

Ohio Department of  
Mental Health and Addiction Services

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SFY 2015 Community Allocation  
Guidelines



## Table of Contents

Introduction .....	3
Appropriation Line Item: 406 Prevention & Wellness .....	4
Appropriation Line Item: 421 Continuum of Care Mental Health .....	5
Appropriation Line Item: 421 Continuum of Care AoD .....	6
Appropriation Line Item: 421 Continuum of Care Community Medication and Methadone.....	7
Appropriation Line Item: 422 Criminal Justice Services Forensic Psychiatric Centers .....	9
Appropriation Line Item: 422 Criminal Justice Services Forensic Risk Management and System Development .....	10
Appropriation Line Item: 629 Problem Gambling and Addictions Fund .....	11
Appropriation Line Item: 614 Mental Health Services Block Grant BASE CFDA 93.958 .....	11
Appropriation Line Item: 612 Social Services Block Grant (Title XX) CFDA 93.667 .....	14
Appropriation Line Item: 618 SAPT CFDA 93.959.....	
Program Name: Community Investments Treatment 4221C .....	16
Program Name: Prevention Per Capita 4253C .....	17
Program Name: Youth Led Prevention 4254D.....	18
Program Name: Prevention Services 4253C .....	19
Program Name: DYS AFTERCARE 4224F .....	20
Program Name: AdolescentTreatment 4221D .....	21
Table A REPORTING MATRIX .....	23
Table B OhioMHAS Fiscal Management Reporting Schedule.....	24

## 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, 2014 for quarterly disbursement. General Revenue Funds (GRF) in Appropriation Line Items (ALI) 406, 421, 422, ALI 629 Problem Gambling and ALI 614 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, budget, and statement of services pursuant to ORC Chapters 340 and 5119; additionally, fund recipients must have submitted an original signed Agreement & Assurances:
  - ALI 406 GRF Prevention & Wellness
  - ALI 421 GRF Continuum of Care
  - ALI 422 GRF Forensic Monitoring
  - ALI 422 GRF Forensic Centers
  - ALI 629 Fund 5JL0 Problem Gambling and Casino Addictions
  - ALI 614 Federal Fund 3A90 Block Grant Base (Mental Health)
  - ALI 612 Federal Fund 3A70 Social Services Block Grant (Title XX)
  - ALI 618 Federal Fund 3G40 Block Grant Treatment, Prevention, Youth Led, DYS Aftercare (AoD)

**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 providers through boards to support the development and implementation of a comprehensive array of primary prevention interventions to meet the needs of 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 approved community plans and budgets. 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 406)

**Reimbursement Form:** Automatic quarterly distribution

**Distribution:** See Attachment 1

**Office and Lead:** Office of Prevention and Wellness, Molly Stone –  
[Molly.Stone@mha.ohio.gov](mailto:Molly.Stone@mha.ohio.gov)

**Reporting:** All prevention funds must be accounted for in the “Proving Ohio’s Prevention Success” (POPS) online grants management system and all required reports must be completed by set deadlines.

**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.

**Amount:** \$51,491,524

**Reimbursement Form:** Automatic quarterly distribution

**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 2015, 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.

**Office and Lead:** Office of Financial Management, Holly Jones and Michele Sherman  
[Holly.Jones@mha.ohio.gov](mailto:Holly.Jones@mha.ohio.gov) and [Michele.Sherman@mha.ohio.gov](mailto:Michele.Sherman@mha.ohio.gov)

**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.

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

**Reimbursement Form:** Automatic quarterly distribution

**Distribution:** Per capita

**Office and Lead:** Office of Financial Management, Holly Jones and Michele Sherman  
[Holly.Jones@mha.ohio.gov](mailto:Holly.Jones@mha.ohio.gov) and [Michele.Sherman@mha.ohio.gov](mailto:Michele.Sherman@mha.ohio.gov)

**Appropriation Line Item: 421**  
**Continuum of Care**  
**Program Name: Community Medication Allocation**

**Purpose:**

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. Boards must be authorized by OhioMHAS 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 providers.
3. 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. 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 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

Boards and their contract agencies should establish a method to determine those persons most in need. This method must include the identification of persons eligible for third-party reimbursement.

