

Ohio Department of  
Mental Health

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SFY 2012 Community  
Allocation Guidelines

July 6, 2011

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## Introduction

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

1. Attachment 1 describes allocations to each 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, 2011 for quarterly disbursement. Funds in ALIs 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 2012 can be found in the Appendices of these Allocation Guidelines and on the ODMH web site at: <http://mentalhealth.ohio.gov/>. 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 State Fiscal Year 2012, except as provided for in Ohio Revised Code section 5119.62(B). All funds not so obligated within the State Fiscal Year 2012 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.

## 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 Boards for 332-401(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 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. 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 FY2012, Fund 401 (5) was maintained at approximately the same amount as FY 2011 (slight increase). ODMH will fund ten forensic centers. The following criteria and weight was utilized: (1) number of evaluations historically performed (3 year average) weighted at 50%; (2) prevalence weighted at 20%; (3) poverty weighted at 15%; (4) population weighted at 10%, and; (5) geographic area weighted 5%. However, it should be noted that no Forensic Center was permitted a decrease of greater than 5% of the previous year's funding.

#### **Eligibility:**

In a July 1, 2011 communication, the Director of ODMH provided conditional approval of the ADAMH/CMH Boards' FY 2012 Community Plan [ORC 340.08 & 5119.62] in order to permit ODMH to release of the FY 2012 appropriations described in this section.

**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 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 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 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 FY 2012 is \$614,838 from ALI 401 and \$110,000 from Block Grant for a total of \$724,838. Those 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).

**Eligibility:**

In a July 1, 2011 communication, the Director of ODMH provided conditional approval of the ADAMH/CMH Boards' FY 2012 Community Plan [ORC 340.08 & 5119.62] in order to permit ODMH to release of the FY 2012 appropriations described in this section.

**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 334412, Hospital Services, a new line item in the FY 12-13 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 FY 2012 civil bed day planning, the department and the ADAMHS/CMH Boards collaborated to estimate the planned number of bed days by board area.

#### Eligibility:

In a July 1, 2011 communication, the Director of ODMH provided conditional approval of the ADAMH/CMH Boards' FY 2012 Community Plan [ORC 340.08 & 5119.62] in order to permit ODMH to release of the FY 2012 appropriations described in this section. Additionally, Boards must have an approved estimated number of planned bed days.

#### Distribution:

The allocation methodology includes, as a starting point, the Department's calculated forensic and civil inpatient costs. The civil inpatient per diem (for FY 12, \$478) is applied to each board's estimated number of bed days. Individual board allocations will be retained at the Department.

In FY 2012, the department is exercising two options for board bed day planning.

**Option 1:** For the boards that opted to apply the risk corridor for inpatient use following the Adjustment Methodology of Variance (AMV) (attached in this document), Fiscal Administration will calculate a reconciliation amount (refund or pay-back) at the end-of-year using the AMV.

**Option 2:** For the Boards that opted to apply the alternative option of bed day planning, Fiscal Administration will work with the boards and hospitals in managing any adjustments to the allocation figure, and collaborating through the Board Association's Hospital Services Workgroup, throughout the year. For these boards, there will not be a bed day financial reconciliation process. In lieu of financial reconciliation at the conclusion of the year, the bed day planning process and quarterly review updates will inform and guide hospital system capacity and any necessary adjustments.

**Amount:** \$194,918,888

**Reimbursement Form:** None

**Distribution:** (Note: all 412 funds will be retained at the department)

**NOSA:** No

**Office and Lead** Fiscal Administration, Holly Jones; Hospital Services, Karl Donenwirth

## Appropriation Line Item: 419

### PROGRAM NAME: COMMUNITY MEDICATION SUBSIDY

#### Purpose:

The Appropriation Line Item 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. In a July 1, 2011 communication, the Director of ODMH provided conditional approval of the ADAMH/CMH Boards' FY 2012 Community Plan [ORC 340.08 & 5119.62] in order to permit ODMH to release of the FY 2012 appropriations described in this section.
2. Boards must be authorized by the Ohio Department of Alcohol and Drug Addiction Services for receipt of methadone allocations.
3. The community medication allocation is made to Boards. The Board will determine allocations for psychotropic community medications to eligible agencies.
4. 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.
5. 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 or children/adolescents with a serious emotional disturbance; 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).

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. Boards whose SFY 2011 Actual expenditures (11 months actual, one month estimated) are less than the SFY 2012 formula amount (40% population/60% prevalence) are allocated 110% of SFY 2011 Actual expenditures or the SFY 2012 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.)
2. Boards whose SFY 2011 Actual expenditures exceed the SFY 2012 formula amount are allocated their formula amount plus a prorated share of the balance of funds resulting from the adjustment outlined in step 1.
3. In addition to the SFY 2012 GRF 419 allocation, there are carryover funds from the previous year.

