# Behavioral Health Advisory Council Pierre, South Dakota

### November 18, 2020

Advisory Council Members Present:

Kara Assid (Chair) Dianna Marshall Roseann Peterson-Olson (Vice-Chair) Christie Lueth Angela Murphy Wendy Figland Christy Alten-Osmera Karen Severns Brvan Harberts Lorraine Polak Matt Glanzer Belinda Nelson Joyce Glynn Chuck Frieberg Linda Reidt-Kilber Angie Dammer **Emily Erickson Eric Weiss** Teresa Rowland Jane Grant

Melanie Boetel

Advisory Council Members
Absent:

Rosanne Summerside Kristi Bunkers Ellen Washenburger Ashlee Rathbun

**Behavioral Health Staff Present:** 

Jana Boocock
Tiffany Glaser
Stacy Trove
Zach King

Jennifer Humphrey

Stacy Bruels Stacy Krall Katie Demaray

Others in Attendance:

Terry Dosch Shane Hamilton Wendy Giebink

# **Purpose**

The purpose of the Advisory Council shall be to guide the Division of Behavioral Health with the planning, coordination and development of the state comprehensive behavioral health services plan. The Advisory Council shall advocate on behalf of persons served to ensure their highest attainable degree of independence, productivity, community integration and quality of services. The Advisory Council will also advise the Division of Behavioral Health on statewide treatment, prevention, and rehabilitation needs within the current behavioral health system.

#### Minutes:

#### I. Call to Order / Welcome and Introductions

November 18, 2020 the Behavioral Health Advisory Council meeting was called to order by Kara Assid. Jennifer Humphrey took attendance.

#### II. Review and Approval of Meeting Minutes

The Advisory Council reviewed the August 2020 meeting minutes. Eric Weiss moved

to approve. Emily Erickson seconded the motion. Motion carried, all approved.

#### III. Membership

Jennifer Humphrey provided on overview of the current membership.

#### Reappointments

Jane Grant and Ashlee Rathbun have been reappointed to the Advisory Council.

#### New Appointments

Christine Lueth, Southeastern Behavioral Health Care, was appointed to fill Susan Kornder's position which is a licensed mental health professional who provides direct services at a community agency (not a center director).

Angela Murphy was appointed to fill Lois Knoke's position which is an adult with a serious mental illness who has or is receiving services.

Teresa Rowland was appointed to fill Jacquie Larson's position which is a designee to the Secretary of the Department of Education.

#### Vacancies

Jayne Parsons' position is an adult recovering from substance abuse. Jayne has served two consecutive three-year terms. Nomination, Jon Sommervold has been sent to the Governor for her consideration.

Katherine Jaeger's position is a family member of a child who is or has received services from a psychiatric residential treatment center. Nomination, Penny Kelley has been sent to the Governor for her consideration.

Kara Assid's position is a family member of a youth with a serious emotional disturbance and co-occurring substance use disorder. Kara is moving out of state and today is her last meeting. If the Advisory Council knows of anyone who may be interested in becoming a member of the Advisory Council, please have them email Jennifer.Humphrey@state.sd.us.

#### New Member Orientation

New member orientation will take place the beginning of the 2021. More information will come later, and all members are invited to attend.

#### IV. Election of Chair

Jane Grant and Angie Dammer were nominated for the role of Chair. Under an anonymous Zoom poll, Jane Grant was selected for the position.

## V. Human Services Center (HSC) Update

Clinical Services Director, Shane Hamilton, provided an update on the COVID-19 measures implemented at HSC. To date, there are no patients who are positive. All patients go through a screening at the time of admission and testing can be performed on site. The geriatric unit requires weekly testing of patients and staff. During the summer, HSC coordinated outdoor visits between patients and their families. A "hug

booth" was built to allow safe contact. This winter, HSC is working on a plan for safe indoor visits.

#### VI. NAMI – SD

Wendy Giebink, the Executive Director of the National Alliance on Mental Illness South Dakota provided an overview of their organization and programming available to individuals with mental illness and their families/loved ones.

#### VII. FY 2020 Data Outcomes Presentation

Stacy Trove, Performance Management Program Manager, presented on the Division of Behavioral Health's statistical and outcome data for Fiscal Year 2020.

