

Department of Mental Health

Senate Finance and Financial Institutions

*Holly Wilson, Budget Analyst
Legislative Service Commission*

April 27, 2005

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LSC Redbook

for the

Department of Mental Health

Senate Finance and Financial Institutions

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April 27, 2005

Department of Mental Health

- Access to Better Care (ABC) initiative seeks to improve children's behavioral health services – focus is on state and local collaboration
- Executive budget allows Department to maintain inpatient capacity and community essential services

OVERVIEW

The Ohio Department of Mental Health (ODMH) is a cabinet level agency that is responsible for ensuring that quality mental health services are available in all communities in Ohio. The Department employs about 2,760 personnel. Since the passage of the Mental Health Act of 1988, Ohio has successfully transitioned to a state-managed, locally administered mental health system.

The Department works with local mental health boards to ensure the provision of mental health services. Ohio has 43 community Alcohol, Drug Addiction, and Mental Health Services Boards (ADAMHS) and 7 Community Mental Health Services (CMH) boards covering all 88 counties. The boards are responsible for planning, funding, monitoring, and evaluating the service delivery system within their geographic areas. The community mental health boards contract with local service providers to deliver mental health services in the community.

Integrated Behavioral Healthcare System (IBHS)

The Mental Health Act of 1988 created a paradigm shift in how public mental health services are funded, planned, and provided. It also changed the nature of the relationships between the Department, its state-operated hospitals, community mental health boards, and community service providers. Since the enactment of the Mental Health Act of 1988 several state hospitals have closed. The average daily resident population at state psychiatric hospitals decreased from 3,147 in FY 1990 to 1,707 in FY 1995, and to 1,040 in FY 2004. Since 1990, ODMH has reduced its hospital workforce by more than 3,000 positions and consolidated its nine inpatient facilities under the management of five Integrated Behavioral Healthcare Organizations (BHOs), or state hospitals.

In the last five years, the profile of patients served has changed significantly. Public bed capacity and the average daily population have increased 13% since FY 1999 and the number of admissions is up 7%. The Department's hospital admission rate has increased to around 500 per month over the past biennium. A unit in a hospital has between 23 and 26 beds. On an average day, the occupancy rate is approximately 89% with three hospitals at 98% more than half of the year. Around 75% of hospital admissions are for short-term stabilization (less than 10 days) for acute mental illnesses. In addition, civil needs have shifted from long-term services towards short-term, more acute, more intensive care. The median length of stay for civil patients is now 11 days. The forensic population, which has increased by 3% since FY 1999, is now 46% of all patients served. As a result, an additional unit at Twin Valley Behavioral Healthcare's maximum-security site will be opened in FY 2005. Staffing for forensic patients includes both additional security staff as well as more intensely structured clinical services.

Staffing costs are one of the primary factors affecting hospital costs. The cost to maintain qualified staff has continued to rise. One such cost is reflected in the ability to recruit and retain Registered Nurses in a competitive environment.

Most of the hospital operating expenditures are paid for out of the Department's General Revenue Fund (GRF) line item 334-408, Hospital and Community Mental Health Services. This line item supports the nine inpatient facilities and community based services at seven of the sites. In addition, the line item supports the 50 ADAMHS/CMH boards. The executive budget recommended appropriation levels for the Integrated Behavioral Healthcare System program series are \$432,152,259 in FY 2006 and \$442,168,264 in FY 2007. The Executive budget maintains current inpatient capacity at nine hospital sites with 49 inpatient treatment units and provides essential community mental health services.

Community Mental Health Services

The IBHS created a 2004 Strategic Plan focused on maintaining current access and improving quality by establishing a common set of clinical priorities for patient care. The major priorities are improved access to care, improved continuity of care across different service providers, improved patient safety, and improved planning/partnership with other mental health boards and agencies.

Besides maintaining critical inpatient capacity, one primary goal is to increase community mental health services, especially access to better care for children, housing for mentally ill offenders, and employment. Medication, case management and housing, especially for offenders, are among the most critically stretched resources in the adult service system.

Housing for the mentally ill has become a crisis. Thirty-seven boards estimate that over 11,000 consumers are currently homeless. There are long waiting lists for supervised housing. The average waiting period for public housing throughout the state is nine months to over a year. Truth in sentencing laws have resulted in increased numbers of offenders being released into the community. Approximately 3,000 people with mental illness are referred to the ODMH Community Linkage program annually for assistance with re-entry into the community and accessing community mental health services. Of these, approximately 10% or 300 people per year exit prison as homeless.