**Distribution:**

1. OhioMHAS continues to provide more flexibility in this GRF allocation with the recognition that increased enrollment in Medicaid means that more individuals have health coverage for needed prescriptions. The Fiscal Year 2015 medication allocation amount will be the same as FY 14. In recognition that a board may not need the same amount of funding to purchase pharmaceuticals as the previous year, a board may elect to "cash out" an amount identified on the medication allocation budget spreadsheet, which is included in this communication. All boards must complete the budget request template and participation agreement form found on the [OhioMHAS website](#). Please return the form to [Dalon Myricks](#) by July 31, 2014.

2. 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.
3. OhioMHAS will perform a mid-year review, assess the allocation amount versus actual expenditures, and determine whether the board may need to make budget revisions to complete the fiscal year. Additional resources may be available if your medication purchases exceed your allocation and you do not take the cash out option. More information on the timing and process for the mid-year review will be available this fall.

The formulary for treatment in the community was expanded in FY 14 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 OSS Ohio's Pharmacy Service Center (OPSC). Any board must provide to OSS (CPO or OPSC) a list of provider agency allocations and contact information for any new customers 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's Pharmacy Service Center.

Methadone allocations will continue to be provided to eight ADAMH boards and will be the same as SFY 14 allocations (see attachment 1). The total methadone allocation (\$252,288) is subtracted from the total 421 medication allocation.

**Note:**

Please submit [provider allocations](#) for community medication allocation no later than July 31, 2014, to:

Tracie Taylor, Pharm D, R Ph  
Office of Support Services  
2150 West Broad Street Columbus, OH  
43223-1200  
[Tracie.Taylor@mha.ohio.gov](mailto:Tracie.Taylor@mha.ohio.gov)

Each board must also fill out a budget template and form that indicates the amount of funding that shall be allocated for pharmaceuticals and an amount to be cashed out. These forms are due July 31, 2014 to [Dalon.Myricks@mha.ohio.gov](mailto:Dalon.Myricks@mha.ohio.gov). Templates and instructions are available at <http://mha.ohio.gov/Default.aspx?tabid=147>.

**Amount:** \$9,161,254 plus \$252,288 for methadone

**Office and Lead:** Office of Support Services, Tracie Taylor, Pharm D, R Ph; Fiscal Officer, Sue Griffith - [Tracie.Taylor@mha.ohio.gov](mailto:Tracie.Taylor@mha.ohio.gov) and [Sue.Griffith@mha.ohio.gov](mailto:Sue.Griffith@mha.ohio.gov)

**Appropriation Line Item: 422**  
**Criminal Justice Services**  
**Program Name: Community Forensic Psychiatric Centers**

**Purpose:**

Community Forensic Psychiatric Centers funding 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/providers 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 Section 2945.371 of the Ohio Revised Code, and certified by OhioMHAS 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 422 funding. Agencies/providers submit applications for review and recommendation by the ADAMH/CMH boards and approval by the OhioMHAS Bureau of Criminal Justice and Forensic Services.

This 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 2015, the Forensic Psychiatric Centers allocation was funded at the same level as SFY 2014.

**Amount:** \$2,629,381

**Reimbursement Form:** Automatic quarterly distribution

**Office and Lead:** Criminal Justice and Forensic Services, Chris Nicastro –  
[Chris.Nicastro@mha.ohio.gov](mailto:Chris.Nicastro@mha.ohio.gov)

**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 that 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 received a small amount of funds to perform risk management, diversion or re-entry activities.

