

Ohio Department of
Mental Health and Addiction Services

SFY2021 Community Allocation Guidelines



Original Release – July 1, 2020

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Introduction

The Ohio Department of Mental Health & Addiction Services (MHAS) is pleased to publish the Community Allocation Guidelines for state fiscal year 2021. 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, MHAS 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.

We want to acknowledge the difficult situation we are all in, the uncertainty caused by the COVID-19 pandemic, and the related changes and effects on all of our operations, and express our appreciation for your work with us as we go through this time and how you have continued all you do for your communities.

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 (ADAMH) 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) 336406, 336421, 336422, ALI 336629 Problem Gambling, ALI 336614 Federal Mental Health Block Grant Base, forensic portion and ALI 336619 Federal Fund Block Grant SAPT Treatment, - combination 336421 & 336643 Community Investment. Allocations will be automatically distributed to each ADAMH Board. Payments are intended to 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 SFY21 as described in these allocation guidelines will be reviewed by the Department and must have written approval from MHAS prior to expenditure.
3. Eligibility to receive the following funds is limited to ADAMH 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 336406 GRF Prevention Services
- ALI 336421 GRF Continuum of Care
- ALI 336422 GRF Forensic Monitoring
- ALI 336422 GRF Forensic Centers
- ALIs 336421 & 336643 Community Investment
- ALI 336629 Fund 5JL0 Problem Gambling and Casino Addictions
- ALI 336614 Federal Fund 3A90 Block Grant Base (Mental Health)
- ALI 336619 Federal Fund 3G40 Block Grant SAPT Treatment, Prevention

4. All disbursements have a funding period of July 1, 2020 to June 30, 2021, unless otherwise noted.

Please note that these amounts show in these Guidelines are based on the enacted version of the FY20-21 Budget (133rd G.A. House Bill 166). All amounts are subject to change based on subsequent enacted legislation or administrative action in response to statewide economic conditions. The Department will communicate necessary changes as soon as practicable.

Fund Code: GRF
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 MHAS Prevention Guidance Document, <https://mha.ohio.gov/Portals/0/assets/SchoolsAndCommunities/Educators/School%20Based%20Prevention/Prevention-Services-Guidance.pdf> provides the guidelines for the delivery of this service array.

MHAS 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 problem gambling.

Eligibility:

Eligibility to receive GRF 336406 funding is limited to ADAMH Boards having an approved community plan pursuant to ORC Chapters 340 and 5119.

Amount:

\$868,659 (GRF ALI 336406)

Distribution:

Automatic quarterly distribution

Reporting Requirements:

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

Office and Lead(s):

Office of Prevention, Stacey Frohnapfel-Hasson, Chief, - Stacey.Frohnapfel@mha.ohio.gov or Molly Stone – Molly.Stone@mha.ohio.gov

Fund Code: GRF
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 MHAS Prevention Guidance Document, <https://mha.ohio.gov/Portals/0/assets/SchoolsAndCommunities/Educators/School%20Based%20Prevention/Prevention-Services-Guidance.pdf>, 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.

MHAS 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.

Eligibility:

Eligibility to receive GRF 336406 funding is limited to ADAMH Boards having an approved community plan pursuant to ORC Chapters 340 and 5119.

Amount:

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

Distribution:

One-time disbursement

Reporting Requirements:

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, 2020. All end of year programmatic reporting will be collected via GFMS and should be completed by August 31, 2021.

Office and Lead(s):

Office of Prevention, Stacey Frohnapfel-Hasson, Chief, Stacey.Frohnapfel@mha.ohio.gov or Molly Stone – Molly.Stone@mha.ohio.gov

Fund: GRF
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 340.032:

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 340.032 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

Fund: GRF
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 boards identify needs, establish priorities and set targets.

This funding should be utilized consistent with the goals and priorities identified in the approved ADAMH 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.

