

**Ohio Department of Mental Health and Addiction Services**  
**SFY 2015 Reporting Requirements for Problem Gambling Grantees**

**General Information**

All OhioMHAS Problem Gambling grantees will be required to submit all reporting requirements and revision requests via the Online Grants Application system (OLGA). Instructions for reporting requirements are being provided to assist the grantee in completing progress reports, expenditure reports, budget revisions, and program revisions. Progress and expenditure reports are due on a mid-year and annual basis. As identified in the Notice of Award, please contact the OhioMHAS Regional Prevention Coordinator for programmatic questions or the Grants Coordinator for expenditure report or budget revision questions.

**REQUIRED REPORTS**

**Progress Report**

- The progress report is to be based on the approved State Fiscal Year (SFY) 2015 Grants Information for Applicants (GIFA) Grant Application. The progress report consists of two documents: Goals and Objectives Progress Report (Attachment 1) and the program specific Performance Report (Attachment 2). The Goals and Objectives Progress Report must be completed and submitted to OhioMHAS according to the following schedule:

**Reporting Period**

**Date Due to OhioMHAS**

**Goals and Objectives Progress Report**

Mid Year: July 1, 2014 to December 31, 2014

January 31, 2015

Final: July 1, 2014 to June 30, 2015

August 31, 2015

**Problem Gambling Performance Report**

Quarter 1: July 1, 2014 to September 30, 2014

October 31, 2014

Quarter 2: October 1, 2014 to December 31, 2014

January 31, 2015

Quarter 3: January 1, 2015 to March 31, 2015

April 30, 2015

Quarter 4: April 1, 2015 to June 30, 2015

August 31, 2015

- The progress report forms can be downloaded from the OhioMHAS web site at [www.mha.ohio.gov](http://www.mha.ohio.gov). **Select the “Funding” link, “Grants,” “Grants Guidance,” “Grant Reporting Forms,” and “SFY 2015 Grants Reporting Forms.”**
- Implementing agencies are required to submit report on a semi-annual basis for the “Goals and Objectives Progress Report” (Attachment 1). The mid-year report includes data from the first and second quarters of the state fiscal year, while the final report includes data for the year end total of the state fiscal year. The “Performance Report” (Attachment 2) must be completed on a quarterly basis. **Progress reports not using the SFY 2015 forms will not be processed and therefore will not be considered for review and approval.** The Department strongly recommends a quarterly program review be conducted internally and used as a management tool to ascertain performance measures.

**Follow the instructions below when completing progress reports:**

- The implementing agency must electronically submit the SFY 2015 Mid-Year and End-Year progress reports via upload in the OLGA system under “Reports” – “Progress Reporting.” The implementing agency will select corresponding Grant Application and Report type. **If you are not able to upload the reports in the OLGA system please email as attachments to [Scott.Anderson@mha.ohio.gov](mailto:Scott.Anderson@mha.ohio.gov)**

**For questions regarding the Problem Gambling progress report please contact the Project Lead listed in the SFY 2015 Notice of Sub-Award.**

### **Expenditure Report**

- The expenditure report is a management tool used to assist the grantee and OhioMHAS in monitoring the approved budget. The expenditures must be properly tracked and matched to appropriate agency accounting records. The mid-year report includes expenditures from the first and second quarters of the state fiscal year. The final report includes expenditures from all four quarters of the state fiscal year. Expenditure reports must be submitted electronically via the OLGA system by:

**Reporting Period**

Mid Year: July 1, 2014 to December 31, 2014

Final: July 1, 2014 to June 30, 2015

**Date Due to OhioMHAS**

January 31, 2015

September 30, 2015

- The **Final** expenditure report is due to the Department by **September 30, 2015**. This report will reflect all expenditures to date including payments for items previously encumbered for the budgeted period. ***This report is considered the official record of final expenditures for the grant and OhioMHAS may adjust future funds based on the amount of funds reported as remaining on the final expenditure form.*** The Department may request that unexpended funds be returned to your local ADAMHS/ADAS Board. If your program funding does not flow through an ADAMHS/ADAS Board, OhioMHAS will review the circumstances and determine the proper course of action for any unexpended funds. Do not return the funds to OhioMHAS unless instructed.
- The **approved** Budget by Line Item is the last OhioMHAS approved budget in the OLGA system. Expenditure reports are to be completed based on the line items in the most recently approved budget.

**Follow the instructions below when completing expenditure reports:**

- The implementing agency Fiscal Officer must electronically submit the SFY 2015 Mid Year and End Year expenditure reports via upload as an attachment in the OLGA system under “Reports” – “Expenditure Reporting.” The implementing agency Fiscal Officer will select corresponding Grant Application and Report type. The expenditure report should then be uploaded.
- Report actual funds expended with either OhioMHAS funds or Other Funds for the appropriate reporting period. List the expenditures in the appropriate categories based on the approved Budget by Line Item in the OLGA system.
- After receiving prior approval from OhioMHAS, programs purchasing equipment/furniture with OhioMHAS grant funds are required to submit a list to OhioMHAS which includes the type of equipment/furniture, serial number, and cost for each item. Please use the **OhioMHAS Equipment/Furniture Purchase Form**. The completed form is to be uploaded in OLGA to the Reports section.

**For questions regarding the Expenditure report please contact the Grants Coordinator listed in the SFY 2015 Notice of Sub-Award.**

If you are not able to upload the reports in the OLGA system please email as attachments to [Johanna.pickett@mha.ohio.gov](mailto:Johanna.pickett@mha.ohio.gov) or mail the signed originals to:

Ohio Department of Mental Health and Addiction Services  
Community Funding Unit, Division of Fiscal Services  
30 E. Broad Street, 11th Floor  
Columbus, Ohio 43215

***Please do not send any reports or copies to the Project Lead. \*Reports are not considered received until in the possession of the Community Funding Unit\****

## REVISIONS

### Budget Revision

- **A Budget Revision to the approved Budget is required if a program is requesting a change in the OhioMHAS Budget Categories I (Personnel Costs), II (Non-Personnel Costs), III (Motor Vehicle/Travel/Food/Conference), or IV (Equipment/ Furniture Costs) that is greater than 10% of the Total Category. The SFY 2014 Budget/Expenditure Form reflects the Categories and corresponding line items.** For example, your agency has been approved for \$10,000 for the Category I line items. The program decides to transfer \$2,500 to line items in Category II. Therefore, a budget revision would be required because the decrease exceeds 10% of Category I. If the program decided to transfer \$450 to the Personnel line item from the Fringe Benefits line item, no budget revision would be necessary as they are both line items in Category I.
- **Any changes or additions in OhioMHAS Budget Categories IV (Equipment/Furniture Costs) must be pre-approved by OhioMHAS with the submission of a Budget Revision. The request must include justification for the purchase of the Equipment and/or Furniture in relation to the program's performance targets.** A Budget Revision Approval Notice must be received from OhioMHAS before the purchase(s) can be made.
- **A Budget Revision Approval Notice from OhioMHAS with the Director's signature is the official pre-approval the Agency must receive before incurring costs for a change in the Budget Categories.**
- **Requests must be submitted via the OLGA system. Requests submitted in any other format will not be processed and considered for review and approval.**
- Changes in the program's budgeted "Other Funds", which will impact planned services, also must be reported.
- To request a Budget by Line Item and Narrative Revision, provide a revised Budget and detailed Narrative identifying the amount of the change, reason for the change, and any impact of the change on the program. The Revised Budget by Line Item and Narrative must be completed in the Prevention Services Plan Budget by Line Item section once the OLGA system is placed in Revision Started Status. Please enter a comment on the Status Change Verification page specifying which changes will be made.
- The Department will respond to the budget revision request within twenty (20) calendar days. Programs must receive **prior written approval** from OhioMHAS before incurring costs for a change in the budget.
- Budget revisions for SFY 2015 must be received no later than **April 30, 2015. Requests received after this date will not be processed and therefore will not be considered for review and approval.**

