



Date: March 10, 2015

DMHSAS Numbered Memo 2015-03

To: Area Administrators / Human Service Area Coordinators
Bureau Directors / Section Chiefs
County Departments of Community Programs Directors
County Departments of Developmental Disabilities Service Directors
County Departments of Human Services Directors County Departments of Social Services
Directors County Mental Health Coordinators
Tribal Chairpersons / Human Services Facilitators

From: Patrick K. Cork, Administrator
Division of Mental Health and Substance Abuse Services

**Community Mental Health Services Block Grant - Community Aids Formula
Allocation and Reporting Requirements**

This memo outlines the reporting requirements for the Community Mental Services Health Block Grant (MHBG) for Calendar Year 2014 (CY 2014) and expenditure requirements for the use of CY 2016 MHBG funds. Counties must comply with the reporting requirements in the Mental Health Program Participation System (PPS) data system including the reporting of consumer functional outcomes every 6 months through the Consumer Status Data Set in PPS.

The CY 2014 report/CY 2016 plan must be submitted via the new online report, the [Annual Mental Health Block Grant Community Aids Online Report](#). This online report replaces the previous paper County Reporting Form F-00251. **Please see the below instructions for more information. This online report must be completed no later than May 1, 2015.** You should disregard any previous Division of Mental Health and Substance Abuse Services (DMHSAS) memos relating to the MHBG reporting requirements. As in 2014, counties are asked to report the number of people served using the Mental Health Block Grant Community Aids Formula Allocation. This reporting, for CY 2014, is optional. However, this reporting will be required in 2016 for CY 2015.

Background

The Division of Mental Health and Substance Abuse Services (DMHSAS) is annually awarded a Mental Health Block Grant (CFDA# [93.958](#)) from the federal Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration (SAMHSA). DMHSAS, as required by State statutes [20.435\(7\)\(o\)](#) and [46.40\(2m\)\(b\)](#), obligates up to \$2,513,400 of the MHBG to all counties within the state through a Community Aids Formula Allocation. The formula allocation is based on each county's population, Medicaid caseload, and per capita income. This memo describes the county reporting requirements for the 2014 Community Aids Formula Allocation and the county expenditure requirements for the upcoming 2016 Community Aids Formula Allocation.

Reporting Requirements

The CY 2016 Expenditures Plan is due, along with the 2014 reported expenditures, by May 1, 2015. The plan should follow the requirements described in this memo and utilize the new online reporting.

Community Aids Formula Allocation Reporting for 2014

The MHBG award carries reporting requirements on how the funding is spent. As a result, DMHSAS requires counties to report how much of their formula allocation was spent and for what purposes. The requirements for spending the 2014 MHBG funds were described in DMHSAS Numbered Memo 2013-01 Action. The online survey should be used to record county expenditures in the nine allowable expenditure categories and record the associated outcomes for those expenditures either in the dialogue box or uploaded via the survey.

Community Aids Formula Allocation Amounts for 2016

The DMHSAS projects it will receive \$7,379,783 in 2015 MHBG funds from CMHS. The Division is tentatively allocating \$2,513,400 to county programs using the Community Aids Formula. Because of the potential for additional cuts in federal funding, the final amount will not be determined until the federal budget is passed. Attachment 1, Community Aids Formula Allocation for Calendar Year 2016, lists the projected allocation for each county Department of Community Programs or Human Services. Counties must report planned Community Aids expenditures for 2016 using the online survey, along with the 2014 actual expenditures.

Number of Individuals Served with Block Grant Dollars

The DMHSAS requests that counties provide an estimate of the number of individuals served by the Community Aids Formula Allocation. Providing this information for calendar year 2014 is optional. Counties will be required to provide this information beginning in 2016 for calendar year 2015. If numbers served are not known, counties should estimate the number served.

Community Aids Formula Allocation Expenditures for 2015

Counties' allocations for CY 2015 must be spent by *December 31, 2015* and the associated expenditure reports are due to the [Community Aids Reporting System \(CARS\)](#) within 90 days of the expenditure deadline. Please check your current expenditure level to ensure your county is on track to spend its formula allocation by *December 31, 2015*. If you have questions contact Ryan Stachoviak at the Department of Health Services at Ryan.Stachoviak@wisconsin.gov or 608-261-9316.

Mental Health Block Grant Community Aids Expenditure Requirements

The federal and state requirements associated with the expenditure of the MHBG Community Aids Formula Allocation funds are described in detail in Attachment 2, the 2016 Mental Health Block Grant Requirements.

