

# **Access to Better Care Initiative**

## **Children's Behavioral Health ABC 404 Funding and FAST \$ (Title IVB) Program & Fiscal**

### **Executive Summary**

A cross-system initiative of the Ohio Family and Children First Cabinet Council

Effective July 2007

These guidelines detail all program and fiscal requirements associated with the use of Family and Systems Team (FAST \$) and Access to Better Care 404 funds. FAST is an existing 3 year old initiative; ABC 404 has been available since FY 06. Major alterations in these funding sources' requirements focus on the reduction of paperwork and improved alignment of innovation to existing service delivery rather than supporting stand-alone implementation patterns. Family consumers, county BH boards, their provider networks and other child-serving systems represented on county FCF Councils are anticipated to welcome these changes.

FAST dollars are composed of ODJFS family support/child welfare federal funds, ODMH GRF matching dollars and smaller contributions by ODYS and ODADAS. These funds are used primarily for respite and other non-treatment parent and family supports. Since inception, these funds have served over 5,000 children and their families throughout the state and established a network of nearly 500 family advocates.

FAST was independently evaluated by a researcher at OSU. The research found that connecting informal services with family "voice and choice" through parent advocates resulted significant improvement in clinical outcomes and family satisfaction, and increased hopefulness for all family members about their future.

ABC 404 funds were utilized for three major purposes: increased access to behavioral health services; reduction in out-of-home placements; and reduction in custody relinquishments. BH Boards in partnerships with their county FCF councils were required to submit a transformation plan identifying the greatest need(s) or priority(ies) locally for children's behavioral health prior to receiving the SFY 06-07 allocation. Additional funds (\$1 million) were set aside for a competitive process referred to as blueprint transformation. These funds expanded the three major purposes to include activities and services associated with behavioral health prevention, early intervention, and treatment. The additional funds will be folded into the ABC 404 base allocation for SFY 08-09.

These guidelines continue to support the need for community collaborative decision-making regarding the best use of these funds to enhance children's behavioral health, with a specific focus on home and community-based treatment and early childhood mental health treatment services.

# Access to Better Care Initiative

## Children's Behavioral Health ABC 404 Funding and FAST \$ (Title IVB) Program & Fiscal Guidance

Effective July 2007

### I. Background

Access to Better Care (ABC) is an Ohio Family and Children First (OFCF) initiative built on the crucial role of the behavioral health system (Alcohol, Drug, Addiction and Mental Health Services/ADAS/MH boards and their provider networks) to provide leadership with county Family and Children First Councils (FCFC) and their member agencies to address the needs of families having children with intense behavioral health needs across the developmental spectrum and within the many settings where these children require or receive care. ABC supports OFCF statewide commitments for the well-being of children and families by strengthening the role of parents as empowered advocates for their children. Family-centered, child-focused models of care and parent-professional and cross-system partnerships are at the heart of OFCF.

ABC success is dependent upon the ability of communities to overcome the challenges of complex lines of authority, and uneven leadership among the community partners that serve the needs of children and youth. Three years of ABC funding have shown significant transformative success as well as positive clinical impact. The SFY 06-07 404 Fund accomplishments are listed in Appendix 1. FAST \$ achievement has been well documented by data-gathering efforts of local staff and independent analyses of the Center for Family Research at The Ohio State University. These evaluations can be found at <http://familyresearch.osu.edu>.

The ABC Initiative has demonstrated a strong start. Over the next two years, lessons learned will inform further policy and program improvement as well as service enhancement. As a result, greater access to family-centered behavioral healthcare is anticipated.

### II. Distribution of Children's Behavioral Health ABC 404 and FAST \$ Allocations

#### Children's Behavioral Health ABC 404 (Base & Treatment) Allocations

*Refer to the attached SFY 08 Allocation spreadsheet for the ABC 404 total (base and treatment) per Board area.* ABC 404 funds were listed in the categories of base and treatment in the budget allocations. For the purpose of implementation at the local level the 404 base and treatment funds serve the same purpose and should be managed accordingly. ABC 404 referenced in this guidance includes both base and treatment allocations.

#### FAST \$ Allocations

The allocations made to the behavioral health boards and apportioned to counties in multi-county board areas are at the same level as the past 3 years. The formula is computed by ODJFS and is calculated on a county base rate, child population (which has not changed significantly enough to alter the formula) and poverty figures. This formula is used for both the FAST distribution as well as other Title IV-B funds allocated directly to public children service agencies. *Refer to the attached SFY 08 Allocation spreadsheet for the FAST total per Board area.*

### **III. Children’s Behavioral Health ABC 404 and FAST \$ Program Goals**

Children’s Behavioral Health ABC 404 funding requires local collaborative planning led by the Board in partnership with the county Family and Children First Council (FCFC) to improve access for children, youth and their families to public behavioral healthcare, especially those programs and services that are evidence-based or promising in clinical practice. These funds are allocated to board areas and must be spent on intervention and treatment as well as family supports services. Funding can also be used for clinical program development that addresses gaps in and/or enhancement of effective behavioral health treatment approaches. They may be used to increase local Medicaid share for children’s treatment services. These funds cannot be used to supplant existing funds allocated to children’s behavioral healthcare.

These dollars have maximum revenue flexibility. When developing spending plans, the boards and their county FCFCs are encouraged to consider all existing child-serving systems’ resources that can be used in strategic ways along with the ABC funding. Adding a stand-alone program or service is not enough to alter treatment service capacity or the provision of comprehensive systems of care. To make a real difference in families’ lives, the type, quality, and degree of services and service delivery must be examined. The fund may help leverage innovations in modifying the way families and professionals think, behave, use resources and constructively change on an individual case basis or on policy or program development levels.

While ABC 404 funds may be used for program or individual consumer expenditures, FAST \$ are restricted by federal regulation. FAST \$ is designed to increase individual parents and families’ use of formal and informal supports and non-clinical interventions to promote the resiliency of their children and youth with behavioral healthcare diagnoses, the stability of their families and the wellbeing of all family members. Therefore, it is expected that behavioral healthcare leaders in partnership with child and family-serving systems deploying these funds:

- 1) Include families on their service planning teams;
- 2) Assure families’ voice and choice in the selection of particular services;
- 3) Plan for a broad array of formal and informal services that are supported from the top (policy and funding context) as well as for creativity and energy from the bottom (families, providers, and cross-system teams); and
- 3) Align with local Family and Children First Council service coordination mechanism and any existing interagency collaborative agreements.

