



**Date Issued:** July 20, 2017

**From:** Doug Bailey, Community Capital Project Manager  
Art Wills, Community Capital Project Manager  
Capital Planning and Management  
[Douglas.Bailey@mha.ohio.gov](mailto:Douglas.Bailey@mha.ohio.gov) 614-466-9933  
[Arthur.Wills@mha.ohio.gov](mailto:Arthur.Wills@mha.ohio.gov) 614-466-4922

**To:** ADAMH/CMH/ADAS Boards

**Subject:** **1) New Capital Funding for Recovery Housing Available FY 2018**  
**Action Required by Thursday, August 31, 2017**

**2) Community Capital Plan Requests Fiscal Years 2019-2020**  
**Action Required by Friday, September 22, 2017**

**1) Recovery Housing**

The Ohio General Assembly has appropriated an **additional \$20 million in community capital funding for Recovery Housing** in House Bill 49, the state budget. The OhioMHAS Bureau of Capital Planning and Management is requesting that each Board review its current and future Recovery Housing capital project needs and submit information on Recovery Housing capital requests that will soon be ready to apply for state funds. Please consider including projects that might serve specific populations like families, transition age youth, veterans, or those with a dual MH/AoD diagnosis.

Please note that, until further notice, **state capital funds for Recovery Housing projects will be limited to 75% of total project costs or \$500,000, whichever is less.** This is a change in normal capital match requirements for this recovery housing funding only.

Boards should use the attached Recovery Housing Worksheet to provide information about the projects that should be considered. Please complete and submit one copy of the attached form for each project **by Thursday, August 31, 2017** to provide the capital office with information on your requests. This form also provides an opportunity to update information previously submitted about a Recovery Housing project, such as identified site and match commitments.

This initial request and form are to determine which projects are ready to move forward immediately. **Please continue to submit additional Recovery Housing project requests after August 31.** As funding

permits, we will do our best to begin working on the project within a reasonable time frame. Once completed, please **e-mail** your Recovery Housing capital request to Art Wills, Community Capital Project Manager, [Arthur.Wills@mha.ohio.gov](mailto:Arthur.Wills@mha.ohio.gov)

## **2) Capital Planning for FY 19-20**

Ohio Department of Mental Health & Addiction Services (OhioMHAS) is in the process of preparing the **next capital plan for submission to the Office of Budget and Management (OBM)**. OhioMHAS will use your capital plan submission to develop the community section of its capital plan request to OBM. Community Capital Plans are due by **Friday, September 22, 2017 and should be submitted by e-mail.**

The plan will cover the capital biennium FY 19-20. OhioMHAS' priority for funding in the FY 19-20 biennium will be for supportive housing projects, projects that have other sources of funds to leverage, consumer/peer/recovery coach operated program space, and other mental health or AOD program space. We understand that capital needs are diverse and each local system will prioritize based on a community planning process that will include stakeholder input. This funding should be available on or about July 1, 2018.

**All Boards** (ADAMH, CMH, and ADAS) that anticipate requesting capital funds at any time in the next two years should submit a Capital Plan by September 22, 2017. The Capital Plan submission should include a **project worksheet** form for each individual project. Please note if match funding and site are available to move forward. If you **are not requesting** capital funds this biennium, please send an e-mail to Doug Bailey [douglas.bailey@mha.ohio.gov](mailto:douglas.bailey@mha.ohio.gov) informing OhioMHAS of this.

We expect that capital plans will be developed with a process that assures input from consumers, family members and providers. The plan should reflect mutually agreed upon areas of critical needs that align with the Board's Community Plan and Strategic Plan. Please note OhioMHAS does not anticipate receiving capital appropriations sufficient to fund all projects: increased leveraging will allow a greater number of projects to be funded. Because we make it a practice to seek other funding, OhioMHAS' share/participation will be no greater than 50% of the eligible project costs up to \$500,000.

**Instructions:** You will find attached the Project Worksheet (2 pages). Boards/Provider Agencies should complete one (1) Project Worksheet per project. **All Project Worksheets** should be submitted under one (1) e-mail from the ADAMH/CMH/ADAS Board.

**Please note that we must have your capital plan by Friday, September 22, 2017 to be included in OhioMHAS' capital budget request.**

Once completed, please **e-mail** your Capital Plan to:  
Doug Bailey, Community Capital Project Manager  
Capital Planning & Management  
[Douglas.Bailey@mha.ohio.gov](mailto:Douglas.Bailey@mha.ohio.gov)

Cc: Cheri Walter, OACBHA  
Bill Faith, COHHIO  
Terry Russell, NAMI Ohio  
Lori Criss, The Ohio Council  
Sarah J. Thompson, OCA  
Katie Kitchin, CSH

