

Ohio Department of  
Mental Health

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REVISED SFY 2013 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 (ADAMH/CMH) 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, 2012 for quarterly disbursement. Funds in Appropriation Line Items (ALI) 401, 505, and Federal Block Grant Base will be automatically distributed to each ADAMH/CMH Board. Payments will be distributed within the first 14 days of each quarter.

The Request for Advance/Reimbursement (RAR) form used to “draw down” any funds that are not automatically distributed for State Fiscal Year (SFY) 2013 can be found on the Ohio Department of Mental Health (ODMH) web site at (Control + click on link):

<http://http://mentalhealth.ohio.gov/what-we-do/protect-and-monitor/fiscal-reporting-forms-and-templates.shtml>.  
Payments for these funds will be distributed within 14 days of the receipt of a Request for Advance/Reimbursement (RAR).

2. Where the Allocation Guidelines indicate that a Notice of Sub-Award (NOSA) is required, funds may only be requested after receipt of a signed NOSA. 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.

3. Other funds described in the Allocation Guidelines have not been allocated and are not yet available. Regardless of the method of allocation, it is required that all funds be expended for services that take place within the SFY 2013, except as provided for in Ohio Revised Code section 5119.62(C)(1). All funds not so obligated within the SFY2013 must be returned to ODMH. Any changes in the intended purpose of expenditures as described in these Allocation Guidelines must be pre-approved in writing by ODMH.

4. Eligibility to receive the following funds is limited to ADAMH/CMH Boards having an approved Community Plan pursuant to O.R.C. Chapters 340, 3793 and 5119; additionally, fund recipients must have submitted an original Signed Agreement & Assurances:

- ALI 401(5)
- ALI 401(C)
- ALI 412
- ALI 419
- ALI 505
- ALI 505 (Special)
- Federal Block Grant Base
- Federal Projects for Assistance from Homelessness (PATH)
- Title XX

## Appropriation Line Item: **401 (5)**

### **PROGRAM NAME:** COMMUNITY FORENSIC PSYCHIATRIC CENTERS

#### **Purpose:**

The Appropriation Line Item (ALI) 401(5), community forensic services, shall be used by the Department of Mental Health to provide psychiatric evaluation services to courts of common pleas. 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 common pleas criminal courts, 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 Department of Mental Health, Office of Forensic Services. The ALI 401 (5) 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 common pleas criminal (felony) courts.

These funds are also used to provide Second Opinion Evaluations as required by Section 2945.401(D) of the Ohio Revised Code. Department of Mental Health regional psychiatric hospitals request second opinions 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 401(5) funds are not intended for services to courts or agencies other than common pleas courts' criminal division and Department of Mental Health regional psychiatric hospitals: with the exception of the Department of Mental Health seeking assistance from a forensic center with providing, to the extent possible, technical assistance, training and consultation to ADAMH/CMH Boards on matters relating to serving forensic consumers and implementation of a locally managed forensic service system.

**NOTE:** For SFY2013, Fund ALI 401 (5) was maintained at the same amount as SFY 2012 ODMH will fund ten forensic centers at the same level of funding center as in SFY 2012.

**Amount:** \$2,629,413 (GRF ALI 401 (5))

**Reimbursement Form:** Automatic quarterly distributions

**Distribution:** See Attachment 1

**NOSA:** None

**Office and Lead:** Office of Forensic Services, Tereasa Moorman-Jamison

## Appropriation Line Item: 401(C)

**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 5119.57 of the Ohio Revised Code, following the Ohio Department of Mental Health guidelines regarding the forensic monitor's roles and responsibilities, community risk assessment/management protocols and instruments and data tracking. In addition, those ADAMH/CMH Boards that are not monitoring anyone also received a small amount of funds to perform either diversion or re-entry activities

**A year-end report on SFY 2012 ALI 401(C) funds will be due in the Department of Mental Health, Office of Forensic Services, on or before September 10, 2012.** 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 related outcomes
- e. For those ADAMH/CMH Boards that do not have individuals being monitored, the report must detail what activities or services related to diversion or re-entry (from jail, prisons or hospitals for forensic clients) were purchased with those funds.

**NOTE:** Funds available for SFY 2013 are \$614,838 from ALI 401 and \$110,000 from Block Grant for a total of \$724,838. Those ADAMH/CMH Boards that are not currently monitoring individuals and have no pending releases did receive funding to perform re-entry and diversion activities/services (inclusive of hospital, prison and jail for forensic clients).