Amount:

\$5,347,328

Reimbursement Form:

Automatic quarterly distribution

Office and Lead(s):

Office of Quality, Planning & Research, Scott Wingenfeld, Scott.Wingenfeld@mha.ohio.gov

Fund: GRF
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 MHAS for receipt of methadone allocations.
2. The community medication allocation is made to ADAMH 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. MHAS 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 state fiscal year 2021 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 MHAS website. Please return the form to Daniel Schreiber, Chief Fiscal Officer, by July 31, 2020.
 2. The Board may elect to receive these funds as a direct disbursement rather than creating a
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credit with OPS. Should this be requested, these funds will be disbursed as an allocation to the requesting board. These funds, as with all 336421 funds, may still be used to make purchases with OPS, which will then be invoiced.

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.

In the 4th quarter of state fiscal year 2021, there will be a one-time opportunity to elect to receive any funds remaining as a credit with Office of Pharmacy Services from the FY21 allocation as a cash disbursement instead, commonly referred to as the “cash-out.” This request must be forwarded to Daniel Schreiber no later than Wednesday, April 21, 2021. 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 Schedule 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 consistent with previous 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, 2020 to: Matt Monell, Ohio Pharmacy Services matthew.monell@mha.ohio.gov and Daniel Schreiber, Financial Management daniel.schreiber@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 (total \$15,150,994)

Office and Lead(s):

Ohio Pharmacy Services Matt Monell, Fiscal Officer Matt.Monell@mha.ohio.gov

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

Fund: GRF
Appropriation Line Item: 336422
Program Name: Community Designated Forensic Evaluation Centers

Purpose:

This allocation was developed to provide, through a system of Designated Community Forensic Evaluation Centers, forensic evaluations of defendants to determine competence to stand trial and mental condition at the time of the offense (sanity) 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.

Eligibility:

Entities that are "Designated Forensic Evaluation Centers" may apply to renew their designation for 4224C funding according to the provisions of Ohio Administrative Code 5122-32-01. Initial applications are accepted only if a Designated Forensic Evaluation Center chooses not to renew or is no longer designated by the department for failure to comply with the requirements of this rule.

Prohibited Expenditures:

ALI 4224C funds are not intended for services to courts or agencies other than Courts of Common Pleas, General Division and MHAS regional psychiatric hospitals, except for providing, to the extent possible, technical assistance, training and consultation to ADAMH Boards, providers and courts on matters relating to serving forensic consumers and the implementation of a locally managed forensic service system. Courts of Common Pleas, General Division serve only (a) adults and (b) juveniles who are bound over from the Juvenile Division to the General Division.

Reimbursement:

Automatic quarterly distribution

Amount:

\$2,979,349

Distribution:

See Attachment 1

Reporting Requirements:

A portion of the allocation is funded by the Mental Health Block Grant and must be used only for competency to stand trial (CST) evaluations for the courts of common pleas, general division. For these funds, a year-end review 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:

- The number of CST evaluations completed for the courts of common pleas, general division.
- Were any additional staff hired with the Block Grant funds? If so, provide the number of staff hired.

Office and Lead(s):

Office of the Medical Director, Robert N. Baker, PhD, Forensic Services Director –
Robert.Baker@mha.ohio.gov, 614-644-6996

Fund: GRF
Appropriation Line Item: 336422 Criminal Justice Services
Program Name: Community Forensic Risk Management and System Development

Purpose:

These funds are allocated to ADAMH Boards 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 information provided by MHAS in the Forensic Manual regarding the Forensic Monitor's roles and responsibilities, including performing community risk assessment/management services and reporting quarterly data to the Forensic Tracking and Monitoring System (FTAMS). Each ADAMH Board is responsible to designate a Forensic Monitor, who is responsible to monitor people found Not Guilty by Reason of Insanity or Incompetent to Stand Trial – Unrestorable – under Criminal Court jurisdiction and granted Conditional Release by the trial court. In addition, those ADAMH Boards that are not monitoring anyone receive some funds to perform risk management, diversion or re-entry activities.

Eligibility:

All ADAMH Boards receive these funds. No application is necessary. However, Forensic Monitors need to fulfill the duties as described in the Forensic Manual in order for Boards to receive continued funding.

