

Ohio Department of  
Mental Health and Addiction Services

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SFY 2020 Community Allocation Guidelines



Updated  
September 18, 2019

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# Introduction

**The Ohio Department of Mental Health & Addiction Services (OhioMHAS) is pleased to publish the Community Allocation Guidelines for state fiscal year 2020. Within this document, you will find guidance on the allowable use of funds for each funding stream, as well as information regarding allocation methodology, contacts, and other important information. In conjunction with these Guidelines, OhioMHAS is also releasing several attachments that provide more specific information about specific amounts to each board area, and grant identification information for federal grants. Please review all the released documents, as guidelines and funding information may have changed from previous years. As always, please contact your program or fiscal led with any questions regarding any of the information contained within these Guidelines.**

## **General Notes**

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 2020 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, - combination 421 & 643 Community Investment. Allocations 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 requests to redirect a funding stream in ways inconsistent with the intended purpose of expenditures for SFY 20 as described in these allocation guidelines will be reviewed by the Department, -and must have written approval from OhioMHAS prior to expenditure.
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's 421 & 643 Community Investment
  - 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 Executive version of the FY20-21 Budget (133<sup>rd</sup> G.A. House Bill 166). 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: 336406 Prevention Services

**Appropriation Line Item:** 336406 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

**Office and Lead(s):**

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

**Reporting:**

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

**Appropriation Line Item: 336406 Prevention Services**  
**Program Name: Prevention Allocation**

**Appropriation Line Item:** 336406 Prevention Services

**Program Name:** Prevention Allocation

**Purpose:**

Prevention focuses on preventing or delaying the onset of behavioral health problems (e.g. substance use and abuse, suicide 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 Guidance Document provides the guidelines for the delivery of this service array.

Prevention funds can be used for enhanced/expanded Evidence Based Programs and practices, including those targeted to prevention in schools. These funds can also be used to support the coordination of partnership activities with school districts and Educational Service Centers for completing needs-assessment and planning processes. It is important to note that many evidence-based substance-use disorder prevention strategies also have a positive impact on other health and social outcomes related to education, juvenile justice involvement, violence prevention, and mental health.

OhioMHAS prevention allocation shall be used by the boards consistent with approved community plans and budgets. Strategies should be selected based on the Strategic Prevention Framework process which includes the assessment of needs, resources and readiness conducted as part of the community planning process. Funded prevention interventions will address community risk and protective factors that either complicate or mitigate substance use and other risk behaviors related to substance misuse, suicide and program gambling.

**Reimbursement Form:** One time disbursement

**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:** \$1,240,000 Total funding (\$24,800 for each Board) for the Expansion of Evidence Based Prevention Programs and Practices.

**Office and Lead(s):** Office of Prevention and Wellness, Molly Stone Molly.Stone@mha.ohio.gov

**Reporting:**

Funding implementation plan and all biannual programmatic reports must be submitted by the provider implementing the services, through the GFMS system. Providers should have their implementation plans put into GFMS, and Board approval by August 31, 2019. All end of year programmatic reporting will be collected via GFMS and should be completed, by August 31, 2020.

**Appropriation Line Item: 336421 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

**Office and Lead(s):**

**Office of Financial Management,** Daniel Schreiber [Daniel.Schreiber@mha.ohio.gov](mailto:Daniel.Schreiber@mha.ohio.gov)

## **Appropriation Line Item: 336421 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) Non-intensive;
  - 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: 336421 Continuum of Care  
Program Name: AOD Portion (Continued)**

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

**Reimbursement Form:**  
Automatic quarterly distribution

**Office and Lead(s):**  
**Office of Financial Management**, Daniel Schreiber [Daniel.Schreiber@mha.ohio.gov](mailto:Daniel.Schreiber@mha.ohio.gov)

## **Appropriation Line Item: 336421 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 2020 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, 2019.
2. The Board may elect to receive these funds as part of their main 421 allocation disbursement rather than creating 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.

**Appropriation Line Item: 336421 Continuum of Care  
Program Name: Community Medication (continued)**

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.