#### VIII. Vocational Rehabilitation Services

Eric Weiss, the Director of the Department of Human Services, Division of Rehabilitation Services, provided an overview of vocational rehabilitation services.

## IX. Division of Behavioral Health Update

605 Strong - Crisis Counseling Program (CCP) Grant

Melanie Boetel provided an overview of the 605 Strong program which provides outreach, resources and support, including crisis intervention, for individuals impacted by the COVID-19 pandemic. The hotline utilized statewide is 211, in partnership with the Helpline Center. Lutheran Social Services is also a partner in the 605 Strong program. Outreach efforts include a media campaign of print, social, radio and television advertisements, and virtual support and educational activities. For more information, please visit: <a href="https://www.605strong.com/">https://www.605strong.com/</a>, or to reach someone for support and information, please call 211 or text 605Strong to 898211.

#### Fiscal Reports

Stacy Bruels provided an overview of the 1<sup>st</sup> quarter report for Fiscal Year 2021 regarding the amount expended for contract and Medicaid services by area.

## Mental Health Summer Study

Melanie Boetel provided an update to the Mental Health Summer Study which last met on November 5, 2020. The meeting included Lewis & Clark Behavioral Health Services and Southern Plains Behavioral Health Services presenting on telehealth services to schools; Greg Sattizhan, United Judicial System, State Court Administrator presented on the Virtual Crisis Care project-Avera eCARE funded through the Hemsley Foundation to support law enforcement who encounter individuals in a mental health crisis; and Janet Kittam with the Helpline presented on the 988 number. Dr. Tammy Vik also presented about adolescent residential care issues. The next meeting is tentatively planned for early December. For additional information, please visit: https://sdlegislature.gov/#/Interim/Committee/238/Detail.

#### Screening, Brief Intervention, and Referral to Treatment (SBIRT) Grant

The SBIRT Advisory Council met via Zoom the morning of November 18, 2020. Jana Boocock reported that contracted SBIRT clinics overall saw a decrease in screenings since March due to COVID-19.

Two contracted clinics moved into sustainability the summer of 2020 and are currently

working through sustainability planning with the state's contracted consultant, JBS International. Two more clinics plan to move to sustainability beginning January 2021.

A mini-grant application has been finalized for primary care clinics to apply for up to \$50,000 of funding to support the implementation of SBIRT. Further information about the funding opportunity can be found here:

https://dss.sd.gov/behavioralhealth/community/fundingopportunities.aspx.

#### Zero Suicide

Jana Boocock announced that a virtual site visit will take place with the Education Development Center (EDC) and participating behavioral health providers implementing Zero Suicide. This will be a time to address any concerns and or challenges regarding implementation. The EDC will provide a final report with recommendations on next steps to move Zero Suicide forward in South Dakota.

#### Needs and Gaps Analysis

Melanie Boetel announced that the Human Services Research Institute (HSRI) is currently in the process of interviewing and compiling identified data elements. It is estimated that a final report and executive summary will be available in December.

## X. Open Discussion/Council Member Updates

Chuck Frieberg announced a recent grant awarded to the Unified Judicial System focusing on "dual-status youth". "Dual-status youth" are youth who come into contact with both the child welfare and juvenile justice systems.

Matt Glanzer inquired about the Governor's Executive Order for telehealth services which expires 12/30/20. Melanie Boetel and Stacy Bruels indicated that future options are currently being explored at the state level.

Lorraine Polak announced the SD CARES Housing Assistance Program which provides funds to assist residents financially impacted by COVID-19 with temporary housing expenses such rental, mortgage or utility assistance. For more information please contact the South Dakota Housing Development Authority @ 1-800-540-4241 or the Helpline Center @ 211.

Kara Assid brought forth the discussion regarding youth mentoring availability in South Dakota. Kara had the opportunity to visit with Lutheran Social Services (LSS) to encourage the expansion of their mentor program to reach youth with behavioral health issues who are involved in the juvenile justice system. Kara asked the Advisory Council to give thought to how organizations can work together to implement or expand youth mentoring services. Members did not have immediate ideas and were encouraged to consider future opportunities.

#### XI. Public Comment / Testimony

No public comment or testimony received.

#### XII. Future Meetings

2021 Advisory Council meeting dates:

Wednesday, March 17, 2021

- Wednesday, June 9, 2021
- Wednesday, August 11, 2021
- Wednesday, November 17, 2021

Future presentation requests and agenda items should be directed to Jennifer Humphrey.