***For questions regarding budget revisions, please contact the Grants Coordinator listed in the SFY 2015 Notice of Sub-Award.***

### **Program Revision**

- Anticipated significant change in the overall thrust of the program is to be reported via the OLGA system as soon as practical during the award period.
- The Program revision must contain a clear explanation of the proposed change and impact to the program. Revised goals, objectives and activities must be included in the revised program plan. Please enter a comment on the Status Change Verification page specifying which changes will be made, and why you need to make them.
- Programmatic revisions for SFY 2015 must be received no later than **February 15, 2015**. **Requests received after this date will not be processed and therefore will not be considered for review and approval.** Regional Coordinators will send a notice in writing to the implementing agency and ADAMHS/ADAS Board indicating a decision on the request.
- If approved, these program revisions are to be used for the remainder of the SFY 2015 Progress Reports.

***For questions regarding program revisions, please contact the Project Lead listed in the SFY 2015 Notice of Sub-Award.***

## Attachment 1

### OhioMHAS SFY 2015 Treatment and Recovery Progress Report

Agency Name: \_\_\_\_\_

Grant Number: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

**For each Goal (NOM) that your organization selected in your original application please fill in the number in each of the objectives.**

*For example, if you selected "Abstinence," enter the number of clients who have enrolled and remained engaged, enrolled and have verbalized relapse triggers and who have enrolled and are abstinent at the completion of treatment (Objectives 1a, 1b and 1c).*

#### **1.) Abstinence Goal**

Treatment Programs including Certified TASC Programs and Family Drug Court Programs are required to choose ABSTINENCE as a goal.

***Each Objective should indicate behavior changes.***

1a. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will remain engaged in the program.

**Select at least one objective per goal or as many as applicable.**

- Customer participates in screening or assessment.
- Customer attends initial appointment.
- Customer enrolls in program and attends first session.
- Customer participates in treatment.
- Other \_\_\_\_\_

1b. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will verbalize relapse triggers and behavior changes needed for abstinence.

**Select at least one objective per goal or as many as applicable.**

- Customer begins weekly counseling sessions.
- Client verbalizes and demonstrates understanding of addiction.
- Client verbalizes and demonstrates understanding of changes necessary to sustain recovery.
- Client initiates life style changes.
- Client initiates sober supports.
- Other \_\_\_\_\_

1c. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will be abstinent at completion of treatment.

**Select at least one objective per goal or as many as applicable.**

- Client successfully completes program and is abstinent at discharge.
- Customer maintains abstinence \_\_\_\_\_ consecutive days.

- Customer participates in urine testing as requested.
- Customer attends support group meetings.
- Other \_\_\_\_\_

**2.) Employment Goal (i.e. 2a, 2b, 2c)**

***Each Objective should indicate behavior changes.***

2a. Of the \_\_\_\_\_ clients enrolled in the programs \_\_\_\_\_ will remain engaged in treatment

**Select at least one objective per goal or as many as applicable.**

- Customer participates in screening or assessment.
- Customer attends initial appointment.
- Customer enrolls in program and attends first session.
- Customer participates in identified program.
- Other \_\_\_\_\_

2b. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will have made progress by completing readiness trainings

**Select at least one objective per goal or as many as applicable.**

- Customer attends school.
- Customer engages in productive case management activities.
- Customer actively seeks employment and/or vocational training.
- Customer successfully completes readiness training for employment. (résumé writing, interviewing skills)
- Other \_\_\_\_\_

2c. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will be gainfully employed/ regular attendance to school at completion of treatment.

**Select at least one objective per goal or as many as applicable.**

- Customer attends vocation employment sessions.
- Customer is actively employed.
- Customer is gainfully employed at discharge from treatment.
- Other \_\_\_\_\_

**3.) No New Arrests Goal (i.e. 3a, 3b, 3c)**

Required for TASC Programs, Municipal Adult Criminal Drug Court Programs, and Juvenile Drug Court Programs.