Please note that in FY20, there will be a one-time opportunity to receive any funds remaining as a credit with Office of Pharmacy Services from the FY20 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 10<sup>th</sup>, 2020. The “cash-out” will be disbursed as part of the final quarterly allocation.

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 19 allocations (see attachment 1). The total methadone allocation is (\$252,288).

**Note:**

Please submit provider allocations for community medication allocation no later than July 31, 2019 to:

Brandon Haas, Ohio Pharmacy Services  
[Brandon.Haas@mha.ohio.gov](mailto:Brandon.Haas@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**, Brandon Haas

[Brandon.Haas@mha.ohio.gov](mailto:Brandon.Haas@mha.ohio.gov) and Matt Monell, Fiscal Officer – [Matt.Monell@mha.ohio.gov](mailto:Matt.Monell@mha.ohio.gov)

**Office of Financial Management** Daniel Schreiber, Chief Fiscal Officer –

[Daniel.Schreiber@mha.ohio.gov](mailto:Daniel.Schreiber@mha.ohio.gov)

**Updated September 13, 2019**

**Appropriation Line Item: 336421 & 336643 Community Investments  
Program Name: Additional Community Investment**

**Purpose:**

Section 337.160 of Am. Sub. HB 166 of the 133rd Ohio General Assembly provided \$50,000 per county, totaling \$4,400,000, with an additional \$600,000 to be distributed based on a formula incorporating board area population and a three year average of opiate related deaths, to be disbursed to each county mental health and addiction services board. The department has allocation an additional one million two hundred and seventy-five thousand dollars (\$1,275,000) from ALI 336421, Continuum of Care, to be used in conjunction with the five million dollars (\$5,000,000) in a state fund 5TZ0 to meet this purpose. These funds can be used for any purpose consistent with the 336421 allocation guidelines discussed in the previous sections.

**Distribution:**

One-time allocation distribution made in the first quarter of the state fiscal year.

**Amount:**

\$6,275,000

Fund Sources:

5TZ0, ALI 336643, ADAMHS Boards (\$5,000,000)

GRF, ALI 336421, Continuum of Care (\$1,275,000)

**Reporting:** Expenditures should be reported on the FIS-040

**Office and Lead(s):** Office of Financial Management, Daniel Schreiber, [daniel.schreiber@mha.ohio.gov](mailto:daniel.schreiber@mha.ohio.gov)

**Appropriation Line Item: 336422 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 (ADAMHS) 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.

Entities 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 ADAMHS Boards for 4224 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 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). ALI 4224 funds are not intended for services to courts or agencies other than courts of common pleas, general division and OhioMHAS regional psychiatric hospitals, except for providing, to the extent possible, technical assistance, training and consultation to ADAMHS Boards, providers and courts on matters relating to serving forensic consumers and the implementation of a locally managed forensic service system.

**Appropriation Line Item: 336422 Criminal Justice Services**  
**Program Name: Community Designated Forensic Evaluation Centers (continued)**

**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](mailto:Robert.Baker@mha.ohio.gov)

**Appropriation Line Item: 336422 Criminal Justice Services**  
**Program Name: Community Forensic Risk Management and System Development**  
**(continued)**

**Note:**

Those ADAMHS 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](mailto:Robert.Baker@mha.ohio.gov)

**REPORTING**

NAME	FUND SOURCE	SUBMISSION DEADLINE	POINT OF CONTACT
Community Forensic Psychiatric Centers Application	4224C	Quarterly report	Forensic Services – Attn: Robert Baker
Community Forensic Risk Management and System Development	4224Q	Report due 9/10/19	Forensic Services – Attn: Robert Baker

**Appropriation Line Item: 336629 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 and their family members, 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 between at-risk/problem gambling with substance use disorder and/or depression/anxiety. A board may request a waiver from the department to use the Problem Gambling and Addictions Fund dollars in different percentages (waiver requests should be emailed to [Stacey.Frohnafel@mha.ohio.gov](mailto:Stacey.Frohnafel@mha.ohio.gov)). Please note that 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 and to family members of a person affected.