# XIII. Adjourn

Roseann Peterson-Olson made a motion to end the meeting. Emily Erickson seconded the motion. Motion carried, all approved.



# BYLAWS SOUTH DAKOTA

#### BEHAVIORAL HEALTH ADVISORY COUNCIL

## (AS AMENDED AND APPROVED ON March 15, 2018)

#### **ARTICLE I: NAME**

The name of this organization shall be the Behavioral Health Advisory Council (BHAC), hereinafter also referred to as the "Advisory Council".

#### **ARTICLE II: AUTHORITY**

Section 1914 of the Public Health Service Act (42 U.S.C. 300x-3)

#### **ARTICLE III: PURPOSE**

The purpose of the Advisory Council shall be to guide the Division of Behavioral Health with the planning, coordination and development of the state comprehensive behavioral health services plan. The Advisory Council shall advocate on behalf of persons served to ensure their highest attainable degree of independence, productivity, community integration and quality of services. The Advisory Council will also advise the Division of Behavioral Health on statewide treatment, prevention, and rehabilitation needs within the current behavioral health system.

#### **ARTICLE IV: ACTIVITIES**

The Advisory Council shall meet at least four times per year unless otherwise determined by the Council. Activities shall include, but are not limited to, the following:

Section 1. <u>Advising</u>. The Advisory Council shall guide the Department of Social Services on all aspects related to the development, implementation and modification of necessary state or federal comprehensive behavioral health services plans including funding, coordination of services, quality issues and policy related matters.

Section 2. <u>Monitoring and Evaluating.</u> The Advisory Council shall, on a continuing basis, review, monitor and evaluate the implementation of the state comprehensive behavioral health services plan and the behavioral health service system while providing suggested methods to evaluate the quality of that service network.

Section 3. Reporting. The Advisory Council shall record and keep minutes of each Advisory Council meeting. The minutes shall include the date of the meeting, a notation of members attending, the topics discussed, the actions

taken, and a summary of reports made to the Advisory Council. The Department of Social Services will provide, at a minimum, quarterly updates or reports from the South Dakota Human Services Center and the Division of Behavioral Health.

Section 4. <u>Coordinating.</u> The Advisory Council shall guide the Department of Social Services in achieving a greater coordination of planning and service delivery efforts among various agencies involved within the behavioral health service delivery system. The Advisory Council shall continually work towards needed system expansion and quality of services.

Section 5. <u>Advocacy</u>. The Advisory Council shall advocate on behalf of persons served within the state to ensure their highest attainable degree of independence, productivity, community integration and quality of services.

#### **ARTICLE V: MEMBERSHIP**

Section 1. <u>Appointment.</u> Members of the Advisory Council shall be appointed by and serve at the pleasure of the Governor. Advisory Council members shall be residents of the state with consideration for reasonable geographic representation from the entire state. Recommendations for filling vacancies shall be made from the Advisory Council.

Section 2. <u>Composition and terms.</u> Appointed Advisory Council members shall serve for a three year term. Members may serve no more than two consecutive three year terms. If an individual is appointed to fill a vacancy mid-term, then they are still eligible for two consecutive, full terms. Representatives who are adults with a serious mental illness and/or recovering from substances, family members of adults with a serious mental illness and/or substance abuse disorder, and family members of children/youth with a serious emotional disturbance and/or substance abuse disorder shall have staggered terms.

The Advisory Council shall consist of the following are appointed by and serve at the pleasure of the Governor:

- 1. Secretary of the Department of Social Services or designee;
- 4.2. Director of Behavioral Health Services or designee;
- 2.3. Secretary of the Department of Education or designee;
- 3.4. Secretary of the Department of Corrections or designee;
- 4.5. Director of the Division of Rehabilitation Services or designee;
- 5.6. Executive Director of the South Dakota Housing Development Authority or designee;
- 6.7. Director of the Behavioral Health Services for the Great Plains Region Indian Health Services or designee;
- 7.8. Representative of the Unified Judicial System
- 8.9. Executive Director of Disability Rights South Dakota or designee;
- 9.10. A licensed mental health professional who provides direct services at a community mental health center (not a center director);