FAST \$ like 404 funding requires local collaborative planning led by the Board in partnership with the county FCFC. It is expected that all similar local collaborative planning and coordinating efforts such as Mental Health Board’s Mutual Systems Performance Agreement (MSPA), ODADAS Community Plan, FCFC H.B. 289 Plans and Partnerships for Success plans; H.B.484 planning; and FCFC Service Coordination Mechanism be examined for how both the ABC 404 and FAST \$ funding strategies are congruent and interwoven.

## **IV. Program Definitions**

### **EVIDENCE-BASED PRACTICES (EBP)**

An evidence-based approach has compelling evidence of effectiveness. Program designers can attribute participant success to the program itself, and have evidence that the approach will work for others in different environments.

### **FAMILY ADVOCATES**

Family or community members who have interest, training, and demonstrated knowledge and skills in working together with families in need of services may serve as advocates. They may be paid staff or volunteers whose expenses are reimbursed. Friends or family members recruited by families may also serve the role of family advocates.

FAST § 08-09 funds do not require voluntary family advocacy access. The Ohio Revised Code for FCFC service coordination requires voluntary access to family advocates. Therefore, when using FAST § and ABC 404 funds for a family connected to FCFC service coordination, access to family advocates must be offered.

NAMI Ohio oversees the Parent Advocacy Connection (PAC), a statewide network of family advocacy. Communities may choose to provide family advocacy through their own means, the NAMI Ohio administered PAC that is now available to all families involved in FCFC service coordination, or a county-run/NAMI assisted collaboration.

### **FCFC SERVICE COORDINATION**

FCFC Service Coordination is a process of service planning that provides family-centered, individualized services and supports to families. It is child-centered and family-focused, with the strengths and needs of the child and family guiding the types and mix of services to be provided. It is critical that services and supports are responsive to the cultural, racial, and ethnic differences of the community population. The purpose of service coordination is to provide a venue for families needing services where their needs may not have been adequately addressed in traditional agency systems.

Note: Since it is likely that some children and their families considered for FAST § and/or ABC 404 funding will fall into multiple needs or multiple service categories, these funds can be used for FCFC service coordination. Care should be taken to eliminate duplication of effort and program redundancy. FCFC service coordination costs are allowable expenses for both fund sources. To expense FCFC service coordination, the actual cost must to be calculated, documented, negotiated and contracted for with the MH or ADAS Board grantee.

### **PLACEMENT**

Out-of-home placements occur when one or more publicly-funded systems assist in the planning of and/or place children or adolescents outside of their homes. Such placement settings include psychiatric hospitalizations, detention centers, residential treatment facilities, local or state correctional facilities, foster care and group homes. ABC 404 funds may be used for placement expenses. Those funds may be used to cover treatment expenses for children in out-of-home care regardless of their custody status. No placement services shall be paid and no children in placement shall be included with FAST §. The only *exceptions to this FAST § placement definition are:*

- a. Children and adolescents living with relatives (*kinship care*) as a voluntary placement alternative (i.e., custody is not held by the court or public children's service agency).
- b. Respite care when children are relocated outside their homes for brief durations is not considered placement. Brief is generally understood as less than a week. Hospital or other congregate care settings are never considered allowable respite settings for the FAST \$ funds. Parents must retain custody of their children. Respite care may also be provided as temporary relief to families in their own homes. (Note: For the purpose of FAST \$ and according to Federal Title IV-B Part 2 definitions, respite is an allowable non-placement service despite its MACSIS designation as a placement code).

### **PROMISING PRACTICES**

A promising approach has been implemented and significant impact evaluations have been conducted. While the data supporting the program is promising, its scientific rigor is insufficient to suggest causality. Multiple, undefined factors may be contributing to the success of participants.

### **TARGET POPULATION**

Boards in partnership with their local FCFCs through a collaborative planning process need to determine the target population(s) or priority program(s) for these limited funding sources to reserve these dollars for those determined most in need or programs seen as filling critical gaps in local systems of care. Please note that the early childhood mental health treatment population may be a local target group.

### **TITLE IV-B, PART 2 FAMILY SUPPORT SERVICES (FAST \$)**

Family support services are federally defined as community-based services to promote the well-being of children and families. These interventions are designed to increase the strength and stability of families (including adoptive and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and enhance child development. Family support services may include:

- Services, including in-home visits, parent support groups, and other programs designed to improve parenting skills (by reinforcing parents confidence in their strengths and helping them identify where improvement is needed and obtain assistance to improve those skills) such as child development, family budgeting, coping with stress, health, and nutrition.
- Respite care of children to provide temporary relief for parents and other caregivers. (This may include summer camp.)
- Structured activities involving parents and children to strengthen the parent-child relationship.
- Information and referral services to afford families access to other community services, including child care, health care, nutrition programs, adult education and literacy programs, and counseling and mentoring services.
- Services to assist parents in helping their youngsters academically succeed, such as home tutoring.

Title IVB, Part 2 funds allocated for placement diversion and placement are allocated to the 88 county public children services agencies. TANF and PRC resources are available through county departments of job and family services are economic support, material assistance and crisis relief.

The focus of these family support services is **NOT**:

- placement prevention,
- placement diversion or creating alternatives to placement,
- poverty assistance;
- to meet basic family needs such as food, clothing, shelter, utilities, and/or household expenses;
- for home construction and improvement purposes as they are unlikely to be necessary to sustain the parenting function; nor
- for classroom instruction or any required public education cost or responsibility.

## **V. Allowable and Unallowable Expenditures**

### ABC 404 and FAST \$

Both funds are tied to the state fiscal year cycle and state biennial cash accounting. All costs claimed against the local award must reflect actual costs delivered and be encumbered or paid by June 30<sup>th</sup> of each fiscal year.

All funds must liquidated by the county and reported to ODMH on or before August 15<sup>th</sup> annually. That is, services must be rendered during award SFY only and all SFY transactions must be closed out by the end of July 30<sup>th</sup>.

The county behavioral health authority must receive and accept the requirements and other conditions outlined in this guidance document and within the ODMH Allocation Guidelines or Notice of Award.

Only one child / youth in a family “qualifies” the entire family unit including parents and all siblings to receive the benefits of these funds as defined under Title IV, Part 2 and ABC policy. Additionally these funds seek to ensure that children or youth with emotional and behavioral healthcare needs receive timely, appropriate assistance. Families need not be receiving public behavioral healthcare services to be eligible.

Previously ABC 404 and FAST \$ designated a discretionary administrative allowance of 10% or less. This allowance was paid with State General Revenue Funds only. Administrative expenses are no longer allowable. State policymakers recognizing that these resources addressing the behavioral health needs of Ohio’s children may be oversubscribed and under funded determined that these more flexible funds must be reserved exclusively for services and supports.

