

Ohio Department of
Mental Health

SFY 2011 Community
Allocation Guidelines

June 28, 2010

Table of Contents

<u>Section [Appropriation Line Item (ALI)]</u>	<u>Page Number</u>
Introduction.....	3
Forensic [ALI 401].....	4
Community Forensic Psychiatric Centers [ALI 401 (5)].....	4
Community Forensic Risk Management & System Development [ALI 401 (C)].....	5
System of Care Initiative (SOC) [ALI 404].....	6
Children’s Community Behavioral Health (CCBH).....	6
Community & Hospital Mental Health Services [ALI 408].....	7
Community Medication Subsidy.....	9
Local Mental Health Systems of Care [ALI 505].....	11
ALI 408 Supplement.....	11
Needs Based Supplement.....	11
ECMH Consultation.....	12
Hospital to Community Conversion: Southeast Ohio.....	12
Federal Block Grant Base.....	13
Federal Projects for Assistance from Homelessness (PATH).....	14
Title XX [Annual Application Process, ODMH/ODJFS].....	15
Fund Recipient Reporting Matrix.....	17

Introduction

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

1. Attachment 1 describes allocations to each 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 after July 1, 2010 for quarterly disbursement. Funds in ALIs 401, 404, 408, 505, and Federal Block Grant will be automatically distributed to each ADAMH/CMH Board. Payments will be distributed within the first 14 days of each quarter.

All other funds described in the Allocation Guidelines, including federal funds, disbursed in FY 2011 will continue to require the submission of a Request for Advance/Reimbursement (RAR). These funds include, but are not limited to: ALI 419, Child Care Quality, Title IV-B, Parts 1&2 and Title XX. Payments for these funds will be distributed within 14 days of the receipt of a Request for Advance/Reimbursement (RAR).

The Request for Advance/Reimbursement (RAR) form used to “draw down” any funds that are not automatically distributed for State Fiscal Year 2011 can be found in the Appendices of these Allocation Guidelines and on the ODMH web site at: <http://mentalhealth.ohio.gov/>

2. Where the Allocation Guidelines indicate that a Notice of Sub-Award (NOSA) is required, funds may only be requested after receipt of a signed NOSA. Funds distributed by NOSA are subject to the terms and conditions of any related Grant Agreement and Assurances, the Special Conditions described in the NOSA and the conditions described in the Allocation Guidelines.

3. Other funds described in the Allocation Guidelines have not been allocated and are not yet available. Regardless of the method of allocation, it is required that all funds be expended for services that take place within the State Fiscal Year 2011, with the exception of ALI 408 as specified in ORC 5119.62(B)(3)(a). All funds not so obligated within the State Fiscal Year 2011 must be returned to ODMH. Any changes in the intended purpose of expenditures as described in these Allocation Guidelines must be pre-approved in writing by ODMH.

Appropriation Line Item: 401 (5)

PROGRAM NAME: COMMUNITY FORENSIC PSYCHIATRIC CENTERS

Purpose:

The Appropriation Line Item (ALI) 401(5), community forensic services, shall be used by the Department of Mental Health to provide psychiatric evaluation services to courts of common pleas. Funds shall be allocated through Alcohol, Drug Addiction and Mental Health/Community Mental Health (ADAMH/CMH) Boards to certified community agencies and shall be distributed according to the criteria delineated in rule 5122:32-01 of the Administrative Code.

Agencies providing forensic evaluation services for the common pleas criminal courts, pursuant to Sections 2945.371 (G)(3) and 2945.371 (G)(4) of the Ohio Revised Code, and certified by the Department of Mental Health according to the provisions of Administrative Rule 5122:32-01, "Rule for Community Forensic Psychiatric Centers", are eligible to apply to Boards for 332-401(5) funding.

Applications are completed by the agencies, reviewed and recommended by the ADAMH/CMH Boards and approved by the Department of Mental Health, Office of Forensic Services. The 401 (5) allocation was developed to provide, through a system of certified community forensic psychiatric centers, forensic evaluations of defendants to determine "competence to stand trial" and/or "sanity at the time of the offense" for common pleas criminal (felony) courts.