Some of these requirements include:

- Funds must be used for activities associated with community mental health services.
- Funds must be used for services to adults with serious mental illness (SMI) or children with severe emotional disorders (SED).

DMHSAS has identified nine program areas to which counties can apply these funds including Community Support Programs (CSP), Supported Housing, Jail Diversion, Crisis Intervention, Family and Consumer Peer Support and Self-Help, Services for Children and Adolescents with SED, Programs for Persons with Co-Occurring Mental Illness and Substance Abuse Problems, Community

Mental Health Data Set Development, and Comprehensive Community Services. The requirements associated with the expenditure of the MHBG Community Aids Formula Allocation may change upon federal approval of the MHBG FY 2015 requirements.

In addition to reporting CY 2014 expenditures, counties must use the Online Report to submit a plan for the expenditure of their CY 2016 Community Aids Formula Allocation.

Priority for Serving Individuals Who are Homeless

In 2005, a priority for DHS and DMHSAS was added to improve efforts to serve persons with a SMI who are homeless either through immediate action or priority placement on a wait list. Counties are requested to prioritize the reporting of persons who are homeless and have a serious mental illness through the [Program Participation System \(PPS\)](#). The primary objective of prioritizing persons with a serious mental illness who are homeless is to provide this population with better access to all mainstream mental health services. Mental Health Block Grant funds can be dedicated to **ANY** of the priority program areas to provide mainstream mental health services to persons with a serious mental illness who are homeless. PPS data will be used by DMHSAS to report on services provided to persons who are homeless. All PPS data must be completed for all consumers with a serious mental illness who are homeless regardless of whether the MHBG is used to fund their services.

Data describing individuals whom are homeless shall be recorded in PPS fields as follows:

- Code 80 indicating an individual is homeless should be recorded as a Client Characteristic, and
- For individuals who meet the BRC criteria for inclusion in the Consumer Status Data Set (CSDS), Code 1 indicating the individual lives on the street or in a shelter should be recorded to describe their Residential Arrangement.

Data Reporting Requirements

Every year, the State must report data to the federal Center for Mental Health Services (CMHS) as part of the annual MHBG application. Thus, data collection and reporting remains a priority area for DMHSAS. Mental health information from the CSDS must be reported through PPS in a timely manner. All data is critical to the Department of Health Services and county agencies in measuring performance outcomes. Failure to report data could result in the county not receiving their full MHBG allocation.

Sub-recipient Monitoring Requirement

Counties that use their MHBG allocation to fund sub-recipient agencies for services must implement fiscal monitoring and oversight to assure the sub-recipient is in compliance with [Public Law 102-321 \(Section 1911\(b\) and 1912\(b\)\)](#) as outlined in Attachment 2.

Action Summary

This Memo outlines a reporting process with priority areas. Counties are required to report data and to develop performance targets. This memo supersedes Memo: DMHSAS Numbered Memo [2014-04 Action](#), relating to MHBG reporting. **Complete and submit the online report no later than May 1, 2015.**

The report requirements are:

- Summarize activities, expenditures, and outcomes related to the Mental Health Block Grant Community Aids Formula Allocation in CY 2014;
- Indicate your spending plan for the CY 2016 Community Aids Formula Allocation; and

- Indicate the number of individuals served by the mental health block grant in CY 2014;
- Enter and submit the information to the Division of Mental Health and Substance Abuse Services online using the following link:
<http://4.selectsurvey.net/DHS/TakeSurvey.aspx?SurveyID=mhbg2015>.

Annual Mental Health Block Grant Community Aids Online Report Instructions

Counties can access the report using the following link:

<http://4.selectsurvey.net/DHS/TakeSurvey.aspx?SurveyID=mhbg2015>. If prompted for a survey ID, use mhbg15. The report information is collected using a Select Survey reporting tool. Please note the following instructions for completing the survey:

- Users will first be prompted to log in, or create a log in if you do not yet have a Select Survey log in and password. This user name and password must be used by all users of your county to access your county-specific report.
- Users will be asked to provide the information noted above.
- Data may be entered, saved and later accessed or modified using your log-in and password. As such, data can be modified or entered in stages; however the same log-in must be used to access the information which was previously entered. If logging off of the survey tool prior to completing the survey, be sure to click **SAVE** to ensure your data is recorded thus far.
- Upon completing the report users must certify the accuracy of the information (Question 16) and click the **DONE** button.
- After submitting the final survey users will receive an email confirming the report was successfully completed and users will be provided a copy of the data which was entered. Counties are encouraged to contact Ryan Stachoviak with any questions or problems with the report (see contact information below).