Non-allowable *"administrative expenses"* mean the payroll, fringe, and operating costs of persons not involved in the direct delivery of services. Supervisors are generally considered to be an administrative cost, but service coordination is not considered to be an administrative cost. FCFC service coordination is allowable on an actual cost basis for these children and families served by these funds. If services are purchased from non-governmental providers, the issue of administrative costs can be avoided by structuring the procurement to be compensated on a uniform fee-for-service basis.

## ABC 404

ABC 404 funds are the more flexible dollars. *These funds may be used for evidence-based and promising practices, children's behavioral healthcare program development, out of home placements or as match to other federally-funded programs such as Title XIX Medicaid.*

## FAST \$

There are specific federal and state requirements and restrictions on the use of FAST \$ funds and when the funds have to be spent. *These funds are restricted by federal requirements and cannot be used for out of home placements or as match to other federally-funded programs such as Title XIX Medicaid.* Federal and state regulations prohibit expenditures for any medical services, including all clinical behavioral treatment (i.e., services typically billed to public or private health insurance are not eligible.) Needed healthcare services must rely on other funding sources. A listing of FAST \$ eligible ODADAS, ODJFS, and ODMH service codes is provided in Attachment 2. Other supportive services for family members not listed may be eligible (e.g., transportation, tutoring, social/recreational services, wraparound service planning).

Counties are directed to consult with their PCSAs about the federal parameters of this fund source or contact the ODMH Program Administrator, OFCF regional coordinators, ODMH area directors, ODADAS regional treatment administrators or ODMH fiscal staff during regular business hours to answer questions about allowable expenses. Seek prior authorization from the ODMH Program Administrator when youth eligibility or service allowability is not certain or clear-cut by email at [sterlingd@mh.state.oh.us](mailto:sterlingd@mh.state.oh.us). These electronic communications if the inquiry is allowable will provide necessary audit documentation.

In addition, a public children's services agency, when functioning as a subcontract provider of the county behavioral health authority, as the county's Family and Children First administrative or the FAST \$ program coordinating agency, may only earn FAST \$ funds for staff direct service costs and associated administration as a result of the SSRMS process. A PCSA may contract with the county behavioral health authority to perform direct services for FAST \$ program recipients, provided that the contract is constructed on a fee-for-service basis, and the PCSA contacts ODJFS to receive accounting instructions to properly reflect costs billed under any contract.

There are proscribed forms and a preset timetable for requesting these funds. See Section VIII Timelines for deadlines assigned to behavioral health boards. The forms necessary to request funds are listed in the appendices. After start-up payment for FAST \$ (30%), subsequent requests funds will be issued on a reimbursement of actual expenses basis.

## **VI. Availability of Funds**

These funds have been allocated under the State Biennial Budget. An annual allocation is approved for two years. Both funds are allocated to and fiscally managed by alcohol, drug addiction and mental health services boards. In those counties with separate community mental health and alcohol & drug addiction services boards (i.e., Butler, Cuyahoga, Lorain, and Mahoning Counties), the allocation will be split 2/3 to mental health and 1/3 to addiction services boards. Contracts pertaining to both fund sources for programming and services are to be locally negotiated.

For contracts supporting non-therapeutic, family supportive services provided by individuals, families and community organizations include, but are not limited to, the local pool of certified

providers. Boards may subcontract program management to a FCFC, other public agencies or private organizations.

ABC 404 funds are allocated to the boards but not apportioned by county to streamline program development contracting in multi-county board areas. These boards are required to manage their FAST \$ allocation by county. For both fund sources, boards must seek local agreement via county Family and Children First Councils' endorsement for funding priorities.

Additionally, FAST \$ are contingent on Ohio's annual receipt of Title IVB Part 2 funds. *Please be advised that non start-up funds (70% of the award) are dependent on federal budget authorization scheduled near October 1<sup>st</sup>. Delays in federal budget authorization have occurred. Such a delay, if extended, may prompt ODMH delays in reimbursement of county FAST \$ expenses.*

Federal and state match monies comprising the FAST \$ awards support Ohio's Title IV-B Part 2 Plan and must use in accordance with state and federal requirements outlined in these guidelines. The CDFA # is 93.556. Accompanying each state reimbursement check received by a board is a copy of a complete DMH-FIS-075. In the table marked "For DMH Use Only", the breakdown of state and federal dollars is calculated.

## **VII. Reporting and Evaluation**

These funding initiatives attempt to balance a results-based approach without adding onerous new responsibilities to county behavioral healthcare authorities, county FCFCs, and their local child and family-serving partners. The independent evaluation of FAST \$ in the previous biennium, which was supported by diligent data-gathering by counties and the informing analyses by The Ohio State University Center for Family Research, yielded compelling evidence. Refer to the FAST 06 and 07 Reports for more information (<http://familyresearch.osu.edu/3925.cfm>). Independent evaluation of FAST \$ ended June 30, 2007.

SFY 08 program and fiscal reporting on the implementation activities will be required twice during the funding cycle. Appendix 3 provides the template format and content of the mid-year report. Appendix 4 does the same for the annual reporting requirement. These reports will be transmitted electronically, posted on the Internet, and summarized for accountability and highlighting ongoing local achievement.

ODMH will complete and report additional analysis on both of these funding sources through data identified by the MACSIS affiliation code flag previously used for FAST. The three flags will remain the same: mental health only, alcohol and drug addiction only, and mental health/ alcohol and drug addiction combined. This flagging is required for only those child/youth consumers who would typically be enrolled in MACSIS independent of ABC 404 and/or FAST \$ financing.

Intersystem structures vary from county to county and are shaped by a number of factors. The structure counties select for reporting and flagging the child/youth served by these fund sources, directly or indirectly, will be locally determined.

## VIII. Timelines

The dates below are preset. Other key dates and events may be scheduled and added to timelines associated with these funds. These additions will be communicated via email to Boards and copied to county FCFCs.

### 2007

**July 1<sup>st</sup>** Annual ABC 404 and FAST \$ funding periods begin.

**August 1<sup>st</sup>** ABC 404 First Quarter Drawdown due via DMH-FIS-033  
FAST \$ Start-Up Request due via DMH-FIS-075.

**October 1<sup>st</sup>** ABC 404 Second Quarter Drawdown due via DMH- FIS-033  
FAST \$ spending reimbursement request due via DMH-FIS-075\*.

### 2008

**January 2<sup>nd</sup>** ABC 404 Third Quarter Drawdown due via DMH- FIS-033  
FAST \$ reimbursement request spending due via DMH-FIS-075\*.

