District of Columbia

UNIFORM APPLICATION
FY 2024 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State Unique Entity Identification

Unique Entity ID   SDACDT7L3ZQS

I. State Agency to be the Grantee for the Block Grant

Agency Name   District of Columbia Department of Behavioral Health

Organizational Unit

Mailing Address   64 New York Avenue, N.E., 2nd Floor

City   Washington

Zip Code   20002

II. Contact Person for the Grantee of the Block Grant

First Name   Barbara J.

Last Name   Bazron

Agency Name   Department of Behavioral Health

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City   Washington

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III. State Expenditure Period (Most recent State expenditure period that is closed out)

From   10/1/2022

To   9/30/2023

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date   12/1/2023 6:29:20 PM

Revision Date   12/1/2023 6:29:30 PM

V. Contact Person Responsible for Report Submission

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0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

B. Implementation Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #:	1
Priority Area:	Mental Health Services
Priority Type:	MHS
Population(s):	SMI, SED

Goal of the priority area:

The goal is maximize housing resources and target the most vulnerable District residents with serious behavioral health challenges who are homeless, returning from institutions or moving to more independent living to prevent and minimize homelessness.

Objective:

The objective is to maintain individuals in their housing placements and current level of care

Strategies to attain the goal:

The Residential Care Manager will monitor residential programs, support services and work as part of a team to effectively communicate with the DBH Network of provider agencies and other external stakeholders. The Residential Care Manager will evaluate the mental health, medical, and substance use disorder needs and, in conjunction with the documentation in the CRF packet, review and provide recommendations regarding consumers' treatment needs.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	% of consumers who remained in their community residential facility placement for at least 90 days from their move-in date, with no psychiatric hospitalizations, incarcerations, crisis bed placements, or involuntary discharges
Baseline Measurement:	91 % of consumers who remained in their CRF placement for at least 90 days in FY21
First-year target/outcome measurement:	91 % of consumers who remained in their CRF placement for at least 90 days in FY22
Second-year target/outcome measurement:	91 % of consumers who remained in their CRF placement for at least 90 days in FY23

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Housing Access database

New Data Source*(if needed)*:

Description of Data:

The denominator is the number of new CRF placements. The numerator is the number of consumers who remained in the CRF placement for at least 90 days, with no psychiatric hospitalizations, incarcerations, crisis bed placements, or involuntary discharges

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None Identified

New Data issues/caveats that affect outcome measures:

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Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved   ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

Residential Services team has been working with the Core Services Agencies to ensure that the individuals are on ACT team who visit the CRF minimally four times a week. The Residential staff has been working with the ACT team to develop comprehensive care plans that includes a behavior plan, medication management which could means bi-monthly psychiatrist appointment and on-site SUD services by a qualified CAC. The Residential Services staff also host weekly meetings to monitor progress and implementation of the treatment recommendations. We continue to make advances.

How first year target was achieved *(optional)*:

Second Year Target: ☐ Achieved   ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

This year DBH achieved 90%. The Residential Services and Supports program have Pre-Placement meetings for all consumers admitted to a Community Residential Facility CRF. The purpose of the meeting is to ensure a smooth transition into the new placement and prevent any disruptions in placement within the first 90 days. Our cohort of consumers come from the following categories, either step-downs from hospitals and not ready for discharge, street homeless with SUD issues, new to the mental health system, or new to mental health system and have been living with family. Most recently we have been getting a young population of consumers who have had disruptive placements do to issues of drugs and alcohol, consumers with problems living in a shared room and structured setting, and consumers who do not wish to have most of their benefits be paid toward room and board. Many of these individuals were street homeless prior to placement and some have lived with family before moving to the CRF and continued to have issues around adjustment. One of the predominate challenges has been the use of substances.

Since the pandemic, many programs have been closed to direct services, including the day programs. This void has created a decrease in the ability to provide structured daytime activities. Therefore, the RSS team have worked to ensure consumers are assigned to ACT services and that these teams increase the number of weekly contacts. Additionally, the frequency in meeting times i.e., 30, 60, 90, days between the ACT teams, CRF operators and DBH can go from monthly to weekly when we are made aware of problems in the CRF to discuss potential resolutions.