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 1/31/20) and annual (due 7/31/20) report describing the use of the problem gambling funds. Data related to Prevention services clients should be regularly entered online into the MHAS Grant and Funding Management System (GFMS) in SFY 20. Problem Gambling Prevention reporting must be completed in GFMS, but Problem Gambling Treatment reporting will 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: 336629 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](mailto: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 1/31/20) and Annual (due 7/31/20).

**Appropriation Line Item: 336614 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 (336614). 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 Framework for Planning** - OhioMHAS encourages ADAMH/CMH Boards to consider this

Framework when budgeting these funds for services for persons with SMI or SED:

- Criterion 1: Comprehensive Community-Based Mental Health Service Systems:
- Criterion 2: Mental Health System Data Epidemiology: Contains an estimate of the incidence and prevalence of SMI among adults and SED among children; and have quantitative targets to be achieved in the implementation of the system of care described under Criterion 1.
- Criterion 3: Children’s Services: Provides for a system of integrated services in order for children to receive care for their multiple needs.
- Criterion 4: Targeted Services to Rural and Homeless Populations and to Older Adults: Targeted Services to Rural and Homeless Populations and Older Adults: Provides outreach to and services for individuals who experience homelessness; community-based services to older adults.
- Criterion 5: Management Systems: Describe financial resources, staffing, and training for mental health services providers necessary for the plan; provide for training of providers of emergency health services regarding SMI and SED.

**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.

**Amount:**  
**\$7,610,000**

**Reimbursement Form:**  
**Automatic quarterly distribution**

**Distribution:**  
See Attachment 1

**Office and Lead(s):**  
Office of Quality Planning and Research, Scott Wingenfeld - [scott.wingenfeld@mha.ohio.gov](mailto:scott.wingenfeld@mha.ohio.gov)

**Appropriation Line Item: 336619 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 Framework for Planning – OhioMHAS encourages ADAMH/CMH Boards to consider this framework when budgeting these funds for services for persons with SUD**

- **Criterion 1: Plan for Substance Use Disorder Prevention, Treatment and Recovery Services for Individuals, Families and Communities (42 U.S.C. § 300x-21 and 45 CFR § 96.122) •**
- **Criterion 2: Primary Prevention (42 U.S.C. § 300x-22(a) and 45 CFR § 96.125).**
- **Criterion 3: Pregnant Women and Women with Dependent Children (42 U.S.C. § 300x-22(b); 42 U.S.C. § 300x-27; 45 CFR § 96.124(c) (e); and 45 CFR § 96.131).**
- **Criterion 4: Persons Who Inject Drugs (42 U.S.C. § 300x-23 and 45 CFR § 96.126).**
- **Criterion 5: Tuberculosis Services (42 U.S.C. § 300x-24(a) and 45 CFR § 96.127).**
- **Criterion 7: Referrals to Treatment (42 U.S.C. § 300x-28(a) and 45 CFR § 96.132(a) and Coordination of Ancillary Services (42 U.S.C. § 300x-28(c) and 45 CFR § 96.132(c).**
- **Criterion 8: Professional Development (42 U.S.C. § 300x-28(b) and 45 CFR § 96.132(b)**

**Prohibited Expenditures:**

Federal Substance Abuse Prevention and Treatment Block 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: 336619 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 Quality Planning and Research, Scott Wingenfeld - [scott.wingenfeld@mha.ohio.gov](mailto:scott.wingenfeld@mha.ohio.gov)

**Appropriation Line Item: 336619 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 2020 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.