For additional information and questions regarding this memo:

Central Office Contact:

Ryan Stachoviak
Department of Health Services
Division of Mental Health and Substance Abuse Services
1 W. Wilson St., Room 851
Madison, WI 53703-7851
Telephone: (608) 261-9316
Fax: (608) 267-7793
Email: Ryan.Stachoviak@wisconsin.gov

Regional Office Contact: [Area Administrators](#)

Online Report:

<http://4.selectsurvey.net/DHS/TakeSurvey.aspx?SurveyID=mhbg2015>

Attachments:

Attachment 1: Community Mental Health Services Block Grant Community Aids Formula Allocation for Calendar Year 2016

Attachment 2: 2016 Community Mental Health Services Block Grant Requirements

Memo Websites:

[DMHSAS Numbered Memo Series website](#)

[DMHSAS Memo Series E-mail Subscription Services web page](#)

Subscribing to the DMHSAS Memo Series Listserv can be done from this page. You will receive a notice each time a new memo is released, which will include a link to the online version of the memo.

Attachment 1

Community Mental Health Services Block Grant Community Aids Formula Allocation - Calendar Year 2016

ASHLAND COUNTY HUMAN SERVICES DEPARTMENT	9,580
BARRON COUNTY HUMAN SERVICES DEPARTMENT	20,066
BAYFIELD COUNTY DEPARTMENT OF COMMUNITY PROGRAMS	7,354
BROWN COUNTY DEPARTMENT OF HUMAN SERVICES	98,340
BUFFALO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES	7,803
BURNETT COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES	7,248
CALUMET COUNTY DEPARTMENT OF HUMAN SERVICES	12,388
CHIPPEWA COUNTY DEPARTMENT OF HUMAN SERVICES	27,037
CLARK COUNTY COMMUNITY SERVICES	16,032
COLUMBIA COUNTY HUMAN SERVICES DEPARTMENT	16,818
CRAWFORD COUNTY HUMAN SERVICES DEPARTMENT	7,939
DANE COUNTY DEPARTMENT OF HUMAN SERVICES	160,098
DODGE COUNTY HUMAN SERVICES AND HEALTH DEPARTMENT	31,007
DOOR COUNTY DEPARTMENT OF COMMUNITY PROGRAMS	7,665
DOUGLAS COUNTY HUMAN SERVICES	25,572
DUNN COUNTY DEPARTMENT OF HUMAN SERVICES	18,754
EAU CLAIRE COUNTY DEPARTMENT OF HUMAN SERVICES	51,569
FLORENCE COUNTY HUMAN SERVICES DEPARTMENT	3,434
FOND DU LAC DEPARTMENT OF COMMUNITY PROGRAMS	37,307
FOREST, ONEIDA, VILAS, HUMAN SERVICES CENTER	24,615
GRANT-IOWA UNIFIED BOARD	30,080
GREEN COUNTY HUMAN SERVICES	11,554
GREEN LAKE COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT	6,805
IRON COUNTY DEPARTMENT OF HUMAN SERVICES	3,621
JACKSON COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES	8,922
JEFFERSON COUNTY HUMAN SERVICE DEPARTMENT	26,128
JUNEAU COUNTY DEPARTMENT OF HUMAN SERVICES	10,820
KENOSHA COUNTY DEPARTMENT OF HUMAN SERVICES	72,813
KEWAUNEE COUNTY DEPARTMENT OF HUMAN SERVICES	7,486
LA CROSSE COUNTY HUMAN SERVICES DEPARTMENT	56,779
LAFAYETTE COUNTY HUMAN SERVICES	7,785
NORTH CENTRAL COMM SERVICES PROGRAM	71,892
MANITOWOC COUNTY HUMAN SERVICES DEPARTMENT	35,127
MARINETTE COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT	18,732