**Amount:** \$614,838 (GRF ALI 401(C)) and \$110,000 (Federal Block Grant)

**Reimbursement Form:** Automatic quarterly distributions

**Distribution:** See Attachment 1

**NOSA:** None

**Office and Lead:** Office of Forensic Services, Tereasa Moorman-Jamison

## Appropriation Line Item: 412

### **PROGRAM NAME:** HOSPITAL SERVICES

#### **Purpose:**

The Appropriation Line Item (ALI) 412, Hospital Services, a new line item in the SFY 2012-2013 biennium budget, will be used for the operation of the Department of Mental Health State 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 through the work of the 2014 Hospital Subcommittee 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:**

ADAMH/CMH Boards must have submitted a signed Acceptance of FY 2013 Bed Day Participation Agreement on file with the department by May 31, 2012.

#### **Distribution:**

ODMH will allocate an aggregate total of \$4 million to ADAMH/CMH Boards that elect to participate in bed day management and discharge planning for both the civil and forensic hospital populations. At the beginning of SFY 2013, ODMH will distribute an upfront subsidy of \$2 million to partnering ADAMH/CMH 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 2009 – 2011 data).

At the end of SFY 2013, ODMH will distribute another \$2 million dollars, if there has been a collective achievement of an aggregate, statewide bed day reduction of 2,500 bed days compared to the three year average.

- The \$2 million will be shared among participating ADAMH/CMH Boards that used fewer bed days in SFY 2013 than their three year averages; and
- Individual board subsidies will be based on each board's percentage contribution to the overall reduction.

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 2013.

**Amount:** ALI 412 - \$191,051,209. Non-General Revenue Fund (GRF) incentive funds - \$4,000,000

**Reimbursement Form:** None

**Distribution:** See Attachment 1. All ALI 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 Fiscal Administration, Holly Jones; Hospital Services, Karl Donnenwirth

## Appropriation Line Item: 419

### PROGRAM NAME: COMMUNITY MEDICATION SUBSIDY

#### Purpose:

The Appropriation Line Item (ALI) 419, Community Medication Subsidy, is used to provide subsidized support for the psychotropic medication needs 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 costs.

#### Eligibility:

1. ADAMH/CMH Boards must be authorized by the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) for receipt of methadone allocations.
2. The community medication allocation is made to ADAMH/CMH Boards. The Board will determine allocations for psychotropic community medications to eligible agencies.
3. ADAMH/CMH 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).

ADAMH/CMH 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:

1. **FOR FY 2013, ALLOCATION OF 419 FUNDS WILL BE SENT AS AN ADDENDUM TO THE GUIDELINES DOCUMENT, AFTER THE JUNE EXPENDITURES AND CREDITS ARE COMPLETED.**
2. ADAMH/CMH Boards whose SFY 2012 actual expenditures (12 months actual) are less than the FY 2013 formula amount (40% population/60% prevalence) are allocated 110% of SFY 2012 Actual expenditures or the SFY 2013 formula amount, whichever is less (The prevalence estimate, weighted at 60%, was updated by Ohio State University's *Center for Health Outcomes, Policy, and Evaluation Studies (HOPES)* and the ODMH Office of Research and Evaluation. The population count, weighted at 40%, was updated by the 2010 Census counts.)
3. ADAMH/CMH Boards whose SFY 2012 actual expenditures exceed the SFY 2012 allocation, will be allocated their formula amount plus a prorated share of the balance of funds resulting from the adjustment outlined in step 1.
4. **An additional adjustment for SFY 2013 allocations is a process of reconciliation for the overspent amounts. For any board with a higher SFY 2012 expenditure amount than**

**SFY 2012 allocation amount, the overspent amount will be reconciled by subtracting it from the SFY 2013 calculated allocation. If the board had outstanding credits, these are taken into the reconciliation for a “net” amount.**

5. In addition to the SFY 2013 GRF ALI 419 allocation, there are carryover funds from the previous year.
6. The allocations for methadone are based on 12 months of actual expenditures. The total methadone allocation is subtracted from the total ALI 419 allocation. These funds are provided to eight (8) ADAMH/CMH Boards. Each Board's Methadone allocation is set out in Attachment 1.
7. The ALI 419 allocation amounts are issued as credits to each Board, and the Office of Support Services monitors purchases and credits.