# FY 18 Capital Request-Recovery Housing

**Board Name:**

**Contact Person (Name, Email, Phone):**

**Proposed Owner, Applicant, or Service Provider (if different)**

**Number of Beds:**

**Project Description:**

**Demographic to be Served:**

- Adults
- Families
- Transition Age Youth
- Veterans

**Recovery Housing Level (I, II, III):**

**Estimated Project Cost:**

Purchase Cost	\$
Construction	\$
Miscellaneous	\$
Equip./Furnish	\$
Architect	\$
Fees	\$
Total Cost	\$

**Amount requested from Ohio MHAS (up to 75% of total project costs):**

**Local matching funds (minimum of 25% of total project costs):**

**Local funding sources, (include availability dates for each):**

**Address and/or Parcel # for proposed project site:**

**Operating Budget Estimate and Sources (attach spreadsheet):**

**Site Status (purchase contract or option):**

**Site zoning/any planning issues:**

**Anticipated groundbreaking or purchase date:**

**BOARDS:** Please return this form to [Arthur.Wills@mha.ohio.gov](mailto:Arthur.Wills@mha.ohio.gov) by August 31, 2017

**Ohio Mental Health & Addiction Services (OhioMHAS)**  
**Community Capital**  
**PROJECT WORK SHEET for FY19-20**  
**(Each project uses a separate worksheet)**

1. **Board Name:**  
 2. **Board Contact Person**  
     **E-Mail**  
     **Phone**

3. **Type of project (check all that apply):**

- |  |              |          |                           |
|--|--------------|----------|---------------------------|
| <input type="checkbox"/> Permanent Supportive Housing with Supportive Services Available | # of unit(s) |          | # persons/unit(s)         |
| <input type="checkbox"/> Permanent Supportive Housing with Supportive Services on site   | # of unit(s) |          | # persons/unit(s)         |
| <input type="checkbox"/> Community Residence (not a standard lease)                      | # of unit(s) |          | # persons/unit(s)         |
| <input type="checkbox"/> Consumer Operated Recovery Center                               | # served     | per year |                           |
| <input type="checkbox"/> Residential Facility MH - Adults                                | # of beds    |          | # persons served/per year |
| <input type="checkbox"/> Residential Facility AOD - Adults                               | # of beds    |          | # persons served/per year |
| <input type="checkbox"/> Residential Facility - Children/Youth                           | # of beds    |          | # persons served/per year |
| <input type="checkbox"/> Program Space: Mental Health Center                             | # served     | per year |                           |
| <input type="checkbox"/> Program Space: AOD  | # served     | per year |                           |
| <input type="checkbox"/> Program Space: Vocational                                       | # served     | per year |                           |
| <input type="checkbox"/> Program Space: Crisis   | # served     | per year |                           |
| <input type="checkbox"/> Program Space: Children's Service Agency                        | # served     | per year |                           |

**Demographic to be served:**

- Children  
 Adults  
 Families  
 Transition Aged Youth

4. **Proposed Owner of Property and Project (the Applicant):**

5. **Proposed Service Provider(s):**

6. **Project Description:**

- New Construction  
 Purchase/Renovation  
 Addition to Existing  
 Renovation only  
 Purchase only

**Estimated Project Cost:**

Purchase Cost	\$
Construction	\$
Miscellaneous	\$
Equip./Furnish	\$
Architect	\$
Fees	\$
<b>Total Cost</b>	<b>\$</b>

**7. Funding for Capital Project:**

a. OhioMHAS Assistance Required (up to 50% of total cost up to a maximum of \$500,000) \$

b. Amount of Non-OhioMHAS Funds (minimum of 50% of total cost): \$

c. Source of Non-OMHAS Funds: *select all that apply*

d. Source(s) of Operating Costs: *select all that apply*

Ohio Housing Finance Agency - Amount  
(describe):

CoC or HUD Funds

Federal Home Loan Bank - Amount

SHP or HCRP Funds

Community Foundation - Amount

ADAMH Board Funds

HOME Funds - Amount

Other (describe):

ADAMH Board Funds - Amount

Other (describe):

Other (describe) : - Amount

Other (describe):

e. Annual Total Operating Costs: \$

**8. Has match funding already been awarded?**  Yes  No

If yes, describe funding source and when project was awarded:

If no, describe when funding will be applied, include award notification dates, etc.:

**9. How did consumers, family members and providers participate in the planning of this project?**

**10. Describe how this project will fill a gap in the local continuum of care:**

**11. Can the project be developed by March 2020?**  Yes  No

If no, please provide a project development timeline.

**12. Provide description (no more than one page single spaced, at least font size 11) of the proposed Capital Project. In addition to the type of project, the description should indicate the targeted population/sub-population (e.g., persons with severe mental illness who are homeless, homeless veterans, criminal justice, transition-aged youth, persons recovering from addiction), service/services to be provided, and should address the roles of key players to the project.**

**Boards: Please return to [Douglas.Bailey@mha.ohio.gov](mailto:Douglas.Bailey@mha.ohio.gov) by September 22, 2017**