**February 15<sup>th</sup>** ABC 404 & FAST \$ progress documentation due via ABC Mid Year Report Template

**March 1<sup>st</sup>** ABC 404 Fourth Quarter Drawdown due via DMH- FIS-033  
FAST \$ reimbursement request spending due via DMH-FIS-075\*.

**June 30<sup>th</sup>** Annual ABC 404 and FAST \$ funding cycles end.

**August 15<sup>th</sup>** Final ABC 404 and FAST \$ Final Report due to ODMH via ABC Year-End Report Template.

\* Boards awarded in excess of \$162,500 in their FAST \$ allocation must submit FAST \$ reimbursement requests via DMH-FIS-075 every other month at the end of August, October, December, February, and April. This reimbursement cycle assures timely state interdepartmental billing and statewide fund availability for federal match payment and cash flow.

## IX. State Resources

Questions about these guidelines or requests for specialized consultation and technical assistance are to be directed to:

Dora Sterling  
Office of Children's Services & Prevention  
Ohio Department of Mental Health  
30 East Broad Street, 8<sup>th</sup> Floor  
Columbus, Ohio 43215-3430  
Phone: (614) 466-1984  
Fax: (614) 466-1571  
[Sterlingd@mh.state.oh.us](mailto:Sterlingd@mh.state.oh.us)

Assistance may also be requested through OFCF Regional Coordinators, ODMH Area Directors, or ODADAS Treatment and Recovery Coordinators.

# Access to Better Care Initiative

Summary of the

**ACCESS TO BETTER CARE (ABC)**

**Transformation Base Funding**

**2006 - 2007**



Ohio Department  
of Mental Health



## **Summary of the Access to Better Care (ABC) SFY 2006-2007 Transformation Base Funding**

*“It’s not mere replication of models we’re after; it’s replication on a needed scale, and that means systems change. If we are to provide truly responsive, truly effective services for much larger numbers, we must go from moving models to moving mountains.” Lisabeth Schorr*

Transformation of behavioral healthcare for children, youth and their families refers to the development of therapeutic service delivery systems that are preventative in nature, promote participation of parents and caregivers and are composed of evidenced-based practices accessible through existing institutions such as schools, child welfare agencies and local courts. During this biennium, awards of \$3.5 million state appropriation in State Fiscal Year (SFY) 2006 and its subsequent allocated portion of a \$4.5 million state appropriation in SFY 2007 (ODMH Line Item 404, General Revenue Fund) were set aside for this transformation purpose. Mandated uses for Line Item 404 funding include treatment services and related supports to address the intensive behavioral health needs of children and youth. The ABC policymakers provided opportunities for local communities to determine the specific needs of the community and to access these state funds to promote the building of a transformed service capacity to meet those needs. The ABC Initiative has not as yet moved mountains, but throughout Ohio, communities have gained momentum in delivering more family-centered, evidence-based, and culturally responsive systems of behavioral healthcare for children and youth.

Each community submitted a Children’s Behavioral Health Transformation Plan based upon a collaborative planning process that identified existing community service gaps. From this perspective, it was hoped that a plan to leverage current resources and effectively use new resources to strengthen the capacity to serve children and families would emerge. Each plan reflects the community’s ongoing development and operation of a transformed behavioral health system, acknowledged and valued by consumers and by the general public.

At minimum, each community transformation plan adheres to these guiding principles:

- A collaborative, strategic planning process
- Service focus on children with intense behavioral health needs and their families across all child serving systems especially child welfare and juvenile justice
- Families inclusion in all service planning activities and access to parent advocates
- Efficient and effective use of federal, state and local funds

Longer-term impacts of community transformation plans center on systemic challenges to all Ohio’s 88 county child-serving systems, which include but are not limited to:

- Decrease incidents of parental custody relinquishment made solely for the purpose of securing necessary of behavioral health services for children or youth
- Decrease incidence of out-of-home placements made solely for the purpose of meeting the behavioral health needs of children or youth
- Increase access to behavioral health services for children involved in juvenile court, child welfare, education and/or primary health care systems.

Allocations were awarded to each of the counties. In response, counties were required to submit mid-year and annual progress reports detailing the uses, impacts and other descriptive indicators pertaining to this ABC funding source. Eighty counties have submitted complete reports. Several provided incomplete reports; and only one county did not submit.

The funds were allocated to the alcohol, drug addiction and mental health services boards (ADAMHS/CMH/ADAS). Family and Children First Councils were required to participate in the planning and endorsement of the use of the funds. For the boards serving more than one county, a county assigned an allocation presented greater time and effort in the planning and spending of these funds. In most cases, regional boards delegated the administration of this fund to each county family and children first council in their regional area.

County Family and Children First Councils and their member county behavioral healthcare authorities possess a diversity of opinions about the purposes of these funds. The bulk of these ABC funds were dollars derived from the State Cluster line item that helped counties meet the high costs of out-of-home care and other extraordinary child-specific costs. County child-serving policy-makers used community priorities and local stakeholder planning to decide the uses of these funds. These uses include:

- High-fidelity wraparound (16 counties)
- School-based therapy services (14 counties)
- Funding to cover Family and Children First Council service coordination staffing and/or actual services (12 counties)
- Using the funds to replace State Cluster assistance to partially fund residential placement for particular multi-need youth (12 counties)
- Respite care (8 counties)
- Funding assistance for generic treatment services for youth and families (8 counties)
- Intensive home-based treatment (8 counties)
- Early childhood mental health programming (7 counties)
- Support of evidence-based treatment, i.e., Multi Systemic Therapy (7 counties)
- Use of the funds as Medicaid match of children's mental health and alcohol and other drug treatment for youth (6 counties)
- Functional Family Therapy (6 counties)
- Treatment services for unruly and delinquent youth in court (4 counties)
- Family transportation assistance for therapy and placement visits (5 counties)
- Strengthening Families (3 counties)
- Clinical staff training (3 counties)
- Parent advocacy (3 counties)
- Psychiatric consultation (3 counties)
- Family coaching and youth mentoring (3 counties)
- Psychological assessment (3 counties)
- Parenting instructional sessions (2 counties)
- Trauma-focused care (1 county)

With 94 percent of the counties submitting complete mid-year and annual progress reports, SFY 2006-2007 ABC Transformation Base funding activities were implemented by various organizational arrangements including 35 family and children first councils as leads, 17 behavioral healthcare authorities as implementation leads, 7 child and family-serving behavioral

healthcare providers as leads, 7 counties with boards and providers co-partnered as leads, 6 counties where FCFC and providers co-partnered as leads, 3 counties where providers, their board authority and local FCFC shared leadership.

