|  |  |
| --- | --- |
| **RBHA Name:** |  |
| **Reporting Period:** |  |
| **Report Date:** |  |

**Please provide the following information regarding services provided under the Mental Health Block Grant (MHBG) funds for Serious Emotional Disturbances (SED):**

1. Description of service array provided to individuals with SED diagnoses.
2. Description of programs addressing school violence related to mental health.
3. Description of programs addressing suicidal ideation through school and community programs.
4. Referral sources the contractor has actively engaged.
5. Outreach efforts to identify individuals with SED diagnoses who are not eligible for Medicaid and do not have private insurance so they can receive services through MHBG-SED funding.
6. Outreach efforts to identify individuals with SED diagnoses who have private insurance so they can receiving wrap around services through MHBG-SED funding.
7. Number of total enrolled members receiving MHBG-SED funding.
8. Number of newly enrolled members receiving MHBG-SED funding since last report period.
9. Budget for specific programs/initiatives, with real-time expenditure amounts compared to budgeted amounts. *(This budget should be completed by your Contractor/TRBHA financial staff and coincide with Contractor/TRBHA financial statements.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Program / Activity** | **Total Budgeted** | **Actual - This Period** | **Actual - YTD** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Identification of under/over utilization of MHBG-SED funding and plan to address management of the MBBG-SED funding to maximize utilization and services to eligible members.
2. Identification of any barriers as well as plans to address the barriers and/or identification of successes and plans to sustain or build on the successes.