Prohibited Expenditures:

Funds are to be used to support the work of the Forensic Monitors to monitor individuals on Conditional Release (as defined above) in the county(ies) designated by the Board. If there are no such individuals in the designated county(ies), funds may be used to perform risk management, diversion, or re-entry activities for people from jails or hospitals. Funds may not be used for any other purposes.

Reimbursement:

Automatic quarterly distribution

Other Information:

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. More information regarding this instrument may be obtained by contacting the Lead, Robert N. Baker, PhD.

Amount:

\$614,829

Distribution:

A base amount of \$3,519 is allocated to each board, consistent with FY20 distributions. The remaining funds were divided proportionately among the boards based on the total number of people from the board area who 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.

Reporting Requirements:

1. Each Forensic Monitor is required to report data quarterly through the FTAMS, as noted above.
2. Each Board is required to submit an Annual Report on or before September 11, 2021 by email to the Lead below. The report shall contain the following items:
 - 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 during the fiscal year;
 - Any forensic programs/tasks specific to the points above that were implemented with related outcomes;
 - For those ADAMH Boards that do not have individuals being monitored, the report shall 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 Conditional Release under the jurisdiction of the trial court.

Office and Lead(s):

Office of the Medical Director, Robert N. Baker, PhD, Forensic Services Director – Robert.Baker@mha.ohio.gov, 614-644-6996

NAME	FUND SOURCE	SUBMISSION DEADLINE	POINT OF CONTACT
Community Forensic Monitors data report through FTAMS	4224Q	Quarterly report	Forensic Services – Attn: Robert N. Baker, PhD
Community Forensic Risk Management and System Development	4224Q	Report due by 9/11/21	Forensic Services – Attn: Robert N. Baker, PhD

Fund: GRF
Appropriation Line Item: 336422
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.

Eligibility:

All local ADAMH Boards that applied for funding are eligible to continue to receive funding.

Prohibited Expenditures:

Funding can be used for treatment; recovery supports and administrative costs at the provider level.

Amount:

\$3,872,419

Please note that this program was previously split funded out of both 336422 – Criminal Justice Services and 336504 – Community Innovations. In state fiscal year 2021, the entire program will be funded from 336422. The total program amount remains unchanged.

Distribution:

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

Reporting Requirements:

A mid-year and year-end report on SFY 2021 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 1st, 2021 and August 1st, 2021. 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. List type of training(s) staff are receiving.
5. Amount of Allocation funds used during the reporting period.
6. Project Outcomes specific to the Board project.

Office and Lead(s):

Criminal Justice Services, Jennifer Roach – Jennifer.Roach@mha.ohio.gov, 614-466-1325
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Fund: GRF
Appropriation Line Item: 336424 Recovery Housing
Program Name: Recovery Housing

Purpose:

MHAS 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 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 FY2020 and mid-year FY2021 report by December 31, 2020.

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): MHAS Recovery Housing, Sue Tafrate at susan.tafrate@mha.ohio.gov

Reporting:

Send completed semi-annual and annual reports with the following information to MHAS designee, including:

Names and Addresses of all Recovery Houses funded;

Total number of beds (capacity);

Use of funds (rent, operations);

Amount of funding received by home during the time period; and

Residents outcomes tool through Ohio Recovery Housing must be completed by every resident in the Recovery House that received funds.

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Fund Code: 5JL0
Appropriation Line Item: 336629 Problem Gambling and Addictions
Program Name: Gambling Addictions

Purpose:

The purpose of this allocation 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 gambling disorder. 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 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 2017 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). 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 MHAS website:

<http://mha.ohio.gov/Families-Children-and-Adults/Get-Help/Problem-Gambling/Problem-Gambling-Resources#2559783-resources-for-the-behavioral-health-professional>. Pursuant to ORC 5119.47, all treatment and prevention services provided under programs supported by the Problem Gambling and Addictions Fund shall be services that are provided by programs certified by MHAS.