A year-end report on SFY 2015 ALI 422 funds will be due to the Department of Mental Health and Addiction Services, Bureau of Criminal Justice and Forensic Services, on or before September 10, 2015. The report must include the following:

1. Agency that provided the forensic monitoring services and received the funding;
2. Amount of administrative costs utilized by the board from these funds;
3. Number of individuals monitored for the fiscal year; and
4. Any forensic programs/tasks specific to the points above that were implemented with related outcomes
5. 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 14 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 residing in the board area that were on conditional release.

**NOTE:** Total funds available for the Community Forensic Risk Management and System Development for SFY 2015 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 receive funding in order to perform risk management, re-entry and diversion activities/services, including hospital and jail for forensic clients.

**Amount:** \$724,838 (\$614,839 GRF 422 and \$110,000 MHBG)

**Reimbursement Form:** Automatic quarterly distribution

**Distribution:** See Attachment 1

**Office and Lead:** Criminal Justice and Forensic Services, Chris Nicastro - [Chris.Nicastro@mha.ohio.gov](mailto:Chris.Nicastro@mha.ohio.gov)

**Appropriation Line Item: 629**  
**Problem Gambling and Addictions Fund**  
**Program Name: Gambling and Addictions**

**Purpose:**

The purpose of this allocation is to fund prevention, screening and treatment services to those individuals experiencing gambling disorder, 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 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 gambling disorder 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 (waiver requests should be emailed to [Stacey.Frohnafel@mha.ohio.gov](mailto:Stacey.Frohnafel@mha.ohio.gov)). Please note that treatment services for any Ohioan who presents at a certified addiction treatment provider must be covered by the Problem Gambling and Addictions Fund dollars if there is no other payer source.

To assist boards in planning for services, resources are posted on the [OhioMHAS website](#) under problem gambling. 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:**

Each board must file a mid-year (due 1/30/15) and annual (due 9/30/15) report describing the use of the problem gambling funds. Additionally, aggregate data related to clients served should be regularly entered online into the MHAS POPS system for both prevention and treatment services in SFY 15.

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

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.

**Amount:** \$3,788,863 (\$2,273,315 – Prevention / \$1,515,548 – Treatment)

**Reimbursement Form:** Automatic quarterly distribution

**Office and Lead:** Chief, Problem Gambling Services Bureau, Stacey Frohnafel-Hasson – [Stacey.Frohnafel@mha.ohio.gov](mailto:Stacey.Frohnafel@mha.ohio.gov)

**Reporting:** All prevention funds must be accounted for in the “Proving Ohio’s Prevention Success” (POPS) online grants management system and all required reports must be completed by set deadlines.

## **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 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 providers or 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 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

**SAMHSA Strategic Initiatives** - Additionally, OhioMHAS encourages ADAMH/CMH Boards to consider initiatives when budgeting these funds:

- Prevention of Substance Abuse and Mental Illness
- Trauma and Justice
- Military Families
- Recovery Support
- Health Reform
- Health Information Technology
- Data, Outcomes, and Quality
- Public Education and Support

## Mental Health Services Block Grant (MHSBG) (continued)

**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
8. Grant; and
9. Fund lobbying activities intended to influence the Ohio Legislature or Congress.

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

**Reimbursement Form:** Automatic quarterly distribution

**Distribution:** See Attachment 1

Prevalence (45%), Population (20%), Poverty < 101% FPL (35%)

Office and Lead: Office of Community Support, Deborah Nixon-Hughes, Liz Gitter -  
[Deborah.Nixon-Hughes@mha.ohio.gov](mailto:Deborah.Nixon-Hughes@mha.ohio.gov) and [Liz.Gitter@mha.ohio.gov](mailto:Liz.Gitter@mha.ohio.gov)

**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 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 include:

1. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
3. Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families;
4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
5. 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.

**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
  - a. 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.
  - b. ADAMH/CMH Boards will be required to submit Title XX Service Profiles by July 15, 2014 for Federal Fiscal Year 2015. Instructions were sent out in June and are available on the [OhioMHAS website](#).
2. Subcontracting for the Provision of Title XX Services
  - a. Board/Provider Title XX Contracts are awarded at the discretion of the Board. The method of sub- contracting 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
  - a. 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:
- b. Population = Number of People in the Board's Counties/Number of people in Ohio
  - c. Poverty Level = Number of People Below Poverty in the Board's Counties/Number of People in Ohio
  - d. Board Allocation =  $\{(.40 \times \text{Population}) + (.60 \times \text{Poverty Level})\} \times \text{Ohio's Estimated Title XX}$
4. 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.
  5. 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.
  6. Payment Rates
    - a. 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.
  7. Eligible Title XX Services
    - a. 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 providers must be certified by the OhioMHAS for the services that are billed through the Title XX Program.
    - b. 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.
  8. Title XX Eligible Recipients
    - a. Rules promulgated by the ODJFS, (O.A.C. Section 5101:2-25-07), require each 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:
      - i. Income Eligible
      - ii. Free Services
      - iii. Fee Services
      - iv. Without regard to income
    - b. Boards and providers may determine the Title XX eligibility of the recipients of services.

**Amount:** \$7,622,661

**Reimbursement Form:** DMH-TXX-013, which is available on the web:  
<http://mha.ohio.gov/Default.aspx?tabid=147>

**Office and Lead:** Office of Community Support (Plan and Pre-Expenditure Report), Liz Gitter; Office of Financial Management, Michele Sherman (Disbursement of Funds and Post-Expenditure Report) – [Liz.Gitter@mha.ohio.gov](mailto:Liz.Gitter@mha.ohio.gov) and [Michele.Sherman@mha.ohio.gov](mailto:Michele.Sherman@mha.ohio.gov)

**Appropriation Line Item: 618**  
**Substance Abuse Prevention and Treatment Block Grant SAPT**  
**Program Name: Community Investments Treatment 4221C– CFDA 93.959**

**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 Services (ADAMHS/ADAS) Boards identify needs, establish priorities and set targets.

This funding should be utilized consistent with the goal and priorities identified in the approved ADAMHS/ADAS Boards community plans, budget, and statement of services.

**Distribution:** See Attachment 1

**Amount:** \$17,594,307

**Reimbursement Form:** Automatic quarterly distributions

**Office and Lead:** Office of Treatment and Recovery, Jody Lynch – [Jody.Lynch@mha.ohio.gov](mailto:Jody.Lynch@mha.ohio.gov)

**Appropriation Line Item: 618**  
**Substance Abuse Prevention and Treatment Block Grant SAPT**  
**Program Name: Prevention Per Capita 4253C – CFDA 93.959**

**Purpose:**

Prevention focuses on preventing or delaying the onset of behavioral health problems (e.g. substance abuse, addiction and problem gambling). 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 providers and programs 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 and approved budgets. 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.

**Distribution:** See Attachment 1. The amount each ADAMHS/ADAS Board should spend for prevention is indicated in a separate column. Please note that the amount listed for prevention services is a minimum amount.

**Amount:** \$6,124,624

**Reimbursement Form:** Automatic quarterly distributions

**Office and Lead:** Office of Prevention and Wellness, Molly Stone – [Molly.Stone@mha.ohio.gov](mailto:Molly.Stone@mha.ohio.gov)

**Reporting:** All prevention funds must be accounted for in the “Proving Ohio’s Prevention Success” (POPS) online grants management system and all required reports must be completed by set deadlines.

**Appropriation Line Item: 618**  
**Substance Abuse Prevention and Treatment Block Grant SAPT**  
**Program Name: YOUTH LED PREVENTION 4254D – CFDA 93.959**

**Purpose:**

Prevention focuses on preventing or delaying the onset of behavioral health problems (e.g. substance abuse, addiction and problem gambling). 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 develop and sustain a sound prevention investment in meaningful youth involvement in community prevention efforts.

These funds can be used by ADAMHS/ADAS Boards to foster partnerships that empower youth to participate in community-based processes promoting the health and safety of individuals and communities. As indicated in the Youth-Led column of the allocation worksheet, each board is to spend a designated amount of per capita prevention on youth-led activities.