Given the newness of the ABC Initiative, short orientation timeframes, and competing ABC programming, the scope and depth of county implementation of the ABC Transformation activities highlight the commitment and abilities of Ohio's public behavioral health system stakeholders. Ohio's behavioral healthcare system has moved uphill during this SFY 2006-2007 biennium.

The information on the following table which summarizes local ABC Transformation efforts was gleaned from county reports submitted to ODMH. These data are direct or paraphrased comments submitted.

## ABC Transformation Base Funding to Counties

COUNTY	ALLOCATION USER	SERVICE DESCRIPTION <i>(as stated in county self reports)</i>	OVERALL IMPACT <i>(as stated in county self reports)</i>
Adams	FCFC	Funds covered family activities for consumers receiving <u>Functional Family Therapy</u> , respite, transportation and a play therapy group	Funding promoted planning for filling service gaps
Allen	BH Provider	Funds used for early childhood mental health services and Medicaid match for youth substance abuse services	Funds broadened the systems of care available for youngster (0-5) and their families
Ashland	ADAMHS Board	Funds covered wraparound training and parenting education to rural families	Focus and funding instrumental in restructuring FCFC
Ashtabula	FCFC	Funds partially covered direct services to children and their families previously covered through State Cluster funding (approximately \$300,000 annually)	ABC funding represented decreased local funding. This change caused greater scrutiny and accountability for service coordination
Athens	FCFC	Funds served as a cluster fund for individual youth and families needing respite, travel assistance to families to visit their children in out-of-county placements, psychological assessments, and professional training on meeting the needs of MH-MR/DD youth	Funding led to comprehensive analysis of strengths and barriers of local systems of care
Auglaize	BH Provider	Funds used for Triple P Early Childhood Program and Medicaid match for a child with intensive needs	Funding did not promote system change, but behavioral healthcare system is judged efficient and not needing reform
Belmont	ADAMHS Board	Funds were used to help cover residential placement expenses.	Funding insufficient to meet increasing need for basic behavioral healthcare services
Brown	ADAMHS Board	Funds utilized for psychological assessments and outpatient services	Clinicians started using a more family-centered wraparound approach
Butler	FCFC	Funds supported <u>Multi Systemic Therapy</u>	Funds supported a sustained local commitment to deploy wraparound and other evidence-based practices across systems
Carroll	ADAMHS Board & BH Provider	Funds paid for social work intervention in a junior high school and one additional psychiatric consultation for youth each week	Community systems participated in ABC priority setting for fund use
Champaign	FCFC	Funds supported interagency diversion team using wraparound and flexible funding to reduce placement being tracked across all systems	ABC funds enabled resources to be available to FCFC service coordination family teams
Clark	ADAMHS Board & FCFC	Funds supported <u>Multi Systemic Therapy</u>	ABC supported further development of family inclusion and advocacy at all levels of the community's systems of care

## ABC Transformation Base Funding to Counties

COUNTY	ALLOCATION USER	SERVICE DESCRIPTION <i>(as stated in county self reports)</i>	OVERALL IMPACT <i>(as stated in county self reports)</i>
Clermont	FCFC	Funds paid for high intensity, in-home services for youth at imminent placement risk with documented numbers placement episodes averted	Funding level insufficient to have a significant impact on the types and units of services provided to children and their families
Clinton	ADAMHS Board	Funds covered assessments for youth sexual offenders, forensic evaluations, family transportation for out-of-county treatment and toward residential services cost for individual children	Funding did not promote system change, but child and family-serving system is judged efficient and collaborative
Columbiana	FCFC	Funds expanded high fidelity wraparound facilitation and parent advocacy as well service software to track outcomes	Funding high fidelity wraparound increased multiple child-serving systems delivering more family partnering practices
Coshocton	FCFC	Funds supported specialists in the schools increasing service referral, linkage and coordination for student and their families	ABC funds and the Partnership for Success grantsmanship actualized the implementation of School Care Teams
Crawford	ADAMHS Board	Funds increased availability of home-based services and evidence-based <u>Strengthening Families</u> parent education programming	Funds helped support a community-based immediate level of care not previously available
Cuyahoga	CMHS & ADAS Boards	Not detailed	Not detailed
Darke	ADAMHS Board & BH Provider	Funds covered salary of therapist providing in-home services	Funds expand expanded home-based family service availability
Defiance	ADAMHS Board & FCFC	Funds covered regional implementation of <u>Functional Family Therapy</u> and a Wraparound Service Coordinator	Funds enabled four county region to install evidence-based practices in an effective, cost efficient manner
Delaware	ADAMHS Board	Funds used for juvenile court mental health consultant	Funds strengthened collaboration and coordination between the Board's System of Care resources and Juvenile Court for adjudicated youth
Erie	FCFC	Funds used for FCFC wraparound coordinator assisting multi-need children with moderate to high level of care demands	Funds supported full implementation of a service coordination with a 65 family caseload

### ABC Transformation Base Funding to Counties

COUNTY	ALLOCATION USER	SERVICE DESCRIPTION <i>(as stated in county self reports)</i>	OVERALL IMPACT <i>(as stated in county self reports)</i>
Fairfield	FCFC	Funds supported juvenile court-based and intensive home-based therapies as well as expanded early childhood mental health consultants	Shift to prevention and early intervention became emergent at FCFC level
Fayette	FCFC	Not detailed	Child and family serving behavioral health agency offered quicker access due to increased capacity
Franklin	BH Provider	Funds used for 3 clinicians at juvenile court to assess behavioral health and level of care needs of youth referred and provides consultation to court and probation staff	Funds increased cross-system collaboration on a number of high-risk youth but have not decreased high custody relinquishment rate and PCSA commitments
Fulton	ADAMHS Board & FCFC	Funds covered regional implementation of <u>Functional Family Therapy</u> and Wraparound Service Coordinator Programs	Funds enabled four county region to install evidence-based practices in an effective, cost efficient manner
Gallia	FCFC & BH Provider	Funds expended for training, family coach program, summer treatment for youth and flexible family supports	Overall initiative and its funding challenged Board and Council partners to rethink how best to address the service needs of community children and their families
Geauga	FCFC	Funds covered in-home treatment services of service coordination multi-need youth population to sustain community's cross-system family preservation focus	Funds expanded in-home therapeutic services
Greene	FCFC	Funds deployed for treatment and other assistance to families with multi-need youth using service coordination	ABC funding created renewed focus on proactive, early intervention and prevention activities
Guernsey	FCFC	Funds supported expanded home-based services for youth with dual substance abuse and mental health needs	ABC funding sources judged hard to tie together for a greater good.
Hamilton	ADAMHS Board & BH Provider	Funds provided family peer support specialists in 4 <sup>th</sup> and 5 <sup>th</sup> grades children and families parent resource centers in schools.	Funds allowed children in school and their families greater access to community behavioral healthcare services
Hancock	ADAMHS Board, FCFC & BH Provider	Funds used for staffing part-time wraparound coordinator to facilitate community wraparound processes	Funds provided opportunity to expand to populations not served with "traditional" funding
Hardin	BH Provider	Funds used for early childhood mental health programming and Medicaid match for youth drug and alcohol services	Funds broadened the systems of care available for youngsters (0-5) and their families