At the Governor's recommended level of funding, the Department plans to create a safety net of emergency funds using the increases to GRF line item 335-505, Local Mental Health Systems of Care, of \$5 million in FY 2006 and \$10 million in FY 2007. This level of funding will provide emergency relief to communities in local crises with needs including, but not limited to, medication treatment, temporary housing, consumer-to-consumer supports, and emergency outpatient care. Local ADAMHS/CMH boards will develop a plan for how best to utilize the dollars and submit their proposal to the Department. These resources will not replace the \$50 million in community funding lost to inflation since FY 1998, or the additional \$60-plus million diverted to cover Medicaid requirements over that time. Rather, the proposed funding is a management strategy designed to address the worst-case local crises. The recommended level of funding for the community services program series is \$131,593,212 in FY 2006 and \$137,182,212 in FY 2007.

Challenges for FY 2006-2007

The Department believes new challenges in the next biennium will increase the pressure and demands for mental health care beyond the current near-crisis situation that includes three-month waits to see a physician, and excessive caseloads. Pressures in the next biennium could include:

- People with serious mental illness losing medication coverage due to Disability Medical Assistance (DMA) cuts, Medicaid eligibility cuts, and phase-in of the Medicare drug coverage plan. A snapshot of the number of people eligible for DMA in November 2004 was 17,842.
- A worsened low-income housing environment due to reduced federal Housing and Urban Development funding, loss of public housing units, and reduced low-income housing production including Capital budget limits. Thirty-seven boards estimate that over 11,000 consumers are currently homeless. The average wait for public housing throughout the state is nine months to over a year. There are long waiting lists for supervised housing.
- Anticipated discharge from the Ohio Department of Rehabilitation and Correction (ODRC) of 6,000 mentally ill inmates during the biennium.
- Further “indirect cuts” in funding left to serve seriously mentally ill persons who are not Medicaid eligible, as existing funds are diverted to provide Medicaid match. The Department projects that Medicaid will increase 7.6% in FY 2006 and another 6.8% in FY 2007, bringing total Medicaid for mental health (Federal Financial Participation and match) to \$440 million and \$470 million, respectively.
- Medication costs, which approach 5% of total hospital operating costs, will continue to rise at rates above inflation.

An additional factor in many areas of Ohio is the reduction or elimination of inpatient psychiatric care by private hospitals. For the years 1997 through 2002, Ohio has seen an 18% decrease in private psychiatric beds for all categories of patients from 3,456 to 2,842. This reduction in private psychiatric hospital care puts greater reliance on the state hospital system as a provider for persons with shorter but more acute inpatient needs. As the result of diminished access to community hospitals, boards in over 20% of Ohio’s counties increased their use of state-operated BHO hospital beds for acute care or short term stays.

Access to Better Care (ABC) project

Problems in children’s mental health care have received national attention (e.g., a General Accounting Office study of states – including Ohio – where parents give up custody of children to get them intensive mental health treatment because their insurance does not cover it.) In October 2003, Governor Taft met with the Family and Children First Cabinet Council and directed that detailed planning be carried out as the Access to Better Care (ABC) project “to improve children’s behavioral health services.” Participants in the plan include the affected state agencies (Department of Youth Services, Department of Job & Family Services, Department of Alcohol & Drug Addiction Services, and the Department of Education), local representatives and parents. Using existing funds, the Department is adding a new mental health service, Intensive Home Based Service/IBHS, to the state Medicaid plan. This program will combine current services (counseling, case management, day treatment) into a single team-based approach for children who do not require institutional care. The IBHS program will utilize current resources, since its services will be delivered as a “package.”

Two primary strategies have emerged from the ABC collaborative planning process. One is to identify behavioral disorders and intervene early with very young children, and with their parents. The Department believes that the Help Me Grow program, operating in all counties and emphasizing assessment and services for children with developmental and health risks, can be strengthened to emphasize assessment and treatment for children with behavioral problems or risks. The second aspect of early screening and detection addressed in the ABC initiative is to have mental health professionals

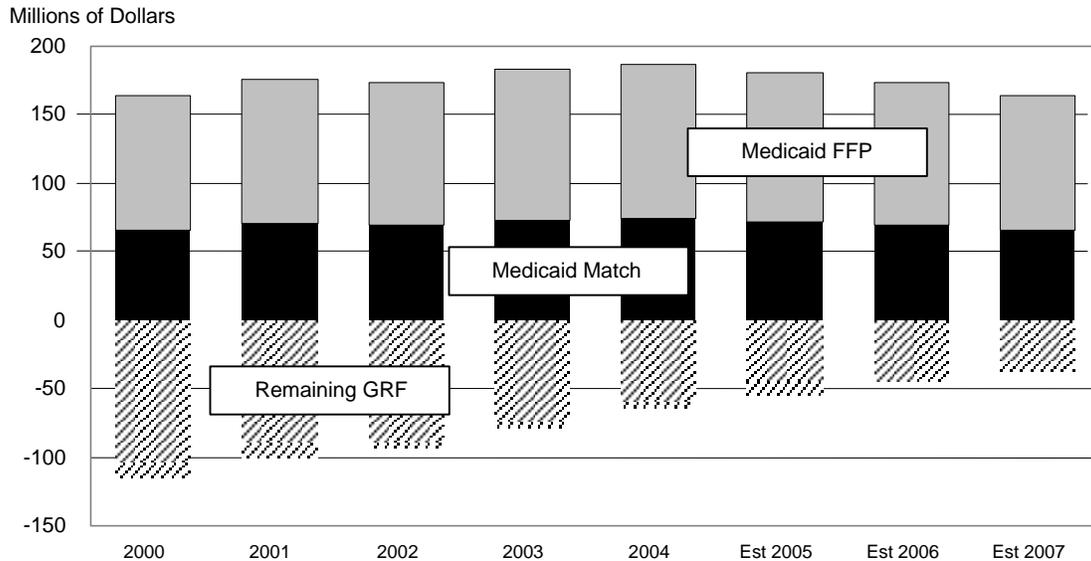
identify children's obstacles to learning in preschool settings and schools through current successful models. The ABC effort will recommend improvements in school/behavioral health collaboration.