How second year target was achieved:

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Priority #:   2

Priority Area: Mental Health Services

Priority Type: MHS

Population(s):   SMI, SED

Goal of the priority area:

Ensure the public behavioral health system is person-centered and promotes and supports the leadership of peers with lived experience in the system of care.

Objective:

% of certified peers employed within the public behavioral health system

Strategies to attain the goal:

Partner across DBH to incorporate the role of peers into different programs, projects, and services. Engage mental health providers to understand the role and importance of peers.

Edit Strategies to attain the objective here:
(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #:   1

Indicator:	% of certified peers employed within the public behavioral health system
Baseline Measurement:	78% of certified peers employed in FY21
First-year target/outcome measurement:	80% of certified peers employed in FY22
Second-year target/outcome measurement:	80% of certified peers employed in FY23

New Second-year target/outcome measurement*(if needed)*:

Data Source:

> The employment status of certified peers is tracked in a SharePoint list

New Data Source*(if needed)*:

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Description of Data:

> The data are collected quarterly, and peers are asked about their employment status

New Description of Data:*(if needed)*

☐

Data issues/caveats that affect outcome measures:

> The public health emergency has impacted employment. Data are self-reported by peers and collected at four points in time throughout the year.

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
We make quarterly contact with peers to verify employment status. We also maintain a contract that allows us to bring Peers on board and increases opportunities for Peer presence. We make sure Peers are involved in every aspect of what we do.

Second Year Target: ☐ Achieved   ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

> We (DBH) achieved 74% for the year. Staff have difficulty getting in contact with peers- many do not answer their phone or want to provide information regarding their employment status. We track quarterly however we don't always have full participation as well as contact information is constantly changing within this population.

How second year target was achieved:

☐

Priority #:	3
Priority Area:	Substance Abuse Prevention
Priority Type:	SAP
Population(s):	PP

Goal of the priority area:

> The goal is to prevent the ill effects of tobacco use, particularly among minors.

Objective:

> The objective is to ensure vendors of tobacco products do not sell to minors.

Strategies to attain the goal:

In order to achieve the Synar-related KPI, the SUD Prevention Branch conducts merchant education annually. In addition, a coverage study takes place periodically, stores are visited to ensure that the proper licenses are in place. This provides the opportunity for the Synar Compliance Specialist to provide further education on the Synar program and the District's laws prohibiting the sale of tobacco products to minors.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	% of vendors not selling tobacco to minors
Baseline Measurement:	95% of vendors did not sell tobacco to minors in FY19
First-year target/outcome measurement:	95% of vendors will not sell tobacco to minors in FY22
Second-year target/outcome measurement:	95% of vendors did not sell tobacco to minors in FY23

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Synar data collection

New Data Source*(if needed)*:

Description of Data:

The retail violation rate is the percentage of vendors that sell tobacco to minors.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None identified

New Data issues/caveats that affect outcome measures:

There was a legislative change that took place within the District of Columbia resulting in a change of the law enforcement entity who would be responsible for the enforcement of tobacco laws. This shift caused a delay in being able start the Synar Compliance checks during FY2022, and thus prohibited the District from being able to complete the minimum required number of compliance checks before the end of FY2022.

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:
The delay in being able to start the FY2022 earlier, late June or early July for example, as opposed to September - limited the number of stores that were able to receive compliance checks. The reduced number of compliance checks, coupled with the standard number of retail violations (sales of tobacco products to those under 21), resulted in the Retail Violation Rate (percentage of stores who did sell to minors) to appear to be significantly higher.

How first year target was achieved *(optional)*:

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

While the District did not meet its target of 10%, it did decrease from its FY2022 rate of approximately 19% to approximately 16% for FY2023. Having an extended period of time to conduct inspections contributed to this decrease. Now that DBH has an established partnership with the Department of Licensing and Consumer Protection (DLCP), we anticipate not only starting the FY2024 inspections earlier – thus having three (3) months to complete inspections as opposed to under two (2), but also being able to collectively educate merchants on the District's tobacco laws throughout the year in an effort so continue decreasing the amount of tobacco sales to minors.