**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 2019 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](mailto:Molly.Stone@mha.ohio.gov)  
**Office of Financial Management**, Daniel Schreiber – [Daniel.Schreiber@mha.ohio.gov](mailto: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 <a href="mailto:MH-SOT-Brdreports@mha.ohio.gov">MH-SOT-Brdreports@mha.ohio.gov</a>
SFY 19 MHAS-FIS 040 BUDGET	All Fund Sources	FIS 040 Budget due 05/05/19	Office of Financial Management <a href="mailto:MH-SOT-Brdreports@mha.ohio.gov">MH-SOT-Brdreports@mha.ohio.gov</a>
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	7/31/19	Office of Financial Management – Attn: Daniel Schreiber
Problem Gambling spending waiver requests	629	As needed	Problem Gambling Services – Attn: Stacey Frohnapfel-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 Frohnapfel-Hasson

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

## OhioMHAS Fiscal Management Reporting Schedule

Reports	Due to Department	Comments
<b>FIS 040s (aka Board Level Reports)</b>		
• FIS 040-Budgets	May 17	
• FIS 040-Actuals	January 31	
<b>Annual Questionnaire</b>	August 1	
<b>Audits</b>		
• FYE June 30 <sup>th</sup>	March 31	
• FYE December 31 <sup>st</sup>	September 30	
• FYE September 30 <sup>th</sup>	June 30	
<b>Provider Audit Checklist</b>		
• FYE June 30 <sup>th</sup>	April 30	30 Days after Audit Due
• FYE December 31 <sup>st</sup>	October 31	30 Days after Audit Due
• FYE September 30 <sup>th</sup>	July 31	30 Days after Audit Due

**Appropriation Line Item: 336425 Specialized Docket Support  
Program Name: Specialized Dockets Allocation**

**Purpose:**

These funds are allocated to ADAMH/CMH Boards that currently have certified specialized dockets having previously received allocation awards from OhioMHAS. These allocations assist drug courts and other specialized dockets with funding to effectively manage addicted offenders in the community; thereby reducing commitments to the state prison system.

A mid-year and year-end survey for SFY 2020 will be sent to the awarded specialized dockets by the Department of Mental Health and Addiction Services, Bureau of Criminal Justice Services, on or before January 10<sup>th</sup> 2020, and July 1st, 2020. The survey captures expenditure data as well as the following:

1. Total number of clients carried over in the specialized docket from previous reporting period
2. Number of clients admitted
3. Number of clients successful completing the docket
4. Number of clients unsuccessfully discharged
5. Number of clients maintained in the program
6. Number of clients arrested for a new offense
7. Number of clients admitted to DRC/DYS
8. Number of children reunified with parents (Family drug courts only)

**Distribution:**

One-time allocation distribution made in the first quarter of the state fiscal year. Because these funds are largely used to pay for salaries/fringe benefits of specialized dockets staff, please forward the payment to each respective court in one lump sum in the first quarter of SFY 2020.

The courts receiving these funds must have achieved final certification from the Supreme Court of Ohio and submitted the required documentation to the Department before their allocations will be forwarded to their respective Boards. Courts that have multiple specialized dockets must submit documentation of final certification for each docket before their allocations will be forwarded to their Boards.

Please note the 20-21 Biennial Budget expands the number of specialty dockets funded in these two years, including an increased funding level of \$2,500,000 in SFY20. Information related to this additional amount will be provided in a subsequent release.

**Amount: \$4,950,000**

**Fund Source: 2020 Specialty Docket Support - #336425**

**Reporting:** The courts submit expenditure and outcome data semi-annually: 1/31/2020 and July 31, 2020. This data will be forwarded to the respective Boards.

**Office and Lead(s):**  
**Criminal Justice Services, Joani Moore, [Joani.moore@mha.ohio.gov](mailto:Joani.moore@mha.ohio.gov)**

**Appropriation Line Item: GRF 336422 Medication-Assisted Treatment  
Drug Court Program for Specialized Docket Programs  
Program Name: 4224P ADDICTION TX PROGRAM**

