

Ohio Department of  
Mental Health and Addiction Services

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SFY 2014 Community  
Allocation Guidelines



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## Introduction

Allocations made by these Allocation Guidelines are distributed in the following ways:

1. Attachment 1 describes allocations to each Alcohol, Drug Addiction and Mental Health/Community Mental Health/Alcohol and Drug Addiction Services (ADAMH/CMH/ADAS) board by funding source that may be disbursed based only on the authority of these allocation guidelines. These funds are subject to the conditions described in the allocation guidelines and the underlying statutes. Funds will be available after July 1, 2013 for quarterly disbursement. General Revenue Funds (GRF) in Appropriation Line Items (ALI) 406, 421, 422, 507, Problem Gambling, Hospital Incentive, and Federal Mental Health Block Grant Base will be automatically distributed to each ADAMH/CMH/ADAS Board. Payments will be distributed by the end of the first month of each quarter.
2. Any changes in the intended purpose of expenditures as described in these allocation guidelines must be pre-approved in writing by OhioMHAS.
3. Eligibility to receive the following funds is limited to ADAMH/CMH/ADAS boards having an approved community plan pursuant to ORC Chapters 340 and 5119; additionally, fund recipients must have submitted an original signed Agreement & Assurances:
  - GRF ALI 406 Prevention & Wellness
  - GRF ALI 421 Continuum of Care
  - GRF ALI 422 Forensic Monitoring
  - GRF ALI 422 Forensic Centers
  - GRF ALI 507 Community Behavioral Health
  - Fund 5JL0 Problem Gambling and Casino Addictions
  - Fund 1490 Hospital Rotary (Incentive)
  - Federal Fund 3A90 Block Grant Base (Mental Health)
  - Federal Fund 3A80 Projects for Assistance from Homelessness (PATH)
  - Federal Fund 3A70 Social Services Block Grant (Title XX)
  - Federal Fund 3G40 Block Grant Treatment, Prevention, Youth Led, DYS Aftercare (AoD) – allocations coming under separate communication

## Appropriation Line Item: 421

| FY 14 ALI | FY 14 ALI Name             | FY 14 Allocation Method  | FY 13 Amount | FY 14 Budget Amount |
|-----------|----------------------------|--|--------------|---------------------|
| 335421    | Continuum of Care Services | Various Targeted Initiatives   | 123,512      | -                   |
|           |                            | Pass-thru amt of \$469,446 to Chardon school district; \$200,000 direct to Geauga Board    | -            | 669,446             |
|           |                            | Formula - Central Pharm Medication - 3 year avg of actual expenditures at CPO              | 8,711,530    | 8,711,530           |
|           |                            | Formula - Pharmacy Svs Center - 3 year avg of actual expenditures at CPO                   | 252,288      | 252,288             |
|           |                            | Formula - MH- "Historical" formula based on FY 11 (net of Medicaid) subsidy -to 50 MH Brds | 48,491,524   | 48,491,524          |
|           |                            | Formula - AoD Per Capita for Treatment - to 50 AoD Brds                                    | 5,223,815    | 5,347,328           |
|           |                            | Pass-thru Grant to OSU STAR House  | -            | 665,196             |
|           |                            | Formula - Hot Spots - Per Capita by Hospital Catchment area                                | 10,596,430   | 10,596,430          |
|           |                            | Formula - MH FY 13 MBR - Disparity methodology using per person calculation                | 3,000,000    | 3,000,000           |
|           |                            | <b>Total</b>   |              |                     |

**Note: Central Pharmacy medication allocation in this table does not include the SFY 13 carry-over balance or credits, which are included in the total allocations on Attachment 1.**

## Appropriation Line Item: 421

### Continuum of Care

#### Program Name: Mental Health Portion

#### Purpose:

This line item is to be used to assist people or fund services for those not eligible for Medicaid reimbursement. Examples of such services can be found in ORC 340.03 (A)(11):

Establish, to the extent resources are available, a continuum of care, which provides for prevention, treatment, support, and rehabilitation services and opportunities. The essential elements of the continuum include, but are not limited to, the following components in accordance with section 5119.21 of the Revised Code:

- a) To locate persons in need of addiction or mental health services to inform them of available services and benefits;
- b) Assistance for persons receiving services to obtain services necessary to meet basic human needs for food, clothing, shelter, medical care, personal safety, and income;
- c) Addiction and mental health services, including, but not limited to, outpatient, residential, partial hospitalization, and, where appropriate, inpatient care;
- d) Emergency services and crisis intervention;
- e) Assistance for persons receiving services to obtain vocational services and opportunities for jobs;
- f) The provision of services designed to develop social, community, and personal living skills;
- g) Access to a wide range of housing and the provision of residential treatment and support;
- h) Support, assistance, consultation, and education for families, friends, persons receiving addiction or mental health services, and others;
- i) Recognition and encouragement of families, friends, neighborhood networks, especially networks that include racial and ethnic minorities, churches, community organizations, and community employment as natural supports for persons receiving addiction or mental health services;
- j) Grievance procedures and protection of the rights of persons receiving addiction or mental health services;
- k) Community psychiatric supportive treatment services, which includes continual individualized assistance and advocacy to ensure that needed services are offered and procured.

