

INSTRUCTIONS FOR COMPLETING FY 2015 COLLABORATIVE PROJECT FUNDING BUDGET TEMPLATE

GENERAL: “HOTSPOT” Projects will be considered an appendix of the Board’s 2015 Community Plan

EXCEL Template Project Funding Timelines:

OPTION #1: Return the workbook for your whole collaborative with projects listed.

OPTION #2: Each project requires a separate Excel workbook template with this naming convention:

Collaborative name_ project name.

Example: “Southeast_Crisis Bed Expansion”.xlsx

The budget funding template is prepared on a project basis. Funding Time Line on the top portion and Measures/Outputs on the bottom. Please do not make changes to the form. Funds will be available July 1, 2014 to June 30, 2015.

COORDINATION:

The Project Administrator (PA) Board: will prepare the project funding budget along with the measures/outputs for all participating partner boards and submit to OhioMHAS (Research and Evaluation) one funding budget and measures/outputs for each project and fund source. The PA Board will function as one unit for reporting purposes.

Boards may request funding from OhioMHAS to be sent to the PA for distribution or directly to the individual boards. PA’s should indicate the fund source either 421 or 507. The 507 funds are to be used for Addiction Service projects.

FIS-040 Reporting: The FIS-040 will be used for capturing service level detail budget and actual will be due according to the normal schedule. Each board should record the revenue and service level disbursements in the columns provided.

Carry Over Funds: We encourage Boards to spend this allocation in the State Fiscal Year. However, if there are carry over funds they should be entered in the column labeled carry over funds.

MEASURES/OUTPUTS

Introduction

In FY13, ODMH adopted a new paradigm for the investment of additional non-Medicaid community resources in its General Revenue Fund subsidy line item. Rather than employing a traditional formula-based approach wherein each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board area receives a small portion of additional state mental health resources, ODMH invested \$10.6 million in additional subsidy resources in collaborative projects that transcend board areas and address “hot spot” concerns. These may vary from region to region in the state.

“Hot spots” may be defined as meeting one or more of the following criteria:

1. Specialized services for difficult to-serve-populations – high utilizers of service who do not achieve desired clinical outcomes;
2. Services for those with the greatest unmet needs – may be defined as highest cost clients; most clinically impaired clients; or a sub-set of clients who need services and a gap in the continuum of care exists;
3. Services that divert people from more restrictive and typically higher-cost settings (e.g., hospitals, jails/prisons, out-of-home placement for children, nursing facilities, etc.); and
4. Incentives to engage clients who are difficult to engage in behavioral health services and likely are costly to other systems.

On the whole, the “hot spot” collaborative approach, first introduced by the former Department of Mental Health in FY2013, has been very successful. Hot spots allow for planning on a multi-board basis to leverage a larger pool of funding to meet the overall needs of an area in a coordinated way. Funds were allocated to the “catchment” areas for the regional psychiatric hospitals. Boards worked together with local stakeholders to choose projects, assign logistics and plan to move forward. This approach will be continued in FY 2015, and will include AoD strategies using \$2.5 million from the 507 line.

Collaborative areas will need to complete a Project Summary Narrative including outputs and outcomes, and submit Budget Forms to receive their funding for SY15. Please submit Summaries using MS Word and Budgets to MH-SOT-Brdreports@mha.ohio.gov.

Project Summary Narrative

Similar to FY14, please provide a brief project summary using MS Word that includes the following information:

1. **Introduction.** Briefly state the need you are attempting to meet and the hot spot population targeted.
 - a. **Value Added.** Please indicate if the project meets any of the following value added criteria:
 - The project addresses a population not now served or underserved,
 - The project offers new innovation,
 - The project fills a geographic, ethnic or other gap,
 - The project defines or yields new resources (such as match dollars, better collaboration among key partners and/or other systems, improved continuity of care etc.
 - The project increases capacity to existing providers or brings in new providers,
 - Other (Describe):
2. **Activities and Timeline.** Please describe the specific activities that you are going to be undertaking. Please estimate your timeline to perform these activities. Feel free to include any Gantt charts or tables that your collaborative has developed.
3. **Governance.** Briefly describe how responsibilities will be managed between partners (e.g., Board to Board, Board to Agency) and the roles each partner will play (fiduciary, program lead, coordinated use of the project after implementation, and evaluation).
4. **Stakeholder Involvement.** Please indicate how persons, specifically consumers of mental health and addiction services, will be considered for inclusion in the project.
5. **Budget.** The primary budget document will be the Excel Budget spreadsheet that you submit. However you can include in this section any supporting/supplemental information about your budget that you want to provide.
6. **Evaluation Plan (Milestones/Accomplishments).** Provide a list of measures that you will use to evaluate the success of your project. Please provide information on both the process and product evaluation plans.
 - Process/Infrastructure evaluation: These measures should assess whether the project was conducted in a manner consistent with your plan, and include any supporting infrastructure created.
 - Product/Output evaluation: These measures should capture details about who your programs serve and how you achieve your stated goals and/or objectives.

