



MBR FAQ

General Questions:

It is likely that many rules will need to be developed to implement new provisions in HB 483. Will there be an opportunity for consumers to be involved in the development phase of this work?

Inherent within the requirements for state agencies for rule changes is a public notice and hearing process. OhioMHAS welcomes input from all members of the public. To stay up-to-date with administrative rule work, please visit <http://mha.ohio.gov/Default.aspx?tabid=128>. You are also encouraged to sign up for the Rules listserv at the listed link. If you have any questions about the status of rule changes or if you have input you would like to submit, you may email it to MH-SOT-rules@mha.ohio.gov.

Has 2013 mental health hot spots funding been continued?

Yes. The “hot spot” concept was continued in SFY 2014 and expanded to include AoD projects. This concept has again been carried forward into SFY 2015.

What was the final amount left in the budget to offset the Substance Abuse Prevention and Treatment (SAPT) Block Grant allocation problem and how will the funds be distributed?

The Mid-Biennium Review ([House Bill 483](#)) targeted \$3 million from the OhioMHAS 507 line to offset SAPT grant changes. An additional \$1.3 million of supplemental SAPT was used as an offset due to an increase in Ohio’s SAPT award above last year’s amount. The total offset was approximately \$4.3 million and was targeted toward OhioMHAS direct and pass-through grantees, many of which do prevention & women’s treatment work.

Given the significant onset of both substance abuse and mental illness in adolescence, how will the department ensure that a proportional amount of resources are directed to adolescents and their families?

The OhioMHAS Bureau of Children and Families will be involved in the evaluation of potential projects. Additionally, specific efforts have been made to reach out to organizations representing children for input on the needs of communities.

Where do the six regions come from listed in the chart detailing funding allocation for the \$20.1M from GRF 507?

These are based on board regions around the six OhioMHAS regional psychiatric hospitals that regularly work together. There are some exceptions where a board has elected to affiliate with a neighboring region for the purpose of project collaboration.

Is there anything about the \$20.1M as it relates to crisis and housing that the department will be focusing on?

There are many concepts that make a lot of sense. Contracting with a housing developer to assist a number of communities might make a lot of sense for very little funding, regardless whether the \$20.1M or \$5M for housing are used. Creating a place shared by a number of contiguous boards in an area that a lot of hospitalizations occur because there are not many options as a step-down facility may be useful funding as well. Another idea would be to extend peer supports. Sustainable projects need to be identified because we do not know if these funds will be continued.

Will anything be required of boards re: hospital planning and bed days?

No. As hospital census counts fluctuate, the department will engage with boards in individual catchment areas to resolve any issues that may arise.

Housing:

What is the future you see for this type of funding beyond the next two years?

During the legislative deliberations there was clear interest and commitment to continuing funding for forms of recovery housing, but we cannot predict whether it will be operating funding, capital funding or both. Legislative discussions during the debate over the FY 16-17 budget will ultimately determine funding levels for housing.

Since the money has to be used within a year, when is the application likely to be released?

The department plans to release a request for proposal in August 2014 for the GRF recovery housing funds. Boards are working on capital requests with the capital planning process.

What process will be used to expand access to recovery housing as required by appropriation item C58001, Community Assistance Projects, and the \$5M earmark for this purpose? Same question for the \$5M earmarked as part of Sec. 327.83 Community Behavioral Health – are there different requirements for each appropriation?

Applications for the two earmarks will be considered in conjunction with each other. For capital-related requests (all things bricks and mortar related), whether the source of funds for a particular project is the capital earmark or the GRF earmark, the existing community capital process will be followed.

Will state funding for capital projects still be capped at \$500K?

Yes.

Can there be a 50/50 match with capital and operating funds?

No, state OhioMHAS funding cannot be used as the local match for other state OhioMHAS funding.

Where does the 50% match come from?

The requirement for a local 50% project match is an ongoing expectation for projects that are brought to the capital office for funding. The sources generally include non-MHAS funds such as a commitment from the local board, grants from local or national foundations, or funds from local agencies. Essentially, any funds that are not from OhioMHAS can be used as the local match.

Can you shift a request for capital support for a project to the GRF funds if the demand on the GRF earmark does not exhaust that funding stream?

The department may – and likely will – do this, especially as the GRF dollars must be 100% expended in FY 15 while the capital funds stretch through FY 16. GRF dollars can be spent for capital purposes, but this flexibility does not reverse. In no case can capital funds be used for operating support.

What definition are you using for “minor renovation to meet building code”?

The department would consider health and safety fixes and/or infrastructure renovations to include foundation, roof, ADA compliance, etc., to fit that definition, with the goal of creating or expanding beds along with minor work that can be finished fairly quickly at less than \$50,000, but a minimum has not been established. A range of \$50,000 - \$350,000 is needed for straight purchase/acquisition limits. Please call the Capital Office at (614) 466-3473 with specific questions.

What facilities are eligible to apply for recovery housing funds?

