

**Ohio Department of Alcohol and Drug Addiction Services  
SFY 2012 Treatment and Recovery Guidance for Applicants (GFA)  
Reporting Requirements for SAMI Grantees**

**General Information**

- Instructions for reporting requirements are being provided to assist the grantee in completing progress reports, expenditure reports, budget revisions, and program revisions. Progress and expenditure reports are due on a mid-year and annual basis. As identified in the Notice of Award, please contact the ODADAS Regional Treatment and Recovery Coordinator for programmatic questions or the Grants Analyst for expenditure report or budget revision questions.
- A completed SFY 2012 Treatment and Recovery GFA face sheet is required when submitting any of the reports. Face sheets must be signed by the Agency Executive Director and Agency Board Member. When submitting face sheets with reports, check the "Report" box for face sheet type. **All attached forms must be identified by the state grant number.** A copy of all reports must be sent to the ADAMHS/ADAS Board when the grant funding flows through the Board. Original progress and expenditure reports must be submitted by the appropriate date to:

Ohio Department of Alcohol and Drug Addiction Services  
Budget and Subsidy Unit, Division of Fiscal Services  
280 North High Street, 12<sup>th</sup> Floor  
Columbus, Ohio 43215

***Please do not send any reports or copies to Regional Coordinators or other program contacts.  
\*Reports are not considered received until in the possession of the Budget and Subsidy Unit\****

**REQUIRED REPORTS**

**Progress Report**

- The progress report is to be based on the approved State Fiscal Year (SFY) 2011 Goals and Objectives (G&O) Grant Application. The progress report forms must be completed and submitted to ODADAS according to the following schedule:

**Reporting Period**

Mid Year: July 1, 2011 to December 31, 2011  
Final: July 1, 2011 to June 30, 2012

**Date Due to ODADAS**

January 31, 2012  
September 30, 2012

- The progress report forms can be downloaded from the ODADAS web site at [www.odadas.ohio.gov](http://www.odadas.ohio.gov). **Select the "Services" link, "Fiscal," "Fiscal and Grant Reporting Forms," and "SFY 2012 Grants and Allocations Reporting Forms."**
- Implementing agencies are required to submit reports on a semi-annual basis on the "Goals and Objectives Progress Report" (Attachment 1). The mid-year report includes data from the first and second quarters of the state fiscal year. The final Goals and Objectives Progress Report includes data for the year end total of the state fiscal year. **Progress reports not using the SFY 2012 forms will not be processed and therefore will not be considered for review and approval.** The Department strongly recommends a quarterly program review be conducted internally and used as a management tool to ascertain performance measures.

***For questions regarding the Goals and Objectives progress report or the milestones progress report please contact the Regional Coordinator listed in the SFY 2012 Notice of Award.***

## Expenditure Report

- The expenditure report is a management tool used to assist the grantee and ODADAS in monitoring the approved budget. The expenditures must be properly tracked and match appropriate agency accounting records. The mid-year report includes expenditures from the first and second quarters of the state fiscal year. The final report includes expenditures from all four quarters of the state fiscal year. Expenditure reports are due to the Department as follows:

### Reporting Period

Mid Year: July 1, 2010 to December 31, 2011

Final: July 1, 2011 to June 30, 2012

### Date Due to ODADAS

January 31, 2012

September 30, 2012

- The **Final** expenditure report is due to the Department by **September 30, 2012**. This report will reflect all expenditures to date including payments for items previously encumbered for the budgeted period. ***This report is considered the official record of final expenditures for the grant and ODADAS may adjust future funds based on the amount of funds reported as remaining on the final expenditure form.*** The Department may request that unexpended funds be returned to your local ADAMHS/ADAS Board. If your program funding does not flow through an ADAMHS/ADAS Board, ODADAS will review the circumstances and determine the proper course of action for any unexpended funds. Do not return the funds to ODADAS unless instructed.
- An **approved** program budget is enclosed with the Notice of Award. Expenditure reports are to be completed based on the line items in the approved budget. The SFY 2012 Budget/ Expenditure Form can be downloaded from the ODADAS web site at [www.odadas.ohio.gov](http://www.odadas.ohio.gov). Select the "Services" link, "Fiscal," "Fiscal and Grant Reporting Forms," and "SFY 2011 Grants and Allocations Reporting Forms."

Follow the instructions below when completing expenditure reports:

- Submit a completed Treatment and Recovery GFA Face Sheet signed by the Agency Executive Director and Board Member. Check "Report" box for Face Sheet type.
- Report actual funds expended with either ODADAS funds or "Other Funds" for the appropriate reporting period. List the expenditures in the appropriate categories based on the approved budget included with the NOA.
- The implementing agency Fiscal Officer must sign and date the expenditure report indicating approval with the identified expenditures. Indicate the person's name and telephone number who completed the report. The SFY 2012 Budget/Expenditure Form must be used when submitting an expenditure report. **Expenditure reports not using the SFY 2012 Budget/ Expenditure Form will not be processed and therefore will not be considered for review and approval.**
- After receiving prior approval from ODADAS, programs purchasing equipment/furniture with ODADAS grant funds are required to submit a list of the type of equipment/furniture, serial number, and cost for each item to ODADAS. Please use the **ODADAS Equipment/Furniture Purchase Form** to submit this list. This form is to be submitted with the final expenditure report which is due September 30, 2012. The ODADAS Equipment/Furniture Purchase Form is available on the ODADAS website at [www.odadas.ohio.gov](http://www.odadas.ohio.gov) under "Services" link, "Fiscal," "Fiscal and Grant Reporting Forms," and "SFY 2012 Grants and Allocations Reporting Forms."