These funds are also used to provide Second Opinion Evaluations as required by Section 2945.401(D) of the Ohio Revised Code. Department of Mental Health regional psychiatric hospitals request second opinions from the local forensic 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). Evaluation reports must be submitted to the regional psychiatric hospital and the court within 30 days of request. 401(5) funds are not intended for services to courts or agencies other than common pleas courts' criminal division and Department of Mental Health regional psychiatric hospitals: with the exception of the Department of Mental Health seeking assistance from a forensic center with providing, to the extent possible, technical assistance, training and consultation to ADAMH/CMH Boards on matters relating to serving forensic consumers and implementation of a locally managed forensic service system.

NOTE: For FY2011, Fund 401 (5) was maintained at the same amount as FY 2010, however it was distributed differently. Of importance, during FY 2010, one forensic center (Shawnee Forensic Center) ceased operation and its counties were distributed to other centers for the remainder of the fiscal year and will continue to be maintained by the new centers for FY 2011. Court Clinic Forensic Services is now serving Brown, Adams, Scioto and Lawrence counties in addition to its previous counties. Netcare Forensic Psychiatry Center added Ross, Hocking and Jackson counties to its service area. Forensic and Mental health Services, Inc. added Highland and Pike to its service area. Lastly, Forensic Diagnostic Center of District Nine now services Vinton, Athens, Meigs and Gallia counties. Ten forensic centers remain. . The funds were distributed based upon criteria identified at the Forensic Director's Association meeting. The following criteria and weight was utilized: (1) number of evaluations historically performed (3 year average) weighted at 50%; (2) prevalence weighted at 20%; (3) poverty weighted at 15%; (4) population weighted at 10%, and; (5) geographic area weighted 5%. However, it should be noted that no Forensic Center was permitted a decrease of greater than 5% of the previous year's funding.

Amount: \$2,629,381 (GRF ALI 401 (5))

Reimbursement Form: Automatic quarterly distributions

Distribution: See Attachment 1

NOSA: None

Office and Lead: Office of Forensic Services, Tereasa Moorman-Jamison

Appropriation Line Item: 401(C)

PROGRAM NAME: COMMUNITY FORENSIC RISK MANAGEMENT AND SYSTEM DEVELOPMENT

Purpose:

These funds are allocated to ADAMH/CMH Boards currently providing monitoring services to maintain a unified forensic monitoring and data tracking system as required by Section 5119.57 of the Ohio Revised Code, following the Ohio Department of Mental Health guidelines regarding the forensic monitor's roles and responsibilities, community risk assessment/management protocols and instruments and data tracking.

A year-end report on SFY 2011 401 (C) funds will be due in the Department of Mental Health, Office of Forensic Services on or before September 10, 2011. The report must include the following:

- a. Agency that provided the forensic monitoring services and received the funding;
- b. Amount of administrative costs utilized by the board from these funds;
- c. Number of individuals monitored for the fiscal year; and
- d. Any forensic programs/tasks specific to the points above that were implemented and related outcomes

NOTE: For FY2011, Fund 401 (C) was increased by \$154,282 from the previous year. These additional funds were added to the Forensic Monitoring line item (ALI 401 (C)) and distributed to Boards that are currently monitoring or have individuals waiting to be monitored. Those Boards that are not currently monitoring individuals and have no pending releases did not receive funding; although, funding will be withheld in case it is needed by these Boards. Federal Block Grant funds in the amount of \$109,675 were also allocated to the program. Of the withheld amounts, if boards would need the funding in order to monitor someone that is released during the fiscal year, the board will make a written (email) request to the Program Lead. The funds then will be distributed through a NOSA. If the withheld funds are not needed by the boards as described above, then the Program Lead will distribute half to all other boards at the beginning of the third quarter. At the beginning of the fourth quarter, if there still remain unallocated funds, they will be distributed to boards currently providing forensic monitoring.