Boards, community action services providers, and local non- governmental organizations (including peer-run recovery organizations) can all apply for funding as appropriate to the needs of the board’s service district. For capital fund applications, we will follow the same process that OhioMHAS has used for all capital funds.

Are there any plans by the department to utilize the appropriation for recovery housing to address the loss of recovery housing capacity resulting from the discontinuation of the Access to Recovery (ATR) grant at the end of September 2014?

There is no specific effort to continue all ATR grant programming; however, recipients of ATR funding are welcome and encouraged to apply for recovery housing funding.

What will the process be to identify gaps in the continuum of care and how will the funding decisions be made to fill those gaps?

The department is currently populating a map of recovery housing with input from stakeholders, boards and providers to assist with identifying where there are gaps. A housing inventory will be developed and updated moving forward and will be available on the [OhioMHAS website](#).

Will there be an opportunity for members of the recovery community to participate in decision-making, especially in determining the gaps in the continuum of care?

Each board area develops a community plan, and should include community partners in the planning process. Also, OhioMHAS is conducting a survey about the larger question of gaps in the continuum of care that is open through July 30. Please share this opportunity widely: <https://www.surveymonkey.com/s/SJHP875>.

What is a recovery housing "resource hub"?

As stated in the MBR language, a resource hub is a learning community that holds information on locating recovery housing, education on recovery housing, and valuable links to resources. The department will take the lead in establishing this with collaboration from stakeholders.

What definition are you using for residential treatment?

Residential treatment is a twenty-four hour rehabilitation facility certified by the state with the goal of restoration of functioning for persons with alcohol and other drug problems and/or addictions that may or may not have twenty-four hour-per-day medical/nursing monitoring with a planned program of professional-directed evaluation, care and treatment.

What is a recovery housing unit? Could a treatment facility or halfway house also be considered as a recovery residence?

Per [HB 483](#) in Ohio Revised Code Section 340.01 (A)(1), recovery housing is defined as "housing for individuals recovering from a drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining drug addiction services, and other drug addiction recovery assistance." The length of stay is not limited to a specific duration. Instead, each resident's duration of stay shall be determined by the resident's needs, progress, and willingness to abide by the recovery housing's protocols, in collaboration with the recovery housing's owner and, if appropriate, in consultation and integration with a community addiction services provider. A unit is equal to one facility. Recovery housing facilities do not include treatment services on site, and a halfway house is certified to provide at least ten hours of treatment services and is not a recovery house.

When mentioning halfway houses, do you mean those licensed by the Ohio Department of Rehabilitation and Correction (ODRC)?

No, OhioMHAS licenses halfway houses that must provide ten hours of AoD treatment, which are separate from those licensed by ODRC.

Would transitional housing for 16-25 years olds with a dual diagnosis (MH/AoD) be considered in recovery housing funding?

Yes, as long as it meets the definition in the Ohio Revised Code: "housing for individuals recovering from a drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining drug addiction services, and other drug addiction recovery assistance."

Would recovery residents living in independent apartments with other individuals fit into the broad definition of recovery housing?

Yes – in recovery housing you want to meet the client where they are, as well as identify and meet their current needs. Independent living apartments are ideal for families and/or individuals that are prepared to live independently.

How many people are too many in a house, and is there guidance regarding men and women living together for recovery housing?

This is an issue for local zoning boards – it depends on local needs and how they are supported, keeping in mind that the eventual goal is employment. It is a successful past practice to provide recovery housing for women and men separately. If the recovery housing provider is serving families, individual apartment living is recommended.

Why are recovery residences considered permanent?

Recovery residences are permanent housing because their length of stay is determined by the individual. The recovery housing environment is not a treatment environment it is a recovery environment that offers connections to both treatment and recovery support services when needed.

Who is the Ohio National Alliance for Recovery Residences affiliate?

The Ohio Recovery Housing (ORH) is an alliance for individuals and organizations committed to the operation of quality recovery housing in Ohio. Recovery housing affiliated with the coalition meets quality standards established in accord with national quality standards and state and federal regulation. Ohio Recovery Housing focuses on improving members' knowledge of recovery and establishing good practices to benefit both residents and housing operators. ORH is an emerging affiliate of the National Alliance for Recovery Residences.

For recovery supports, could funding be used to pay for recovery coach salaries to work with recovery housing residents?

The language of [HB 483](#) states that up to \$5 million “shall be used to expand access to recovery housing.” Proposals submitted to OhioMHAS may include a variety of strategies to meet this broad goal.

What if I know of recovery housing that is not included in the [OhioMHAS county map](#)?

Email Alisia.Clark@mha.ohio.gov.

Prevention:

Is there a timeline for all of the prevention RFPs?

The [RFP was released](#) on July 16. The applications will be due back August 11, 2014.

Who can apply for the prevention RFPs?

Boards, providers and community groups can all apply. Funds do not have to go through the local board. The board can be a fiscal agent for the applying community coalition or apply on behalf of the community. The department would want consultation from the board as part of their overall plan for prevention, and boards are welcome to send a support letter.

How will prevention certification play into the general process?

Applicants not exempt will need to be certified.

What community-based processes can be covered by funds from the Ohio Coalition of Excellence (OCO E) designation?

Those outlined in the new prevention taxonomy available on the [OhioMHAS website](#).

Can boards apply for both Mentee & OCoE RFPs since no one has an OCoE designation yet?

Yes.

Are the new prevention strategies circumventing existing prevention priorities since everything is geared toward schools?

Schools are just one component of the ecological system for communities. Focusing one grant program on schools does not indicate a shift in overall priorities.

What is the link between the Ohio Youth-Led Prevention Network (OYLPN) and [Start Talking!](#)?

The Ohio State Highway Patrol has a program called “5 Minutes for Life”, which is a part of the *Start Talking!* initiative, and is designed to create student ambassadors. OhioMHAS wants those ambassadors to be a part of the OYLPN.

Regarding the additional funding for prevention, has any consideration been given to including SBIRT-targeted youth?

There has not been consideration to targeting any particular population of youth.

What is the depth of requirement for the prevention coalition survey – can its goals be met in a four year cycle?

It is being designed to coordinate with other efforts, and participation in the survey will be voluntary.

Is the prevention student survey a one-time allocation?

The department will make the case for continued funding in future budget deliberations, but if it is not continued the emphasis and investment is on infrastructure.

Will there be an opportunity for prevention providers to give input on the prevention survey from different cultural groups?

Yes – the department will convene various stakeholder meetings.

How does the new prevention survey differ from the Youth Risk Behavior Survey (YRBS)?

The YRBS surveys less than 1,500 students statewide and data cannot be derived at a county/local level. The sample size of the Ohio survey will be sufficient for county-level estimates.

How will the statewide survey not be duplicative or redundant for federal drug-free community coalitions who are required every two years to sample their project populations?

Data from the statewide survey may be used to meet federal requirements. The survey will not be redundant as it will measure a subset of variables consistent with the YRBS and other instruments on a statewide level, but the data will be able to be localized and used by communities as well. Currently, Ohio does not have a survey that meets this need at both the state and local level.

When will the prevention survey be completed?

In fiscal year 2016.

If clients are not presenting for problem gambling, can the money still be used for other treatment services with a waiver?

Yes.

RSS:

How can I find a list of licensed homes in each county?

Listings of licensed Adult Care Facilities (ACF) and Adult Foster Homes are updated monthly and can be found at: <http://mha.ohio.gov/Default.aspx?tabid=201#2300552-what-are-eligible-community-residences>.

Has the RSS application process been figured out?

OhioMHAS is moving forward with recommendations that enrollment be opened to individuals already living in the community. Program procedures are being developed and will be implemented effective October 1, 2014.

Is there a specific length of time for someone to be eligible for RSS?

An individual is eligible for and may remain enrolled in RSS permitting all eligibility criteria are and continue to be met.

As we understand currently, RSS funds can only be accessed by a person being discharged from a nursing home. With the expansion of RSS funding, will RSS funds also be available for patients being discharged from a psychiatric hospital?

Yes, if the person meets the income and other eligibility guidelines. (See

<http://mha.ohio.gov/Default.aspx?tabid=201#2300550-am-i-eligible-to-apply-for-rss>)

How will the 800 new RSS enrollees be chosen? Can a meeting be held to help the department in the selection process?

At a date to-be determined OhioMHAS will open enrollment and individuals will be enrolled as applications are received until the program has reached maximum capacity, at which point a waiting list may be put in place.

What role do boards play with Adult Care Facilities?

Boards may or may not have direct contact with ACF, but the department encourages fostering relationships and pooling local resources to address housing needs. Any questions or concerns about ACF quality issues should be directed to the Office of Licensure & Certification at (614) 466-1590 and

<http://mha.ohio.gov/Default.aspx?tabid=333#1949349-complaint-and-incident-notification-forms>.

What is the status of affiliation agreements – do boards have to have them with ACF?

The affiliation agreements are between local boards and ACF and do not include state-level entities.

Specialized Dockets:

Why do the courts have to be certified by the Supreme Court of Ohio to receive the specialty docket funding?

[HB 483](#) states the eligibility for the funding as follows: “To be eligible, the court must have received Supreme Court of Ohio certification for a specialized docket that targets participants with a drug addiction or dependency”.

How many specialty dockets can receive funding per county?

One specialty docket per court. For example, one common pleas, one municipal, and one family court, all in the same county, can all be funded. However, two positions at the same municipal court may not.

Can the specialty docket funding be used to supplant?

There is nothing in the MBR language that prohibits supplanting.

Is it the expectation that the court would hire someone with this funding?

Yes, but it can also pay for existing staff.

Are any deliverables required with the specialty docket money?

There are no specific programmatic reporting requirements or measurements; however, the court will have to submit expenditure reports as determined and scheduled by OhioMHAS. The court is required to continue to operate the drug court receiving these funds during the award period (July 1, 2014 through June 30, 2015).

Can funding sent to a judge be given back to the board once the specialty docket funding is received?

This is a locally determined matter.

For Further Information:

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