The most urgent and complicated task of the ABC initiative is the treatment for multi-need children, adolescents, and families. Beginning in the FY 2006-2007 biennium, and stretching across multiple budget cycles, key components of the strategy will include family-driven and participative service plans and "wrap-around" service models that seek to eliminate or reduce custody relinquishment, and rely on local collaboration to meet family needs. The precise breakout of investments across the priority areas listed above, including which agency should be in the lead and thus budgeted for the project, is still being developed. The proposed new funding for this priority in the Department's budget includes approximately \$7 million in FY 2006 (\$6 million in newly created appropriation item 335-404, Behavioral Health Services – Children, and \$1.8 million in newly created appropriation item 335-405, Family and Children First) and approximately \$8 million in FY 2007 (\$7 million in 335-404 and \$1.8 million in 335-405). The Department is working with the affected state agencies (and potentially Department of Development, Department of Mental Retardation and Developmental Disabilities, and the Department of Health) as planning evolves.

Rates of Inflation

Savings in state hospitals, not new revenues, has financed the increased funding in community care as the ODMH budget has not kept pace with inflation. During the early 1990s, ODMH GRF funding increased at the same rate as inflation. During that same time period, local levies increased. However, since 1997, increases in the Department's GRF budget have been below the rate of inflation.

**Department of Mental Health
Community GRF (ALIs 505+408) and Medicaid
FY 2000 to FY 2007 (Estimated) Deflated 3% Per Year**



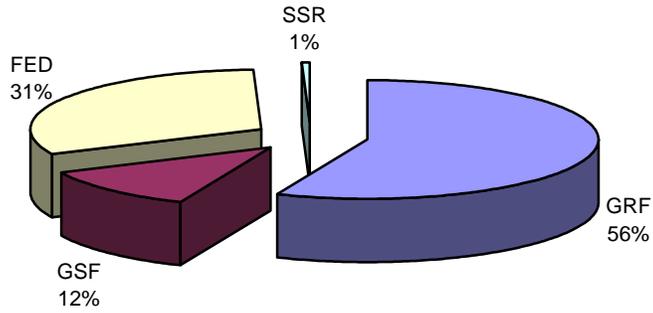
Source: ODMH

Medicaid Strain on Local System Resources

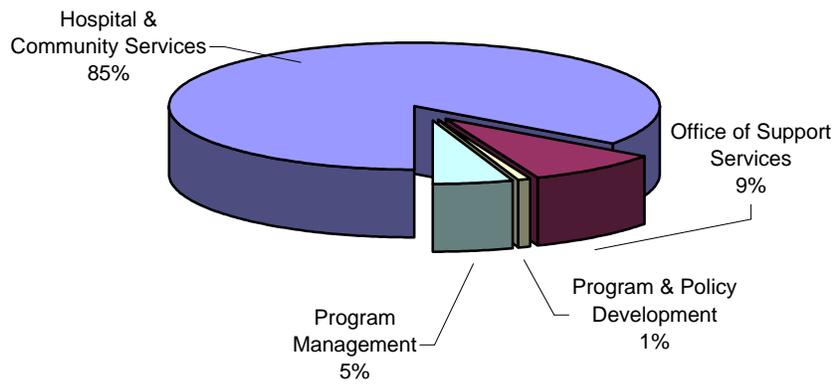
The graph above shows the GRF dollars that go out to the community boards for mental health services (GRF 334-508, and 334-408), the amount of Medicaid match that the boards must provide, and the Medicaid Federal Financial Participation (FFP) that the boards receive as reimbursement for Medicaid-covered mental health services. The remaining unmatched GRF is the amount available in state subsidy to fund services to the non-Medicaid population. It is important to note that of the 26 different community mental health services, six are Medicaid-covered services. Since 2002, when Ohio ranked 35th among the states for per capita mental healthcare expenditures, ODMH has lost about 10% of its spending power due to healthcare inflation.