**Special Note:**

Please submit Provider allocations for psychotropic community medication allocation (form DMH-PSC-042), no later than September 1, 2012, to:

Patrick Mascaro,  
Office of Support Services, Medical Complex,  
2150 West Broad Street,  
Columbus, OH 43223-1200

**Amount:** Appropriation Amount \$8,963,818. Total allocation TBD after June actual expenditures are collected.

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

**NOSA:** No

**Office and Lead:** Office of Support Services, Patrick Mascaro; Fiscal Administration, Office of Fiscal Administration, Holly Jones

## Appropriation Line Item: 505

### **PROGRAM NAME:** LOCAL MENTAL HEALTH SYSTEMS OF CARE

#### **Purpose:**

The formula 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 line item is to be used for services to those not eligible for Medicaid. ODMH priorities for the use of these funds include: children with serious emotional disturbance (SED); housing; reentry; crisis; employment; promotion/prevention; peer services and supports; health homes and other best practices.

Specific factors regarding the distribution of ALI 505 Special funds are described on the following pages.

#### **Distribution:**

Allocation methods within the SFY 2013 ALI 505 are consistent with legislative language and the goals of the ODMH. The total ALI 505 allocation will be contained in "505 Special" categories via Allocation Guidelines Attachment 1.

ODMH was appropriated an additional \$3,000,000 in ALI 505 through Governor Kasich's Mid-Biennium Review (MBR) (HB 487) for community mental health services. The distribution for this specific amount is consistent with the overall distribution approach for the 505 ALI: stabilization to the SFY 2012 allocations. During SFY 2012, the department used \$2,380,935 of non-GRF (one-time) cash to provide subsidy to the four ADAMH/CMH Boards that did not have GRF non-Medicaid funding based on SFY 2011 information. In SFY 2013, these same ADAMH/CMH Boards will receive the same allocation using \$2,380,935 of the \$3 million.

The remaining balance, \$619,065 is allocated on a proportional basis applying a per capita formula for the ADAMH/CMH Boards whose original ALI 505 allocation was significantly less than the statewide per capita allocated amount. The per-capita ALI 505 allocation to each board was examined based on 2010 Census data. The statewide average was \$4.20/person. We invested the remaining \$619,065 in those ADAMH/CMH Boards that had the greatest disparity in per capita funding. This approach resulted in limited augmentation for eight ADAMH/CMH Boards: Fairfield, Portage, Cuyahoga, Lucas, Butler, Hamilton, Delaware/Morrow and Franklin. The Attachment 2 spreadsheet walks through the fiscal model and specific allocations for each board for this portion of the funding.

**Amount:** \$62,087,955 (ALI 505)

**Reimbursement Form:** Automatic quarterly distributions

**NOSA:** No

**Office and Lead** Office of Fiscal Administration, Holly Jones

## Appropriation Line Item: 505 Special

### PROGRAM NAME: COLLABORATIVE "HOT SPOT" PROJECTS

**Purpose:**

The concept behind the collaborative projects is based on the ODMH's goal to incentivize partnerships for shared planning and service delivery between ADAMH/CMH 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.

ODMH has designated \$10,596,431 within the 505 ALI 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 2013 Allocation
Appalachian	\$894,051
Central OH/ Twin Valley	\$2,127,785
SW OH/Summit	\$2,061,942
Northwest	\$1,590,218
NE OH/Northcoast	\$2,340,542
East Central/Heartland	\$1,581,892

The application process was detailed on the ODMH website. Detailed project proposals, budgets, and timelines have been submitted.

**Amount:** \$10,596,430

**Reimbursement Form:** No. Distribution is based on submitted project budget timelines

**Office and Lead:** Office of Fiscal Administration, Holly Jones; Research & Evaluation, Kraig Knudsen

## **Fund Source:** Federal 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 without advance notice.**

**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) which has announced major changes in the Block Grant Plan. These changes promote 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.

SAMHSA anticipates that the Affordable Care Act will result in most persons with mental illness having Medicaid or other insurance in 2014 so that fewer Block Grant funds will be needed to pay for clinical services for uninsured persons. For SFY 2014, ODMH and ADAMH/CMH Boards may re-purpose these funds for recovery supports and prevention that are not Medicaid eligible. For SFYs 2012 – 2013, ODMH requests that ADAMH/CMH Boards preserve Block Grant funding for clinical services to low income persons without insurance.

