have implemented Zero Suicide Model principles, an increase of 5 organizations.
Second-year target/outcome measurement:	A total of 27 behavioral health organizations will have implemented Zero Suicide Model principles, an increase of 5 organizations.

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

Data Source:

Administrative Records – DMHSAS Program Performance Reports.

New Data Source*(if needed)*:

Description of Data:

Number of behavioral health organizations implementing the Zero Suicide Model as reported by the MHBG contractor.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None are anticipated.

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)*:

A total of 14 new organizations have implemented Zero Suicide Principles in Wisconsin for a total of 27 organizations. This total includes 13 organizations that had previously implemented Zero Suicide Principles, minus 4 organizations that are not actively in the process of implementing principles of an initial 17 organizations. The total of 27 organizations implementing Zero Suicide Principles exceeds the year one goal of 22 organizations.

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

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

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

A total of 33 behavioral health organizations are implementing Zero Suicide principles in Wisconsin. This number represents organizations that have participated in the Mental Health Block Grant funded Zero Suicide workshops and learning communities and are still implementing Zero Suicide. Some organizations that have participated in the workshops and learning communities have suspended their Zero Suicide efforts. These organizations are not included in this total. Additional organizations in Wisconsin have implemented Zero Suicide through other channels.

Footnotes:

III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2016

Service	Expenditures
Healthcare Home/Physical Health	**$**
Specialized Outpatient Medical Services;	
Acute Primary Care;	
General Health Screens, Tests and Immunizations;	
Comprehensive Care Management;	
Care coordination and Health Promotion;	
Comprehensive Transitional Care;	
Individual and Family Support;	
Referral to Community Services Dissemination;	
Prevention (Including Promotion)	**$**
Screening, Brief Intervention and Referral to Treatment ;	
Brief Motivational Interviews;	
Screening and Brief Intervention for Tobacco Cessation;	
Parent Training;	
Facilitated Referrals;	
Relapse Prevention/Wellness Recovery Support;	
Warm Line;	
Substance Abuse (Primary Prevention)	**$**
Classroom and/or small group sessions (Education);	
Media campaigns (Information Dissemination);	
Systematic Planning/Coalition and Community Team Building(Community Based Process);	

Parenting and family management (Education);	
Education programs for youth groups (Education);	
Community Service Activities (Alternatives);	
Student Assistance Programs (Problem Identification and Referral);	
Employee Assistance programs (Problem Identification and Referral);	
Community Team Building (Community Based Process);	
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental);	
Engagement Services	**$**
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
Outpatient Services	**$**
Evidenced-based Therapies;	
Group Therapy;	
Family Therapy ;	
Multi-family Therapy;	
Consultation to Caregivers;	
Medication Services	**$**
Medication Management;	
Pharmacotherapy (including MAT);	
Laboratory services;	
Community Support (Rehabilitative)	**$**
Parent/Caregiver Support;	
Skill Building (social, daily living, cognitive);	

Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
Recovery Supports	**$**
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
Other Supports (Habilitative)	**$**
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
Intensive Support Services	**$**
Substance Abuse Intensive Outpatient (IOP);	
Partial Hospital;	
Assertive Community Treatment;	

Intensive Home-based Services;	
Multi-systemic Therapy;	
Intensive Case Management ;	
Out-of-Home Residential Services	**$**
Children's Mental Health Residential Services;	
Crisis Residential/Stabilization;	
Clinically Managed 24 Hour Care (SA);	
Clinically Managed Medium Intensity Care (SA) ;	
Adult Mental Health Residential ;	
Youth Substance Abuse Residential Services;	
Therapeutic Foster Care;	
Acute Intensive Services	**$**
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
Other (please list)	**$**
Total	**$0**

Footnotes:

III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	**Actual SFY 2016**	**Estimated/Actual SFY 2017**
$2,122,311	$2,273,851	$2,250,915

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

Footnotes:

III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period **(A)**	**Expenditures** **(B)**	**B1(2015) + B2(2016) / 2** **(C)**
SFY 2015 (1)	$257,513,932	
SFY 2016 (2)	$274,990,082	$266,252,007
SFY 2017 (3)	$311,889,068	

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

SFY 2015	Yes	X	No	
SFY 2016	Yes	X	No	
SFY 2017	Yes	X	No	

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

Footnotes: