

Ohio Department of
Mental Health and Addiction Services

SFY 2019 Community Allocation Guidelines



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Introduction

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

1. Attachment 1 describes allocations to each Alcohol, Drug Addiction and Mental Health/Community Mental Health/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 in July 2016 for quarterly disbursement. General Revenue Funds (GRF) in Appropriation Line Items (ALI) 406, 421, 422, ALI 629 Problem Gambling, ALI 614 Federal Mental Health Block Grant Base, forensic portion and ALI 619 Federal Fund Block Grant SAPT Treatment, Prevention 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 for SFY 19 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 Services
 - 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 619 Federal Fund 3G40 Block Grant SAPT Treatment, Prevention

Please note that these amounts show in these Guidelines are based on the FY18 -19 Budget in 132nd G.A. House Bill 49. All amounts are subject to change based on subsequent enacted legislation. The Department will communicate any changes as soon as practicable should they occur.

Appropriation Line Item: 406 Prevention Services
Program Name: Prevention Allocation

Purpose:

Prevention focuses on preventing or delaying the onset of behavioral health problems (e.g. substance use, 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 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(s):

Office of Prevention and Wellness, Molly Stone Molly.Stone@mha.ohio.gov

Reporting:

Funding and all biannual programmatic reports must be submitted through the GFMS system.

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 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 is the same as it was for SFY 18.

Office and Lead(s):

Office of Financial Management, Daniel Schreiber Daniel.Schreiber@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 340.032 (A):

Establish, to the extent resources are available a community-based 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:

- 1) Prevention and wellness management services;
- 2) At least both of the following outreach and engagement activities:
 - a) Locating persons in need of addiction services and persons in need of mental health services to inform them of available addiction services, mental health services, and recovery supports;
 - b) Helping persons who receive addiction services and persons who receive mental health services obtain services necessary to meet basic human needs for food, clothing, shelter, medical care, personal safety, and income.
- 3) Assessment services;
- 4) Care coordination;
- 5) Residential services;
- 6) At least the following outpatient services:
 - a) Nonintensive;
 - b) Intensive, such as partial hospitalization and assertive community treatment;
 - c) Withdrawal management;
 - d) Emergency crisis.
- 7) Where appropriate, at least the following inpatient services:
 - a) Psychiatric care;
 - b) Medically managed alcohol or drug treatment.
- 8) At least all of the following recovery supports:
 - a) Peer support;
 - b) A wide range of housing and support services; including recovery housing;
 - c) Employment, vocational, and educational opportunities
 - d) Assistance with social, personal, and living skills
 - e) Multiple paths to recovery such as twelve-step approaches and parent advocacy connection;
 - f) Support, assistance, consultation, and education for families, friends, and persons receiving addiction services, mental health services, and recovery supports.

**Appropriation Line Item: 421 Continuum of Care
Program Name: AOD Portion (Continued)**

Amount:

\$5,347,328

Reimbursement Form:

Automatic quarterly distribution

Distribution:

The allocation method for this line item is the same as it was for SFY 18.

Office and Lead(s):

Office of Financial Management, Daniel Schreiber Daniel.Schreiber@mha.ohio.gov

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

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 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 Office of Pharmacy Services 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 board specific projects.

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 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 2019 community investments allocation may be designated by the board to be spread between psychotropic medications, opiate addiction medications, and community projects. All boards must complete the budget request template and participation agreement form found on the [OhioMHAS website](#) and also included with these guidelines. Please return the form to Daniel Schreiber, Chief Fiscal Officer, by July 31, 2018.
2. The Board may elect to receive these funds as part of their other 421 allocation types rather than allocating them as a credit with OPS. Should this be requested, these funds will be disbursed with those other allocations. These funds, as with all 421 funds, may still be used to make purchases with OPS, which will then be invoiced.
3. Consistent with current practice, Boards will continue to make purchases through CPO and/or PSC. If purchases exceed the budgeted amount for medications, the boards are responsible for payment to CPO/PSC within 30 days.

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

4. Please note that in FY19, there will be a one-time opportunity to receive any funds remaining as a credit with Central Pharmacy from the FY19 allocation as a cash disbursement instead, commonly referred to as the “cash-out.” This request must be forwarded to Daniel Schreiber no later than April 11th, 2019. The “cashout” will be disbursed as part of the final quarterly allocation.

421 Continuum of Care
Program Name: Community Investments (Continued)

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 OPS Ohio Pharmacy Service Center (OPSC). Any board must provide to Ohio Pharmacy Services (OPS) a list of provider agency allocations and contact information for any new customers in order for OPS 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 18 allocations (see attachment 1). The total methadone allocation is (\$252,288).

Note:

Please submit [provider allocations](#) for community medication allocation no later than Get date from Dan July 31, 2018 to:

Tracie Taylor, Pharm D, R Ph
Ohio Pharmacy Services
2150 West Broad Street Columbus,
OH 43223-1200
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 used at local board discretion. Templates and instructions are available at <http://mha.ohio.gov/Default.aspx?tabid=147>.

Amount:

\$14,898,706 plus \$252,288 for methadone

Office and Lead(s):

Ohio Pharmacy Services, Tracie Taylor, Pharm D, R Ph – Tracie.Taylor@mha.ohio.gov and Matt Monell, Fiscal Officer – Matt.Monell@mha.ohio.gov,

Office of Financial Management Daniel Schreiber, Chief Fiscal Officer
Daniel.Schreiber@mha.ohio.gov

Appropriation Line Item: 421 Criminal Justice Services

Program Name: Additional Community Investment

Purpose:

Section 337.50 of Am. Sub. HB 49 of the 132nd Ohio General Assembly provided \$75,000 per county, with an additional amount based on a legislatively defined formula, to be disbursed to each county mental health and/or addiction services board. Two million dollars (\$2,000,000) was appropriated in 336421 to be used in conjunction with five million dollars (\$5,000,000) in a separate state fund (5TZ0) to meet this purpose. These funds can be used for any purpose consistent with the 421 allocation guidelines discussed in the previous sections.

Distribution:

Each board will receive a single payment of \$75,000 per county in the board area (a board representing three (3) counties will receive \$225,000, for example) through an allocation methodology. The timing of the disbursement will be dependent on the availability of funds as determined through discussions with the Ohio Office of Budget and Management and other state agencies that draw resources from the companion fund 5TZ0. More information will be communicated with the field when those decisions are made, and is expected shortly after the beginning of the state fiscal year.

Amount:

\$2,000,000.

Office and Lead(s):

Office of Financial Management Daniel Schreiber, Chief Fiscal Officer

Daniel.Schreiber@mha.ohio.gov

Appropriation Line Item: 422 Criminal Justice Services
Program Name: Community Designated Forensic Evaluation Centers

Purpose:

Community Designated Forensic Evaluation Centers shall use funding provided by the Department of Mental Health and Addiction Services to provide forensic 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 designated forensic evaluation centers 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 Sections 2945.371 and 2945.401 of the Ohio Revised Code, and certified by OhioMHAS according to the provisions of Administrative Rule 5122-32-01, "Designated Forensic Evaluation Centers," are eligible to apply through ADAMH/CMH Boards for 422 funding according to the provisions of rule 5122-32-01.

This allocation was developed to provide, through a system of certified community forensic evaluation centers, forensic evaluations of defendants to determine "competence to stand trial" and/or mental condition at the "time of the offense" for courts of common pleas, general division.

These funds are also used to provide non-secured status/second opinion evaluations as required by Section 2945.401(D) of the Ohio Revised Code. OhioMHAS regional psychiatric hospitals request non-secured status/second opinion evaluations from the local designated forensic evaluation 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). All 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 the 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, and the geographic size of the catchment area.

Amount:

\$2,979,349

Reimbursement Form:

Automatic quarterly

Office and Lead(s):

Forensic Services, Robert Baker

Robert.Baker@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. Boards are encouraged to adopt the HCR-20 Version 3 violence risk assessment instrument as the tool to be used by forensic monitors for community risk assessment and management. 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 2019 ALI 422 funds will be due to the Department of Mental Health and Addiction Services, Bureau of Forensic Services, on or before September 10, 2019. The report must include the following:

Agency that provided the forensic monitoring services and received the funding;

Amount of administrative costs utilized by the board from these funds;

Number of individuals monitored for the fiscal year;

Any forensic programs/tasks specific to the points above that were implemented with related outcomes, and

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.

The name of the violence risk assessment instrument being used by the forensic monitor for people who are on conditional release under the jurisdiction of the trial court.

Distribution:

A base amount of \$3,519 is allocated to each board, consistent with FY18 distributions. 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. All boards receive an additional \$2,200 from the federal Mental Health Block Grant. These Block Grant funds are now included in Fed Fund 3A90 336614 Mental Health BG 4221C.

Appropriation Line Item: 422 Criminal Justice Services

Program Name: Community Forensic Risk Management and System Development

Note:

Those ADAMH/CMH boards that are not currently monitoring individuals receive funding in order to perform risk management, diversion activities/services, and reentry services for forensic clients who are being released from jails and hospitals.

Amount:

\$614,829

Reimbursement Form:

Automatic quarterly distribution

Distribution:

See Attachment

Office and Lead(s):

Forensic Services, Robert Baker Robert.Baker@mha.ohio.gov

Appropriation Line Item: 629 Problem Gambling and Addictions

Program Name: Gambling and Addictions

Purpose:

The purpose of this allocation (column I) is to fund Problem Gambling prevention, screening, treatment, and recovery services for all Ohioans and specifically for those individuals experiencing gambling disorder, and/or other addictions, including 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 50 percent directed toward problem gambling prevention and 50 percent for identification and treatment of gambling disorder and other addictions. Analysis of The Ohio Gambling Survey 2016-17 indicated the need for prevention, awareness building, and screening and treatment of Ohioans with gambling disorder – including a high co-occurrence percentage between at-risk/problem gambling with substance use disorder and/or depression/anxiety. 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). Please note that gambling disorder screening and treatment services for any Ohioan who presents at a certified addiction or mental health treatment provider must be covered by the Problem Gambling and Addictions Fund dollars if there is no other payer source. This applies to gambling disorder as a primary, secondary or tertiary diagnosis.

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 1/31/19) and annual (due 9/30/19) report describing the use of the problem gambling funds. Data related to clients served should be regularly entered online into the MHAS Grant and Funding Management System (GFMS) for both prevention and treatment services in SFY 19. At this time, Problem Gambling Prevention reports must be completed in GFMS, but Problem Gambling Treatment reports must continue to use the paper reporting [form](#).

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.

Appropriation Line Item: 629 Problem Gambling and Addictions
Program Name: Gambling and Addictions (Continued)

Amount:

\$3,788,863 (\$1,894,431 – Prevention / \$1,894,431 – Treatment)

Reimbursement Form:

Automatic quarterly distribution

Office and Lead(s):

Problem Gambling Services Bureau Stacey Frohnapfel-Hasson, Chief,
Stacey.Frohnapfel@mha.ohio.gov

Reporting:

All prevention and treatment allocation funds must be accounted for in the GFMS online grants management system and all required reports must be completed by Mid-year (due 1/31/19) and Annual (due 9/30/19).

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. Consequently, 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 consumer operated services.

Block Grant funds for forensic monitoring (\$2,200 per Board) is now contained in this line item (4224C). Each Board should ensure that no less than \$2,200 is used for forensic monitoring purposes. If a Board does not have any individuals requiring forensic monitoring, then the funds may be used for risk management, diversion, or reentry from hospitals or jails. Forensic monitoring assists people who have a severe mental illness and who have been granted conditional release by the court to live successfully in the community and work toward recovery through the provision of behavioral health and risk management services.

SAMHSA Strategic Initiatives - OhioMHAS encourages ADAMH/CMH Boards to consider these Initiatives when budgeting these funds for services for persons with SMI or SED:

- Health care and health system integration
- Trauma and Justice
- Recovery Support
- Health Information Technology
- Workforce Development

Prohibited Expenditures:

Federal Substance Abuse 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.

Appropriation Line Item: 614 Mental Health Services Block Grant (MHSBG)
Program Name: Federal Block Grant Base to ADAMH/CMH Boards – CFDA 93.958
(Continued)

Amount:
\$7,610,000

Reimbursement Form:
Automatic quarterly distribution

Distribution:
See Attachment 1
Prevalence (45%), Population (20%), Poverty < 101% FPL (35%)

Office and Lead(s):
Office of Quality Planning and Research, Sandy Starr,
Sanford.Starr@mha.ohio.gov

Appropriation Line Item: 619 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 substance use disorder (SUD) 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.

SAMHSA Strategic Initiatives – Additionally, OhioMHAS encourages ADAMH/CMH Boards to consider initiatives when budgeting these funds for services for persons with substance use disorders:

- Health care and health system integration (includes MAT)
- Trauma and Justice
- Recovery Support
- Health Information Technology
- Workforce Development

Prohibited Expenditures:

Federal Mental Health Block Grant funds may not be used to:

- A. to provide inpatient hospital services, with limited exceptions; see statute
- B. to make cash payments to intended recipients of health services;
- C. to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- D. to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
- E. to provide financial assistance (“grants”) to any entity other than a public or nonprofit private entity;
- F. to provide treatment services in penal or correctional institutions of the state

Appropriation Line Item: 619 Substance Abuse Prevention and Treatment Block Grant (SAPT)

**Program Name: Community Investments Treatment 4221C– CFDA 93.959
(Continued)**

Distribution:

See Attachment 1

Amount:

\$26,323,515

Reimbursement Form:

Automatic quarterly distributions

Office and Lead(s):

Office of Treatment and Recovery, Angie Bergefurd Angie.Bergefurd@mha.ohio.gov

Office of Office of Financial Management, Daniel Schreiber Daniel.Schreiber@mha.ohio.gov

Appropriation Line Item: 619 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.

Note: For funding purposes the Prevention Services allocation and the Youth Led allocations have been combined into one Prevention allocation. The 2019 FIS 040 budget will however, still have a Youth Led Prevention column separate.

Youth Led Programming is a comprehensive approach to addressing the emotional and behavioral health of youth and is a sound investment in meaningful youth involvement in community prevention efforts. Youth Led Programs should empower youth emotionally, cognitively, and behaviorally so they can influence social and political systems that affect their lives.

Appropriation Line Item: 619 Substance Abuse Prevention and Treatment Block Grant (SAPT)

Program Name: Prevention Per Capita 4253C_– CFDA 93.959 (Continued)

These funds should be used by ADAMHS/ADAS Boards to support youth led programs that utilize the evidence based Youth Empowerment Conceptual Framework which addresses individual and group level change, allows youth to develop a data driven strategic plan and select a problem of focus in their community, then choose an evidence-based strategy to implement. Minimum spending should be at the 2018 levels.

Amount:

\$10,734,771

Reimbursement Form:

Automatic quarterly distributions

Office and Lead(s):

Office of Prevention and Wellness, Molly Stone Molly.Stone@mha.ohio.gov

Office of Financial Management, Daniel Schreiber – Daniel.Schreiber@mha.ohio.gov

Table A – REPORTING MATRIX

NAME	FUND SOURCE	SUBMISSION DEADLINE	POINT OF CONTACT
Community Forensic Psychiatric Centers Application	422	Quarterly report	Forensic Services – Attn: Robert Baker
Community Forensic Risk Management and System Development	422	Report due 9/10/19	Forensic Services – Attn: Robert Baker
SFY 18 MHAS-FIS 040	All Fund Sources	FIS 040 Actual due 1/31/19	Office of Financial Management MH-SOT-Brdreports@mha.ohio.gov
SFY 19 MHAS-FIS 040 BUDGET	All Fund Sources	FIS 040 Budget due 05/05/18	Office of Financial Management MH-SOT-Brdreports@mha.ohio.gov
Prevention Per Capita GRF Prevention Per Capita SAPT	406 619	Bi-annual Report	Funding and programmatic data must be collected and reported. Please contact your program lead for further information
Medication Allocation Agreement and Request	421	7/31/18	Office of Financial Management – Attn: Daniel Schreiber
Problem Gambling spending waiver requests	629	As needed	Problem Gambling Services – Attn: Stacey Frohnappel-Hasson
Mid-Year and Annual problem gambling reports	629	Mid-year – 1/30/19 Annual – 9/30/19 FY 16)	Problem Gambling Services – Attn: Stacey Frohnappel-Hasson

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

TABLE B

OHMAS notifications to sub awardees of Federal Funds as required by 45 CFR 75.210

Department of Health & Human services SAMHSA

Grant ID	DMHF17SPRX	DMHF14SBRT	DMHF18MHBG	DMHF19MHBG
Project description	SPF-RX	OHIO SBIRT	FY18 MH BLOCK GRANT	FY19 MH BLOCK GRANT
CFDA	93.243	93.243	93.958	93.958
CFDA Description	Substance Abuse & MH Projects of regional & National Significance	Substance Abuse & MH Projects of regional & National Significance	Block Grant for Community MH Services	Block Grant for Community MH Services
FAIN	SP022091	TI025113	SM010041-17	SM010041-18
Grant Begin Date	09/01/2016	08/01/2013	10/01/2016	10/01/2017
Grant End Date	08/31/2021	07/31/2018	09/30/2018	09/30/2019
Grant Award Amount	\$ 1,858,080	\$ 10,015,000	\$ 16,292,879	\$ 16,793,371

Grant ID	DMHF17SAPT	DMHF18SYTI	DMHF18PATH	DMHF18NGAG
Project description	SAPT Block Grant	STATE YOUTH TX IMPLEMENTATION	PATH 2018	Ohio ENGAGE 2.0
CFDA	93.959	93.243	93.150	93.104
CFDA Description	Block Grants for Prevention and Treatment of Substance Abuse	Substance Abuse & MH Projects of regional & National Significance	Projects for Assistance in Transition for Homeless	comprehensive Community MH Services for children With Serious Emotional Disturbance (SED)
FAIN	TI010041-17	TI080185	SM016036-17	SM080140
Grant Begin Date	10/01/2016	09/30/2017	07/01/2017	09/30/2017
Grant End Date	09/30/2018	09/29/2021	06/30/2018	09/29/2021
Grant Award Amount	\$ 64,536,492	\$ 3,200,000	\$ 1,985,819	\$ 12,000,000

Grant ID	DMHF17CURE	DMHF18PDOA	DMHF16SPPS	DMHS16SUPM
Project description	Ohio CURES	Ohio MAT PDOA Project	Ohio Strategic Prevention Framework, Partnerships for Success	Supported Employment Program
CFDA	93.788	93.243	93.243	93.243
CFDA Description	Opioid STR	Substance Abuse & MH Projects of regional & National Significance	Substance Abuse & MH Projects of regional & National Significance	Substance Abuse & MH Projects of regional & National Significance
FAIN	TI080261	TI080807	SP020695	SM061707
Grant Begin Date	05/01/2017	09/30/2017	09/30/2014	09/30/2014
Grant End Date	04/30/2019	09/29/2020	9/29/2019	9/29/2019
Grant Award Amount	\$ 26,060,502	\$ 6,000,000	\$ 8,130,000	\$ 3,745,277

OhioMHAS Fiscal Management Reporting Schedule

Reports	Due to Department	Comments
FIS 040s (aka Board Level Reports)		
• FIS 040-Budgets	May 11	
• FIS 040-Actuals	January 31	
Annual Questionnaire	August 1	
Audits		
• FYE June 30 th	March 31	
• FYE December 31 st	September 30	
• FYE September 30 th	June 30	
Provider Audit Checklist		
• FYE June 30 th	April 30	30 Days after Audit Due
• FYE December 31 st	October 31	30 Days after Audit Due
• FYE September 30 th	July 31	30 Days after Audit Due