**Purpose:**

These funds are allocated to ADAMH/CMH Boards that are currently providing the Addiction Treatment Program in Certified Drug and/or Family Dependency Courts. This program provides Treatment and Recovery supports to active participants in these Courts, who have a Substance Use Disorder. The Behavioral Health Services providers are Certified by OhioMHAS to deliver an integrated service delivery model that consists of coordinated care between the MAT prescriber, Behavioral Health Care Provider, and the Courts. ATP participants will be provided access to long-acting antagonist therapies, partial agonist therapies, or full agonist therapies, that are included in the program's medication-assisted treatment and FDA approved. ATP participants will be provided other types of therapies, including psychosocial therapies, for both substance abuse and any disorders that are considered by the treatment provider to be co-occurring disorders. ATP participants will be provided access to time-limited recovery supports that help eliminate barriers to treatment and are specific to the participant's needs, including assistance with housing, transportation, child care, job training, obtaining a driver's license or state identification card, or any other matter considered relevant by the provider. This, in turn, helps to reduce recidivism, increase public safety, and minimize harm to those who come in contact with law enforcement.

A Quarterly report on SFY 2020 will be due to the Ohio Department of Mental Health and Addiction Services, Bureau of Criminal Justice Services, on or before October 31, 2019, January 31, 2020, April 30, 2020, and June 30, 2020. The report must include the following:

1. Total number of ATP clients in the docket at the beginning of SFY20
2. Number of new clients admitted to ATP each Quarter
3. Total number of ATP clients served by the docket each Quarter
4. Amount of Allocation funds used during the reporting period for Treatment
5. Amount of Allocation funds used during the reporting period for Recovery Supports

**Distribution:**

Automatic quarterly distribution for Q1, Q2, Q3 with possible 4<sup>th</sup> quarter adjustments

**Amount: \$6,000,000**

**Office and Lead(s):**

**Criminal Justice Services**, Kathy Yokum [kathy.yokum@mha.ohio.gov](mailto:kathy.yokum@mha.ohio.gov)

## **Appropriation Line Item: 336424 Recovery Housing**

### **Program Name: Recovery Housing**

**Purpose:** OhioMHAS is providing funding to 50 Community Behavioral Health Authorities to participate in the Recovery Housing Initiative to expand and sustain new and existing recovery housing capacity throughout Ohio. Recovery Housing is for individuals recovering from substance use disorders and provides an alcohol and drug-free living environment, peer support, assistance with obtaining alcohol and drug addiction services and other recovery assistance (ORC 340.01 (A)(3)). For the purposes of this funding, recovery housing must facilitate multiple pathways to recovery, include peer to peer support, and may include but are not limited to the following: use of medication assisted treatment, use of self- help groups, use of faith-based support, and use of recovery support services.

#### Use of Funds:

To assist Recovery Housing that meets Quality Housing Criteria with operating costs including subsidies for residents (rent and utilities).

#### Eligibility:

Eligibility to receive GRF 424 funding is limited to ADAMH/CMH/ADAS boards having an approved community plan pursuant to ORC Chapters 340 and 5119. All recovery homes must align with the Quality Housing Criteria and have submitted annual report for FY2019 and mid-year FY2020 report by December 31, 2019.

#### Distribution:

50% disbursement in Q1 and 50% disbursement in Q3. Quarter 3 disbursements may be dependent upon existing carryover funding and expenditures made in Quarters 1 and 2.

#### Total Amount:

\$2,295,000 (\$45,900 per board area)

#### Office and Lead(s):

OhioMHAS Recovery Housing, Sue Tafrate at [susan.tafrate@mha.ohio.gov](mailto:susan.tafrate@mha.ohio.gov)

#### Reporting:

1. Send completed semi-annual and annual reports with the following information to OhioMHAS designee:
  - a. Names and Addresses of all Recovery Houses funded
  - b. Total number of beds (capacity)
  - c. Use of funds (rent, operations)
  - d. Amount of funding received by home during the time period
  
2. Residents outcomes tool through Ohio Recovery Housing must be completed by every resident in the Recovery House that received funds.

**Appropriation Line Item: 336422 Criminal Justice Services  
Program Name: Criminal Justice Behavioral Health Linkage Allocations**

**Purpose:**

These funds are allocated to ADAMH/CMH Boards that are currently providing Criminal Justice and Behavioral Health Linkage programming. These programs encourage communities in Ohio to forge collaborative relationships between the behavioral health and criminal justice systems so individuals with mental illness and/or alcohol and other drug addiction receive the care they need. This, in turn, helps to reduce recidivism, increase public safety, and minimize harm to those who come in contact with law enforcement.