- \*\*Two consecutive three year terms \*\*
- 40.11. A certified or licensed substance use provider who provides direct services at a community agency (not a center director);
  - \*\*Two consecutive three year terms\*\*
- 41.12. Director of a community mental health center;
  - \*\*Two consecutive three year terms\*\*
- 12.13. Director of an accredited substance abuse provider;\*\*Two consecutive three year terms \*\*
- 13.14. Representative of an accredited prevention provider;
  - \*\*Two consecutive three year terms \*\*
- 14.15. Representative of a psychiatric residential treatment program;

  \*\*Two consecutive three year terms\*\*
- 15.16. An adult with a serious mental illness who has or is receiving services,

  \*\*Two consecutive three year terms\*\*
- 16.17. An adult with a serious mental illness who is a member of an advocacy organization;
  - \*\*Two consecutive three year terms\*\*
- 17.18. An adult recovering from substance abuse with a preference for an individual 18-29 years old;
  - \*\*Two consecutive three year terms \*\*
- 48.19. An adult recovering from substance abuse;
  - \*\*Two consecutive three year terms \*\*
- 49.20. A family member of an adult with a serious mental illness with a preference for a family member of an individual between the ages of 18 and 29:
  - \*\*Two consecutive three year terms \*\*
- 20.21. A family member of an adult with a serious mental illness who is a member of a mental health advocacy organization;
  - \*\*Two consecutive three year terms\*\*
- 21.22. A family member of a child with a serious emotional disturbance with a preference for a family member representing a child between the ages of 5 and 12:
  - \*\*Two consecutive three year terms\*\*
- 22.23. A family member of a child with a serious emotional disturbance with a preference for a family member representing a child between the ages of 5 and 12;
  - \*\*Two consecutive three year terms\*\*
- 23.24. A family member of a child with a serious emotional disturbance with a preference for a family member representing a youth between the ages of 12 and 18;
  - \*\*Two consecutive three year terms \*\*
- 24.25. A family member of a youth with a serious emotional disturbance with a preference for a family member representing a youth between the ages of 12 and 18;
  - \*\*Two consecutive three year terms\*\*

- 25.26. A family member of a youth with a serious emotional disturbance and cooccurring substance use;
  - \*\*Two consecutive three year terms\*\*
- 26.27. A youth with a serious emotional disturbance and/or substance use disorder or a youth who has a sibling with a serious emotional disturbance and/or substance use disorder;
  - \*\*Two consecutive three year terms \*\*
- 27.28. A family member of a child who is or has received services from a psychiatric residential treatment center;
  - \*\*Two consecutive three year terms\*\*

14 Consumer/Family Representatives/South Dakota Advocacy + 143 Provider/State/Tribal = 287 total members

It is the Advisory Council's desire to incorporate diversity in representation to include individuals who are Native American, veteran's status, and/or a member of a behavioral health consumer or family run organization.

Section 3. <u>Attendance.</u> Advisory Council members, with the exception of those specifically mentioned in the Bylaws, may not designate persons to attend meetings or vote on their behalf.

Members who are allowed to designate others and who choose to do so shall designate in writing a representative who will attend in the appointed member's absence. The name of the designated appointment shall be conveyed to the Department of Social Services. The designee shall be considered an Advisory Council member in all respects until a change in status is communicated to the Department of Social Services in writing by the person who designated the appointment or his/her successor.

Advisory Council members and designees shall notify the Division of Behavioral Health when they are unable to attend a meeting. If a Council member has more than two absences per Council year, the Governor's Office shall be notified and asked to contact the appointee concerning that appointee's willingness to continue to serve on the Advisory Council. If a designee has more than two consecutive absences, the person who appointed the designee, shall be notified.

Section 4. Resignation. Any member desiring to resign from the Advisory Council shall submit his resignation to the Governor's Office and send a copy of the letter to the Department of Social Services and the Council Chairperson. This individual will remain a member of the Council until such time as the Governor's Office is able to fill the vacancy.

Section 5. <u>Financial Compensation.</u> Advisory Council members shall serve without compensation, except that Council members, designees and subcommittee members shall be reimbursed for travel expenses as set forth in

Article 5 of the Administrative Rules of South Dakota. Reimbursement for travel expenses shall be provided for a person attending with Council members who require such assistance to participate. Reimbursement for other expenses, e.g., attendant care services, interpretive services, telephone, postage, etc., necessary to allow for participation and fulfillment of Council responsibilities by Council members shall be coordinated with and approved by the Department of Social Services.