Amount: \$614,870 (GRF ALI 401(C)) and \$109,675 (Federal Block Grant)

Reimbursement Form: Automatic quarterly distributions

Distribution: See Attachment 1

NOSA: \$33,595 (Held in reserve and distributed by NOSA as needed)

Office and Lead: Office of Forensic Services, Tereasa Moorman-Jamison

Appropriation Line Item: 404

Program Name: SYSTEM OF CARE (SOC) ALLOCATIONS

Purpose:

Previously known as Access to Better Care, the framework of System of Care (SOC) describes the Ohio Family & Children First (OFCF) Cabinet's commitment to implement a coordinated continuum of services and supports for all children and families, with an emphasis on behavioral health care. SOC is a broad, flexible array of effective services and supports that focuses on family-centered practice, community-based services, strengthening the capacity of families, and providing individualized services. SOC involves an organized, coordinated network (i.e., Family and Children First) that integrates services and supports, planning, coordination, and management across child-serving systems at multiple levels.

The OFCF Cabinet recognizes full implementation of a SOC is a long-term process that requires extensive cross-system policy integration and resource alignment. With limited funding, the Cabinet's current priorities reflect an incremental approach to advancing a comprehensive array of needed services and supports for Ohio's children and families. The foundational SOC components for SFY 2011 are:

- a. Children's Community Behavioral Health (CCBH)
- b. Family-Centered Services and Supports (FCSS)
- c. Early Childhood Mental Health Consultation (ECMHC)
- d. Behavioral Health-Juvenile Justice (BH/JJ) Projects

PROGRAM NAME: CHILDREN'S COMMUNITY BEHAVIORAL HEALTH (CCBH)

Purpose:

The purpose, to be further defined by a System of Care Guidance (SOC) Document, will include providing effective and appropriate community-based early intervention and treatment services. The emphasis will be for ADAMH/CMH/ADAS Boards in partnership with their Family and Children First Councils (FCFCs) to support Early Childhood Mental Health Treatment and Intensive Home-Based Treatment, with trauma-informed practice. This is the former ABC 404 Base allocation which will continue to be allocated to the ADAMH/CMH/ADAS Boards at the same allocation proportion as SFY 2009.

Amount: \$6,500,000 (GRF ALI 404)

Reimbursement Form: Automatic quarterly distributions

Distribution: See Attachment 1

Per the SFY 2010 System of Care Children's Community Behavioral Health (CCBH) Guidance Document, the deadline to electronically file the CCBH Annual Report through the ODMH website is August 14, 2010.

Boards will be eligible to receive their SFY 2011 2nd and subsequent quarterly allocations contingent on filing the FY 10 annual report by the required deadline.

NOSA: Yes, \$127,763 distributed by NOSA to three ADAS Boards: Butler (\$38,243), Lorain (\$42,610), and Mahoning (\$46,910).

Office and Lead: Office of Children's Services, Kay Rietz

Appropriation Line Item: 408

PROGRAM NAME: COMMUNITY & HOSPITAL MENTAL HEALTH SERVICES

Purpose:

The Appropriation Line Item 408, Community & Hospital Mental Health Services, is used for regional psychiatric hospitals' personnel services, maintenance, and equipment; Community Support Network (CSN) community services; and local management and contracting of community mental health services.

These funds are allocated and distributed pursuant to O.R.C. Section 5119.62 for the local management of services provided to persons with severe mental/emotional disabilities for the promotion and support of their recovery and resilience. Distribution of such appropriated funds can only be made to ADAMH/CMH Boards that have elected to receive distribution of such funds pursuant to division (B)(3)(a) of Section 5119.62 of the Revised Code and have an approved Community Plan.

Eligibility:

Boards must have an approved Community Plan.

Boards must have elected distribution of funds pursuant to division (B)(3)(a) of Section 5119.62 of the Revised Code.

Distribution:

If, as CSN contracts are negotiated, the Boards wish the Department to retain some of these dollars to pay for contracted services, then that needs to be spelled out in the contract. If not, then the contracts need to clearly indicate how the respective Board wishes to pay for the contracted CSN services (the CSN-contracted Medicaid services will continue to be paid, at 100% through MACSIS using current processes).