4. The allocations for methadone are based on 11 months of actual expenditures for SFY 2011 and the last month is estimated. The total methadone allocation is subtracted from the total 419 allocation. These funds are provided to eight (8) Alcohol and Drug Addiction Services Boards, which will be contacted regarding their award. Each Board's Methadone allocation is set out in Attachment 1.
5. The 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 1,2009, to:

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

**Amount:** \$10,770,014

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

**NOSA:** No

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

## Appropriation Line Item: 501

### **PROGRAM NAME:** MENTAL HEALTH MEDICAID MATCH

#### **Purpose:**

The purpose of this community subsidy is to provide the non-federal share required for Medicaid-reimbursable community mental health services. The following community mental health services are funded through the Medicaid program: mental health assessment, psychiatric diagnostic assessment, behavioral health counseling and therapy (both group and individual), partial hospitalization, crisis intervention mental health services, pharmacological management, and community psychiatric support treatment (both group and individual).

The community mental health Medicaid program is estimated to serve approximately 298,000 consumers in SFY 12. This represents a growth of 8%, which is due to a larger number of people becoming Medicaid eligible and accessing mental health Medicaid services. It is currently projected that the community mental health Medicaid program expenditures, including both state/local match and Federal Financial Participation (FFP), will be approximately \$532.6 million in SFY 12, with cost containment policy changes.

In FY 2012, ADAMHS/CMH boards will continue to reimburse providers and process claims for Medicaid through the MACSIS billing system. The major change in FY 2012 is that the department will have financial responsibility for the non-Federal share (referred to as match) of Medicaid claims, and will allocate appropriate funding for Medicaid claims to the boards, on behalf of the department.

#### **Eligibility:**

In a July 1, 2011 communication, the Director of ODMH provided conditional approval of the ADAMH/CMH Boards' FY 2012 Community Plan [ORC 340.08 & 5119.62] in order to permit ODMH to release of the FY 2012 appropriations described in this section. Additionally, Boards must have a current Medicaid contract with the department.

#### **Distribution:**

The department will distribute a baseline allocation to the boards. This allocation is based on an analysis that applied an 8% consumer growth from SFY 2009 and the resulting estimated Medicaid match need, at 35%, for FY 2012. Individual board allocations were prorated from the original match estimate of \$216 million to the cost containment policy change of \$186.4 million. Boards will receive 25% of the estimated match need on July 1, 2011, or as soon as possible thereafter. The department will establish and maintain a regular monitoring process of certified Medicaid claims through the mCPE. The mCPE application will separate SFY 2011 claims from SFY 2012 claims. For the remainder of FY 2012, the department will provide GRF 501 to each board as needed, applicable to Medicaid services provided in SFY 2012. The FFP for claims with date of service in SFY 2012 will not be disbursed to boards as reimbursement but will be disbursed by the department to and across boards as needed. The subsequent GRF distributions can be used only after the SFY 2012 earned FFP has been used. The minimum amount of funding that each board should have on hand is 1/12 of the annual projection. The mCPE will provide management reports for monitoring purposes, including expenditure forecasting. An auto notification (e-mail) will be sent to a board when funding has been "requested" (dropped below the 1/12 threshold).

**Amount:** \$186,400,000

**Reimbursement Form:** None

**Distribution:** As described in narrative

**NOSA:** No

**Office and Lead:** Office of Medicaid, Angela Bergesfurd; Fiscal Administration, Dalon K. Myricks

## Appropriation Line Item: 505

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

**Purpose:**

Previously, funds provided to boards through this line item were used to serve Medicaid and non-Medicaid individuals. However, with the creation of ALI 501, “Mental Health Medicaid Match” (discussed above), this line item will be used to consolidate and stabilize state funding provided to local boards for services to those not eligible for Medicaid. ODMH priorities for the use of these funds include: Children with SED; Crisis Services for all ages – especially for low income persons without insurance; Housing for adults with SMI; and, Services for persons with SMI or SED with criminal justice system involvement.

**Eligibility:**

In a July 1, 2011 communication, the Director of ODMH provided conditional approval of the ADAMH/CMH Boards’ FY 2012 Community Plan [ORC 340.08 & 5119.62] in order to permit ODMH to release of the FY 2012 appropriations described in this section.

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

**Distribution:**

Allocation methods within the SFY 2012 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, ISTV to the Ohio Family and Children First Council and NOSAs.

**Amount:** \$49,963,776 (ALI 505)

**Reimbursement Form:** Automatic quarterly distributions

**NOSA:** No

**Office and Lead** Fiscal Administration, Holly Jones; Program and Policy Development, Carrol Hernandez

## Appropriation Line Item: 505 Special

### **PROGRAM NAME: ODMH MATCH FOR OHIO DEPARTMENT OF DEVELOPMENT HOMELESS ASSISTANCE GRANT**

**Purpose:**

Funds will be reserved to offer as match to local Providers and Boards for the Ohio Department of Development's (ODOD) Homeless Assistance grant. Successful applicants for these funds will be Boards, or local Providers working with their ADAMH/CMH Board, who are funded by ODOD for direct, permanent supportive or transitional housing. Funds will be issued via Notice of Sub-Award (NOSA) following application submission, review and award by ODOD. Match funding for ODOD Homeless Assistance Grant must be spent within SFY 2012.