## ABC Transformation Base Funding to Counties

COUNTY	ALLOCATION USER	SERVICE DESCRIPTION <i>(as stated in county self reports)</i>	OVERALL IMPACT <i>(as stated in county self reports)</i>
Harrison	ADAMHS Board	Funds were used to help cover residential placement expenses	Funding insufficient to meet increasing need for basic behavioral healthcare services
Henry	ADAMHS Board & FCFC	Funds covered regional implementation of <u>Functional Family Therapy</u> and Wraparound Service Coordinator Programs	Funds enabled four county region to install evidence-based practices in an effective, cost efficient manner
Highland	FCFC & BH Provider	Not detailed	Child and family serving behavioral health agency offered quicker access due to increased capacity
Hocking	FCFC	Funds to provide intensive home- based counseling for two families with youth at high placement risk due to serious behavioral health needs.	Positive clinical outcomes were achieved and placements were avoided.
Holmes	FCFC	Use of ABC Funds planned but not yet used	No impact reported
Huron	ADAMHS Board	Funds used as Medicaid match for behavioral healthcare for youth	Funds allowed the Board to continue outpatient services to youth seen by other child-serving systems
Jackson	ADAMHS Board & FCFC	Funds expended for family coaches, youth mentors, for community psychiatric services, and flexible funding for individual multi-need children and their families	ABC and its funding challenged Board and Council partners to rethink how best to address the service needs of community children and their families
Jefferson	BH Provider	Funds allowed for individual counseling services in the county alternative school setting	Funds expanded services to non-traditional setting
Knox	ADAMHS Board & FCFC	Funds extended parent advocacy access and availability and increased respite to families, and supported clinical training	Funds spurred increased joint planning and evaluation efforts to meet needs of families with serious behavioral healthcare challenges
Lake	ADAMHS Board & FCFC	Funds partially covered direct services to children and their families previously covered through State Cluster funding	ABC funding represented a shift of State Cluster cross-system support to greater reliance on the Board ABC dollars

## ABC Transformation Base Funding to Counties

<b>COUNTY</b>	<b>ALLOCATION USER</b>	<b>SERVICE DESCRIPTION</b> <i>(as stated in county self reports)</i>	<b>OVERALL IMPACT</b> <i>(as stated in county self reports)</i>
Lawrence	FCFC	Funds expanded respite and other family supportive service options have been extended to service coordination youth and families	Service coordination options increased
Licking	ADAMHS Board & BH Provider	Funds extended parent advocacy access and availability and increased staffing to treat juvenile sexual offender population	ABC funds used to match and leverage local funds expanding home-based service delivery and staff professional training
Logan	FCFC	Funds used for Teen Screen expansion to an additional school, facilitation for high-fidelity wraparound and evidence-based practice training of treatment providers	Funds enabled beginning of new practices and models
Lorain	CMHS & ADAS Boards	Funds increased access of alcohol and drug treatment services to adolescents and their families, school-based mental health services and <u>Trauma-Focused Cognitive Behavioral Therapy</u>	Funds promoted greater family advocacy involvement
Lucas	NAMI Chapter	Funds augmented FAST dollars broadening program scope and eligibility. NAMI advocates provided extensive, intensive family support	Funds were first new dollars dedicated to youth services in some time. Dollars complemented a strong local investment in family empowerment
Madison	FCFC	Funds deployed for treatment and other assistance especially respite to families with multi-need youth using service coordination	Funds provided more opportunities for family stability services and support.
Mahoning	FCFC & BH Provider	Funds used for expansion of variety of prevention, early intervention services and high-fidelity wraparound coordination	Funds increased local infrastructural capacity to do cross-system, best practices work with families
Marion	ADAMHS Board	Funds used for case management and other behavioral health treatment	Little impact as dollars used for basic services
Medina	FCFC	Funds used for services for youth with behavioral healthcare needs being identified early have expanded school collaboration with service delivery	Funds helped support community-based immediate level of care for service coordination not previously available
Meigs	ADAMHS Board & FCFC	Funds covered array of services and supports for service coordination youth and family consumers	ABC challenged Board and Council partners to rethink how best to address the needs of community children and their families

## ABC Transformation Base Funding to Counties

<b>COUNTY</b>	<b>ALLOCATION USER</b>	<b>SERVICE DESCRIPTION</b> <i>(as stated in county self reports)</i>	<b>OVERALL IMPACT</b> <i>(as stated in county self reports)</i>
Mercer	ADAMHS Board & FCFC	Funds served as a cluster fund for individual youth and families needing respite and other ancillary service assistance	Most ABC funds used for services not previously available, however some cost shifting by local agencies occurred
Miami	FCFC & BH Provider	Funds used for expansion of a variety of prevention, early intervention services and high-fidelity wraparound coordination	ABC funds used to sustain local Family Stability Initiative and achieved 19.2% placement reduction rate over 12 months
Monroe	ADAMHS Board	Funds were used to help cover residential placement expenses	Funds insufficient to meet increasing need for basic behavioral healthcare services
Montgomery	ADAMHS Board	Funds covered youth assessment and treatment services as Medicaid match and for poor, non-Medicaid family consumers	Funds expanded family-systems services
Morgan	FCFC	Funds covered services and supports including summer camp programming for service coordination youth and family consumers	Funds expanded local options for child and family supportive services
Morrow	ADAMHS Board	Funds partially supported of a behavioral healthcare school liaison to work among local school districts to better identify and refer youngsters in need	Funds developed greater school-community agencies partnership
Muskingum	FCFC	Funds supported school care teams and therapeutic services for teams' referrals	Funds expanded local options for child and family supportive services
Noble	FCFC	Funds supported expanded home-based treatment service availability	Funds expanded local options for child and family supportive services
Ottawa	FCFC	Funds expanded array of home and community options for families at risk of child placement	Through ABC funding the county has been able to meet a critical need- a highly effective service coordination process
Paulding	ADAMHS Board & FCFC	Funds partially covered residential placement costs for one child	Funds represented State Cluster cost shifting
Perry	FCFC	Funds allocated to cluster/service coordination youth and their families not covered by other funding sources	Funds expanded local options for child and family supportive services
Pickaway	FCFC	Funds allocated for focus groups with parents, expanded respite access and availability and extended intensive school-based service coverage	Funds prompted seeking greater consumer input and feedback as well as increased collaboration between systems including school districts