#### **ARTICLE VI: OFFICERS**

Section 1. <u>Positions.</u> The officers of the Advisory Council shall include a Chairperson and Vice-Chairperson. At no time may the positions of Chairperson and Vice-Chairperson be simultaneously held by persons who provide behavioral health services, represent an organization that provides behavioral health services, or represent an organization whose members provide behavioral health services.

#### Section 2. Duties.

- (a) <u>Chairperson</u>. The Chairperson shall preside at all meetings of the Advisory Council. The Chairperson, in cooperation with the Council, the Division of Behavioral Health and the Department of Social Services shall schedule all meetings of the Council and perform all such duties relative to the office. The Chairperson in furthering the purpose and activities of the Council may represent the Council in dealings with other organizations and at public meetings and conferences, or may designate a Council member as the Chairperson's representative.
- (b) <u>Vice-Chairperson</u>. The Vice-Chairperson shall act in the absence of the Chairperson. In the event of the resignation, incapacity, or death of the Chairperson, the Vice-Chairperson shall serve until the Advisory Council elects a new Chairperson. The Vice-Chairperson shall perform other duties as assigned by the Chairperson.
- Section 3. <u>Nominations.</u> Nominations for Advisory Council officers shall be made from the floor.
- Section 4. <u>Elections.</u> Officers shall be elected by Advisory Council members. Elections shall be held during the last guarter of the Council year.
- Section 5. <u>Terms.</u> The term of office for the Chairperson and the Vice Chairperson shall be two years. Members may hold the same office for more than one term provided there is an interval of two years between terms.
- Section 6. <u>Vacancies.</u> Vacancies in elected offices shall be filled by a majority vote of the members in attendance at the next Council meeting after the vacancy

occurs. Officers so elected shall serve for the remainder of the vacated term and shall be eligible for election to that office for the next full term.

#### **ARTICLE VII: MEETINGS**

Section 1. Schedule.

- (a) Regular. The Advisory Council shall meet at least four times per year.
- (b) <u>Special.</u> Special meetings of the Advisory Council may be called by the Chairperson or by the Vice-Chairperson at the request of 10 council members.

Notice of special meetings shall be made to all Council members not less than 10 days prior to the meeting stating the time, date, location and purpose of the meeting. No other business shall be transacted at a special meeting.

Section 2. <u>Quorum.</u> A quorum for an Advisory Council meeting shall be fifty percent (50%) of the appointed membership.

Section 3. Agenda and Supporting Materials. An agenda and supporting materials for a regularly-scheduled meeting shall be distributed 10 days in advance of the meeting. Requests for items to be included on the agenda shall be submitted to the Chairperson at least fifteen (15) days prior to the meeting. The Chairperson shall coordinate agenda development and distribution with Council staff. Agenda items may be added at any meeting with the approval of a majority of the members attending.

Section 4. Open Meetings Law. All meetings shall be open to the public in accordance with the state open meetings law, set out at South Dakota Codified Laws 1-25-1.

Section 5. <u>Voting.</u> Voting shall be by Advisory Council members present. Voting by proxy shall not be permitted. A person designated as provided for in Article V is not a proxy.

Section 6. <u>Public Notice.</u> Public notice of all meetings shall be given by posting the agenda at the Division of Behavioral Health at least 10 days prior to any meeting as set forth in SDCL 1-25-1.1.

#### **ARTICLE VIII: COMMITTEES**

The Advisory Council shall utilize committees on an as needed basis to adequately conduct the affairs of the Council. These ad-hoc committees may include individuals that are not members of the Advisory Council. Committees to be created under this Article shall be approved by a majority of the Council membership at any regular or special meeting.

Committees shall represent the Advisory Council when authorized to do so by the Council or Chairperson. Committee members shall be appointed from the Council membership by the Chairperson taking into consideration requests by the Council membership to participate in specific committees. The Chairperson may also appoint ad-hoc committee members who are not Council members provided, however, that non Council members shall not participate in Council voting.

#### ARTICLE IX: PARLIAMENTARY AUTHORITY

Advisory Council meetings shall be conducted in accordance with the rules contained in the current edition of *Roberts Rules of Order Newly Revised* in all cases in which they are applicable and in which they are not inconsistent with these bylaws and any special rules the Council may adopt.