#### Distribution:

The allocation method for this line item was established in SFY 2012, with the methodology focused on stabilizing non-Medicaid funding provided to local ADAMH/CMH Boards in SFY 2011. This focus on stabilization will continue in SFY 2014, with the goal being to hold each board area harmless and to continue a stable base of funding for the provision of local non-Medicaid services. Each board area can anticipate receiving the same amount from this line item as received from the applicable portions of Line 505 in FY13.

**Amount:** \$51,491,524 (GRF ALI 421)

**Reimbursement Form:** Automatic quarterly distribution

**NOSA:** No

**Office and Lead** Office of Financial Management, Holly Jones

## Appropriation Line Item: 421

### Continuum of Care

#### Program Name: Community Medication Allocation

#### Purpose:

The Community Medication Allocation, formerly GRF ALI 419, is included in Appropriation Line Item (ALI) 421. The overall purpose and intent of the funding is: to provide subsidized support for medications to treat mental illness and/or addiction of indigent citizens of a community, to promote and support the recovery/resiliency of consumers (adults and children/adolescents), to reduce unnecessary hospitalization because of the inability to afford the required medication, and to provide subsidized support for methadone and other medications used to treat opiate addiction.

#### Eligibility:

1. ADAMH/CMH/ADAS Boards must be authorized by the Ohio Department of Mental Health and Addiction Services for receipt of methadone allocations.
2. The community medication allocation is made to ADAMH/CMH/ADAS Boards. The Board will determine allocations for medication needs to treat mental illness and/or addiction to eligible agencies.
3. ADAMH/CMH/ADAS Boards will be responsible for the approval of any application made by a Provider for first-time allocation, with such allocation being made within the Board's total allocation.
4. Client eligibility for subsidized support for psychotropic medication should factor in income and client characteristics. Client characteristic standards are described below. In order to receive Central Pharmacy medications, clients must be:
  - a. Adults with a severe mental disability (SMD) or children/adolescents with a serious emotional disturbance (SED); or
  - b. At risk of hospitalization if medications were discontinued; or
  - c. Recently released from a mental health inpatient, residential treatment facility, jail or prison (within a three month period prior to eligibility determination).
5. Funds may also be used to provide subsidized support for the medication needs of indigent citizens of a community to promote and support the recovery and resiliency of individuals in need of care, to reduce unnecessary hospitalization because of the inability to afford the required medication, and to provide subsidized support for methadone and other medications use to treat opiate addiction

ADAMH/CMH/ADAS Boards and their contract agencies should establish a method to determine those persons most in need. This method must include identifying those persons eligible for third-party reimbursement.

#### Distribution:

#### **FOR FY 2014, A NEW PROCESS IS BEING IMPLEMENTED.**

1. The Ohio Department of Mental Health and Addiction Services (OhioMHAS) is making an effort to provide more flexibility in this GRF allocation. As such, the department will provide a 3-year expenditure average of purchases through Central Pharmacy Outpatient (CPO) by board (covering FY's 2011, 2012, and 2013). Each board will be allocated 85% of the 3-year expenditure average as a line of credit . Boards will have the option to request up to 100% of the 3-year expenditure average using the request form provided. **All ADAMHS and CMH Boards must complete the request form provided.**

**Please return the form to Dalon Myricks by July 31, 2013.**

2. The department will disburse the remaining percentage of each board's allocation to be utilized for community outpatient treatment.
3. Boards will continue to make purchases through CPO. If purchases exceed the line of credit, the boards are responsible for payment to CPO within 30 days. This is consistent with current practice.
4. At the end of the State fiscal year, any funds not utilized by the boards will carry forward to the SFY 2015 total program beginning balance.

The current formulary for treatment in the community is being expanded to include medications to treat opiate addiction. All boards may designate a portion of their GRF 421 medication funds to be utilized for bulk purchases of opiate addiction medications. Treatment centers will be able to purchase medications such as Suboxone®, Subutex®, and Vivitrol® from the Ohio Pharmacy Service Center in the same manner they obtain methadone. The three ADAS-only boards (Butler, Lorain, and Mahoning) have each been allocated \$100,000 as credit at the OSS Pharmacy Services Center (PSC) to begin establishing a baseline spending trend on which future allocations will be based. (These allocations were available from prior year unspent dollars and not taken from the SFY 14 allocation). Any new customer to OSS (Central Pharmacy Outpatient or Pharmacy Services Center) must provide a list of provider agency allocations and contact information in order for OSS to establish new customer identification. Any provider of a schedule 2 or 3 controlled substance must have a DEA and a Terminal Distributor License. A copy of the license must be sent to Ohio Pharmacy Service Center.

Methadone allocations will continue to be provided to eight (8) ADAMH boards and will be based on the three-year average purchases of methadone by these boards. The total methadone allocation (\$252,288) is subtracted from the total 421 medication allocation.

**Special Note:**

Please submit provider allocations for community medication allocation (form DMH-PSC-042), no later than September 1, 2013, to:

Tracie Taylor, PHARMD,  
Office of Support Services, Medical Complex  
2150 West Broad Street,  
Columbus, OH 43223-1200

**Amount:** Appropriation Amount \$8,963,818 (plus \$300,000 carry-over and credit of \$66,986).

**Reimbursement Form:** DMH-PSC-042, "Central Pharmacy-Provider Allocation" form

**NOSA:** No

**Office and Lead:** Office of Support Services, Tracie Taylor, PHARMD; Office of Financial Management, Holly Jones

## Appropriation Line Item: 421

### Continuum of Care

**Program Name: AoD Portion**

#### Purpose:

The goal of this program allocation is to ensure local access to quality and cost effective alcohol and other drug treatment services based on community needs. At the local level, the Alcohol, Drug Addiction and Mental Health Services/Alcohol and Drug Addiction Services (ADAMHS/ADAS) boards identify needs, establish priorities and set targets.