MARQUETTE COUNTY UNIFIED SERVICES BOARD	6,423
MENOMINEE COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT	5,752
MILWAUKEE COUNTY DEPARTMENT OF HUMAN SERVICES	685,914
MONROE COUNTY DEPARTMENT OF HUMAN SERVICES	18,307
OCONTO COUNTY DEPARTMENT OF HUMAN SERVICES	13,353
OUTAGAMIE COUNTY DEPARTMENT OF HUMAN SERVICES	64,126
OZAUKEE COUNTY DEPARTMENT OF COMMUNITY PROGRAMS	25,233
PEPIN COUNTY DEPARTMENT OF HUMAN SERVICES	4,795
PIERCE COUNTY DEPARTMENT OF HUMAN SERVICES	13,239
POLK COUNTY HUMAN SERVICES DEPARTMENT	17,164
PORTAGE COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT	25,490
PRICE COUNTY HUMAN SERVICES DEPARTMENT	8,029
RACINE COUNTY HUMAN SERVICES DEPARTMENT	100,488
RICHLAND COUNTY COMMUNITY PROGRAMS	9,465
ROCK COUNTY HUMAN SERVICES DEPARTMENT	73,312
RUSK COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT	9,661
SAUK COUNTY DEPARTMENT OF HUMAN SERVICES	17,541
SAWYER COUNTY HEALTH AND HUMAN SERVICES	8,146
SHAWANO DEPARTMENT OF COMMUNITY PROGRAMS	16,604
SHEBOYGAN COUNTY HEALTH AND HUMAN SERVICE DEPARTMENT	51,197
ST CROIX COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT	17,529
TAYLOR COUNTY HUMAN SERVICES DEPARTMENT	9,043
TREMPEALEAU COUNTY UNIFIED BOARD	15,769
VERNON COUNTY DEPARTMENT OF HUMAN SERVICES	12,392
WALWORTH COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES	22,005
WASHBURN COUNTY HUMAN SERVICES DEPARTMENT	8,386
WASHINGTON COUNTY - COMPREHENSIVE COMMUNITY SERVICES	37,470
WAUKESHA COUNTY COMM HUMAN SERVICES DEPT	109,469
WAUPACA COUNTY DEPARTMENT OF HUMAN SERVICES	20,786
WAUSHARA COUNTY DEPARTMENT OF COMMUNITY PROGRAMS	10,433
WINNEBAGO COUNTY DEPARTMENT OF COMMUNITY PROGRAMS	68,961
WOOD COUNTY UNIFIED SERVICES	39,193
TOTAL	\$2,513,400

2016 Community Mental Health Services Block Grant Requirements

A. CLIENT ELIGIBILITY FOR SERVICES

With respect to [Public Law 102-321 \(Section 1911\(b\) and 1912\(b\)\)](#), the Center for Mental Health Services (CMHS) established final definitions for the target populations that would be serviced by funds from the Mental Health Block Grant. These definitions apply directly to those county programs using these funds. Funds may be used only to provide services to mental health consumers who meet the following definitions. The Department is responsible to assure the CMHS that these funds are appropriately used.

Definitions of Children & Adolescents with Severe Emotional Disturbance (SED)

Pursuant to [Section 1911\(c\) of the Public Health Service Act](#) "children with a serious emotional disturbance" are (1) from birth up to age 18 and (2) who currently have, or at any time during the last year, had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R. [Federal Register Volume 58 No. 96](#) published Thursday May 20, 1993 pages 29422 through 29425.

Definition of Adults with a Serious Mental Illness (SMI)

Pursuant to Section 1912(c) of the Public Health Service Act, as amended by [Public Law 102-321](#), "adults with a serious mental illness" are persons: (1) age 18 and over and (2) who currently have, or at any time during the past year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance use disorders, and developmental disorders which are excluded, unless they co-occur with another diagnosable serious mental illness, and (3) that has resulted in functional impairment, which substantially interferes with or limits one or more major life activities. [Federal Register Volume 58 No. 96](#) published Thursday May 20, 1993, pages 29422 through 29425.

B. ALLOWABLE SERVICES

The purpose of these funds is to expand the county-operated or contracted system of community-based services for adults with SMI and children with SED. These funds must be used to initiate new programs, or significantly strengthen existing programs for these population categories (refer to PL 102-321, Section 1916(a)).