***Each Objective should indicate behavior changes.***

3a. Of the \_\_\_\_\_ clients enrolled in the programs \_\_\_\_\_ will remain engaged in treatment /program.

**Select at least one objective per goal or as many as applicable.**

- Customer participates in screening or assessment.
- Customer attends initial appointment.
- Customer enrolls in program and attends first session.
- Customer participates in identified treatment/program.
- Other \_\_\_\_\_

3b. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will comply with all court hearings.

**Select at least one objective per goal or as many as applicable.**

- Customer engages in productive case management activities.
- Customer attends all court hearings.
- Customer attends all Children Services hearings.
- Other \_\_\_\_\_

3c. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will incur no new arrests at completion of treatment.

**Select at least one objective per goal or as many as applicable.**

- Customer successfully completes program with no new arrests.
- Customer attends all parole/probation appointments.
- Customer participates in urine testing as requested.
- Other \_\_\_\_\_

**4.) Housing Goal (i.e. 4a, 4b, 4c)**

***Each Objective should indicate behavior changes***

4a. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will remain engaged in program.

**Select at least one objective per goal or as many as applicable.**

- Customer attends initial appointment.
- Customer enrolls in program and attends first session.
- Customer participates in identified program.
- Customer attends school.
- Other \_\_\_\_\_

4b. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will utilize resources to obtain housing (local housing authority, supportive transitional housing).

**Select at least one objective per goal or as many as applicable.**

- Customer engages in productive case management activities.
- Customer identifies barriers and strategies to obtain housing.
- Customer works with case manager and community resources to meet qualifications to obtain housing.
- Other \_\_\_\_\_

4c. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will live in safe, stable, permanent housing at completion of treatment.

**Select at least one objective per goal or as many as applicable.**

- Customer maintains revenue source to secure housing.
- Customer successfully complete program and secures safe, stable, permanent housing.
- Other \_\_\_\_\_

**5.) Social Connectedness Goal (i.e. 5a, 5b, 5c)**

***Each Objective should indicate behavior changes***

5a. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will remain engaged in program.

**Select at least one objective per goal or as many as applicable.**

- Customer attends initial appointment.
- Customer enrolls in program and attends first session..
- Customer participates in identified program.
- Other \_\_\_\_\_

5b. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will identify people/places and things that interfere with recovery.

**Select at least one objective per goal or as many as applicable.**

- Customer attends recovery support groups.
- Customer obtains a sponsor.
- Customer identifies consequences in behaviors associated with usage.
- Customer identifies sober activities.
- Other \_\_\_\_\_

5c. Of the \_\_\_\_\_ clients enrolled in the program \_\_\_\_\_ will obtain social support and sober activities.

**Select at least one objective per goal or as many as applicable.**

- Customer demonstrates sober activities.
- Customer identifies people/places/things that interfere with recovery.
- Customer identifies people/places/things that interfere with recovery.
- Other \_\_\_\_\_

### OhioMHAS SFY 2015 Problem Gambling Performance Report

Agency Name: \_\_\_\_\_

Grant Number: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

| # of people given the SOGS   | # of individuals Identified as problem Gamblers | # of new individuals receiving treatment |                       | # of problem gamblers assessed for suicide risk | # of referrals received from the Hotline | # of Staff dedicated to the treatment of problem gamblers |
|--|---|--|-----------------------|---|--|---|
|  |   | AoD & Problem Gambling                   | Problem Gambling only |   |  |   |
|  |   |  |                       |   |  |   |
| What have you done the current quarter to reach and treat the problem Gambler?             |   |  |                       |   |  |   |
| What have you done the current quarter that is new or innovative to the program's success? |   |  |                       |   |  |   |
| What efforts have been made to assure sustainability?                                      |   |  |                       |   |  |   |
| List any trainings and/or in-services given in the community                               |   |  |                       |   |  |   |
| List the number of GA's in your community and describe how you work together               |   |  |                       |   |  |   |
| List referral sources to your program  |   |  |                       |   |  |   |
| How is the public aware you provide problem gambling services?                             |   |  |                       |   |  |   |