This funding should be utilized consistent with the goals and priorities identified in the approved ADAMHS/ADAS boards' community plan, which is the application for funding from the department.

This line item is to be used to assist Ohioans or to fund services for those not eligible for Medicaid reimbursement. Examples of such services can be found in ORC 340.03 (A)(11):

Establish, to the extent resources are available, a continuum of care, which provides for prevention, treatment, support, and rehabilitation services and opportunities. The essential elements of the continuum include, but are not limited to, the following components in accordance with section 5119.21 of the Revised Code:

- a) To locate persons in need of addiction or mental health services to inform them of available services and benefits;
- b) Assistance for persons receiving services to obtain services necessary to meet basic human needs for food, clothing, shelter, medical care, personal safety, and income;
- c) Addiction and mental health services, including, but not limited to, outpatient, residential, partial hospitalization, and, where appropriate, inpatient care;
- d) Emergency services and crisis intervention;
- e) Assistance for persons receiving services to obtain vocational services and opportunities for jobs;
- f) The provision of services designed to develop social, community, and personal living skills;
- g) Access to a wide range of housing and the provision of residential treatment and support;
- h) Support, assistance, consultation, and education for families, friends, persons receiving addiction or mental health services, and others;
- i) Recognition and encouragement of families, friends, neighborhood networks, especially networks that include racial and ethnic minorities, churches, community organizations, and community employment as natural supports for persons receiving addiction or mental health services;
- j) Grievance procedures and protection of the rights of persons receiving addiction or mental health services;
- k) Community psychiatric supportive treatment services, which includes continual individualized assistance and advocacy to ensure that needed services are offered and procured.

**Note:** This section represents only the GRF portion of the AoD treatment funds.

**Distribution:** Per capita

**Amount:** \$5,347,328

**Reimbursement Form:** Automatic quarterly distribution

**NOSA:** None

**Office and Lead:** Office of Financial Management, Holly Jones

## Appropriation Line Item: 422

### Criminal Justice Services

#### Program Name: Community Forensic Risk Management and System Development

##### Purpose:

These funds are allocated to ADAMH/CMH Boards who are currently providing monitoring services to maintain a unified forensic monitoring and data tracking system as required by Section 5119.29 of the Ohio Revised Code, following the OhioMHAS guidelines regarding the forensic monitor's roles and responsibilities, performing community risk assessment/management protocols and reporting data to the web-based Forensic Tracking and Monitoring System. In addition, those ADAMH/CMH Boards that are not monitoring anyone also received a small amount of funds to perform risk management, diversion or re-entry activities.

**A year-end report on SFY 2014 ALI 422 funds will be due in the Department of Mental Health and Addiction Services, Forensic Services, on or before September 10, 2014.** The report must include the following:

- a. Agency that provided the forensic monitoring services and received the funding;
- b. Amount of administrative costs utilized by the board from these funds;
- c. Number of individuals monitored for the fiscal year; and
- d. Any forensic programs/tasks specific to the points above that were implemented ~~and~~ with related outcomes
- e. For those ADAMH/CMH Boards that do not have individuals being monitored, the report must describe the activities or services related to risk management, diversion, or re-entry from jails or hospitals. .

##### Distribution:

A base amount of \$3,518 was allocated to each board. This is based upon a review of the SFY 13 allocations, which had a minimum of \$3,518 allocated for each board. The remaining funds were divided proportionately among the boards based on the total number of people that were on conditional release during the past five fiscal years.

**NOTE:** Total funds available for the Community Forensic Risk Management and System Development for SFY 2014 are \$614,839 from GRF ALI 422 and \$110,000 from Federal Block Grant for a total of \$724,838. Those ADAMH/CMH boards that are not currently monitoring individuals still receive funding in order to perform risk management, re-entry and diversion activities/services, including hospital and jail for forensic clients.

**Amount:** \$614,829 (GRF ALI 422)

**Reimbursement Form:** Automatic quarterly distribution

**Distribution:** See Attachment 1

**NOSA:** None

**Office and Lead:** Forensic Services, Chris Nicastro

## Appropriation Line Item: 422

### Criminal Justice Services

#### Program Name: Community Forensic Psychiatric Centers

##### Purpose:

Community Forensic Psychiatric Centers shall be used by the Department of Mental Health and Addiction Services to provide psychiatric evaluation services to courts of common pleas, general division. Funds shall be allocated through Alcohol, Drug Addiction and Mental Health/Community Mental Health (ADAMH/CMH) Boards to certified community agencies and shall be distributed according to the criteria delineated in rule 5122:32-01 of the Administrative Code.

Agencies providing forensic evaluation services for the courts of common pleas, general division pursuant to Sections 2945.371 (G)(3) and 2945.371 (G)(4) of the Ohio Revised Code, and certified by the Department of Mental Health according to the provisions of Administrative Rule 5122:32-01, "Rule for Community Forensic Psychiatric Centers", are eligible to apply to ADAMH/CMH Boards for 401(5) funding.