The 408 allocation methodology includes two factors: 1) a provision of 97% "Hold Harmless" back to the SFY 2001 total 408 allocation, and 2) the balance uses an estimated prevalence calculation from the Holzer methodology, substituting the 2008 Ohio Family Health Survey data for the 2000 Census projections. For FY 2011, the 408 portion for hospital care for forensic patients is \$121,442,741, which includes the special one-time allocation off-set amount of \$7.35 million from Fund 1490. From this total allocation, the cost of the Approved Net Days, at \$535 per day (the SFY 2011 408 Per Diem) is subtracted. For FY 2011, ODMH has allocated 505 funds to every board to supplement the 408 allocations to the FY 2010 amounts. Details were announced in the memo from Dalon K. Myricks dated 4/1/2010 (memo number 04-10-01). Also, please see the 505 section of the Allocation Guidelines, and the spreadsheets at the end, for more explanation. The remaining dollars are net "Flex" dollars for each Board that can be used to pay for any CSN services as well as local, Board-contracted services.

Boards and Fiscal Administration, as well as the regional psychiatric hospitals will manage any adjustments to the Net Allocation figure as the result of Community Support Network (CSN) contract negotiations.

Approval for Board specific 408 hospital bed days will be done under a separate cover letter in the Community Plan.

1. Boards will receive one-quarter of their SFY 2011 flexible funds for Board-contracted community services at the beginning of each quarter. Distribution is made on a prospective basis and is not considered reimbursement. Boards that can document the need for distribution of funds in an amount greater than one-quarter of the total in any given quarter may receive a greater amount, subject to the approval of Fiscal Administration and Program and Policy Development.

2. Risk Corridors for Inpatient Use following the Adjustment Methodology for Variance (AMV), as detailed in the referenced April 8, 2004 MSPA/CP (Part B), apply to the use of these funds. This will be based on the statewide per diem for all Boards at the end of year reconciliation.
3. Board reports on expenditures of 408 flexible funds for SFY 2010 are due on January 31, 2011, as part of Board's Actual Report DMH-FIS-040 (Actual). Failure to comply with this timeline may result in suspended payment of the allocation.

Amount: Estimated "net" (community & hospital) amount = \$176,651,268 (ALI 408)

Reimbursement Form: Automatic quarterly distributions

Distribution: See Attachment 1

NOSA: No

Office and Lead Fiscal Administration, Holly Jones; Program and Policy Development, Carrol Hernandez

Appropriation Line Item: 419

PROGRAM NAME: COMMUNITY MEDICATION SUBSIDY

Purpose:

The Appropriation Line Item 419, Community Medication Subsidy, is used to provide subsidized support for the psychotropic medication needs of indigent citizens of a community, to promote and support the recovery/resiliency of consumers (adults and children/adolescents), to reduce unnecessary hospitalization because of the inability to afford the required medication, and to provide subsidized support for methadone costs.

Eligibility:

1. ADAMH/CMH Boards must have an approved Community Plan. Boards must be authorized by the Ohio Department of Alcohol and Drug Addiction Services for receipt of methadone allocations.
2. The community medication allocation is made to Boards. The Board will determine allocations for psychotropic community medications to eligible agencies.
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. Client characteristic standards are described below. For SFY 2011, in order to receive Central Pharmacy medications, clients must be:
 - a. adults with a severe mental disability or children/adolescents with a serious emotional disturbance; or
 - b. at risk of hospitalization if medications were discontinued; or
 - c. recently released from a mental health inpatient, residential treatment facility, jail or prison (within a three month period prior to eligibility determination).

Boards and their contract agencies should establish a method to determine those persons most in need. This method must include identifying those persons eligible for third-party reimbursement.