## ABC Transformation Base Funding to Counties

COUNTY	ALLOCATION USER	SERVICE DESCRIPTION <i>(as stated in county self reports)</i>	OVERALL IMPACT <i>(as stated in county self reports)</i>
Pike	FCFC & BH Provider	Not detailed	Child and family serving behavioral health agency offered quicker access due to increased capacity
Portage	ADAMHS Board	Funds partially covered residential placement costs for one youngster	Funds had little system, practice or fiscal investment impact
Preble	ADAMHS Board, FCFC, PCSA & BH Provider	Funds used to staff new intensive home-based treatment team in funding partnership with the PCSA	Funds have reduced out-of-home placements for behavioral health issues
Putnam	FCFC	Funds supported 2 research-based parenting courses for families with strong-willed and out-of-control youth, expansion of high fidelity wraparound provision as part of service coordination and a flexible fund for ancillary costs associated with meeting service coordination needs	As a result of ABC, there were a number of new local partnerships contributing to newly available services
Richland	ADAMHS Board	Funds were earmarked for <u>Multi Systemic Therapy</u> , residential placement costs, and crisis inpatient services for uninsured youth	Funds provided local Care Management Team greater resources for consumers
Ross	ADAMHS Board & FCFC	Funds expanded intensive home-based service component which changed the way providers viewing intervention with youth and families	Funds enhanced county's placement diversion success
Sandusky	ADAMHS Board & BH Provider	Funds provided intensive in-home therapy	Funds permitted a service gap to be filled
Scioto	FCFC	Funds used for respite, parent and family life education and cross-system professional staff development on research-based family service practices	ABC funds gave a county in a regional board area greater autonomy to address local behavioral healthcare priorities
Seneca	ADAMHS Board & BH Provider	Funds provided <u>Incredible Years</u> research-based parent training	ABC funds permitted focused attention on younger children and their families

## ABC Transformation Base Funding to Counties

COUNTY	ALLOCATION USER	SERVICE DESCRIPTION <i>(as stated in county self reports)</i>	OVERALL IMPACT <i>(as stated in county self reports)</i>
Shelby	FCFC	Funds support the activities of the diversion assessment team by providing wraparound services and flexible funding for other services designed to stabilize families locally and reduce placements	ABC funds have empowered and enabled the diversion assessment team to be more creative and strategic in addressing local family needs
Stark	FCFC	Funds used to provide high fidelity wraparound service coordination to youth with mental health and substance abuse diagnoses and to their families	ABC supported evidence-based wraparound practice with vigorous attention to continuous quality improvement
Summit	ADAMHS Board, BH Provider & FCFC	Funds used for research-based Integrated Collaborative Treatment Program for youth with dual substance abuse and mental health diagnoses, high fidelity wraparound approaches, and parent advocacy	ABC funds promoted county's evolution from an agency-driven service system model to family-centered care practices
Trumbull	ADAMHS Board & FCFC	Combining ABC funds with high fidelity wraparound permitted multi-need youth and their families a comprehensive array of clinical and family supportive services	Flexible funds transformed FCFC service coordination into a wraparound service planning and tracking process
Tuscarawas	BH Provider	Funds expanded psychiatric consultations for youth and their families	The ABC funding and planning for its use led to cross system discussion about what is working, what is not, and needed service delivery adjustments
Union	ADAMHS Board & BH Provider	Funds used to add intensive home-based therapist within the <u>Multi Systemic</u> and <u>Functional Family Therapies</u> Unit	Funds increased family-centered behavioral health resources within the community
Van Wert	ADAMHS Board	Funds served as cluster fund for individual youth and families needing specialized neurological and other behavioral health testing and for residential care costs of a transition-age young adult	While ABC funds used for services normally unavailable to families, there was some cost shifting by local child-serving systems producing little net gain
Vinton	FCFC	Funds covered respite care, summer programming for multi-need youth and counseling services	School-based, crisis services were made available

## ABC Transformation Base Funding to Counties

<b>COUNTY</b>	<b>ALLOCATION USER</b>	<b>SERVICE DESCRIPTION</b> <i>(as stated in county self reports)</i>	<b>OVERALL IMPACT</b> <i>(as stated in county self reports)</i>
Warren	ADAMHS Board & FCFC	Funds covered additional intensive home-based therapist for multi-need youth and families	The required collaborative process to access ABC funds was helpful as it increased cross-system and family involvement in behavioral healthcare planning
Washington	ADAMHS Board & FCFC	Funds covered in-home support services, youth mentoring, and other ancillary costs to assist families seeking treatment for their children	ABC funding did not represent an increase to local funding as county accessed State Cluster revenues. This change caused confusion over initiative goals
Wayne	FCFC	Funds covered FCFC Wraparound Service Coordinator	FCFC partners increased communication, coverage and effectiveness of their service coordination provision
Williams	ADAMHS Board & FCFC	Funds cover the regional implementation of <u>Functional Family Therapy</u> and Wraparound Service Coordinator Programs	Funds enabled four county region to install evidence-based practices in an effective, cost efficient manner
Wood	BH Provider	Funds used for an early childhood project in a behavioral health agency and for mental health consultation to a school program mainstreaming severely emotionally disabled youth	There is improved integration of education and behavioral healthcare for students with intensive needs.
Wyandot	FCFC	Funds used for evidence-based <u>Strengthening Families</u> programming	Implementation of this parent and family life curriculum with vigorous evaluation seen as a tremendous accomplishment by all local child-serving systems

## Appendix 2.

### Allowable FAST Service Taxonomy

FAST \$ cover both traditional and non-traditional family supportive services. Below is a listing of MACSIS service codes and designated child welfare services that represent allowable expenses. This list is not exclusive. Family support services delivered by licensed or certified professional or by non-professional, or family-selective helpers are allowable. Clinical behavior healthcare services are not are not covered.