Amount:

\$3,788,863 (\$1,894,432 – Prevention / \$1,894,431 – Treatment)

Distribution:

Automatic quarterly distribution

Reporting Requirements:

Each Board must file a mid-year (due 1/31/21) and annual (due 7/31/21) report describing the use

of the problem gambling funds. Data related to Prevention Services clients should be entered online into the MHAS Grant and Funding Management System (GFMS). Problem Gambling Prevention reporting must be completed in GFMS, but Problem Gambling Treatment reporting will continue to use the paper reporting from found at the link above.

The Department reserves the right to modify these allocations due to changes in the Department funding as a result of revenue fluctuation in gambling receipts or other like circumstances.

Office and Lead(s):

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

Fund: 5TZ0
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.

Eligibility:

All local ADAMHS Boards are eligible to receive Crisis Flex Funds.

Amount:

\$5,750,000

Distribution:

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

Reporting Requirements:

The Boards will be required to report bi-annual outcome data. The outcome data will be due by no later than January 31, 2021 and July 31, 2021.

The Boards will also be required to report bi-annual fiscal data. The fiscal data will be due by no later than January 31, 2021 and July 31, 2021. 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 "Crisis Flex Funds".

Office and Lead(s): Program Lead Alisia Clark, Alisia.Clark@mha.ohio.gov

Fund: 3A90

Appropriation Line Item: 336614 Mental Health Block Grant (MHBG)

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 - MHAS 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: Provides a comprehensive system including services and supports for children with serious emotional disturbances and their families as well as adults with serious mental illness
- 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: 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.

Eligibility:

ADAMH Boards that have submitted a Community Plan to MHAS and completed the Agreements and Assurances document. This includes proof of insurance, proof of audit, and completing Attachment 4, a list of all community mental health providers and other nonprofit organizations in Community Allocation Guidelines SFY 21: Page 22

your Board area that are contracted entities.

Funding Period:

10/1/2020-9/30/2021 (Federal Fiscal Year)

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 other SAMHSA Grants; and
8. Fund lobbying activities intended to influence the Ohio Legislature or Congress.

Reimbursement:

Automatic quarterly distribution via Grants and Funds Management System (GFMS)

Amount:

\$7,610,000

Distribution:

See Attachment 1

Reporting Requirements:

Boards are required to complete their Allocation application in GFMS and complete all fiscal reporting requirements. Early Serious Mental Illness (ESMI) set-aside programs must report client-level data (NOMS) via the FEPIS system and are required to complete the annual reporting survey in October.

Office and Lead(s):

Office of Quality Planning and Research, Scott Wingefeld Scott.Wingefeld@mha.ohio.gov, 614-466-7450

Fund: 3A90

Appropriation Line Item: 336614 Mental Health Services Block Grant (MHSBG)

**Program Name: Competency to Stand Trial Evaluations for Courts of Common Pleas– CFDA
93.958**

Purpose:

The purpose these Block Grant funds is to provide the Designated Forensic Evaluation Centers with additional resources to perform Competency to Stand Trial (CST) evaluations for Courts of Common Pleas.

These funds shall be passed through by the identified Boards to the Designated Forensic Evaluation Centers in the same manner as the funds allocated in “Appropriation Line Item 336422 Criminal Justice Services” for “Community Designated Forensic Evaluation Centers.”

Prohibited Expenditures:

These Block Grant funds may not be used for evaluations of mental condition at the time of the alleged offenses (sanity), non-secured status evaluations, any other forensic evaluation. They also may not be used for any evaluation referred by a Municipal or County court.

Distribution:

Funding is allocated proportionately based upon the number of CST evaluations for Courts of Common Pleas each Designated Forensic Evaluation Center completed during the previous three state fiscal years.

Reporting Requirements:

A year-end review will be due to the Department of Mental Health and Addiction Services, Bureau of Forensic Services, on or before September 10, 2021. The report must include the following:

- The number of CST evaluations completed for the courts of common pleas, general division.
- Were any additional staff hired with the Block Grant funds? If so, provide the number of staff hired.