Program Priority Areas

The 2016 Wisconsin State Mental Health Plan identifies and describes a number of programs that help meet the needs of both adults with SMI and children with SED. The Community Aids Formula Allocation funds are to be used to expand a number of these services; specifically, the funds allocated to county programs may be used for the following program priority areas:

1. Certified Community Support Program (CSP) development and service delivery
2. Supported housing program development and service delivery
3. Initiatives to divert persons from jails to mental health services
4. Development and expansion of mobile crisis intervention programs
5. Consumer peer support and self-help activities
6. Coordinated, comprehensive services for children with SED

7. Development of strategies and services for persons with co-occurring mental health and substance abuse disorders
8. Mental health outcome data system improvement
9. Certified Comprehensive Community Services (CCS) program development and service delivery

The following section defines allowable uses of the funds for each of the nine priority areas and presents information on how funds may be used. Use of the funds in these priority areas should be reported as a service through the Mental Health PPS data system. Each of the descriptions of the program priority areas below is followed by its associated Standard Program Category (SPC) code which counties should use when recording data in the Mental Health PPS data system.

1. Certified CSP program development and service delivery

Funds may be used only by certified CSP for the following activities:

1. Hire additional staff to serve people on waiting lists
2. Address clients' vocational needs by hiring vocational counselors
3. Address clients' substance abuse issues by hiring additional staff with that expertise
4. Provide parenting skills training and other specialized services to CSP clients who are parents
5. Assist CSP eligible adolescents who are in transition from children's services to adult services
6. Send staff to training or hire trainers to come in and work with staff.
7. Use money for client emergencies, such as medications, vocational incentive money, etc.
8. Purchase necessary equipment to enhance programming.

Services delivered with these funds should be reported using the following standard program category codes in PPS:

509 Community Support

2. Supported housing program development and service delivery

Funds are to be used to increase the mental health agency's staff resources and knowledge to help people with serious mental illness choose, obtain, and keep normal housing. *Note:* These funds may be used to assist mental health consumers who are homeless and in need of services in the county. The funds may also be used to increase the mental health agency's capacity to identify the housing needs of clients, develop overall housing plans, educate landlords, public housing authorities, housing planners, and developers about the housing needs of the clients. The housing on which the efforts are targeted needs to be based on the choice of consumers, have a regular landlord/tenant lease, and be integrated with housing/apartments for people without disabilities. Clients must also have the opportunity to choose their roommates/ housemates. These funds may not be used for community-based residential services or purchase of land or buildings or payment of a mortgage. Funds may be used to:

1. Conduct or hire consultants to conduct consumer housing preference studies.
2. Hire a housing coordinator to address clients' housing needs with other housing providers, including landlords.
3. Start-up funds to pay for security deposits to assist people to move into their housing from institutions, group homes, etc.
4. Subsidize the client's rent while he/she is on the Section B waiting list.

5. Send staff to training regarding housing issues or hire trainers to teach staff to understand housing and support service issues.
6. Hire housing staff who provide day-to-day support to clients to choose, acquire, and keep housing of their choice.

Services delivered with these funds could be reported using the following standard program category codes in PPS:

106 Housing/Energy Assistance

3. Initiatives to divert persons from jails to mental health services

Expand or develop capacity at mental health agencies to identify, build relationships with, and divert and support people with serious mental illness or children and adolescents with severe emotional disturbance from jails, when appropriate. Funds may be used to:

1. Hire jail liaison staff.
2. Purchase training and consultation to develop jail linkages.
3. Purchase necessary equipment to enhance programming.

No standard program categories are available to record for this program priority area.

4. Development and expansion of mobile crisis intervention programs

Develop or expand the ability of mental health staff to provide mobile crisis intervention and resolution services 24 hours a day/seven days a week. Innovative efforts to develop alternatives to hospitalization are also eligible for these funds. Funds may be used to:

1. Hire staff to provide mobile crisis intervention and resolution services.
2. Purchase training or send staff to training regarding crisis intervention and resolution techniques.
3. Purchase necessary equipment to enhance programming.
4. Develop community-based crisis resolution programs like community crisis beds.
5. Pay for respite services.
6. Fund a consumer-operated support telephone line.
7. Fund consumer-operated crisis alternative.

Services delivered with these funds should be reported using the following standard program category codes in PPS:

501.00 Crisis Intervention - hours
501.10 Crisis Intervention - days

5. Consumer peer support and self-help activities

Organizations that focus on providing self-help, peer to peer support or peer support to families of adults with severe mental illness or children/adolescents with severe emotional disturbance and clients/consumers/ex-patients. Funds may be used to:

1. Pay rent and pay operating expenses for an office and a meeting place.
2. Pay expenses related to publishing a newsletter.

