



Department of Alcohol &
Drug Addiction Services



Department of
Mental Health

Orman Hall, ODADAS Director • **John R. Kasich**, Governor • **Tracy J. Plouck**, ODMH Director

Date: June 27, 2012

To: ADAMHS/ADAS/CMHS Board Executive Directors

Cc: Leadership Roundtable
ODMH Senior Staff
ODADAS Senior Staff

From: Dalon K. Myricks, ODMH
Rosaland Gatewood-Tye, ODADAS

Subject: SFY 2013 Allocation Guidelines

The purpose of these Allocation Guidelines is to share the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and Ohio Department of Mental Health's (ODMH) priorities, goals, and methodologies for distributing State General Revenue Funds (GRF) and associated funds. These guidelines communicate the departments' anticipated funding commitment to Boards, barring budget adjustments, to support local planning and funding of services and activities in State Fiscal Year (SFY) 2013. These Allocation Guidelines detail the anticipated final ODMH and ODADAS allocations to each Board for SFY 2013, the second year of Ohio's biennial budget.

ODMH

For ODMH, SFY 2013, in comparison to SFY 2012:

- Appropriation Line Item (ALI) 401 remains level
- Hospital utilization management partnership program is a new incentive allocation of unrestricted funds to the Boards
- ALI 419 appropriation and formula remain unchanged, but the formula adds a reconciliation component for SFY 2012 expenditures over the SFY 2012 allocation
- ALI 501 is discontinued
- ALI 505 is increased by \$13.6 million

The following are some notable highlights of SFY 2013 line items and programs. Details are contained in the line item/program narrative of the guidelines.

ALI 412 – The 2014 Hospital Subcommittee established a statewide hospital utilization management partnership program. Among other goals, the partnership program established a framework for financial incentives to restore some healthy, positive tension necessary for an effective balance of hospital and community care options. The additional money is intended to improve access to state hospitals through a moderate reduction in overall bed day utilization. The 412 ALI is not the source of infused financial incentive; however, the allocations are included as reference to the relationship between Hospital and Community care.

ALI 505 – The formula for the bulk of the ALI 505 funding was established in SFY 2012 with the methodology being focused on stabilization to the non-Medicaid GRF available in SFY 2011. ODMH priorities for the use of these funds include: children with serious emotional disturbance (SED); housing; reentry; crisis; employment; promotion/prevention; peer services and supports; health homes and other best practices. Approximately \$10.6 million is being allocated for collaborative projects, also referred to as “Hot Spot” projects. ODMH was appropriated an additional \$3.0 million through Governor Kasich’s Mid-Biennium Review (MBR) (HB 487) for community mental health services. This amount is consistent with SFY 2012 allocations for the four boards that did not receive ALI 505 funds in SFY 2012. The remaining balance, \$619,065 provides limited augmentation for eight boards

Mental Health Block Grant – The priority areas are the same as ALI 505 noted above. Unchanged from SFY 2012, the methodology applied to the Block Grant “base” allocation that every board receives (\$7.5 million) recognizes population, poverty, and prevalence factors. This allocation comes with a requirement that the resources be used to support one or more of the priority areas in local communities.

The ALI 419 and Block Grant base allocations apply weighted estimates of prevalence. The prevalence estimate was updated by Ohio State University’s *Center for Health Outcomes, Policy, and Evaluation Studies (HOPES)* and the ODMH Office of Research and Evaluation. The allocation of these two funds also applies weighted estimates of population, which have been updated using the 2010 Census count.

ODADAS

Historically, ODADAS has communicated separate allocation guidelines based on the funding source. In an effort to streamline this approach, this memorandum will be the sole communication with the attached allocation guidelines detailing all allocation sources.

The following are the funding comparisons of SFY 2012 to 2013 for the enclosed program allocations. Details for SFY 2013 are contained in the line item/program narrative of the guidelines.

- Prevention Allocation decreased by 0.06% from \$10,657,091 to \$10,650,334
- Prevention Services Allocation decreased by 0.07% from \$1,390,460 to \$1,389,500
- Youth Led Prevention Allocation decreased by 0.07% from \$218,601 to \$218,450

- Treatment Allocation decrease by 11.96% from \$39,604,376 to \$34,867,209
- Adolescent Treatment Allocation decreased by 0.07% from \$1,026,497 to \$1,025,788
- DYS Aftercare Allocation decreased by 0.07 \$1,992,841 to \$1,991,465

The treatment allocation reflects the additional appropriation of \$3.0 million through the MBR for community funding.

REQUIRED ACTION:

The individual board distributions are contained in Attachment 1 of these Allocation Guidelines. Attachment 1 represents the anticipated allocable funding to each board. Additionally, these amounts are outside of any budget adjustments made by the Office of Budget and Management or the Ohio General Assembly.

Additionally, ODADAS grant information for SFY 2013 will be sent under separate cover.