How second year target was achieved:

Priority #:　　　　　4

Priority Area:　　　Substance Abuse Treatment

Priority Type:　　　SAT

Population(s):　　　PWWDC, PP, PWID, EIS/HIV, TB

Goal of the priority area:

The goal is for clients to receive the type of services they need throughout their treatment

Objective:

The objective is to ensure clients move through the continuum of care in a timely manner.

Strategies to attain the goal:

We have met with withdrawal management and residential providers to go over the data and systemic issues affecting clients' timely step-down from one level of care to another and will continue to meet and share data and strategies.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:　　　　　　　　　　　　　　　1

Indicator:　　　　　　　　　　　　　　% of SUD residential clients who stepped down to a lower level of care

Baseline Measurement:　　　　　　　44% of SUD residential clients stepped down to a lower level of care in FY21

First-year target/outcome measurement:　　47% of SUD residential clients stepped down to a lower level of care in FY22

Second-year target/outcome measurement:　　50% of SUD residential clients stepped down to a lower level of care in FY23

New Second-year target/outcome measurement*(if needed)***:**

Data Source:

The data source is DBH's WITS system

New Data Source*(if needed)***:**

Description of Data:

Clients who have a disenrollment reason of completing treatment or transferring to another program are included in the denominator. Those who have an enrollment to a lower level of care within 15 days of disenrollment are included in the numerator.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Providers do not always document program disenrollments, which reduces the universe of clients.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:　　　☐ Achieved　　　☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

The department in conjunction with providers are piloting a new tracking sheet from disenrollment to other levels of care. As a new

admission criteria it has taken longer than expected to apply the new standard.

How first year target was achieved *(optional)*:

Second Year Target:　　　☐ Achieved　　　☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

For Q4, the two DBH certified Withdrawal Management providers individually exceeded the expectation of 50% stepdown for this KPI. The hospital-based provider did not individually meet the expectation. However, the hospital also provides co-occurring psychiatric services, thus consumers may be stepped down to outpatient psychiatric care as opposed to substance use treatment. Thus, bringing down the overall percentage. Providers continue to note stepping consumers down to an "non-ASURS provider" as consumers are in need of other supportive services post residential treatment. DBH continues to explore and identify the system gaps that could be added to support the consumers identified needs. Lastly, with the addition of new levels of care in ASAM, DBH is exploring how these levels of care can potentially fill the gaps.

How second year target was achieved:

☐

Indicator #:　　　　　　　　　　2

Indicator:　　　　　　　　　　% of clients in SUD treatment who received linkage to primary care, mental health, and social supports via care coordination services

Baseline Measurement:　　　　40% of clients received at least one Care Coordination Service during the fiscal year

First-year target/outcome measurement:　　55% of clients received at least one Care Coordination Service during the fiscal year

Second-year target/outcome measurement:　　70% of clients received at least one Care Coordination Service during the fiscal year

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Billing and claims data on Clinical Care Coordination

New Data Source*(if needed)***:**

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Description of Data:

Services are billed via CPT codes; DBH can review the data for the system as a whole, and by provider

New Description of Data:*(if needed)*

☐

Data issues/caveats that affect outcome measures:

No issues

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:　　　☑ Achieved　　　☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
There has historically been a high overlap between SUD and MH. Most people who receive SUD services also receive MH services. We have done work to create a strong system to support co-occurring conditions.

Second Year Target:　　　☐ Achieved　　　☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

Department of Behavioral Health reached 67% of clients in SUD treatment who received linkage to primary care, mental health, and social supports via care coordination services. Clinical Care Coordination services tend to be more often rendered when clients are initially enrolled or newly transferred to a provider. In order to make sure we get better we will work with our providers and help them to focus on continuing clinical care coordination and not just focusing on newly enrolled.