Over the past decade, community mental health Medicaid expenditures in Ohio have grown exponentially, from approximately \$60 million in FY 1990 to \$242 million in FY 2004. Because Medicaid is a federal entitlement, meeting the demand for Medicaid services reduced the available funding for “non-Medicaid” services, such as housing. In some counties, the Medicaid match requirement is leading local systems into deficit spending. According to the Department, the growth of Medicaid funding in Ohio is attributed to two primary factors. First, the implementation of the Mental Health Act increased the need for and availability of resources to serve adults returning to the community, as well as those already living in the community who are underinsured. Second, Ohio’s broad Medicaid coverage for mental health services permitted the dollars transferred to local communities through the implementation of the Mental Health Act to be used as state and local matching funds to draw down the roughly 60% federal Medicaid reimbursement. The Department’s Medicaid funds are paid out of Fund 3B1, line item 333-635 for Central Office Administration, line item 334-635 for hospital operating expenses and line item 335-635 for community operating expenses. The Executive recommended appropriations for all three Medicaid line item funds total \$269,759,941 in FY 2006 and \$288,499,585 in FY 2007.

**Total Budget by Fund Group
FY 2006**



**Total Budget by Program Series
FY 2006**



Staffing Levels

The table below displays the number of staff employed, or that will be employed, by the Department of Mental Health from FYs 2002 through 2007.

Department of Mental Health Staffing Levels						
Program Series/Division	2002	2003	2004	2005	<i>Estimated</i>	
					2006	2007
Community & Hospital Services*	2,688.5	2,459.8	2,428.2	2,434	2,442	2,442
Office of Support Services	82	82	83	85	88	88
IBHS, Medical Director and Program and Policy Development	52	46	51	52	49.98	46.02
Program Management	212	204	201	196	194	179.62
Totals	3,034.5	2,791.8	2,763.2	2,767	2,773.98	2,755.64

*Community & Hospital Services includes Community Support Network (CSN), which is approximately 325 positions

The number of ODMH employees has been reduced from over 5,800 in 1991 to less than 2,800 in 2003. The Department has closed, consolidated, privatized and combined management of state-operated institutions for efficiency, going from 15 free standing facilities in 1991 to 5 hospitals with 9 inpatient locations. More recently, in FY 2002, hospital staff abolishment and restricted hiring resulted in a 13% reduction of the IBHS inpatient work force. Another notable reduction in the number of positions for the Department is the loss of around 18 FTEs between FY 2006 and FY 2007. Although these numbers are estimates, the Department arrived at these estimates by factoring in the required pay increases within the Executive recommended flat funding for central office. The total impact of flat funding for central office across programs 3.1 Medical Director and Quality Assurance, 3.2 Integrated Behavioral Healthcare System, 3.3 Program and Policy Development, and 4.1 Program Management would be a loss of approximately 4 FTEs in FY 2006 and 14 FTEs in FY 2007. The allocation of FTE reductions across individual offices will be determined at a later point in FY 2006.

MASTER TABLE: EXECUTIVE'S RECOMMENDATIONS FOR FY 2006 AND FY 2007

The following table provides a comprehensive presentation of the Executive's recommendations for each of the agency's line items and the programs each line item supports. Please note that some line items may provide funding for multiple program series and/or programs. See the Analysis of Executive Proposal section for more information on specific program funding.