#### ARTICLE X: AMENDMENT OF BYLAWS

These Advisory Council bylaws may be amended at any meeting of the Council by a majority vote of the appointed Council membership in attendance, provided the amendment has been distributed to all Council members at least 10 days prior to the date of the meeting.

#### ARTICLE XI: CONFLICT OF INTEREST

It shall not be considered a conflict of interest for any individual or employee, officer, or director of any firm, corporation, department, facility or agency to serve as a member of the Council, provided such member shall abstain from action and voting by the Council in matters where the member may receive a direct personal financial benefit from a contract or grant awarded by the Council.

#### ARTICLE XII: DESIGNATED STATE AGENCY

The Advisory Council shall be assigned to the Department of Social Services, Division of Behavioral Health.

#### **ARTICLE XIII: COUNCIL STAFF**

Technical assistance and staff support shall be provided to the Advisory Council by the Department of Social Services.

# South Dakota 988 Planning Grant

# **Grant Summary**

The Department of Social Services, Division of Behavioral Health in partnership with the Helpline Center applied for and was awarded the 988 Planning Grant. The 988 Planning Grant will assist states in planning for the implementation of a new, national, three-digit number for mental health crisis and suicide response (988).

In July 2022, 988 will become the national threedigit dialing code for the National Suicide Prevention Lifeline, replacing the current phone number of 1-800-283-TALK (8255). The goal of the 988 crisis line is the following:

- Connect a person in a mental health crisis to a trained counselor who can address their immediate needs and help connect them to ongoing care.
- Reduce healthcare spending with more cost-effective early intervention.
- Reduce use of law enforcement, public health, and other safety resources.
- Meet the growing need for crisis intervention.
- Help end stigma toward those seeking or accessing mental healthcare.

# **Funding**

The Department of Social Services, Division of Behavioral Health was awarded \$130,000 to support planning and technical assistance. This funding is available from February 1, 2021 through September 30, 2021. The grant was funded through private donations and issued by Vibrant Emotional Health, the nonprofit administrator of the Lifeline.

# **Grant Activities**

Grant activities include developing plans to address key coordination, capacity building, funding, and communication strategies that are foundational to the launching of 988 in July 2022. Through a stakeholder coalition the following will be completed:

- Develop a roadmap that addresses key coordination, capacity, funding and communication strategies supporting the launch of 988 on or before July 16, 2022.
- Plan for long-term improvement of in-state answer rates for 988.
- Identify options for a platform that provides state-wide, real-time inventory of behavioral health services to increase access to treatment and support crisis counselors in connecting callers with local resources.

# **Partners**

The Division will collaborate and partner with a planning stakeholder coalition including representation from the state's only Lifeline member (Helpline Center); state suicide prevention coordinators from the Department of Health and Department of Social Services; representatives from mobile crisis providers from the largest community in South Dakota as well as from a midsized, rural community; representation from crisis systems serving individuals in a behavioral health crisis; representatives from law enforcement; statewide 911 representative; representation from the publicly funded community mental health and substance use provider system; representatives from psychiatric inpatient providers; tribal representatives; peer based organization, and individuals with lived experience of suicide loss and attempt.

To learn more about the Division of Behavioral Health and services supported please visit:

https://dss.sd.gov/behavioralhealth/default.aspx



# **Substance Use Disorder Services**

	FY21 Contract								FY21 Percentage
Contract Services	Amount	C	Q1 Expended	(	Q2 Expended	Q3 Expended	Q4 Expended	FY21 Expended	Expended
Outpatient Treatment	\$ 4,697,738	\$	984,979	\$	967,466	\$ -	\$ -	\$ 1,952,446	42%
Clinically Managed Low Intensity	\$ 4,618,893	\$	1,065,136	\$	1,079,521	\$ -	\$ -	\$ 2,144,657	46%
Residential (Inpatient) Treatment	\$ 4,425,716	\$	1,259,918	\$	1,111,300	\$ -	\$ -	\$ 2,371,219	54%
Meth Programs	\$ 3,335,854	\$	620,991	\$	669,434	\$ -	\$ -	\$ 1,290,425	39%
Recovery Supports (Specific to Pregnant Women)	\$ 15,000	\$	629	\$	332	\$ -	\$ -	\$ 961	6%
Detoxification	\$ 867,692	\$	147,291	\$	113,332	\$ -	\$ -	\$ 260,623	30%
Gambling	\$ 271,195	\$	66,028	\$	56,191	\$ -	\$ -	\$ 122,218	45%
Criminal Justice Initiative	\$ 6,836,797	\$	1,361,427	\$	1,230,472	\$	\$ -	\$ 2,591,900	38%
Adolescent SUD EBP	\$ 235,000	\$	12,809	\$	13,175	\$ -	\$ -	\$ 25,984	11%
Total	\$ 25,303,885	\$	5,519,208	\$	5,241,224	\$ -	\$ -	\$ 10,760,432	43%