How second year target was achieved:

Indicator #:	3
Indicator:	# of substance use disorder providers who serve youth/transition age youth
Baseline Measurement:	3 substance use disorder providers who serve youth/transition age youth
First-year target/outcome measurement:	4 substance use disorder providers who serve youth/transition age youth
Second-year target/outcome measurement:	5 substance use disorder providers who serve youth/transition age youth

New Second-year target/outcome measurement(if needed):

Data Source:

DBH certification data

New Data Source(if needed):

Description of Data:

A distinct count of the number of SUD providers who serve youth/transition age youth

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
We have a strong roster of providers who service youth and transitional age youth.

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

Currently, DC has 2 ASTEP providers, and are currently exploring how to expand our network of providers for this population. This expansion includes the identification of and training in new evidence based interventions such as Motivational Enhancement Therapy (MET)/Cognitive Behavioral Therapy (CBT) which will equip potential providers with additional treatment modalities. In addition, DBH will engage youth mental health providers who have the capacity to provide youth SUD treatment services as well in an effort to increase the network of organizations who become ASTEP providers.

How second year target was achieved:

Priority #:	5
Priority Area:	Mental Health Services
Priority Type:	MHS
Population(s):	SMI, SED

Goal of the priority area:

Ensure individualized mental health disorder services across the entire continuum of care from community-based treatment and support services to

inpatient hospitalization, including justice-involved consumer competency restoration, to support the behavioral health, wellness and recovery of District residents.

Objective:

The objective is to connect consumers to services as quickly as possible.

Strategies to attain the goal:

The broader implementation of telemedicine has led to an improvement on this metric. Providers will continue to be supported in their use of telemedicine, and a workgroup is establishing best practices to ensure quality.

Edit Strategies to attain the objective here:
(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	% of adult consumers newly enrolled in mental health services who had their first clinical service within 30 days of enrollment
Baseline Measurement:	88% of adult consumers newly enrolled in mental health services who had their first clinical service within 30 days
First-year target/outcome measurement:	90% of adult consumers newly enrolled in mental health services who had their first clinical service within 30 days
Second-year target/outcome measurement:	90% of adult consumers newly enrolled in mental health services who had their first clinical service within 30 days

New Second-year target/outcome measurement*(if needed)***:**

Data Source:

Enrollment data come from DBH's iCAMS system, and service data comes from claims

New Data Source*(if needed)***:**

☐

Description of Data:

Enrollments of consumers with DBH-certified providers are documented by DBH's Access HelpLine. Service data are shared with DBH by the DC Department of Health Care Finance.

New Description of Data:*(if needed)*

☐

Data issues/caveats that affect outcome measures:

None identified

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:　　☐ Achieved　　　☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:
The 1st year target of 85% was not achieved. Our performance for year one was 80%. Program, Accountability and Provider Relations teams continue to collaborate with the Data & Performance Measurement team to identify low performing providers and provide the appropriate TA in order to effectively track and improve system performance.

How first year target was achieved *(optional)*:

Second Year Target:　　☐ Achieved　　　☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

We (DBH) achieved 87% for the year. Providers still receive their performance data, and TA is provided to those not meeting the benchmark, performance has improved but yet to reach the 90% benchmark.

How second year target was achieved:

Indicator #:	2
Indicator:	% of children newly enrolled in mental health services who had their first clinical service within 30 days of enrollment
Baseline Measurement:	81% of children newly enrolled in mental health services who had their first clinical service within 30 days in FY21
First-year target/outcome measurement:	85% of children newly enrolled in mental health services who had their first clinical service within 30 days in FY21
Second-year target/outcome measurement:	85% of children newly enrolled in mental health services who had their first clinical service within 30 days in FY21

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Enrollment data come from DBH's iCAMS system, and service data comes from claims

New Data Source*(if needed)*:

Description of Data:

Enrollments of consumers with DBH-certified providers are documented by DBH's Access HelpLine. Service data are shared with DBH by the DC Department of Health Care Finance.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None identified

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved   ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:
Performance has steadily improved in FY22. Program, Accountability and Provider Relations teams continue to collaborate with the Data & Performance Measurement team to identify low performing providers and provide the appropriate TA in order to effectively track and improve system performance.