**ODMH's 2012-2013 Priorities for Block Grant Base** - ODMH requests that ADAMH/CMH Boards use these funds for:

- children with serious emotional disturbance (SED);
- housing;
- reentry;
- crisis;
- employment;
- promotion/prevention;
- peer services and supports;
- health homes and other best practices

**Federal 2012-2014 Priorities for Block Grant Base** - Additionally, ODMH 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 ODMH 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 ODMH housing priority)
6. Health Information Technology
7. Data, Outcomes and Quality
8. Public Education and Support

Note: The ODMH 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 distributions

**Distribution:** See Attachment 1. Please reference page 5 for description of Federal Block Grant funds distributed in conjunction with ALI 401(C), Community Forensic Risk Management and System Development.

**Office and Lead:** Program & Policy Development, Office of Community Planning and Recovery Initiatives, Deborah Nixon-Hughes, Carrol Hernandez, Liz Gitter, Matt Loncaric

**Fund Source:** 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 without advance notice.**

**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, ODMH has awarded PATH funding to local communities using a need-based formula. SAMSHA specifically asked ODMH 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. These projects will receive 25% decreases in SFY 2013 and 2014. It is anticipated that funding will expire after SFY 2014.

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 ODMH receipt of the Ohio's PATH grant allocation from SAMHSA.

- 1<sup>st</sup> Quarter (July 31, 2012)
- 2<sup>nd</sup> Quarter (October 31, 2012)
- 3<sup>rd</sup> Quarter (January 31, 2013)
- 4<sup>th</sup> Quarter (April 30, 2013)

In order to expand services to an additional geographic area within Ohio, ODMH created a one-time mini PATH Grant (\$50,000) for SFY 2013. This mini-grant is designed to address services directed only toward individuals who are currently homeless. (SAMHSA is moving the PATH program back to its core mission of serving individuals with severe mental illnesses, including those with co-occurring substance use disorders, who are currently homeless, as the priority population.)

**Amount:** \$2,205,000 (Federal PATH Funds)

**Reimbursement Form:** Submission of the Request for Advance/Reimbursement (RAR)

**Distribution:** See Attachment 1

**Office and Lead:** Office of Community Supports & Emergency Preparedness, Christopher Nicastro, Assistant Chief

## **Fund Source:** Title XX (Social Services Block Grant )

**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 without advance notice.**

**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. ODMH 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 ODMH 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 =  $\frac{\text{Number of People in the Board's Counties}}{\text{Number of people in Ohio}}$

Poverty Level =  $\frac{\text{Number of People Below Poverty in the Board's Counties}}{\text{Number of People in Ohio}}$

Board Allocation =  $\{(.40 \times \text{Population}) + (.60 \times \text{Poverty Level})\} \times \text{Ohio's Estimated Title XX Allocation}$

ODMH 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 Mental Health Title XX Profiles and Post Expenditures Reports.

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

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 ODMH for the services that are billed through the Title XX Program.

#### 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:

- Income Eligible
- Free Services
- Fee Services
- 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:** \$7,428,424 (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 and Matt Loncaric; Office of Fiscal Administration, Michele Sherman and Jill Stotridge (Disbursement of Funds and Post-Expenditure Report)

Table A

## REPORTING MATRIX

<b>NAME</b>	<b>FUND SOURCE</b>	<b>SUBMIT DATE</b>	<b># OF COPIES</b>	<b>SUBMIT TO</b>
Community Forensic Psychiatric Centers Application	401(5)	401 (5) report quarterly	One	Office of Forensic Services. Attn: Bob Baker
Community Forensic Risk Management & System Development	401(C)	401C Report due Sept. 12, 2012	One	Office of Forensic Services. Attn: Tereasa Moorman-Jamison
SFY 12 DMH-FIS 040 Actual	All Fund Sources	SFY 2012 FIS-040 (Actual) Jan.31, 2013	One	Office Fiscal Administration Attn: Holly Jones
Community Medication Subsidy SFY 2012	419	Sept.1, 2012 Provider allocations for SFY 2013	One	OSS. Attn: Pat Mascaro