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Executive Recommendations for FY 2006 and FY 2007, By Line Item and Program				
Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	333-321	Central Administration	\$ 23,853,669	\$ 23,853,669
		<u>Program Series 3: Oversight & Quality</u>	\$ 4,562,381	\$ 4,633,486
		Program 3:1 Medical Dir. & Quality Assur.	\$ 1,849,739	\$ 1,852,425
		Program 3:2 Integrated Beh Hlthcare Sys	\$ 230,739	\$ 242,648
		Program 3:3 Program & Policy Devt	\$ 2,481,903	\$ 2,538,413
		<u>Program Series 4: Program Management</u>	\$ 19,291,288	\$ 19,220,183
		Program 4:1 Program Management	\$ 19,291,288	\$ 19,220,183
GRF	333-402	Resident Trainees	\$ 1,364,919	\$ 1,364,919
		<u>Program Series 3: Oversight & Quality</u>	\$ 1,364,919	\$ 1,364,919
		Program 3:1 Medical Dir. & Quality Assur.	\$ 1,364,919	\$ 1,364,919
GRF	333-403	Pre-Admission Screening Expenses	\$ 650,135	\$ 650,135
		<u>Program Series 4: Program Management</u>	\$ 650,135	\$ 650,135
		Program 4:1 Program Management	\$ 650,135	\$ 650,135
GRF	333-415	Lease Rental Payments	\$ 23,296,200	\$ 23,833,600
		<u>Program Series 4: Program Management</u>	\$ 23,296,200	\$ 23,833,600
		Program 4:2 Debt Service	\$ 23,296,200	\$ 23,833,600
GRF	333-416	Research Program Evaluation	\$ 1,001,551	\$ 1,001,551
		<u>Program Series 4: Program Management</u>	\$ 1,001,551	\$ 1,001,551
		Program 4:1 Program Management	\$ 1,001,551	\$ 1,001,551
GRF	334-408	Community and Hospital Mental Health Services	\$ 390,424,545	\$ 400,324,545
		<u>Program Series 1: Hospital & Community Services</u>	\$ 390,424,545	\$ 400,324,545
		Program 1:1 408 Hospital and Community	\$ 390,424,545	\$ 400,324,545
GRF	334-506	Court Costs	\$ 976,652	\$ 976,652
		<u>Program Series 1: Hospital & Community Services</u>	\$ 976,652	\$ 976,652
		Program 1:2 Community	\$ 976,652	\$ 976,652
GRF	335-404	Behavioral Health Services - Children	\$ 6,365,265	\$ 7,365,265
		<u>Program Series 1: Hospital & Community Services</u>	\$ 6,365,265	\$ 7,365,265
		Program 1:2 Community	\$ 6,365,265	\$ 7,365,265
GRF	335-405	Family & Children First	\$ 1,760,000	\$ 1,760,000
		<u>Program Series 1: Hospital & Community Services</u>	\$ 1,760,000	\$ 1,760,000
		Program 1:2 Community	\$ 1,760,000	\$ 1,760,000
GRF	335-419	Community Medication Subsidy	\$ 7,959,798	\$ 7,959,798
		<u>Program Series 1: Hospital & Community Services</u>	\$ 7,959,798	\$ 7,959,798

Executive Recommendations for FY 2006 and FY 2007, By Line Item and Program				
Fund	ALI	Title	FY 2006	FY 2007
		Program 1:3 Community Medication Subsidy	\$ 7,959,798	\$ 7,959,798
GRF	335-505	Local Mental Health Systems of Care	\$ 94,687,868	\$ 99,687,868
		<u>Program Series 1: Hospital & Community Services</u>	\$ 94,687,868	\$ 99,687,868
		Program 1:2 Community	\$ 94,687,868	\$ 99,687,868
GRF	332-401	Forensic Services	\$ 4,338,858	\$ 4,338,858
		<u>Program Series 1: Hospital & Community Services</u>	\$ 4,338,858	\$ 4,338,858
		Program 1:5 Forensic Services	\$ 4,338,858	\$ 4,338,858
General Revenue Fund Subtotal			\$ 556,679,460	\$ 573,116,860
General Services Fund Group				
Fund 151	235-601	General Administration	\$ 89,614,180	\$ 93,898,713
		<u>Program Series 2: Office of Support Services</u>	\$ 89,614,180	\$ 93,898,713
		Program 2:1 Office of Support Services	\$ 89,614,180	\$ 93,898,713
Fund 149	333-609	Central Office Rotary - Operating	\$ 883,773	\$ 893,786
		<u>Program Series 3: Oversight & Quality</u>	\$ 115,947	\$ 120,560
		Program 3:1 Medical Dir. & Quality Assur.	\$ 47,494	\$ 46,087
		Program 3:2 Integrated Beh Hlthcare Sys	\$ 5,367	\$ 5,311
		Program 3:3 Program & Policy Devt	\$ 63,086	\$ 69,162
		<u>Program Series 4: Program Management</u>	\$ 767,826	\$ 773,226
		Program 4:1 Program Management	\$ 767,826	\$ 773,226
Fund 149	334-609	Hospital Rotary - Operating Expenses	\$ 24,408,053	\$ 24,408,053
		<u>Program Series 1: Hospital & Community Services</u>	\$ 24,408,053	\$ 24,408,053
		Program 1:1 408 Hospital and Community	\$ 24,408,053	\$ 24,408,053
Fund 150	334-620	Special Education	\$ 120,930	\$ 120,930
		<u>Program Series 1: Hospital & Community Services</u>	\$ 120,930	\$ 120,930
		Program 1:1 408 Hospital and Community	\$ 120,930	\$ 120,930
Fund 4P9	335-604	Community Mental Health Projects	\$ 250,000	\$ 250,000
		<u>Program Series 1: Hospital & Community Services</u>	\$ 250,000	\$ 250,000
		Program 1:2 Community	\$ 250,000	\$ 250,000
General Services Fund Subtotal			\$ 115,276,936	\$ 119,571,482
Federal Special Revenue Fund Group				
Fund 324	333-605	Medicaid/Medicare	\$ 150,000	\$ 150,000
		<u>Program Series 4: Program Management</u>	\$ 150,000	\$ 150,000
		Program 4:1 Program Management	\$ 150,000	\$ 150,000
Fund 3A6	333-608	Community & Hospital Services	\$ 65,000	\$ -