**Distribution:** See Attachment 1

**Amount:** \$145,040

**Reimbursement Form:** Automatic quarterly distributions

**Office and Lead:** Office of Prevention and Wellness, Valerie Leach –  
[Valerie.Connolly-Leach@mha.ohio.gov](mailto:Valerie.Connolly-Leach@mha.ohio.gov)

**Reporting:** All prevention funds must be accounted for in the “Proving Ohio’s Prevention Success” (POPS) online grants management system and all required reports must be completed by set deadlines.

**Appropriation Line Item: 618**  
**Substance Abuse Prevention and Treatment Block Grant SAPT**  
**Program Name: Prevention Services 4253C – CFDA 93.959**

**Purpose:**

Prevention focuses on preventing or delaying the onset of behavioral health problems (e.g. substance abuse, addiction and problem gambling). 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 providers and programs 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 boards consistent with local Community plans and approved budgets. 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.

**Distribution:** See Attachment 1

**Amount:** \$905,328

**Reimbursement Form:** Automatic quarterly distributions

**Office and Lead:** Office of Prevention and Wellness, Molly Stone – [Molly.Stone@mha.ohio.gov](mailto:Molly.Stone@mha.ohio.gov)

**Reporting:** All prevention funds must be accounted for in the “Proving Ohio’s Prevention Success” (POPS) online grants management system and all required reports must be completed by set deadlines.

**Appropriation Line Item: 618**  
**Substance Abuse Prevention and Treatment Block Grant SAPT**  
**Program Name: DYS AFTERCARE 4224F – CFDA 93.959**

**Purpose:**

The purpose of this funding is to provide intensive services for offenders being released from the state's juvenile correctional facilities. These services include: assessment and case management provided by Treatment Alternatives to Street Crimes (TASC) programs, substance abuse treatment on demand, drug and alcohol testing and other ancillary services.

**Target Populations**

The first priority population has been and will continue to be the ODYS parolees. The second priority population is the juveniles who receive a commitment to DYS, but whose sentence is held in abeyance until their completion of a treatment program. The third priority population is those juveniles who are diverted from DYS or a county detention facility. In summary, the priority populations will be as follows:

1. ODYS Parolees;
2. Juveniles whose commitment to ODYS is held in abeyance; and
3. Juveniles who are diverted from ODYS or a county detention facility without a Commitment

**Reporting Requirements**

OhioMHAS requires annual progress and expenditure reports. Progress reports include clients served and services provided with these funds. The SFY 2015 reporting requirements and instructions will be made available on the OhioMHAS website.

**Distribution:** See Attachment 1

**Amount:** \$1,260,984 (SAPT BG 3G40)

**Reimbursement Form:** Automatic quarterly distributions

**Office and Lead:** Criminal Justice and Forensic Services, Jennifer Roach –  
[Jennifer.Roach@mha.ohio.gov](mailto:Jennifer.Roach@mha.ohio.gov)

**Appropriation Line Item: 618**  
**Substance Abuse Prevention and Treatment Block Grant SAPT**  
**Program Name: ADOLESCENT TREATMENT 4221D – CFDA 93.959**

**Purpose:**

The department allocates funding to four county Boards (Butler, Clermont, Lorain and Mahoning) to provide treatment services specifically for adolescents. The adolescent allocation provides funding for outpatient (Assessment, Case Management, Individual/Group Counseling, etc.) and/or residential services. The focus of this allocation is to ensure timely access and quality AoD treatment services to reduce the incidence and prevalence of adolescent alcohol and drug use.

**Distribution:** See Attached 1

**Amount:** \$650,072 (SAPT BG 3G40)

**Reimbursement Form:** Automatic quarterly distributions

**Office and Lead:** Office of Prevention and Wellness, Philip D. Atkins -  
[Philip.Atkins@mha.ohio.gov](mailto:Philip.Atkins@mha.ohio.gov)

**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 and addiction. 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.