Applications are completed by the agencies, reviewed and recommended by the ADAMH/CMH Boards and approved by the OhioMHAS, Forensic Services. The allocation was developed to provide, through a system of certified community forensic psychiatric centers, forensic evaluations of defendants to determine "competence to stand trial" and/or "sanity at the time of the offense" for courts of common pleas, general division.

These funds are also used to provide non-secured status evaluations as required by Section 2945.401(D) of the Ohio Revised Code. OhioMHAS regional psychiatric hospitals request non-secured status evaluations from the local forensic centers for all persons found "Not Guilty by Reason of Insanity" and/or "Incompetent to Stand Trial-Unrestorable" who are held under criminal court jurisdiction when the regional psychiatric hospital recommends termination of court commitment or the first of any non-secured status (unsupervised, off grounds movement, trial visit, or any conditional release). Evaluation reports must be submitted to the regional psychiatric hospital and the court within 30 days of request. ALI 422 funds are not intended for services to courts or agencies other than courts of common pleas general division and OhioMHAS regional psychiatric hospitals, with the exception of providing, to the extent possible, technical assistance, training and consultation to ADAMH/CMH Boards, providers and courts on matters relating to serving forensic consumers and implementation of a locally managed forensic service system.

##### Distribution:

Funding is allocated according to a formula that includes the following factors: number of evaluations completed, population, poverty level, and prevalence of mental illness in the center's catchment area, and the geographic size of the catchment area.

**NOTE:** For SFY 2014, the Forensic Psychiatric Centers allocation was funded at the same level as SFY 2013.

**Amount:** \$2,629,381 (GRF ALI 422)

**Reimbursement Form:** Automatic quarterly distribution

**Distribution:** See Attachment 1

**NOSA:** None

**Office and Lead:** Forensic Services, Chris Nicastro

## Appropriation Line Item: 406

### Prevention & Wellness

**Program Name:** Per Capita Prevention Allocation

**Purpose:**

Prevention focuses on preventing or delaying the onset of behavioral health problems (e.g. substance abuse and addiction). Prevention services are a planned sequence of culturally appropriate, science-driven strategies intended to facilitate attitude and behavior change for individuals and communities. These services do not include clinical assessment, treatment or recovery support services.

The purpose of these funds is to provide funding to area agencies through the ADAMHS/ADAS boards to support the development and implementation of a comprehensive array of primary prevention interventions to meet the needs of their communities. The OhioMHAS Prevention continuum of care taxonomy provides the guidelines for the delivery of this service array. OhioMHAS Prevention allocation shall be used by the Boards consistent with local community plans. Strategies should be selected based on the assessment of needs, resources and readiness conducted as part of the community planning process to ensure funded prevention interventions will address community risk and protective factors that either complicate or mitigate substance use and other risk behaviors.

**Eligibility:** Eligibility to receive GRF 406 funding is limited to ADAMH/CMH/ADAS boards having an approved community plan pursuant to ORC Chapters 340 and 5119

**Note:** This section represents only the GRF portion of the AoD prevention funds.

**Amount:** \$868,659 (GRF ALI 422)

**Reimbursement Form:** Automatic quarterly distribution

**Distribution:** See Attachment 1

**Office and Lead:** Prevention and Wellness, Tammy Collins

## Appropriation Line Item: 629

### Problem Gambling and Addictions Fund Program Name: Casino Gambling

#### Purpose:

The purpose of this allocation is to fund prevention, screening and treatment services to those individuals experiencing problem/pathological gambling, and/or other addictions, including those individuals who may be “at risk” for developing these conditions. These funds are to be utilized consistent with the language in the Ohio Constitution Article 15 Section 06.

Allocations from the Problem Gambling and Addictions Fund will be distributed quarterly to County ADAMH/ADAS Boards. The funds are expected to be used in the community with 60 percent directed toward problem gambling prevention and 40 percent for identification and treatment of problem gambling and other addictions. The Ohio Problem Gambling Survey fielded in summer 2012 indicated that resources should primarily be used for prevention and education related to problem gambling at this time. However, it is possible for a board to request a waiver from the department to use the Problem Gambling and Addictions Fund dollars in different percentages. Through June 30, 2014, a proportion of prevention services funding can be used to create a plan based on community need, including planning services. OhioMHAS will work with stakeholders to communicate gambling services plans within their community.

To assist boards in planning for community prevention, new resources were released on Feb. 7, 2013, by the state to help prevent problem gambling in Ohio. This includes documents entitled *Problem Gambling Prevention Resource Guide* and *Problem Gambling Prevention: Growing Prevention Science*, which can be accessed on the agency's website.

Pursuant to ORC 5119.47, all treatment and prevention services provided under programs supported by money in the Problem Gambling and Addictions Fund shall be services that are provided by programs certified by OhioMHAS.

**Note:** State Funds in SSR 5JL0 will be automatically distributed to each ADAMH/ADAS Board. Payments will be distributed by the end of the first month of each quarter.

Any changes in the intended purpose of expenditures as described in these allocation guidelines must be pre-approved in writing by Ohio MHAS.

The department reserves the right to modify these allocations due to changes in department funding as a result of revenue fluctuation in gambling receipts or other like circumstances.

Eligibility to receive 5JL0 funds is limited to the ADAMH/ADAS Boards having an approved Community Plan pursuant to ORC Chapters 340 and signed assurances.