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Executive Recommendations for FY 2006 and FY 2007, By Line Item and Program				
Fund	ALI	Title	FY 2006	FY 2007
		Program Series 3: Oversight & Quality	\$ 65,000	\$ -
		Program 3:3 Program & Policy Devt	\$ 65,000	\$ -
Fund 3A8	333-613	Federal Grant - Administration	\$ 562,417	\$ 512,417
		Program Series 3: Oversight & Quality	\$ 562,417	\$ 512,417
		Program 3:2 Integrated Behavioral Healthcare System	\$ 11,803	\$ -
		Program 3:3 Program & Policy Devt	\$ 550,614	\$ 512,417
Fund 3A9	333-614	Mental Health Block Grant	\$ 748,740	\$ 748,470
		Program Series 3: Oversight & Quality	\$ 230,597	\$ 230,250
		Program 3:3 Program & Policy Devt	\$ 230,597	\$ 230,250
		Program Series 4: Program Management	\$ 518,143	\$ 518,220
		Program 4:1 Program Management	\$ 518,143	\$ 518,220
Fund 3B1	333-635	Community Medicaid Expansion	\$ 3,671,537	\$ 3,691,683
		Program Series 3: Oversight & Quality	\$ 105,406	\$ 109,599
		Program 3:1 Medical Dir. & Quality Assur.	\$ 43,176	\$ 41,897
		Program 3:2 Integrated Behavioral Healthcare System	\$ 4,879	\$ 4,828
		Program 3:3 Program and Policy Devt	\$ 57,351	\$ 62,874
		Program Series 4: Program Management	\$ 3,566,131	\$ 3,582,084
		Program 4:1 Program Management	\$ 3,566,131	\$ 3,582,084
Fund 324	334-605	Medicaid/Medicare	\$ 11,764,280	\$ 11,873,408
		Program Series 1: Hospital & Community Services	\$ 11,764,280	\$ 11,873,408
		Program 1:1 408 Hospital and Community	\$ 11,764,280	\$ 11,873,408
Fund 3A6	334-608	Federal Letter of Credit	\$ 586,224	\$ 586,224
		Program Series 1: Hospital & Community Services	\$ 586,224	\$ 586,224
		Program 1:1 408 Hospital and Community	\$ 586,224	\$ 586,224
Fund 3A8	334-613	Federal Letter of Credit for Human Services	\$ 200,000	\$ 200,000
		Program Series 1: Hospital & Community Services	\$ 200,000	\$ 200,000
		Program 1:1 408 Hospital and Community	\$ 200,000	\$ 200,000
Fund 3B0	334-617	Elementary and Secondary Education	\$ 171,930	\$ 178,807
		Program Series 1: Hospital & Community Services	\$ 171,930	\$ 178,807
		Program 1:1 408 Hospital and Community	\$ 171,930	\$ 178,807
Fund 3B1	334-635	Hospital Medicaid Expansion	\$ 2,000,000	\$ 2,000,000
		Program Series 1: Hospital & Community Services	\$ 2,000,000	\$ 2,000,000
		Program 1:1 408 Hospital and Community	\$ 2,000,000	\$ 2,000,000
Fund 3A6	335-608	Federal Miscellaneous	\$ 1,089,699	\$ 678,699

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Executive Recommendations for FY 2006 and FY 2007, By Line Item and Program				
Fund	ALI	Title	FY 2006	FY 2007
		<u>Program Series 1: Hospital & Community Services</u>	\$ 1,089,699	\$ 678,699
		Program 1:2 Community	\$ 1,089,699	\$ 678,699
Fund 3A7	335-612	Social Services Block Grant	\$ 8,657,288	\$ 8,657,288
		<u>Program Series 1: Hospital & Community Services</u>	\$ 8,657,288	\$ 8,657,288
		Program 1:2 Community	\$ 8,657,288	\$ 8,657,288
Fund 3A8	335-613	Fed Grant - Comm Mental Health Subsidy	\$ 2,407,040	\$ 2,407,040
		<u>Program Series 1: Hospital & Community Services</u>	\$ 2,407,040	\$ 2,407,040
		Program 1:2 Community	\$ 2,407,040	\$ 2,407,040
Fund 3A9	335-614	Mental Health Block Grant	\$ 14,969,400	\$ 14,969,400
		<u>Program Series 1: Hospital & Community Services</u>	\$ 14,969,400	\$ 14,969,400
		Program 1:2 Community	\$ 14,969,400	\$ 14,969,400
Fund 3B1	335-635	Community Medicaid Expansion	\$ 264,088,404	\$ 282,807,902
		<u>Program Series 1: Hospital & Community Services</u>	\$ 264,088,404	\$ 282,807,902
		Program 1:4 Community Medicaid	\$ 264,088,404	\$ 282,807,902
Federal Special Revenue Fund Subtotal			\$ 311,131,959	\$ 329,461,338
State Special Revenue Fund Group				
Fund 485	334-632	Mental Health Operating	\$ 2,476,297	\$ 2,476,297
		<u>Program Series 1: Hospital & Community Services</u>	\$ 2,476,297	\$ 2,476,297
		Program 1:1 408 Hospital and Community	\$ 2,476,297	\$ 2,476,297
Fund 632	335-616	Community Captial Replacement	\$ 350,000	\$ 350,000
		<u>Program Series 1: Hospital & Community Services</u>	\$ 350,000	\$ 350,000
		Program 1:2 Community	\$ 350,000	\$ 350,000
Fund 692	334-636	Community Mental Health Board Risk Fund	\$ 80,000	\$ 80,000
		<u>Program Series 1: Hospital & Community Services</u>	\$ 80,000	\$ 80,000
		Program 1:2 Community	\$ 80,000	\$ 80,000
Fund 4X5	333-607	Behavioral Health Medicaid Services	\$ 3,000,634	\$ 3,000,634
		<u>Program Series 4: Program Management</u>	\$ 3,000,634	\$ 3,000,634
		Program 4:1 Program Management	\$ 3,000,634	\$ 3,000,634
Fund 485	333-632	Mental Health Operating	\$ 134,233	\$ 134,233
		<u>Program Series 4: Program Management</u>	\$ 134,233	\$ 134,233
		Program 4:1 Program Management	\$ 134,233	\$ 134,233
Intragovernmental Service Fund Subtotal			\$ 6,041,164	\$ 6,041,164
Agency Total Funding			\$ 989,129,519	\$ 1,028,190,844