How first year target was achieved *(optional)*:

Second Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved:

Continued to build on performance from last year. Program, Accountability and Provider Relations teams continue to collaborate with the Data & Performance Measurement team to identify low performing providers and provide the appropriate TA in order to effectively track and improve system performance.

Priority Area: Substance Abuse Prevention and Substance Abuse Treatment

Priority Type: SAP, SAT

Population(s):   ESMI, PWWDC, PP, PWID, EIS/HIV, TB

Goal of the priority area:

Ensure the public behavioral health system is person-centered and promotes and supports the leadership of peers with lived experience in the system of care.

Objective:

% of certified peers employed within the public behavioral health system

Strategies to attain the goal:

Partner across DBH to incorporate the role of peers into different programs, projects, and services. Engage substance use disorder providers to understand the role and importance of peers.

Edit Strategies to attain the objective here:
(if needed)

┌─ **Annual Performance Indicators to measure goal success** ───────────────

Indicator #:   1

Indicator: % of certified peers employed within the public behavioral health system

Baseline Measurement: 78% of certified peers employed in FY21

First-year target/outcome measurement: 80% of certified peers employed in FY22

Second-year target/outcome measurement: 80% of certified peers employed in FY23

New Second-year target/outcome measurement*(if needed)***:**

Data Source:

The employment status of certified peers is tracked in a SharePoint list

New Data Source*(if needed)***:**

Description of Data:

The data are collected quarterly, and peers are asked about their employment status

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The public health emergency has impacted employment. Data are self-reported by peers and collected at four points in time throughout the year.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved   ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
We make quarterly contact with peers to verify employment status. We also maintain a contract that allows us to bring Peers on board and increases opportunities for Peer presence. We make sure Peers are involved in every aspect of what we do.

Second Year Target: ☐ Achieved   ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

We (DBH) achieved 74% for the year. Staff have difficulty getting in contact with peers- many do not answer their phone or want to provide information regarding their employment status. We track quarterly however we don't always have full participation as well as contact information is constantly changing within this population.

How second year target was achieved:

Footnotes:

Many of the indicators were not aligned with agencies KPIs, they were similar but not exact in which resulted in not hitting targets but by very small percentage points. Staff were aware of one target but not the one in the Block Grant report. For example DBH had a goal of 85% of adults newly enrolled in Mental Health Rehabilitative Services (MHRS) who had their first clinical service within 30 days of enrollment, the Block Grant Performance indicator goal was 90% and we hit 87% for FY23 resulting in not meeting our goal.

Moving froward, we have ensured that the performance indicators are aligned with the agencies KPIs and or staff had input in the drafting of the new Performance indicators. To date the application is still under review with SAMHSA. Upon approval we will share the new performance indicators and plan to track data quarterly to ensure we are aware of any areas that may need attention.

C. State Agency Expenditure Report

MHBG Table 3 - Set-aside for Children's Mental Health Services

This table provides a report of statewide expenditures for children's mental health services during the last completed SFY States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Reporting Period Start Date: 10/1/2022   Reporting Period End Date: 9/30/2023

Statewide Expenditures for Children's Mental Health Services			
A **Actual SFY 1994**	**B** **Actual SFY 2022**	**C** **Estimated/Actual SFY 2023**	**Please specify if expenditure amount reported in Column C is actual or estimated**
$6,429,000	$34,947,764	$6,524,618	◯ ⦿ Actual Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: **2/18/2023**

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

> **Footnotes:**
> Expenditures reported in this table shall be finalized once the District's Comprehensive Annual Financial (CAFR) is published in February 2024.

C. State Agency Expenditure Report

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

This table provides a report of expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

Reporting Period Start Date: 10/1/2022   Reporting Period End Date: 9/30/2023

A Period	B Expenditures	C B1 (2021) + B2 (2022) 2
SFY 2021 (1)	$75,271,220	
SFY 2022 (2)	$75,287,122	$75,279,171
SFY 2023 (3)	$75,292,034	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2021	Yes	X	No	
SFY 2022	Yes	X	No	
SFY 2023	Yes		No	X

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: 2/19/2024

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

Expenditures reported in this table shall be finalized once the District's Comprehensive Annual Financial (CAFR) is published in February 2024.