**Note:** Boards are required to submit a budget template and project summary narrative including outputs and outcomes to receive funding for FY 15. These forms are available on the OhioMHAS website at <http://mha.ohio.gov/Default.aspx?tabid=148>.

**Distribution:** See Attachment 2.

**Amount:** OhioMHAS has designated \$13,096,430 within the 421 and 507 ALLs to support this initiative. These resources will be allocated regionally based on the most recent available census data.

**Amount:** \$13,096,430 (\$10,596,430 for mental health, \$2,500,000 for AoD)

**Reimbursement Form:** Distribution is based on submitted project budget timelines. Please note that in order to disburse funds, OhioMHAS needs a budget template (due August 1)

**Office and Lead:** Office of Financial Management, Holly Jones; Office Quality and Planning, Nick Martt – [Holly.Jones@mha.ohio.gov](mailto:Holly.Jones@mha.ohio.gov) and [Nicholas.Martt@mha.ohio.gov](mailto:Nicholas.Martt@mha.ohio.gov)

**Table A – REPORTING MATRIX**

NAME	FUND SOURCE	SUBMISSION DEADLINE	POINT OF CONTACT
Community Forensic Psychiatric Centers Application	422	Quarterly report	Criminal Justice and Forensic Services – Attn: Bob Baker
Community Forensic Risk Management and System Development	422	Report due 9/10/15	Criminal Justice and Forensic Services – Attn: Chris Nicaastro
SFY 14 DMH-FIS 040	All Fund Sources	FIS 040 Actual due 1/31/15	Office of Financial Management – Attn: Holly Jones <a href="mailto:MH-SOT-Brdreports@mha.ohio.gov">MH-SOT-Brdreports@mha.ohio.gov</a>
Federal Fiscal year 2015 Title XX Plan (signed by director)	Title XX	7/15/14	Office of Financial Management – Attn: Tina Shope
Prevention Per Capita GRF Prevention Per Capita SAPT Youth-Led Prevention	406 618 618	Bi-annual Report	Funding must be accounted and reported in the POPS system
Community Medication Provider Agency Allocation Designation	421	7/31/14 provider allocations for SFY 2015	Office of Support Services – Attn: Tracie Taylor
Medication Allocation budget spreadsheet and agreement form	421	7/31/14	Office of Financial Management – Attn: Dalon Myricks
Problem Gambling spending waiver requests	629	As needed	Problem Gambling Services – Attn: Stacey Frohnafel-Hasson
Mid-Year and Annual problem gambling reports	629	Mid-year – 1/30/15 Annual – 9/30/14 (for FY 14) and 9/30/15 (for FY 15)	Problem Gambling Services – Attn: Stacey Fronapfel-Hasson
DYS Aftercare reports	618	year-end	Office of Community Supports, Jennifer Roach
Hot Spot Disbursement requirements	421 and 507	Various – see hot spot timetable	Office of Research and Evaluation, Nick Martt

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

## OhioMHAS Fiscal Management Reporting Schedule

Reports	Due to Department	Comments
<b>FIS 040s (aka Board Level Reports)</b>		
• FIS 040-Actuals	January 31 <sup>st</sup>	
• FIS 040-Budgets	August 31 <sup>st</sup>	New for ADA eff. SFY 14
<b>Annual Questionnaire</b>		
	August 1 <sup>st</sup>	
<b>A-133 Audits</b>		
• FYE June 30 <sup>th</sup>	March 31 <sup>st</sup>	
• FYE December 31 <sup>st</sup>	September 30 <sup>th</sup>	
• FYE September 30 <sup>th</sup>	June 30 <sup>th</sup>	
<b>Provider Audit Checklist</b>		
		<b>Currently being Updated</b>
• FYE June 30 <sup>th</sup>	April 30 <sup>th</sup>	30 Days after Audit Due
• FYE December 31 <sup>st</sup>	October 31 <sup>st</sup>	30 Days after Audit Due
• FYE September 30 <sup>th</sup>	July 31 <sup>st</sup>	30 Days after Audit Due