Distribution:

For SFY 2011, the following allocation methodology is used for psychotropic community medications:

1. Boards whose SFY 2010 Actual expenditures (12 months actual) are less than the SFY 2011 formula amount (40% population/60% prevalence) are allocated 110% of SFY 2010 Actual expenditures or the SFY 2011 formula amount, whichever is less (2008 Ohio Family Health Survey data estimates were used for the 40% population numbers and 60% prevalence counts).
2. Boards whose SFY 2010 Actual expenditures exceed the SFY 2011 formula amount are allocated their formula amount plus a prorated share of the balance of funds resulting from the adjustment outlined in step 1.
3. In addition to the SFY 2011GRF 419 allocation, there are carryover funds from the previous year.
4. The allocations for methadone are based on 11 months of actual expenditures for SFY 2010 and the last two months are estimated. The total methadone allocation is subtracted from the total 419 allocation. These funds are provided to eight (8) Alcohol and Drug Addiction

Services (ADAS) Boards, which will be contacted regarding their award. Each Board's Methadone allocation is set out in Attachment 1.

5. Each Board's Line Item 419 allocation will be sent out as an addendum. The 419 allocation amounts are issued as credits to each Board, and the Office of Support Services monitors purchases and credits.

Special Note:

Please submit Provider allocations for psychotropic community medication allocation (form DMH-PSC-042), no later than September 1, 2009, to:

Patrick Mascaro,
Office of Support Services, Medical Complex,
2150 West Broad Street,
Columbus, OH 43223-1200,

Reimbursement Form: DMH-PSC-042, "Central Pharmacy-Provider Allocation" form

NOSA: No

Office and Lead: Office of Support Services, Patrick Mascaro; Fiscal Administration, Holly Jones

Appropriation Line Item: 505

PROGRAM NAME: LOCAL MENTAL HEALTH SYSTEMS OF CARE

Purpose:

The Appropriation Line Item (ALI) 505, Local Mental Health Systems of Care, is distributed by the Ohio Department of Mental Health to ADAMHS/CMH Boards to provide mental health services. The 505 allocation is targeted to: leverage federal funds for services and supports; to support screening and evaluation; ensure Ohioans are provided the most appropriate level of service in the least restrictive environment; support the provision of core mental health services and supports for the most vulnerable and at risk populations; support braided funding projects for a coordinated package of services for children who have been assessed at risk and their families, and; respond to the financial challenges of Boards as a result of the increasing Medicaid match responsibilities.

Eligibility:

Eligibility to receive ALI 505 funding is limited to Boards having a Community Plan approved by the ODMH in accordance with O.R.C. §340 and §5119.

Specific factors regarding the distribution of ALI 505 funds are described on the following pages.

Distribution:

Allocation methods within the SFY 2010 ALI 505 are consistent with legislative language and the goals of the ODMH. The total ALI 505 allocation will be contained in "505 Special" categories via Allocation Guidelines Attachment 1, ISTV to the Ohio Family and Children First Council and NOSAs.

PROGRAM NAME: 505 SUPPLEMENTS

Purpose

ALI 408 Supplement: As described in the memo dated 4-1-10 (memo number 04-10-01) from Dalon K. Myricks, Assistant Deputy Director, every board will be allocated 505 funds, with the intent being to supplement the 408 allocation to the FY 2010 amounts, ODMH supplemented 505 funds in the amount of \$7,325,870, which is the difference between the FY 11 subtotal 408 formula allocation (\$263,211,593) and the FY 10 allocation (\$270,537,463). It is important to emphasize that these supplemental funds are intended for board use as supplemental funding for 408 plans and services, however, they will be disbursed per the usual quarterly disbursement of 505 funding. The attached 408 Net Spreadsheet details the subtotal 408 allocation. The 505 Spreadsheet details the \$7,325,870 supplement provided to each board.

Needs Based Supplement: A second supplement in the amount of \$8 million is being distributed to certain boards based on a formula that uses the working formula allocation (if implemented at 100%). Boards that have a negative variance between the working formula allocation and their FY 2010 allocation are allocated a pro-rata share of the \$8 million supplement. Please refer to the 505 Spreadsheet for details.