#### ODADAS CODES

Consultation	A0560
Information & Referral	A0510
Intervention	A0520
Outreach	A0550
Education	A0650
Alternatives	A0660
Problem Identification and Referral	A0650
Community-Based Processes	A0630
Child Care (non-employment related)	A0710

#### ODMH CODES

Mental Health Self Help/Peer Services	H0038
Respite	M2270
Mental Health- Other Non-Health	M3140
Mental Health- Prevention	M4110
Mental Health Consultation	M4120
Mental Health Information and Referral	M4130
Mental Health Social Recreational	M1550

#### Related Child Welfare Supportive Services (OAC 5101:2-39-07)

Case Management (non-clinical)  
Information and Referral  
Life Skill Services  
Crisis Intervention (non-clinical)  
Emergency care taker services (non-clinical)  
Parent Aide Services  
Parent Education

Local family advocacy and service coordination expenses for FAST eligible cases may be billed and paid by FAST monies.

Appendix 3.

## Access to Better Care Initiative SFY 08 Mid-Year Report

Each ADAMH/CMH/ADAS Board is required to complete the SFY 08 ABC Initiative Mid-Year Report for the funds the Board has received under the ABC Initiative. Each Board should decide locally who will be the responsible person(s) to complete the report sections. **One completed report PER COUNTY shall be submitted to the Ohio Department of Mental Health, no later than February 15, 2008. The report is to be submitted electronically to Jean Kendrick, ODMH, at [kendrickj@mh.state.oh.us](mailto:kendrickj@mh.state.oh.us).**

The format of the Mid-Year Report is quite similar previous ABC reports and will cover the same issues in the SFY 08 Final Report due August 15, 2008.

<b>FAST \$</b> <b>SFY '08 Mid-Program Report</b> <b>Due February 15, 2008</b>	
<b>PERSON COMPLETING THIS SECTION:</b>	
<b>TITLE:</b>	
<b>COUNTY:</b>	
<b>ORGANIZATION:</b>	
<b>PHONE:</b>	
<b>E-MAIL:</b>	
<b>1.</b>	<b>Describe the collaborative planning process used to determine how best to use these funds.</b>
<b>2.</b>	<b>Briefly describe the county's FAST progress to date in SFY 08.</b>
<b>3.</b>	<b>Describe which target populations are served by FAST \$ and how families know about and gain access to this fund.</b>
<b>4.</b>	<b>List the array of FAST funded services and supports used to date in SFY 08.</b>
<b>5.</b>	<b>Describe any current challenges in implementing FAST \$ in SFY 08.</b>



Appendix 4.  
**Access to Better Care Initiative  
SFY 08 Year-End Report Template**

Each ADAMH/CMH/ADAS Board is required to complete the SFY 08 ABC Initiative Final Report for the funds the board has received under the ABC initiative. Each Board/County FCFC should decide locally who will be the responsible person(s) to complete the different report sections. **One final completed report PER COUNTY will be submitted electronically to the Ohio Department of Mental Health, no later than August 15, 2008. The report is to be submitted to Jean Kendrick, ODMH, at [kendrickj@mh.state.oh.us](mailto:kendrickj@mh.state.oh.us).** NOTE: The ECMH final report will be sent separately due to specific reporting requirements.

<b>FAST \$ SFY '08 Annual Report Due August 15, 2008</b>
<b>PERSON COMPLETING THIS SECTION:</b>
<b>TITLE:</b>
<b>COUNTY:</b>
<b>ORGANIZATION:</b>
<b>PHONE:</b>
<b>E-MAIL:</b>
<ol style="list-style-type: none"><li>1. <b>Describe the county's FAST \$ achievements in SFY 08, including intersystem collaboration for planning and coordination around these funds.</b></li> <li>2. <b>Summarize the local model for distributing FAST \$.</b></li> <li>3. <b>List the array of FAST \$ funded services and supports in SFY 08.</b></li> <li>4. <b>Describe any major barriers in implementing FAST \$ in SFY 08.</b></li></ol>

**ABC 404**  
**SFY '08 Final Report**  
**Due August 15, 2008**

<b>PERSON COMPLETING THIS SECTION:</b>
<b>TITLE:</b>
<b>COUNTY:</b>
<b>ORGANIZATION:</b>
<b>PHONE:</b>
<b>E-MAIL:</b>

- 1. Describe the county's ABC 404 achievements in SFY 08, including intersystem collaboration for planning and coordination around these funds, including early childhood mental health treatment services.**
  
- 2. Summarize the local model for distributing ABC 404 funds.**
  
- 3. Please describe each of the major uses of the ABC allocation received by the Board.** Note: If the amount spent for a major use was more than \$2,500, please include the amount expended in its description.
  
- 4. Total funds expended.**

**COMPOSITE STATE DISBURSEMENT REQUEST**

**Attachment 6**

DMH-FIS-033

Ohio Department of Mental Health

Board _____	Period Request Covering _____ to _____
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Fund Source Requested	EXPENSES		DISBURSEMENT			Maximum Allocation
	This Period	Accumulation to Date	This Period Request	Previous Amount Received	Accumulative Total	
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
401 - Forensic						
404 - ABC						
404 - BHJJ						
404 - Blueprint						
408 - Flex						
505 - A Base						
505 - S Alt. Educ.						
505 - S Early Childhood						
505 - S Mat. Depr.						
505 - S Incred. Years						
505 - S Safety Net						
505 S Housing						
Other						
<b>TOTAL</b>						

**Certification**

I certify that the financial information shown in this Composite State Disbursement Request is correct and consistent with state statutes concerning subsidy payments to the community mental health programs. This information is subject to audit.

Executive Director's Signature _____	Date _____
--------------------------------------	------------

Requested By _____	Date _____
Title _____	Telephone No. _____

DMH-0234 (Rev. 8/06)

**FAMILY and SYSTEMS TEAM REIMBURSEMENT REQUEST**  
Ohio Department of Mental Health

Agency Name	Period Request Covering _____ to _____
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Fund Source Requested	ACTUAL EXPENSES		FAMILY and SYSTEMS TEAM FUNDING REQUEST			Maximum Allocation
	This Period	Accumulation to Date	This Period Request	Previous Amount Requested	Accumulative Total (add columns 4 and 5)	
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
FAST Funds						
<b>TOTAL</b>						

**CERTIFICATION:**

I certify that the financial information shown in this Family and Systems Team Reimbursement Request is correct and consistent with approved contracts. This information is subject to audit.

Agency Director's Signature	Date
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Requested By	Date
Title	

**For DMH Use Only**

This Period Request	Column A	Column B	Column C	IVB-Part II Funds Must be Expended by June 30, _____
	Column A + Column B = Column C			
	IV-B Part II Amount 75%	Required Match 25%	100%	