

State Community Mental Health Allocation Report F-01684 (01/2016)

Welcome to the 2017 State Community Mental Health Allocation Report

Welcome to the 2017 State Community Mental Health Allocation (SCMHA) Report.

Please refer to the 2016 DMHSAS Numbered Memo for details regarding reporting requirements and allowed expenditures.

The following are the core areas of this report:

1. SCMHA Expenditures in calendar year 2016
2. The number of individuals served in 2016 using the allocation
3. Capital expenses using the 2016 allocation
4. Narrative description of allocation utilization

State Community Mental Health Allocation Report

Please note the following instructions for completing the survey:

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.

If you have any questions or difficulties with this report, please contact Maura Klein at maura.klein@wisconsin.gov or (608) 266-7072

Please click NEXT to begin the report.

State Community Mental Health Allocation Report F-01684 (01/2016)

Contact Information

Please provide the below contact information for both your county's main contact for the Mental Health Block Grant Community aids reporting and the person responsible for completing this report.

1. County Name (or Counties if reporting for a consortium)*

2. Agency Name*

3. Name-County Contact (Please enter the name of who is the main county or agency contact regarding the funding source).*

4. County Contact's Title*
5. County Contact's Email Address*
6. County Contact's Mailing Address*
7. County Contact's Telephone Number*
8. Name of Person Completing this Survey (If different from above)
9. Email Address of Person Completing this Survey (If different from above)

State Community Mental Health Allocation Report F-01684 (01/2016)

Expenditures

10. Please provide the following information regarding 's use of the 2016 State Community Mental Health Allocation.

In the table below, report what spent in CY 2016 in each program area with the allocation.

Note: You do not need to include the \$ symbol when entering data.

| | 2016 Expenditures |
|---|----------------------|
| Adult Family Home | <input type="text"/> |
| Assistance for people relocating from an IMD/Medicaid-certified skilled nursing facility to community placement | <input type="text"/> |
| Case Management | <input type="text"/> |
| Certified Community Support Program (CSP) | <input type="text"/> |
| Certified Comprehensive Community Services (CCS) | <input type="text"/> |
| Certified Peer Specialists | <input type="text"/> |
| Community based residential facility | <input type="text"/> |
| Community Recovery Services (CRS) | <input type="text"/> |
| Coordinated Services Team (CST) | <input type="text"/> |

| | |
|---|----------------------|
| Counseling/Therapeutic Resources | <input type="text"/> |
| Crisis Intervention | <input type="text"/> |
| Day Center Services-non Medical | <input type="text"/> |
| Day Treatment-Medical | <input type="text"/> |
| Group Home | <input type="text"/> |
| Information and Referral | <input type="text"/> |
| Intake Assessment | <input type="text"/> |
| Medication Management | <input type="text"/> |
| Outreach | <input type="text"/> |
| Supported Employment | <input type="text"/> |
| Supportive Community Services (excluding Case Management) | <input type="text"/> |
| Transportation | <input type="text"/> |
| Work Related Services | <input type="text"/> |
| | <input type="text"/> |

State Community Mental Health Allocation Report F-01684 (01/2016)

Numbers Served

In the below table please indicate the number of individuals who received services in 2016 via a program or service funded in part by the State Community Mental Health Allocation. If exact counts are not known, estimates should be provided. Please place numbers in the appropriate column, actual or estimated.

11.

| | CY 2016 Number Served - Actual Count | CY 2016 Number Served - Estimated Count | |
|---|---|---|---|
| Adult Family Home | <input type="text"/> | <input type="text"/> | 0 |
| Assistance for people relocating from an IMD/Medicaid-certified skilled nursing facility to community placement | <input type="text"/> | <input type="text"/> | 0 |
| Case Management | <input type="text"/> | <input type="text"/> | 0 |
| Certified Community Support Program (CSP) | <input type="text"/> | <input type="text"/> | 0 |
| Certified Comprehensive Community Services (CCS) | <input type="text"/> | <input type="text"/> | 0 |
| Certified Peer Specialists | <input type="text"/> | <input type="text"/> | 0 |
| Community based residential facility | <input type="text"/> | <input type="text"/> | 0 |
| Community Recovery | | | |

| | | | |
|---|----------------------|----------------------|---|
| Services (CRS) | <input type="text"/> | <input type="text"/> | 0 |
| Coordinated Services Team (CST) | <input type="text"/> | <input type="text"/> | 0 |
| Counseling/Therapeutic Resources | <input type="text"/> | <input type="text"/> | 0 |
| Crisis Intervention | <input type="text"/> | <input type="text"/> | 0 |
| Day Center Services-non Medical | <input type="text"/> | <input type="text"/> | 0 |
| Day Treatment-Medical | <input type="text"/> | <input type="text"/> | 0 |
| Group Home | <input type="text"/> | <input type="text"/> | 0 |
| Information and Referral | <input type="text"/> | <input type="text"/> | 0 |
| Intake Assessment | <input type="text"/> | <input type="text"/> | 0 |
| Medication Management | <input type="text"/> | <input type="text"/> | 0 |
| Outreach | <input type="text"/> | <input type="text"/> | 0 |
| Supported Employment | <input type="text"/> | <input type="text"/> | 0 |
| Supportive Community Services (excluding Case Management) | <input type="text"/> | <input type="text"/> | 0 |
| Transportation | <input type="text"/> | <input type="text"/> | 0 |
| Work Related Services | <input type="text"/> | <input type="text"/> | 0 |
| | <input type="text"/> | <input type="text"/> | |

State Community Mental Health Allocation Report F-01684 (01/2016)

Capital Expenses

12. Was any equipment purchased using the 2016 State Community Mental Health Allocation?

Yes No

13. If yes, please describe below the item(s) which were purchased and provide a rationale for their purchase. Equipment purchases expenditures must be related to the achievement of appropriate program goals, and be allowable under the State Community Mental Health Allocation.

| | |
|-------------------|----------------------|
| Describe the item | <input type="text"/> |
| Item Cost | <input type="text"/> |
| Rationale | <input type="text"/> |

State Community Mental Health Allocation Report F-01684 (01/2016)

Highlights

This page asks counties to report on accomplishments in 2016 using the State Community Mental Health Allocation. This information may either be provided in the dialogue box below (Question 14), or uploaded as a word document or pdf below (Question 15).

14. Please describe the Program Highlights with outcomes achieved through the use of the State Community Mental Health Allocation in CY 2016 in . Describe program accomplishments, innovations, and outcomes of community mental health services through the use of the funds. Program highlights should be provided in the text box below, or uploaded as a word document or pdf below.

15.

Select file to upload:

(click "Browse" button below to locate file)

File size restricted to: 4194304 KB

File type restricted to: No file type restrictions.

No file chosen

File Name: (limit 255 characters)

File Description: (limit 255 characters)

Files Uploaded:

State Community Mental Health Allocation Report F-01684 (01/2016)

Certification

16. CERTIFICATION: I certify that the information reported in this report is accurate and complete to the best of my knowledge. I also certify that I am authorized on behalf of the above county to certify this report.*

Yes No

17. If you have any comments on this report or suggestions on how to improve the reporting process please leave your comments below.