**Amount:** \$3,788,863 (\$2,273,315 – Prevention / \$1,515,548 – Treatment) Estimated allocation based on tax revenue derived from Ohio's five casinos.

**Reimbursement Form:** Automatic quarterly distribution

**Distribution:** See Attachment 1

**NOSA:** None

**Office and Lead:** Problem Gambling Administrator, Stacey Frohnafel Hasson

## Appropriation Line Item: 609

### Hospital – Operating Expenses

#### Program Name: Hospital Services Rotary Incentive

##### Purpose:

The Appropriation Line Item (ALI) GRF 412, Hospital Services is to be used in the SFY 2013-2014 biennium budget, for the operation of the Department of Mental Health and Addiction Services' regional psychiatric hospitals. These funds cover all aspects involving civil and forensic commitment, treatment, and discharge. For SFY 2013, the department collaborated with the ADAMHS/CMH Boards and the Ohio Association of County Behavioral Health Authorities to develop a statewide hospital utilization management partnership program. The partnership serves to: promote and increase collaboration to manage bed days efficiently; help transition patients successfully back to the community; and improve access to both community and hospital care. The new partnership program established a framework for financial incentives to restore some healthy, positive tension necessary for an effective balance of hospital and community care options. The additional money is intended to improve access to state hospitals through a moderate reduction in overall bed day utilization. Implementation is based on each Board's determination of participation. The 412 ALI is not the source of infused financial incentive; however, the allocations are included as reference to the relationship between hospital and community care.

##### Eligibility:

The Hospital Utilization Partnership Program offers a voluntary, no risk financial incentive to boards to engage with regional psychiatric hospitals for both civil and forensic patient bed day planning. MHA will offer an aggregate subsidy of up to \$4.5 million to boards that elect to participate in bed day management and discharge planning for both the civil and forensic hospital populations. ADAMH/CMH Boards must have submitted a signed Acceptance of FY 2014 Bed Day Participation Agreement on file with the department by April 30, 2013

##### Distribution:

###### Upfront Allocations

At the beginning of the Fiscal Year 2014, OhioMHAS will distribute an upfront, base subsidy of \$2 million to partnering boards. The upfront subsidy will be based on the following:

- A fixed \$10,000 amount for each partnering board, for a total of up to \$500,000; and
- The balance of the \$2 million will be distributed among the participating ADAMH/CMH Boards' three year bed day utilization averages (using SFY 2010 – 2012 data).

In addition to the base, upfront subsidy, OhioMHAS will acknowledge and recognize those boards able to reduce their bed days in FY 13 by offering an additional, upfront subsidy of \$500,000. The supplemental allocation recognizes their successful results. The allocation will be based on the following:

- Boards with bed days in FY 13 below their three-year average will qualify for an additional
- upfront subsidy
- For qualifying boards, their allocation will be distributed in proportion to total days reduced in FY 13
- The distribution of this supplemental allocation is anticipated in late August, or early September, 2013

###### Year-end Reconciliation

Following reconciliation of bed days, OhioMHAS will distribute additional incentive dollars to boards achieving a reduction in bed days below their three-year average. The year-end allocation is based on the following:

- Boards with bed days below their 3 year average (FY 10-12) will qualify for a year end allocation

- Qualifying boards will be entitled to a year-end allocation, matching their upfront, base allocation.

Note for FY 14 OhioMHAS has eliminated a collective, statewide bed day target as a prerequisite for distributing year-end incentives to boards and will offer an aggregate subsidy of up to \$4.5 million to boards that elect to participate in bed day management and discharge planning for both the civil and forensic hospital populations. Finally, as part of this plan, there is no financial risk or payback to the Department if a board's bed days increase rather than decrease during the SFY 2014.

**Amount:** \$2,000,000

**Reimbursement Form:** None

**Distribution:** See Attachment 1. All 412 funds will be retained at the department. The incentive funds are non-GRF earned revenue (Hospital Rotary Fund 1490, 334609).

**NOSA:** No

**Office and Lead Office of** Financial Management, Holly Jones; Hospital Services, Karl Donenwirth

## Appropriation Line Item: 614

### Mental Health Services Block Grant (MHSBG)

**Program Name: Federal Block Grant Base to ADAMH/CMH Boards – CFDA 93.958**

**Federal fund distributions to Ohio are subject to change without advance notice. In the event of Federal fund distribution changes, allocations to boards may also change.**

#### **Purpose:**

The purpose of Block Grant funds is to provide services and programs for adults with serious mental illness (SMI) and children and youth with serious emotional disturbance (SED) by appropriate, qualified community mental health programs, as well as related prevention activities. These programs may include community mental health centers, child mental health programs, psychosocial rehabilitation programs, mental health peer-support programs and mental health primary-consumer directed programs as described in Ohio's Community Mental Health Block Grant Plan. Also, planning, data collection and evaluation expenditures directly related to these programs and services are allowable.

These federal funds are distributed to states by the Substance Abuse Mental Health Services Administration (SAMHSA). SAMHSA promotes integration of substance abuse and mental health services, as well as integration of behavioral health services with primary care. Additional changes increase fiscal accountability by adding client-level reporting of services funded by MHSBG, which include reporting admission, updates, discharge and demographic data in the OH-BH.

