



## 2017 Mental Health Block Grant Community Aids Report F-00251 (1/2017)

### Welcome

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#### Welcome to the 2017 Mental Health Block Grant (MHBG) Community Aids Allocation Report

Please refer to the 2017 Division of Care and Treatment Services (DCTS) memo titled: [Community Mental Health Services Block Grant - Community Aids Formula Allocation and Reporting Requirements](#).

It is recommended that you collect all the necessary information prior to completing this report. Please refer to the sample report attached to the memo to identify the required information.

The following are the core areas of this report:

1. 2016 MHBG Community Aids Expenditures
2. 2018 planned MHBG Community Aids Expenditures
3. The number of individuals served in 2016 using the MHBG Community Aids Allocation
4. Planned capital expenses using the 2018 MHBG Community Aids Allocation
5. Narrative description of program highlights

After submitting the report, users will receive an email confirming the report was successfully completed. Users will be provided a copy of the data that was entered. If you wish to save your survey and complete it at a later time select "save and continue later" at the top of the screen. You will be prompted to enter your email. A unique link will be emailed to you that will allow you to return to the survey where you left off.

If you have any questions or difficulties with this report, please contact Ryan Stachoviak at [Ryan.Stachoviak@wisconsin.gov](mailto:Ryan.Stachoviak@wisconsin.gov) or 608-261-9316.

### Contact Information

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**1. County name (or group of counties) \***

**2. Please provide the contact information for the person responsible for completing this report. \***

First name

Last name

Title

Agency name

Street address

City

State

Zip

Email address

Phone number

**3. Please provide information regarding your agency's 2016 use and planned 2018 use of the Mental Health Block Grant (MHBG) Community Aids Allocation.**

In the first column provide the amount your agency indicated it would devote to specific program priority areas with funds for calendar year (CY) 2016.

In the second column, provide actual CY2016 expenditures by program priority area with the Mental Health Block Grant (MHBG) funds.

In the third column, provide a planned expenditure amount by program priority area for CY2018 MHBG Community Aids Allocation funds. The total amount cannot exceed the total MHBG Community Aids Formula Allocation amount for your county as per the Mental Health Block Grant Community Aids memo. The CY2017 plan was previously submitted to the Division of Care and Treatment Services.

	2016 Planned Expenditures	2016 Actual Expenditures	2018 Planned Expenditures
Children and Adolescent Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community Support Programs (CSP)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comprehensive Community Services (CCS)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Crisis Intervention	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Set Development	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dual Diagnosis Adults	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family and/or Consumer Peer Supports	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jail Diversion	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supported Housing	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of People Served**

**4. In the table below please provide the number of individuals who received services in 2016 funded by the MHBG Community Aids Allocation by service category. If exact counts are not known, counties should provide estimates. Please indicate using the buttons whether the counts are actual or estimated.**

	Actual or Estimated Counts		Number of People Served
	Actual	Estimated	
Children and Adolescent Services	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Community Support Programs (CSP)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Comprehensive Community Services (CCS)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Crisis Intervention	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Data Set Development	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Dual Diagnosis Adults	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Family and/or Consumer Peer Supports	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Jail Diversion	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Supported Housing	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**Capital Expenses**

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**5. Does your agency intend to utilize the 2018 MHBG Community Aids Allocation for capital items?**

- Yes
- No

**6. If yes, please describe below the item(s) that your agency intends to purchase. Provide a rationale for purchasing the item(s). Federal and state regulations require DHS approval for capital items. Capital expenditures must be related to the achievement of appropriate program goals.**

### **Highlights**

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**7. Please describe the program highlights with outcomes achieved through the use of the Community Mental Health Allocation in CY 2016 in your service area.**

**8. Select a file to upload if desired.**

Browse...

**Certification**

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**9. I certify that the information reported here is accurate and complete to the best of my knowledge and that I am authorized on behalf of the above county to certify this report.**

Sign name using mouse or touch pad

Signature of

**Thank You!**

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Thank you for completing the Mental Health Block Grant Community Aids Report, if you have any questions please contact Ryan Stachoviak at [Ryan.Stachoviak@wisconsin.gov](mailto:Ryan.Stachoviak@wisconsin.gov) or 608-261-9316.