ANALYSIS OF EXECUTIVE PROPOSAL

Program Series 1

Hospital & Community Services

Purpose: Hospital and Community Services support two systems that are inextricably linked in providing a complete continuum of care for persons with severe and persistent mental illness.

The following table shows the line items that are used to fund the Hospital & Community Services, as well as the Governor's recommended funding levels.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	334-408	Community & Hospital MH Services	\$390,424,545	\$400,324,545
GRF	334-506	Court Cases	\$976,652	\$976,652
GRF	335-404	Behavioral Health Services - Children	\$6,365,265	\$7,365,265
GRF	335-405	Family & Children First	\$1,760,000	\$1,760,000
GRF	335-505	Local MH Systems of Care	\$94,687,868	\$99,687,868
GRF	335-419	Community Medication Subsidy	\$7,959,798	\$7,959,798
GRF	332-401	Forensic Services	\$4,338,858	\$4,338,858
General Revenue Fund Subtotal			\$506,512,986	\$522,412,986
State Special Revenue Fund				
485	334-632	Mental Health Operating	\$2,476,297	\$2,476,297
632	335-616	Community Capital Replacement	\$350,000	\$350,000
692	334-636	Community MH Board Risk Fund	\$80,000	\$80,000
State Special Revenue Fund Subtotal			\$2,906,297	\$2,906,297
General Services Fund				
149	334-609	Hospital Rotary – Operating Expenses	\$24,408,053	\$24,408,053
150	334-620	Special Education	\$120,930	\$120,930
4P9	335-604	Community Mental Health Projects	\$250,000	\$250,000
General Services Fund Subtotal			\$24,778,983	\$24,778,983
Federal Special Revenue Fund				
3A6	334-608	Federal Letter of Credit	\$586,224	\$586,224
3A8	334-613	Federal Letter of Credit for Human Services	\$200,000	\$200,000
3B0	334-617	Elementary and Secondary Education	\$171,930	\$178,807
3B1	334-635	Hospital Medicaid Expansion	\$2,000,000	\$2,000,000
324	334-605	Medicaid/Medicare	\$11,764,280	\$11,873,408
3A6	335-608	Federal Miscellaneous	\$1,089,699	\$678,699
3A7	335-612	Social Services Block Grant	\$8,657,288	\$8,657,288
3A8	335-613	Fed Grant – Community MH Subsidy	\$2,407,040	\$2,407,040
3A9	335-614	Mental Health Block Grant	\$14,969,400	\$14,969,400
3B1	335-635	Community Medicaid Expansion	\$264,088,404	\$282,807,902
Federal Special Revenue Fund Subtotal			\$305,934,265	\$324,358,768
Total Funding: Hospital & Community Services			\$840,132,531	\$874,457,034

This analysis focuses on the following specific programs within the Hospital and Community program series:

- **408 Hospital & Community**
- **Community (excluding ALI 334-408) Behavioral Healthcare for Children**
- **Community Medication Program**
- **Community Medicaid Program**
- **Forensic Services**

408 Hospital & Community

Program Description: The 334-408 line item supports two systems that are inextricably linked in providing a continuum of care for persons with mental illness. The Department operates five Integrated Behavioral Health Care Organizations (IBHOs) (formerly known as state psychiatric hospitals) at nine inpatient sites located throughout the state. They are as follows:

Appalachian Behavioral Healthcare

- Athens Campus
- Cambridge Campus (Guernsey County)

Heartland Behavioral Healthcare

- Massillon Campus (Stark County)

Northcoast Behavioral Healthcare

- Cleveland Campus (Cuyahoga County)
- Northfield Campus (Cuyahoga County)
- Toledo Campus (Lucas County)

Summit Behavioral Healthcare

- Cincinnati Campus (Hamilton County)

Twin Valley Behavioral Healthcare

- Columbus Campus (Franklin County)
- Dayton Campus (Montgomery County)

The role of these state facilities in Ohio's mental health care system has changed dramatically over the last two decades. Previously, state-operated psychiatric hospitals provided mostly long-term care for individuals with severe mental illness. Now, they provide services of varying duration to three distinct populations.