**OhioMHAS's Priorities for Block Grant Base** - OhioMHAS requests that ADAMH/CMH Boards use these funds for:

- children with serious emotional disturbance (SED);
- adults with serious mental illness (SMI)
- housing;
- reentry of offenders with SMI and/or SED;
- crisis intervention;
- employment;
- promotion/prevention;
- peer services and supports;
- health homes and other best practices

**Federal 2012-2014 Priorities for Block Grant Base** - Additionally, OhioMHAS encourages ADAMH/CMH Boards to consider federal priorities when budgeting these funds <http://www.samhsa.gov/> :

1. Prevention of Mental Illness
2. Trauma and Justice (aligns with OhioMHAS priorities of crisis services and services to persons with criminal justice system involvement)
3. Military Families
4. Health Reform Implementation
5. Recovery Support (aligns with OhioMHAS housing priority)
6. Health Information Technology
7. Data, Outcomes and Quality
8. Public Education and Support

Note: The OhioMHAS priority of Services to Children with SED aligns with all eight SAMHSA priorities.

**Prohibited Expenditures:** Federal Mental Health Block Grant funds may not be used to:

1. Provide inpatient services;
2. Make cash payments to intended recipients of health services;
3. Purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

4. Satisfy any requirement for the expenditure of non-Federal funds as a condition of the receipt of Federal funds;
5. Provide financial assistance to any entity other than a public or nonprofit entity;
6. Fund research (funds may be used for evaluation of programs and services);
7. Supplant activities funded by the SAMHSA Mental Health Transformation Infrastructure Grant; and
8. Fund lobbying activities intended to influence the Ohio Legislature or Congress.

**Amount:** \$7,500,000

**Reimbursement Form:** Automatic quarterly distribution

**Distribution:** Prevalence (45%), Population (20%), Poverty < 101% FPL (35%) See Attachment 1

**Office and Lead:** Community Support, Deborah Nixon-Hughes, Liz Gitter,

## Appropriation Line Item: 612

### Social Services Block Grant (Title XX)

Program Name: Title XX - CFDA 93.667

**Federal fund distributions to Ohio are subject to change without advance notice. In the event of Federal fund distribution changes, allocations to Boards may also change.**

#### Purpose:

Federal Title XX (Social Services Block Grant) funds are awarded to states by the Health and Human Services Department, Administration for Children and Families. OhioMHAS distributes Ohio's mental health portion of these funds to ADAMH/CMH Boards for the provision of social services to eligible persons within the public mental health system. The federal goals for these funds includes:

- Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families;
- Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
- Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions

**Distribution:** The Community Plan incorporates Title XX terms and conditions. Accordingly, allocations for Title XX are being distributed under the authority of these Allocation Guidelines. See attachment 1.

**NOSA:** No

#### Mechanics

The following is a summary of the ADAMH/CMH Board responsibilities of the Community Mental Health Title XX Program:

1. **Planning for the Provision of Title XX Services**  
Each ADAMH/CMH Board must submit a Mental Health Title XX Service Profile for each county in its service district. Each profile is a one-page budget which includes planned expenditures and recipients by service and eligibility categories. These profiles are included in the mental health portion of the Comprehensive Social Services Plan, (CSSP) which OhioMHAS submits to Ohio Department of Job and Family Services (ODJFS). ODJFS submits Ohio's CSSP (Title XX) Plan to Health and Human Services.
2. **Subcontracting for the Provision of Title XX Services**  
Board/Provider Title XX Contracts are awarded at the discretion of the Board. The method of subcontracting for the services is also left to the discretion of the Board. The Board may develop a Board/Provider Title XX Contract or may include Title XX services as a component of its Board/Provider Contract.
3. **Title XX Allocations**  
The Title XX Allocations are estimates included in Exhibit A of the Contract and use the same formula as in previous years based on population (40%) and poverty level (60%) applied to the funds available. The formula to determine each Board's Title XX allocation is:  
Population = Number of People in the Board's Counties/Number of people in Ohio  
Poverty Level = Number of People Below Poverty in the Board's Counties/Number of People in Ohio  
Board Allocation =  $\{(.40 \times \text{Population}) + (.60 \times \text{Poverty Level})\} \times \text{Ohio's Estimated Title XX Allocation}$

OhioMHAS receives four quarterly Title XX awards from the Ohio Department of Job and Family Services, (ODJFS) which are usually received in late October, January and April and July. To meet federal requirements, ODJFS is in the process of moving Ohio's Title XX Plan from a bi-annual Plan based on the state fiscal year to an annual Plan based on the federal fiscal year. This will change due dates for the OhioMHAS Title XX Profiles and Post Expenditures Reports.

ADAMH/CMH Boards will continue to send quarterly draw down requests to OhioMHAS.

Any changes in federal funding for Title XX will be passed on to ADAMH/CMH Boards.

4. Payment Rates

As long as only federally allowable costs, as identified in OMB Circulars A-87 and A-122, are reimbursed, the payment rates for Title XX services are left to the discretion of the Board. The Board loses its discretion regarding payment rates if defined unallowable costs are reimbursed.

5. Eligible Title XX Services

All services that are included in the County's component of the SFY Comprehensive Social Services Plan are eligible to be reimbursed through this Contract. All Title XX Provider Agencies must be certified by the OhioMHAS for the services that are billed through the Title XX Program.

New: "Case Management" includes Health Home Service for Persons with Serious and Persistent Mental Illness effective October 1, 2013 as well as Community Psychiatric Supportive Services.