A mid - year and year-end report on SFY 2020 ALI Criminal Justice Services will be due to the Department of Mental Health and Addiction Services, Bureau of Criminal Justice Services, on or before February 1<sup>st</sup>, 2020 and August 1<sup>st</sup>, 2020. The report must include the following:

1. Number of individuals with no new arrests.
2. Number of individuals served.
3. Number of staff trained.
4. Amount of Allocation funds used during the reporting period.
5. Project Outcomes specific to the Board project.

**Distribution:**

Automatic quarterly distribution for Q1, Q2, Q3 with possible 4<sup>th</sup> quarter adjustments

**Amount: \$3,872,419**

**Office and Lead(s):**

**Criminal Justice Services**, Jennifer Roach, [jennifer.roach@mha.ohio.gov](mailto:jennifer.roach@mha.ohio.gov)

**Table A – REPORTING MATRIX**

NAME	FUND SOURCE	SUBMISSION DEADLINE	POINT OF CONTACT
Criminal Justice Behavioral Health Linkage Allocation	2020 Criminal Justice Services	02/01/2020	Jennifer Roach <a href="mailto:jennifer.roach@mha.ohio.gov">jennifer.roach@mha.ohio.gov</a>
Criminal Justice Behavioral Health Linkage Allocation	2020 Criminal Justice Services	08/01/2020	Jennifer Roach <a href="mailto:jennifer.roach@mha.ohio.gov">jennifer.roach@mha.ohio.gov</a>

**Appropriation Line Item: 336422 Criminal Justice Services**

**Program Name: Community Forensic Risk Management and System Development**

**Purpose:**

These funds are allocated to ADAMHS 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. This involves following the OhioMHAS guidelines regarding the forensic monitor's roles and responsibilities, performing community risk assessment/management services and reporting quarterly 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 and/or designated community providers for community risk assessment and management. In addition, those ADAMHS 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 2020 ALI 4224 funds will be due to the Department of Mental Health and Addiction Services, Bureau of Forensic Services, on or before September 10, 2020. 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 ADAMHS 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 and/or designated community providers 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 FY19 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.

Added September 13, 2019

**Appropriation Line Item: 336643 CONTINUUM OF CARE  
Program Name: Substance Abuse Stabilization Centers**

**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 and administer, in collaboration with the other boards that serve the same state psychiatric hospital region, six mental health crisis stabilization centers. There shall be one center located in each state psychiatric hospital region.

**Distribution:**

In each fiscal year a total of \$6,000,000 will be disseminated state-wide for Substance Abuse Crisis Stabilization Centers. Of the total \$1,000,000 will be disseminated annually to each regional collaborative, to the board area(s) indicated by the collaborative. The intention of the SUD Crisis Stabilization funds is to establish and administer six mental health crisis stabilization centers. Funds will be disbursed through an automatic quarterly distribution (Q1 amount will be disbursed with Q2 funding).

**Amount: \$6,000,000**

**Reporting:**

The Boards will be required to report bi-annual outcome data. The outcome data will be due by no later than January 31, 2020 and July 31, 2020.

The Boards will also be required to report bi-annual fiscal data. The fiscal data will be due by no later than January 31, 2020 and July 31, 2020. The Boards should include expenditures associated with crisis funds on the FIS-040 2020 Actuals report as a separate column specific to these funds entitled "MH Crisis Funds" or "SUD Crisis Funds".

**Office and Lead(s): Program Lead Alisia Clark, [Alisia.Clark@mha.ohio.gov](mailto:Alisia.Clark@mha.ohio.gov),  
Office of Financial Management, Daniel Schreiber [Daniel.Schreiber@mha.ohio.gov](mailto:Daniel.Schreiber@mha.ohio.gov)**

**Added September 13, 2019**

**Appropriation Line Item: 336421 CONTINUUM OF CARE  
Program Name: Mental Health Crisis Stabilization**

**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 and administer, in collaboration with the other boards that serve the same state psychiatric hospital region, six mental health crisis stabilization centers. There shall be one center located in each state psychiatric hospital region.