**Distribution:** ODMH match funds distributed following successful application to, and award by ODOD.

**Amount:** \$225,000 (GRF ALI 505)

**Reimbursement Form:** Request for Advance or Reimbursement (RAR)

**NOFA:** Yes

**Office and Lead:** Office of Community Supports & Client Rights, Amy Price

### **PROGRAM NAME: OHIO FAMILY AND CHILDREN FIRST (OFCF) FAMILY SUPPORT SERVICES**

**Purpose:**

Family Centered Services and Supports (FCSS) are non-clinical services and supports provided to families of children (0-21) with multi-system needs, who are receiving service coordination through the county Family and Children First Councils (FCFCs).

ODMH 505 \$1m is utilized as match for IV-B federal child welfare funds to JFS through an interagency agreement with other state agencies including ODADAS, ODYS, DODD. FCSS is managed by Ohio Family and Children First (OFCF) with funds distributed directly to the FCFCs.

**Amount:** \$1,000,000 (GRF ALI 505)

**Reimbursement Form:** N/A

**Distribution:** Via Inter-Agency Agreement

**NOSA:** No

**Office and Lead:** Office of Family and Children First, Angela Sausser Short

### **PROGRAM NAME: OHIO FAMILY AND CHILDREN FIRST (OFCF) OPERATIONS**

**Purpose:**

ODMH has allocated 505 Special funds in support of operations, as defined in the ODMH/FCFC Inter-Agency Agreement.

**Amount:** \$47,252 (GRF ALI 505)

**Reimbursement Form:** N/A

**Distribution:** Via Inter-Agency Agreement

**NOSA:** No

**Office and Lead:** Office of Family and Children First, Angela Sausser Short

## **Fund Source:** Federal Mental Health Services Block Grant (MHSBG)

**PROGRAM NAME:** FEDERAL BLOCK GRANT BASE TO BOARDS – CFDA 93.958

**Federal fund distributions to Ohio are subject to 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 2014, ODMH and Boards may re-purpose these funds for recovery supports and prevention that are not Medicaid eligible. For 2012 – 2013, ODMH requests that 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 Boards use these funds for:

- Children with SED
- Crisis Services for all ages – especially for low income persons without insurance
- Housing for adults with SMI
- Services for persons with SMI or SED with criminal justice system involvement

**Federal 2012-2014 Priorities for Block Grant Base** - Additionally, ODMH encourages 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.

**Eligibility:**

In a July 1, 2011 communication, the Director of ODMH provided conditional approval of the ADAMH/CMH Boards' FY 2012 Community Plan [ORC 340.08 & 5119.62] in order to permit ODMH to release of the FY 2012 appropriations described in this section. Additionally, ADAMH/CMH Boards must have submitted an original signed Agreement & Assurances.

**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 93.105

**Federal fund distributions to Ohio are subject to 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 State Fiscal Year 2010. These pilot projects demonstrate efforts to expand culturally appropriate outreach, engagement, treatment, and other services to Veterans with mental illness that are experiencing homelessness. These pilots received a flat funding allocation in State Fiscal Year 2011. These pilots will receive a 25% decrease in funding in SFY 2012, as well as the subsequent 2 SFYs. It is anticipated that these pilots will not receive further funding effective SFY 2015.

Effective SFY 2012 all PATH funding is expected to be drawn down on a quarterly basis. It is the expectation that the 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, 2011)
- 2<sup>nd</sup> Quarter (October 31, 2011)
- 3<sup>rd</sup> Quarter (January 31, 2012)
- 4<sup>th</sup> Quarter (April 30, 2012)

In order to expand services to an additional geographic area within Ohio ODMH created a one-time mini PATH Grant (\$50,000) for State Fiscal Year 2012. This mini-grant is designed to address services only directed toward individuals who are currently homeless. (SAMHSA is moving the P.A.T.H. 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.)

**Eligibility:**

In a July 1, 2011 communication, the Director of ODMH provided conditional approval of the ADAMH/CMH Boards' FY 2012 Community Plan [ORC 340.08 & 5119.62] in order to permit ODMH to release of the FY 2012 appropriations described in this section. Additionally, ADAMH/CMH Boards must have submitted an original signed Agreement & Assurances.

**Amount:** \$2,120,070 (Federal PATH Funds)

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

**Distribution:** See attachment 1

**Office and Lead:** Office of Community Supports & Client Rights, Amy Price

## 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.**

**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:

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

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

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

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.

Boards will continue to send quarterly draw down requests to ODMH.

Any changes in federal funding for Title XX will be passed on to 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

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. 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.

#### **Eligibility:**

In a July 1, 2011 communication, the Director of ODMH provided conditional approval of the ADAMH/CMH Boards' FY 2012 Community Plan [ORC 340.08 & 5119.62] in order to permit ODMH to release of the FY 2012 appropriations described in this section. Additionally, ADAMH/CMH Boards must have submitted an original signed Agreement & Assurances.

**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 05 DMH-FIS 040 Actual	All Fund Sources	SFY 2011 FIS-040 (Actual) Jan.3, 2012	One	Office Fiscal Administration Attn: Holly Jones
Community Medication Subsidy SFY 2005	419	Sept.1, 2011 Provider allocations for SFY 2012	One	OSS. Attn: Pat Mascaro