Distribution: See Attachment 1 (and reference 408 Net and 505 Spreadsheets)
Amount: ALI 408 Supplement, \$7,325,870; Needs Based Supplement, \$8,000,000
Reimbursement Form: No
NOSA: No

Office and Lead: Fiscal Administration, Holly Jones, Program & Policy Development, Carrol Hernandez

PROGRAM NAME: EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

Purpose:

The purpose of Early Childhood Mental Health (ECMH) Consultation for SFY 2011 will be to identify and address early childhood behavioral health needs in early childhood settings in high risk, low-income communities. The Ohio Department of Job and Family Services (ODJFS) will provide information to guide the alignment of ECMH Consultation resources with communities most in need. The allocation for these funds will continue to be to the ADAMH/CMH Boards.

Each Board and its funded providers will be required to submit a signed agreement assuring compliance with ECMHC Guidelines as well as the ECMHC Guidelines for Data Collection, including directions for submitting data and reports. This agreement must be signed and returned to ODMH no later than September 30, 2010. Failure to return the signed agreement by this date will result in a reduction of \$2,000 to the total ECMH FY 2011 allocation.

Distribution: See Attachment 1

All 50 mental health Boards are eligible to receive funding. All SFY 2011 funds must be expended by June 30, 2011.

Amount: \$200,000 (GRF ALI 505); \$2,150,000 (Child Care Quality- GRF must be expended first)
Reimbursement Form: Request for Advance or Reimbursement (RAR) Form: First \$4,000 of ALI 505 will be automatically distributed to Boards; the remaining balance of Child Care Quality federal funds is reimbursements and must be requested via the RAR Form.

NOSA: No

Office and Lead: Office of Children's Services, Marla Himmeger

PROGRAM NAME: HOSPITAL TO COMMUNITY CONVERSION: SE OHIO

Purpose:

Following the closure of the Central Ohio Adolescent Center and the conversion to community-based services, formerly the Southern Consortium for Children received funding on behalf of the SE Ohio ADAMH Boards (Athens-Hocking-Vinton, Gallia-Jackson-Meigs, Adams-Lawrence-Scioto and Washington ADAMHS Boards) to provide mental health services for children and adolescents.

Beginning in FY 2010 and continuing in FY 2011, these SE Boards will directly receive a per capita (0-18 year old 2008 census population) allocation to allow these local communities to make decisions for child and adolescent services that benefit their local systems.

Distribution: See Attachment 1

Amount: \$ 487,126 (Athens-Hocking-Vinton \$108,210; Adams-Lawrence-Scioto \$204,868; Gallia-Jackson-Meigs \$105,701; Washington \$68,347)

Reimbursement Form: Automatic quarterly distributions

NOSA: No

Office and Lead: Office of Children's Services, Kay Rietz

Fund Source: Federal Block Grant

PROGRAM NAME: FEDERAL BLOCK GRANT BASE TO BOARDS

Federal fund distributions to Ohio are subject to change without advance notice.

Purpose & Eligibility: The purpose of Block Grant funds is to provide services and programs for adults with serious mental illness (SMI) and children and youth with severe emotional disturbance (SED) by appropriate, qualified community mental health programs. These programs may include community mental health centers, child mental health programs, psychosocial rehabilitation programs, mental health peer-support programs and mental health primary-consumer directed programs as described in Ohio's Community Mental Health Block Grant Plan. Additionally, planning and evaluation expenditures directly related to these programs and services are allowable.

Federal Block Grant funds may not be used to:

- a. Provide inpatient services;
- b. Make cash payments to intended recipients of health services;
- c. Purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- d. Satisfy any requirement for the expenditure of non-Federal funds as a condition of the receipt of Federal funds;
- e. Provide financial assistance to any entity other than a public or nonprofit entity;
- f. Fund research (excludes evaluation of programs and services included in the CMBHG Plan);
- g. Supplant activities funded by the SAMHSA Mental Health Transformation Infrastructure Grant.; and
- h. Fund lobbying activities intended to influence the Ohio Legislature or Congress.