Title XIX Services	Q1 Expended	Q2 Expended	Q3 Expended	Q4 Expended		FY21 Expended
CJI-CBISA	\$ 42,527	\$ 42,076	\$ -	\$	-	\$ 84,604
Adolescent SUD EBP	\$ 10,884	\$ 4,778	\$ -	\$	-	\$ 15,662
Intensive Meth Treatment	\$ -	\$ 2,690	\$ -	\$	-	\$ 2,690
Outpatient Treatment Total	\$ 180,436	\$ 156,164	\$ -	\$	-	\$ 336,601
Low Intensity	\$ 101,827	\$ 93,022	\$ -	\$	-	\$ 194,849
Residential Treatment	\$ 135,817	\$ 162,784	\$ -	\$	-	\$ 298,601
Residential Treatment-Pregnant Women	\$ 62,810	\$ 92,057	\$ -	\$	-	\$ 154,867
Residential Treatment-Adolescents	\$ 778,470	\$ 758,317	\$ -	\$	-	\$ 1,536,787
Total	\$ 1,312,773	\$ 1,311,888	\$ -	\$	- [	\$ 2,624,661

Prepared: January 13, 2021

Expenditures obtained from STARS.

## Mental Health Services

	ı	Y21 Contract									FY21 YTD	FY21 Percent
Contract Services	Amount		Q1 Expended		Q2 Expended		Q3 Expended		Q4 Expended		Expended	Expended
CYF Services (SED)	\$	1,768,183	\$	293,496	\$	379,928	\$	-	\$	-	673,425	38%
CARE Services	\$	7,423,623	\$	1,953,647	\$	1,779,643	\$	-	\$	-	3,733,291	50%
Room and Board	\$	287,320	\$	54,618	\$	52,567	\$	-	\$	-	107,184	37%
Outpatient Services	\$	690,381	\$	322,804	\$	219,864	\$	-	\$	-	542,668	79%
IMPACT	\$	1,882,234	\$	459,688	\$	378,653	\$	-	\$	-	838,341	45%
MH Courts (FACT)	\$	565,080	\$	68,178	\$	63,790	\$	-	\$	-	131,968	23%
First Episode Psychosis	\$	127,333	\$	17,168	\$	6,147	\$	-	\$	-	23,315	18%
Transition Age Youth	\$	561,202	\$	128,836	\$	151,471	\$	-	\$	-	280,307	50%
JJRI	\$	875,220	\$	96,318	\$	112,474	\$	-	\$	-	208,792	24%
Total	\$	14,180,576	\$	3,394,752	\$	3,144,539	\$	-	\$	-	6,539,291	46%

		FY21 Target										FY21 Percent
Title XIX Services	Amount			Q1 Expended		Q2 Expended		Q3 Expended		4 Expended	FY21 YTD Expended	Expended
CYF Services (SED)	\$	6,947,365	\$	1,103,917	\$	1,433,578	\$	-	\$	-	2,537,495	37%
CARE	\$	6,098,208	\$	1,496,736	\$	1,374,584	\$	-	\$	-	2,871,320	47%
Outpatient Services	\$	1,968,662	\$	426,481	\$	412,240	\$	-	\$	-	838,722	43%
IMPACT	\$	2,552,750	\$	665,407	\$	590,726	\$	-	\$	-	1,256,134	49%
MH Courts (FACT)	\$	-	\$	17,890	\$	16,528	\$	-	\$	-	34,418	#DIV/0!
JJRI	\$	996,273	\$	106,023	\$	146,251	\$	-	\$	-	252,274	25%
Total	\$	18,563,258	\$	3,816,455	\$	3,973,907	\$	-	\$		7,790,362	42%