6. Title XX Eligible Recipients

State Title XX Legislative changes have deleted all statewide Title XX eligibility requirements. Rules promulgated by the ODJFS, (O.A.C. Section 5101:2-25-07), require each CDJFS (County Department of Job and Family Services) to include as a part of its Title XX County Profile the eligibility criteria for the following Eligibility categories:

- a. Income Eligible
- b. Free Services
- c. Fee Services
- d. Without regard to income

ADAMH/CMH Boards should contact the local CDJFS to determine the eligibility criteria and which services are included in the above categories. Provider agencies may determine the Title XX eligibility of the recipients of services. ADAMH/CMH Boards and/or Provider Agencies should contact the local CDJFS(s) to determine the proper methods of determining and verifying the Title XX eligibility of the recipients.

**Amount:** \$7,662,661 (estimate pending Congressional approval of budget)

**Reimbursement Form:** DMH-TXX-013

**Office and Lead:** Division of Program & Policy Development (Plan and Pre-Expenditure Report), Liz Gitter; Office of Financial Management, Michele Sherman (Disbursement of Funds and Post-Expenditure Report)

## Appropriation Line Item: 613

### **SAMHSA Projects for Assistance in Transition from Homelessness (PATH) Program Name: PATH – CFDA 93.150**

**Federal fund distributions to Ohio are subject to change without advance notice. In the event of Federal fund distribution changes, allocations to Boards may also change.**

#### **Purpose:**

PATH is a federal program sponsored by SAMSHA. The program allows local mental health systems to provide outreach services targeting people with a mental illness that are experiencing homeless and not yet connected with mainstream mental health services. The primary goals are to engage these individuals in mental health services and to assist them with obtaining housing and other entitlement/benefits. Funds are awarded to states based on a formula.

#### **Distribution:**

Beginning in SFY 2007, OhioMHAS has awarded PATH funding to local communities using a need-based formula. SAMSHA specifically asked OhioMHAS to develop a funding mechanism based on need, as some projects currently exist that serve only a few homeless people; and, receive a disproportionately high level of funding. Projects serving the most homeless people have not necessarily received the greatest amount of funds. Goals for future funding use poverty in each PATH recipient county as a proportion of total poverty of all PATH recipients as a rationale for adjusting PATH funding. The goal of PATH funding redistribution is that the proportion of poverty in each county should be directly proportional to that county's PATH funding.

Need is best envisioned by the number of homeless mentally ill individuals in a county. However, local counts of homeless people are completed with disparate levels of sophistication. Methodologies are not uniform, and counts may under represent or over represent the homeless community. Therefore, proxies are needed for the number of homeless mentally ill people. Our first proxy for number of homeless individuals is population. In other words, it can be assumed that in counties with larger populations, a greater number of homeless people exist. Counties (not Board areas) with a population of 200,000 or above are automatically selected for funding. 2009 population estimates according to the U.S. census are used. Counties with a population of 175,000 to 199,000 and having the greatest number of people living in poverty are also considered for funding, but must pass a second threshold to be selected.

In order to increase our effectiveness working with the Veteran population, Ohio funded three Veteran Pilot projects, via a competitive application process within the existing PATH providers, for SFY 2010. These projects demonstrate efforts to expand culturally appropriate outreach, engagement, treatment, and other services to Veterans with mental illness that are experiencing homelessness. These projects received a flat funding allocation in SFY 2011 and a 25% decrease in funding in SFY 2012. It was anticipated to continue funding the veteran projects through SFY 2014 at decreased funding levels; however, due to the PATH budget reduction as a result of the sequestration it was determined to discontinue funding these projects.

All PATH funding is expected to be drawn down on a quarterly basis. It is the expectation that the ADAMH/CMH Boards and Providers work together at the local level to manage PATH funding. All PATH funding is contingent upon OhioMHAS receipt of the Ohio's PATH grant allocation from SAMHSA.

- 1<sup>st</sup> Quarter (July 31, 2013) or as soon as Board(s) has been notified funding is available [advance]
- 2<sup>nd</sup> Quarter (October 31, 2013) in conjunction with the Quarterly Report [reimbursement]
- 3<sup>rd</sup> Quarter (January 31, 2014) in conjunction with the Quarterly Report [reimbursement]
- 4<sup>th</sup> Quarter (April 30, 2014) in conjunction with the Quarterly Report [reimbursement]

In order to continue our efforts on expanding services/projects within Ohio, Ohio MHAS created a PATH mini-grant (\$41,419) for SFY 2014. This mini-grant is designed to address services directed only toward

youth and young adults between the ages of 18 - 24 who are currently homeless and experiencing SPMI and may have a co-occurring substance use disorder. (SAMHSA/Ohio PATH: program core mission is that of serving individuals with severe mental illnesses, including those with co-occurring substance use disorders, who are currently homeless, as the priority population.)

**Amount:** \$1,948,791

**Reimbursement Form:** Submission of the Request for Advance/Reimbursement (RAR). Funds distributed by NOSA are subject to the terms and conditions of any related grant agreement and assurances, the special conditions described in the NOSA and the conditions described in the allocation guidelines.

**Distribution:** See Attachment 1

**Office and Lead:** Office of Treatment and Recovery; Deborah Givens, Program Administrator

## Appropriation Line Item: 507

### Community Behavioral Health Program Name: AoD Portion

#### Purpose:

These funds will be used to supplement existing funds received through the state, federal government, and local levy resources for the provision on mental health treatment and wrap around services in accordance with the priorities given in each ADAMHS/ADAS board's community plan.