Amount: \$7,550,841

Reimbursement Form: Automatic quarterly distributions

Distribution: See Attachment 1

Office and Lead: Program & Policy Development, Deborah Nixon-Hughes

Please reference page 5 for description of Federal Block Grant funds distributed in conjunction with ALI 401 (C), Community Forensic Risk Management and System Development.

PROGRAM NAME: PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Federal fund distributions to Ohio are subject to change without advance notice.

Purpose:

PATH is a federal program sponsored by SAMSHA. The program allows local mental health systems to provide outreach services targeting people with a mental illness that are experiencing homeless and not yet connected with mainstream mental health services. The primary goals are to engage these individuals in mental health services and to assist them with obtaining housing and other entitlement/benefits. Funds are awarded to states based on a formula.

Eligibility & Distribution:

Beginning in SFY 2007, ODMH has awarded PATH funding to local communities using a need-based formula. SAMSHA specifically asked ODMH to develop a funding mechanism based on need, as some projects currently exist that serve only a few homeless people; and, receive a disproportionately high level of funding. Projects serving the most homeless people have not necessarily received the greatest amount of funds. Goals for future funding use poverty in each PATH recipient county as a proportion of total poverty of all PATH recipients as a rationale for adjusting PATH funding. The goal of PATH funding redistribution is that the proportion of poverty in each county should be directly proportional to that county's PATH funding.

Need is best envisioned by the number of homeless mentally ill individuals in a county. However, local counts of homeless people are completed with disparate levels of sophistication. Methodologies are not uniform, and counts may under represent or over represent the homeless community. Therefore, proxies are needed for the number of homeless mentally ill people. Our first proxy for number of homeless individuals is population. In other words, it can be assumed that in counties with larger populations, a greater number of homeless people exist. Counties (not Board areas) with a population of 200,000 or above are automatically selected for funding. 2009 population estimates according to the U.S. census are used. Counties with a population of 175,000 to 199,000 and having the greatest number of people living in poverty are also considered for funding, but must pass a second threshold to be selected.

In order to increase our effectiveness working with the Veteran population, Ohio funded three Veteran Pilot projects, via a competitive application process within the existing PATH providers, for State Fiscal Year 2010. These pilot projects demonstrate efforts to expand culturally appropriate outreach, engagement, treatment, and other services to Veterans with mental illness that are experiencing homelessness. These pilots will receive a flat funding allocation in State Fiscal Year 2011

Amount: \$2,126,400 (Federal PATH Funds)

Reimbursement Form: Submission of the Request for Advance/Reimbursement (RAR)

Distribution: See attachment 1

NOSA: Yes, \$45,000 PATH Administration and Program funds will be expended by sole source program contracts, grant awards and NOSAs.

Office and Lead: Office of Consumer Advocacy and Protection, Amy Price

Fund Source: Title XX

PROGRAM NAME: TITLE XX (COMPREHENSIVE SOCIAL SERVICES PLAN)

Federal fund distributions to Ohio are subject to change without advance notice.

Purpose: Federal funds are awarded to ADAMH/CMH Boards for the provision of social services to eligible persons within the public mental health system.(Narrative reviewed 4/14/10)

Distribution: The Community Plan incorporates Title XX terms and conditions. Accordingly, allocations for Title XX are being distributed under the authority of these Allocation Guidelines See attachment #1.

NOSA: No

Mechanics

The following is a summary of the ADAMH/CMH Board responsibilities of the Community Mental Health Title XX Program:

1. Planning for the Provision of Title XX Services

Each ADAMH/CMH Board must submit a Mental Health Title XX Service Profile for each county in its service district. Each profile is a one-page budget which includes planned expenditures and recipients by service and eligibility categories. These profiles are included in the mental health portion of the Comprehensive Social Services Plan, (CSSP) which ODMH submits to Ohio Department of Job and Family Services (ODJFS). ODJFS submits Ohio's CSSP (Title XX) Plan to Health and Human Services.