3. Hire a staff person, preferably a consumer or family member, to set up meetings and perform administrative duties.
4. Develop peer support and self-help programs, including clubhouses, drop-in centers, supported telephone lines, crisis alternatives, housing referral and support, employment referral, etc.
5. Reimburse member's mileage to help them attend meetings, pay for baby sitters, etc.
6. Pay expenses to assist members to attend meetings and conferences, including conferences out of state.
7. Hire consumers or family members to provide assistance to other clients and family members in dealing with the mental health system during a crisis, when there is a complaint, etc.

No standard program categories are available to record for this program priority area.

6. Coordinated, comprehensive services for children with SED

Develop and/or expand the mental health agency's capacity to provide comprehensive and coordinated services for children and adolescents with severe emotional disturbance. Funds may be used to:

1. Hire a service coordinator with the qualifications specified under Wisconsin Statutes [46.56](#), an individual who is qualified by specialized training and clinical experience with children with SED and their families.
2. Create a pool of funds for providing flexible services to maintain children and youth in their homes or the community.
3. Hire a children's specialist (master's degree with 3,000 hours) for the 51 system who can team with a second worker to provide in-home therapy services.
4. Identify gaps in the service array and fund missing services.
5. Hire a child mental health therapist to assist CSP-eligible adolescents in transition from children's services to adult services

Services delivered with these funds could be reported using the following standard program category codes in PPS as appropriate:

103 Respite Care
604 Case Management
501.00 Crisis Intervention - hours
501.10 Crisis Intervention - days
507 Counseling/Therapeutic Resources
704 Day Treatment-Medical
510.10 Comprehensive Community Services (CCS) - hours

7. Development of strategies and services for persons with co-occurring MH/SA disorders

The purpose of this priority area is to develop innovative strategies and approaches for providing integrated, community services for people with serious and persistent mental illness who have substance abuse problems. The proposed system for these individuals must incorporate and integrate mental health and substance abuse treatment. Funds may be used to:

1. Add or provide specialized training/certification to staff of the agency's CSP.
2. Develop a case management program.
3. Develop a new community treatment and support program for persons with dual diagnosis.

Services delivered with these funds could be reported using the following standard program category codes in PPS:

- 507 Counseling/Therapeutic Resources**
- 509 Community Support Program**
- 510.10 Comprehensive Community Services - hours**
- 604 Case Management**

8. Mental health outcome data system improvement

The purpose of this program initiative is to promote the development of client, program, and outcome mental health data to enhance knowledge about those being served, and to provide for the future planning of services and resources for those with serious mental illness. Funds may be used to:

1. Attend regional or statewide training on goals of mental health data-set development.
2. Develop innovative, county-based pilot projects for mental health data collection.
3. Purchase capital equipment, specifically computer equipment and software, in order to utilize a state-developed mental health data set.
4. Hire or contract for computer personnel in order to integrate a state-developed data set with a local system and transfer data gained to state-based system.

No standard program categories are necessary to record for this program priority area.

9. Certified CCS program development and service delivery

Funds may be used only by certified CCS counties for the following activities:

1. Hire additional staff to serve people on waiting lists
2. Address clients' vocational needs by hiring vocational counselors
3. Address clients' substance abuse issues by hiring additional staff with that expertise
4. Provide parenting skills training and other specialized services to CSP clients who are parents
5. Assist eligible adolescents who are in transition from children's services to adult services
6. Send staff to training or hire trainers to come in and work with staff.
7. Use money for client emergencies, such as medications, vocational incentive money, etc.
8. Purchase necessary equipment to enhance programming.

Services delivered with these funds should be reported using the following standard program category codes in PPS:

- 510.10 Comprehensive Community Services - hours**

C. RESTRICTIONS ON FUNDS

The Allowable Costs Manual states that capital equipment requests that exceed \$5,000 would require a waiver from the Division. All items that exceed \$5,000 should be justified in the appropriate section of the County Reporting Form. This section requires that a request for capital equipment be tied to the goals of the proposal.

Agencies **may not** expend the Community Mental Health Services block grant to:

1. Provide inpatient services or services in a CBRF.
2. Make cash payments to intended recipients of health services.
3. Purchase or improve land, purchase, construct, or permanently improve a building or other facility, pay down payments or mortgage for property, or purchase major medical equipment.
4. Satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds, i.e., Medical Assistance match for CSP, CCS, or case management services.
5. Provide financial assistance to any entity other than a public or non-profit private entity.
6. Supplant existing funding for services for adults with serious mental illness or children with SED.