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

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

1. Enrolled members

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

1. Summary of services, including all service codes, provided to members with SMI diagnoses.

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| **SUMMARY OF SERVICES** | **SERVICE CODES** |
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1. Description of efforts or services provided under MHBG to reduce suicidal ideation and/or behaviors among members with SMI
2. Summary of Evidence Based Practices utilized this quarter to support the SMI population served under the MHBG.
3. Description of outreach efforts to identify members with SMI diagnoses who are not eligible for Medicaid, do not have private insurance, and/or are underinsured so they can receive services through MHBG SMI funding.
4. Description of outreach efforts to identify members with SMI diagnoses who have private

insurance and are in need of wrap around services through MHBG SMI funding.

1. Description of education and training provided on MHBG funds available to support SMI in the region.
2. Initiatives taken to target underrepresented and rural communities within your region.
3. Identify any under/over utilization of MHBG-SMI funding. If there is any under/over utilization, provide a plan to address management of the MHBG-SMI funding to maximize utilization and services to members.
4. Description of efforts to expand and enhance service delivery for individuals with intellectual and developmental disabilities (IDD) and an SMI designation.
5. 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.
6. Identify any successes experienced by the Contractor or providers specific to the MHBG SMI activities.
7. 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.)*

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