Amount:

\$225,000

Distribution:

Automatic quarterly

Office and Lead(s): Forensic Services, Robert Baker Robert.Baker@mha.ohio.gov

Fund Code: 3G40

**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 (ADAMH) Boards identify needs, establish priorities and set targets.

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

SAMHSA Framework for Planning – MHAS 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 6: 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 7: Professional Development (42 U.S.C. § 300x-28(b) and 45 CFR § 96.132(b)

Eligibility:

ADAMH Boards that have submitted a Community Plan to MHAS and completed the Agreements and Assurances document. This includes proof of insurance, proof of audit, and completing Attachment 4, a list of all community mental health providers and other nonprofit organizations in your Board area that are contracted entities.

Funding Period:

July 1, 2020 to June 30, 2021. Please note these dollars are on a federal fiscal year, and cash management should be planned accordingly.

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. Supplant activities funded by other SAMHSA Grants
- G. Purchase, prescribe, or provide marijuana or treatment using marijuana to treat Substance Use Disorder

Reimbursement:

Automatic quarterly distribution via Grants and Funds Management System (GFMS)

Amount:

\$10,734,771 – Prevention

\$26,323,515 – SUD Community Investment

Distribution:

Automatic quarterly distribution

Reporting Requirements:

Boards are required to complete their Allocation application in GFMS and complete all fiscal reporting requirements. Boards are also required to submit their 90% SUD Treatment Capacity Reports each quarter.

Office and Lead(s):

Office of Quality Planning and Research, Scott Wingenfeld Scott.Wingenfeld@mha.ohio.gov, 614-466-7450

Fund: GRF
Appropriation Line Item: 336425
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 MHAS. 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 2021 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, 2021, and July 1, 2021. 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 maintained in the program
5. Number of clients arrested for a new offense
6. Number of clients admitted to DRC/DYS
7. Number of children reunified with parents (family drug courts only)

Allowable Costs:

Payroll costs for specialized dockets staff; behavioral health treatment services: addiction and mental health. Please note this does not include domestic violence assessment/treatment, sex offender assessment/treatment and driver intervention programs (DIPs). **Pursuant to O.R.C 5119.36(B), the allowable behavioral health services must be delivered by community addiction service providers and/or community mental health service providers certified by MHAS;** medication assisted treatment (MAT) medications; urinalysis – Drug testing supplies; instant tests, reagents, rubber gloves, etc. and payments to laboratories; and recovery supports – housing, transportation, emergency basic needs, peer support/recovery coaching, childcare, employment, private insurance co-pays, and identification. Further details can be found at:

<https://mha.ohio.gov/Schools-and-Communities/Criminal-Justice/Court-Resources/Specialized-Dockets>.

Amount:

\$7,000,000

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 2021.

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.

Reporting Requirements:

The courts submit expenditure and outcome data semi-annually: 1/31/2021 and July 31, 2021. This data will be forwarded to the respective Boards.

Office and Lead(s):

Criminal Justice Services, Joani Moore – Joani.Moore@mha.ohio.gov

Fund: GRF

**Appropriation Line Item: 336422 Medication – Assisted Treatment Drug Court Program for
Specialized Docket Programs**

Program Name: 4224P Addiction TX Program

Purpose and Eligibility:

These funds are allocated to ADAMH/CMH Boards that are currently providing the Addiction Treatment Program (ATP) in Certified Drug and/or Family Dependency Courts, which may include an offender under a community control sanction. The ATP funds shall be used to support substance use disorder treatment, including medication-assisted treatment and recovery supports for drug court specialized docket programs and to support the administrative expenses of courts and community addiction services providers participating in the program. The Behavioral Health Care Provider, and the Courts. ATP participants will be provided access to long-acting antagonist therapies, partial antagonist therapies, or full antagonist 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.

Amount:

\$4,875,000

Distribution:

Automatic quarterly distribution for Q1, Q2, Q3 with possible adjustments based on experience.