2. Subcontracting for the Provision of Title XX Services

Board/Provider Title XX Contracts are awarded at the discretion of the Board. The method of subcontracting for the services is also left to the discretion of the Board. The Board may develop a Board/Provider Title XX Contract or may include Title XX services as a component of its Board/Provider Contract.

3. Title XX Allocations

The Title XX Allocations are estimates included in Exhibit A of the Contract and use the same formula as in previous years based on population (40%) and poverty level (60%) applied to the funds available. The formula to determine each Board's Title XX allocation is:

$$\text{Population} = \frac{\text{Number of People in the Board's Counties}}{\text{Number of people in Ohio}}$$

$$\text{Poverty Level} = \frac{\text{Number of People Below Poverty in the Board's Counties}}{\text{Number of People in Ohio}}$$

$$\text{Board Allocation} = \{(.40 \times \text{Population}) + (.60 \times \text{Poverty Level})\} \times \text{Ohio's Estimated Title XX Allocation}$$

ODMH receives four quarterly Title XX awards from the Ohio Department of Job and Family Services, (ODJFS) which are usually received in late July, October, January and April.. The quarterly Title XX award for each Board is estimated to be the same as it was for the last three quarters of the previous fiscal year.

Boards will continue to send quarterly draw down requests to ODMH.

Any changes in federal funding for Title XX will be passed on to Boards.

4. Payment Rates

As long as only federally allowable costs, as identified in OMB Circulars A-87 and A-122, are reimbursed, the payment rates for Title XX services are left to the discretion of the Board. The Board loses its discretion regarding payment rates if defined unallowable costs are reimbursed.

5. Eligible Title XX Services

All services that are included in the County's component of the SFY Comprehensive Social Services Plan are eligible to be reimbursed through this Contract. All Title XX Provider Agencies must be certified by the ODMH for the services that are billed through the Title XX Program.

6. Title XX Eligible Recipients

State Title XX Legislative changes have deleted all statewide Title XX eligibility requirements. Rules promulgated by the ODJFS, (O.A.C. Section 5101:2-25-07), require each CDJFS to include as a part of its Title XX County Profile the eligibility criteria for the following Eligibility categories:

- Income Eligible
- Free Services
- Fee Services
- Without regard to income

Boards should contact the local CDJFS to determine the eligibility criteria and which services are included in the above categories. Provider agencies may determine the Title XX eligibility of the recipients of services. Boards and/or Provider Agencies should contact the local CDJFS(s) to determine the proper methods of determining and verifying the Title XX eligibility of the recipients.

Amount: \$7,428,424 (estimate pending Congressional approval of budget)

Reimbursement Form: DMH-TXX-013

Office and Lead: Division of Program & Policy Development (Plan), Liz Gitter and Mario DeSantis;
Office of Fiscal Administration, Michele Sherman and Jill Stotridge

Table A

REPORTING MATRIX

NAME	FUND SOURCE	SUBMIT DATE	# OF COPIES	SUBMIT TO
Community Forensic Psychiatric Centers Application	401(5)	401 (5) report quarterly	One	Office of Forensic Services. Attn: Bob Baker
Community Forensic Risk Management & System Development	401(C)	401C Report due Sept. 11, 2011	One	Office of Forensic Services. Attn: Tereasa Moorman-Jamison
Children's Community Behavioral Health	404	SFY 2011 Annual Report due July 30,2011	One	ODMH Website: SOC page for instructions
State & Community Mental Health Services	408	SFY 2010 FIS-040 (Actual) Jan. 31, 2011	Three	Office Fiscal Administration Attn: Holly Jones
SFY 05 DMH-FIS 040 Actual	All Fund Sources	SFY 2010 FIS-040 (Actual) Jan.3, 2011	One	Office Fiscal Administration Attn: Holly Jones
Community Medication Subsidy SFY 2005	419	Sept. 1,2010 Provider allocations for SFY 2011	One	OSS. Attn: Pat Mascaro
Early Childhood Mental Health Consultation	505 Special	Interim Fiscal Report due Feb. 1, 2011 and Final Report due on Jul. 30, 2011	One	Office of Children's Services. Attn: Marla Himmeger