- Outcome evaluation: Some programs also include related results that measure program's effectiveness in terms of costs saved or people diverted from higher levels of care.

Please see the Evaluation Recommendations on the following page for additional evaluation considerations. Please contact Nicholas Martt (Nicholas.Martt@mha.ohio.gov) if you have any questions about your Evaluation Plan.

Evaluation Recommendations

Your evaluation reports help make the case for this continued funding method. Because The Office of Quality, Planning, and Research is tasked with summarizing Hot Spot project successes across the state, and there were some variations in reporting, we are suggesting the following recommendations for reporting FY 2014 accomplishments.

- 1. Please include a Process/Infrastructure or Product/Output milestone for each major budget allocation.**
- 2. Please choose some Process/Infrastructure measures that align with SAMHSA Government Performance and Results Act (GPRA), for example:**
 - The number of organizations collaborating, coordinating, or sharing resources with other organizations as a result of the grant (list organization or method of collaboration [MOU/contract]?)
 - The number of policy changes completed as a result of the grant (describe policy/process changes)
 - The number of people in the mental health and related workforce trained (*please specify the training*) as a result of the grant
 - The number of people hired as a result of the grant (list positions if desired)
 - You are welcome to include any measures that are useful for understanding your projects' processes
- 3. Please choose some Product/Output measures that give some detail about each of the services listed in your project budget, for example:**
 - Please report the number of people receiving services (*please specify each service*) as a result of the grant.
 - Some projects also like to report the units of service provided (*please specify each service*) as a result of the grant.
 - You are welcome to include any measures that are useful for communicating your project accomplishments.
- 4. Choose Outcomes measures that are most useful for your projects.** Each project has very individual goals on which they are focusing. Some Collaboratives report decreased number of hospitalizations, decreased wait-times, decreased symptomology, increased quality of life, increase satisfaction with services, etc. **PLEASE NOTE:** *Data specific to your stated product/output measures (i.e., number of patients served) are now a required piece of the reporting process. You are welcome to report any measures that reflect your goals. In contrast, outcomes data (i.e., quality of life) are often more difficult to collect and as such are not required. However, you are encouraged to report, where feasible, on changes in client condition or behavior.*

5. Please continue to email reports to Nicholas Martt (Nicholas.Martt@mha.ohio.gov),

- In FY2014, most Collaboratives had agreed to a quarterly reporting schedule (mid November, mid February, mid May, and mid August). As previously mentioned, quarterly reporting is now a required piece of the Hot Spot project.
- **To standardize reporting across the state, please report an unduplicated, cumulative (year to date) numbers for the measures – particularly for the number of people served.**

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Measure EXAMPLES	Q1	Q2	Q3	Q4
The number of people in the mental health and related workforce trained (<i>in ACT</i>) as a result of the grant	#	#	#	#
The number of people hired as a result of the grant (list positions if desired)	# and text	# and text	# and text	# and text
The number of people receiving services (<i>CPST</i>) as a result of the grant	#	#	#	#
The number of people receiving services (<i>Housing</i>) as a result of the grant	#	#	#	#
Decrease in the number of hospitalizations (describe how this is measured)	# and text	# and text	# and text	# and text

CONTACTS:

Nicholas Martt, MSW, LSW
 Office of Quality, Planning and Research
 30 E. Broad Street, 8th Floor
 Columbus, OH 43215-3430
 Phone: 614-466-9004
 E-mail: Nicholas.Martt@mha.ohio.gov

John P. Burns
 Fiscal
 Phone: 614-728-1523
 E-mail: John.Burns@mha.ohio.gov