Boards of Alcohol, Drug Addiction, and Mental Health services shall ensure that each mental health crisis stabilization center established complies with all of the following:

1. It admits individuals before and after the individuals receive treatment and care at hospital emergency departments or freestanding emergency departments.
2. It admits individuals before and after the individuals are confined in state or local correctional facilities.
3. It has a Medicaid provider agreement.
4. It is located in a building constructed for another purpose before the effective date of this section.
5. It admits individuals who have been identified as needing the stabilization services provided by the center.
6. It connects individuals when they are discharged from the center with community-based continuum of care services and supports as described in section 340.032 of the Revised Code.

**Distribution:**

In each fiscal year a total of \$1,500,000 will be disseminated state-wide for Mental Health Crisis Stabilization. Of the total \$250,000 will be disseminated annually to each regional collaborative to the board area(s) indicated by the collaborative. The intention of the MH Crisis Stabilization funds is to establish and administer six mental health crisis stabilization centers. Funds will be disbursed through an automatic quarterly distribution (Q1 disbursement amount will be included in Q2 disbursement)

**Amount: \$1,500,000**

**Reporting:**

The Boards will be required to report bi-annual outcome data. The outcome data will be due by no later than January 31, 2020 and July 31, 2020.

The Boards will also be required to report bi-annual fiscal data. The fiscal data will be due by no later than January 31, 2020 and July 31, 2020. The Boards should include expenditures associated with crisis funds on the FIS-040 2020 Actuals report as a separate column specific to these funds entitled "MH Crisis Funds" or "SUD Crisis Funds".

Office and Lead(s): Program Lead Alisia Clark, Alisia.Clark@mha.ohio.gov,  
Office of Financial Management, Daniel Schreiber Daniel.Schreiber@mha.ohio.gov

**Added September 13, 2019**

**Appropriation Line Item: 336643 ADAMH Boards  
Program Name: Crisis Flexible Funds**

**Purpose:**

This funding is to be used to assist people or fund crisis services for those not eligible for Medicaid reimbursement. Examples of such services can be found in ORC 340.03 (A) (11):  
To provide flexible resources to local communities to fund direct crisis stabilization and crisis prevention support.

**Distribution:**

Automatic quarterly distribution. Each Board receives a base amount of \$35,000, with remaining funding being allocated by board area population.

**Amount: \$5,750,000**

Office and Lead(s): Program Lead Alisia Clark, Alisia.Clark@mha.ohio.gov,  
Office of Financial Management, Daniel Schreiber Daniel.Schreiber@mha.ohio.gov

**Added September 18, 2019**

**Appropriation Line Item(s): 336422 & 336423  
Program Name: Community Transition Program**

**Purpose:**

These funds are allocated to ADAMHS Boards that are participating in the Community Transition Program (CTP). The CTP reduces recidivism and supports the successful recovery and positive long-term outcomes for individuals managing a substance use disorder and/or diagnosed with a severe mental illness as they transition from prison to the community. The CTP provides statewide linkage to treatment services and recovery supports.

A mid - year and year-end report on SFY 2020 will be due to the Department of Mental Health and Addiction Services, Bureau of Criminal Justice Services, on or before February 1st, 2020 and August 1st, 2020. The report must include the following:

1. Number of individuals served during the reporting period;
2. Types of behavioral health services provided;
3. Types of Recovery Supports provided;
4. Amount of funds spent on personnel during the reporting period;
5. Amount of funds spent on treatment services during the reporting period;
6. Amount of funds spent on recovery supports;
7. An abstract of the programming provided.

**Distribution:**

Automatic quarterly distribution for Q1, Q2, Q3 with possible 4th quarter adjustments

**Amount:**

\$2,840,000

**Office and Lead(s):**

Criminal Justice Services, Jennifer Roach [Jennifer.Roach@mha.ohio.gov](mailto:Jennifer.Roach@mha.ohio.gov)