***For questions regarding expenditure reports, please contact the Grants Analyst listed in the SFY 2012 Notice of Award.***

## REVISIONS

### Budget Revision

- **A Budget Revision to the approved Budget is required if a program is requesting a change in the ODADAS Budget Categories I (Personnel Costs), II (Non-Personnel Costs), III (Motor Vehicle/Travel/Food/Conference), or IV (Equipment/ Furniture Costs) that is greater than 10% of the Total Category. The SFY 2012 Budget/Expenditure Form reflects the Categories and corresponding line items.** For example, your agency has been approved for \$10,000 for the Category I line items. The program decides to transfer \$2,500 to line items in Category II. Therefore, a budget revision would be required because the decrease exceeds 10% of Category I. If the program decided to transfer \$450 to the Personnel line item from the Fringe Benefits line item, no budget revision would be necessary as they are both line items in Category I.
- **Any changes or additions in ODADAS Budget Categories IV (Equipment/Furniture Costs) must be pre-approved by ODADAS with the submission of a Budget Revision. The request must include justification for the purchase of the Equipment and/or Furniture in relation to the program's performance targets.** A Budget Revision Approval Notice must be received from ODADAS before the purchase(s) can be made.
- **A Budget Revision Approval Notice from ODADAS with the Director's signature is the official pre-approval the Agency must receive before incurring costs for a change in the Budget Categories.**
- Changes in the program's budgeted "Other Funds", which will impact planned services, also must be reported.

Follow the instructions below to request a budget revision:

- Submit a completed Treatment and Recovery GFA Face Sheet signed by the Agency Executive Director and Board Member. Check "Revision" box for Face Sheet type.
- Include a proposed revised budget using a SFY 2012 Budget/Expenditure Form. Check "Budget Revision" box.
- Attach a detailed Budget Narrative indicating how each line item was calculated for each section and a) the amount of the change, b) reason for the change, c) fiscal impact of the change (if any), and d) resulting impact on the program accomplishments and services to be delivered.
- The SFY 2012 Budget/Expenditure Form can be downloaded from the ODADAS web site at [www.odadas.ohio.gov](http://www.odadas.ohio.gov). Select the "Services" link, "Fiscal," "Fiscal and Grant Reporting Forms," and "SFY 2011 Grants and Allocations Reporting Forms." **Budget Revision requests not using the SFY 2011 Budget/Expenditure Form will not be processed and therefore will not be considered for review and approval.**

Submit Budget Revisions to:

Ohio Department of Alcohol and Drug Addiction Services  
Budget and Subsidy Unit, Division of Fiscal Services  
280 North High Street, 12th Floor  
Columbus, Ohio 43215

- A copy of the requested budget revision shall be submitted to the local ADAMHS/ADAS Board if the funding for the grant flows through the Board to the agency.
- The Department will respond to the budget revision request within twenty (20) calendar days.

Programs must receive **prior written approval** from ODADAS before incurring costs for a change in the budget.

- Budget revisions for SFY 2012 must be received no later than **April 30, 2012**. **Requests received after this date will not be processed and therefore will not be considered for review and approval.**

***For questions regarding budget revisions, please contact the Grants Analyst listed in the SFY 2011 Notice of Award.***

### Goals and Objectives Revision

- Anticipated significant change in the overall thrust of the program is to be reported in writing as soon as practical during the award period.
- The Goals and Objectives (G&O) revision must contain a clear explanation of the proposed change and impact to the program. Revised goals, objectives and activities must be included in the revised program plan.
- G&O revisions must be accompanied with a completed SFY 2012 Treatment and Recovery GFA Face Sheet.
- G&O revisions for SFY 2012 must be received no later than **February 15, 2012**. **Requests received after this date will not be processed and therefore will not be considered for review and approval.** Regional Coordinators will send a notice in writing to the implementing agency and ADAMHS/ADAS Board indicating a decision on the request.

Submit G&O revisions to:

Ohio Department of Alcohol and Drug Addiction Services  
Budget and Subsidy Unit, Division of Fiscal Services  
280 North High Street, 12th Floor  
Columbus, Ohio 43215

- If approved, these revised G&Os are to be used for the remainder of the SFY 2012 Progress Reports.

***For questions regarding program revisions, please contact the Regional Coordinator listed in the SFY 2012 Notice of Award.***

**Attachment 1**

**ODADAS SFY 2012 Treatment and Recovery Progress Report**

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

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

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

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

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

**1.) Abstinence Goal**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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