Reporting Requirements:

A Quarterly report on SFY 2021 will be due to the Ohio Department of Mental Health and Addiction Services, Bureau of Criminal Justice Services, on or before October 31, 2020, January 31, 2021, April 30, 2021, and June 30, 2021. The report must include the following:

1. Total number of ATP clients in the docket at the beginning of SFY21
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

Office and Lead(s): Criminal Justice Services, Kathy Yokum – Kathy.Yokum@mha.ohio.gov

Fund: 5TZ0
Appropriation Line Item: 336643 CONTINUUM OF CARE
Program Name: Substance Abuse Stabilization Centers

Purpose:

The intention of the SUD Crisis Stabilization funds is to establish and administer six mental health crisis stabilization centers. 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 340.032:

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 \$1,500,000 will be disseminated state-wide for Substance Abuse Crisis Stabilization Centers. Of the total \$250,000 will be disseminated annually to each regional collaborative to the board area(s) indicated by the collaborative.

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, 2021 and July 31, 2021. The Boards should include expenditures associated with crisis funds on the FIS-040 2020 Actuals report as a separate column specific to this funding stream (SUD Crisis Funds).

Office and Lead(s):

Alisia Clark, Alisia.Clark@mha.ohio.gov, Assistant Director, Office of Community Planning and Collaboration

Fund - GRF
Appropriation Line Item: 336421 CONTINUUM OF CARE
Program Name: Mental Health Crisis Stabilization

Purpose:

The intention of the MH Crisis Stabilization funds is to establish and administer six mental health crisis stabilization centers. 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 340.032:

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 through a one-time distribution to each regional collaborative to the board area(s) as indicated by the collaborative.

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, 2021 and July 31, 2021.

The Boards will also be required to report bi-annual fiscal data. The fiscal data will be due by no later than

January 31, 2021 and July 31, 2021. 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.”

Office and Lead(s):

Program Lead Alisia Clark, Assistant Director of Community Planning & Collaboration,
Alisia.Clark@mha.ohio.gov

Fund: GRF
Appropriation Line Item: 336423
Program Name: Community Transition Program

Purpose:

These funds are allocated to ADAMH 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.

Eligibility:

All local ADAMH Boards are eligible to receive CTP funds.

Amount:

\$5,000,000

Distribution:

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

Reporting Requirements:

A mid-year and year-end report on SFY 2021 will be due to the Department of Mental Health and Addiction Services, Bureau of Criminal Justice Services, on or before February 1st, 2021 and August 1st, 2021. 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

Office and Lead(s):

Criminal Justice Services, Jennifer Roach – Jennifer.Roach@mha.ohio.gov, 614-466-1325

Fund: 5TZ0 and GRF
Appropriation Line Item: 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. In addition, \$1,275,000 from GRF ALI 336421 will be disbursed to each board using an equal amount for each county in the board area.

Distribution:

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

Amount:

\$5,000,000 (Fund 5TZ0, ALI 336643)

\$1,275,000 (GRF, ALI 336421)

Reporting: Expenditures should be reported on the FIS-040

Office and Lead(s): 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	GRF 336422	Quarterly report	Forensic Services – Attn: Robert Baker
Community Forensic Risk Management and System Development	GRF 336422	Report due 9/10/20	Forensic Services – Attn: Robert Baker
SFY20 MHAS-FIS 040	All Fund Sources	FIS 040 Actual due 1/31/21	Office of Financial Management MH-SOT-Brdreports@mha.ohio.gov
SFY21 MHAS-FIS 040 BUDGET	All Fund Sources	FIS 040 Budget	Office of Financial Management MH-SOT-Brdreports@mha.ohio.gov
Prevention Per Capita GRF Prevention Per Capita SAPT	GRF 336406 3G40 336619	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	GRF 336421	7/31/20	Office of Financial Management – Attn: Daniel Schreiber
Problem Gambling spending waiver requests	5JL0 336629	As needed	Problem Gambling Services – Attn: Stacey Frohnappel- Hasson
Mid-Year and Annual problem gambling reports	5JL0 336629	Mid-year – 1/30/21 Annual – 9/30/21 FY 20)	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

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