These funds are \$15 million out of a total \$17.5 million earmarked for addiction services in line 507. The remaining \$2.5 million will be allocated per capita to ADAMHS/ADAS boards to enhance the AoD role in the collaborative hot spot projects.

**Note:** Funds will be distributed quarterly. The distribution formula will weight these funds so that 40% of each board's allocation will be dependent on a per capita basis and 60% will be dependent on a disparity measure.

**Amount:** \$15,000,000

**Reimbursement Form:** Automatic quarterly distribution

**Distribution:** See Attachment 1

**NOSA:** None

**Office and Lead:** Office of Financial Management, Holly Jones

### Program Name: MH Portion

#### Purpose:

These funds will be used to supplement existing funds received through the state, federal government, and local levy resources for the provision on mental health treatment and wrap around services in accordance with the priorities given in each ADAMHS/CMH Board's community plan.

**Note:** Funds will be distributed quarterly. The distribution formula will weight these funds so that 40% of each board areas allocation will be dependent on a per capita basis and 60% will be dependent on a disparity measure.

**Amount:** \$30,000,000

**Reimbursement Form:** Automatic quarterly distribution

**Distribution:** See Attachment 1

**NOSA:** None

**Office and Lead:** Office of Financial Management, Holly Jones

### **Note about Community Behavioral Health GRF 335507:**

This line is newly appropriated by the General Assembly for a total \$47.5 million (\$30 million for mental health and \$17.5 million for addiction). Legislative leadership indicated that these funds were in recognition of the needs of the behavioral health system as expressed in the advocacy for Medicaid expansion, which was not included in the budget bill. The legislature continues its work on the issue of Medicaid reform and eligibility changes, and it is possible that if expansion is included in the future, these funds could become temporary in nature, to be replaced by future savings at the local level through the shifting of the costs for clinical services to the Medicaid system.

Although earmarked separately in the budget bill, these funds are listed in the allocation spreadsheet in a single column, as the same methodology (40% per capita and 60% disparity) was used to calculate

distribution. To adhere to the legislature's earmark, approximately 37% of the funds should be spent on addiction services and 63% on mental health.

## Appropriation Line Item: 421 and 507

### Program Name: Collaborative “Hot Spot” Projects

#### Purpose:

The concept behind the collaborative projects is based on the OhioMHAS’s goal to incentivize partnerships for shared planning and service delivery between ADAMH/CMH/ADAS Boards in support of high priority service needs to individuals living with mental illness. We seek to foster and strengthen programs and services that provide the greatest impact using limited resources, so that if future resources are made available, the system is prepared to expand upon these prioritized investments.

#### Distribution:

See Attachment 1.

OhioMHAS has designated \$13,096,430 within the 421 and 507 ALIs to support this initiative. These resources will be allocated regionally based on the most recent available census data. The table below identifies the base amount that is budgeted by collaborative region.

| Regional Collaborative  | FY 2014 Allocation MH | FY 2014 Allocation AoD |
|-------------------------|-----------------------|------------------------|
| Appalachian             | \$888,829             | \$209,700              |
| Central OH/ Twin Valley | \$2,262,300           | \$533,741              |
| Heartland               | \$1,572,864           | \$371,083              |
| NE OH/Northcoast        | \$2,323,249           | \$548,121              |
| Northwest               | \$1,482,603           | \$349,788              |
| Southwest               | \$2,066,586           | \$487,567              |
| <b>Total</b>            | <b>\$10,596,430</b>   | <b>\$2,500,000</b>     |

**Amount:** \$13,096,430

**Reimbursement Form:** Distribution is based on submitted project budget timelines

**Office and Lead:** Office of Financial Management, Holly Jones; Office Quality and Planning, Sandy Starr, Deputy Director

Table A

## REPORTING MATRIX

| NAME  | FUND SOURCE      | SUBMIT DATE                                    | # OF COPIES | SUBMIT TO   |
|---|------------------|--|-------------|---|
| Community Forensic Psychiatric Centers Application      | 422              | report quarterly                               | One         | Office of Forensic Services. Attn: Bob Baker            |
| Community Forensic Risk Management & System Development | 422              | Report due Sept. 12, 2012                      | One         | Office of Forensic Services. Attn: Chris Nicaastro      |
| SFY 13 DMH-FIS 040 Actual                               | All Fund Sources | SFY 2013 FIS-040 (Actual) Jan.31, 2014         | One         | Office of Financial Management Attn: Holly Jones        |
| Community Medication Subsidy SFY 2013                   | 421              | Sept.1, 2013 Provider allocations for SFY 2014 | One         | OSS. Attn: Tracie Taylor                                |
| Medication Allocation request form                      | 421              | July 31, 2013                                  | One         | Office of Financial Management Attn: Dalon Myricks      |
| Board Budget  | All funds        | August 31, 2013                                | One         | Office of Financial Management Attn: Holly Jones        |
| Hot Spot Collaborative Budget                           | 421 and 507      | September 15, 2013                             | One         | Office of Financial Management Attn: Holly Jones        |
| Problem Gambling Board Plan                             | 629              | August 9, 2013                                 | One         | Stacey Frohnafel Hasson, Problem Gambling Administrator |

Note: This matrix is not a complete list of all reporting requirements. Additional requests for reports will be provided under separate communication.