First, they provide short-term hospitalization for individuals who are experiencing an acute psychiatric episode. These individuals are usually stabilized in the hospital and then discharged to the community for care in less than 30 days.

Second, state hospitals provide services to individuals committed in forensic status by the judicial system. This includes forensic patients who receive care in a maximum-security facility at Twin Valley Psychiatric System – Columbus campus. Forensic patients currently account for approximately 46% of the state psychiatric hospital population.

Third, state hospitals provide services to a very small number of individuals who require long-term care in a hospital setting, because appropriate community placements that meet their particular needs are not yet available.

In the last five years, the profile of patients served has changed significantly. While public bed capacity and the average daily population have decreased 13% since FY 1999, the number of admissions is up 7%. In addition, civil needs have rapidly shifted from long-term services towards short term, more acute, more intensive care. The median length of stay for civil patients is now 11 days. The forensic population, which has increased by 3% since FY 1999, is now 46% of all patients served. As a direct result, an additional unit at Twin Valley Behavioral Healthcare’s maximum security site will be opened in FY 2005.

Funding Source and Line Items: The following table shows the line items that are used to fund the 408 Hospital & Community program, as well as the Governor’s recommended funding levels.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	334-408	Community & Hospital MH Services	\$390,424,545	\$400,324,545
General Revenue Fund Subtotal			\$390,424,545	\$400,324,545
General Services Fund				
149	334-609	Hospital Rotary – Operating Expenses	\$24,408,053	\$24,408,053
150	334-620	Special Education	\$120,930	\$120,930
General Services Fund Subtotal			\$24,528,983	\$24,528,983
Federal Special Revenue Fund				
3A6	334-608	Federal Letter of Credit	\$586,224	\$586,224
3A8	334-613	Federal Letter of Credit for Human Services	\$200,000	\$200,000
3B0	334-617	Elementary and Secondary Education	\$171,930	\$178,807
3B1	334-635	Hospital Medicaid Expansion	\$2,000,000	\$2,000,000
324	334-605	Medicaid/Medicare	\$11,764,280	\$11,873,408
Federal Special Revenue Fund Subtotal			\$14,722,434	\$14,838,439
State Special Revenue Fund				
485	334-632	Mental Health Operating	\$2,476,297	\$2,476,297
State Special Revenue Fund Subtotal			\$2,476,297	\$2,476,297
Total Funding: 408 Hospital & Community			\$432,152,259	\$442,168,264

Implication of Executive Recommendation: The recommended \$432 million for FY 2006 and \$442 million for FY 2007 for 408 Hospital & Community Services program will allow the Department to maintain current capacity and safety of patients and sufficient staffing to operate 49 hospital units for the inpatient system. The Department requested and received an additional \$4.8 million for FY 2006 and \$14.7 million for FY 2007 in 334-408 to maintain inpatient services at current levels. The Department did not receive the requested \$12.5 million and \$25 million in each fiscal year to cover Medicaid match requirements. Therefore, the Department will continue to struggle to meet the needs of consumers, to sustain current service levels in the community, and to cover increased Medicaid match requirements. Another shortfall for the Department is the requested but not funded \$4 million in each fiscal year for housing vouchers and supports for homeless mentally ill and seriously mentally ill prisoners leaving DRC facilities.

Temporary and Permanent Law Provision:

Modification of Inpatient Billing Methodology (R.C. sections 3923.27, 5121.01, 5121.02, 5121.03, 5121.04, 5121.05, 5121.06, 5121.07, 5121.08, 5121.09, 5121.10, 5121.11, 5121.12, 5121.21, 5122.03, 5122.31, and 5121.701 (amended); R.C. 5121.30 through 5121.55 (enacted). Revises the method for determining the amount a patient, patient’s estate, or liable relative will be charged for inpatient care and treatment provided at a hospital under the control of the Department of Mental Health.

Community (excluding ALI 334-408) Behavioral Healthcare for Children

Program Description: The funds listed within this program include all other community funds, excluding line item 334-408 (captured under program 1). The largest line item in this program, 335-505, Local Mental Health Systems of Care, is distributed by the Department to the ADAMHS/CMH boards to provide an integrated system of mental health care that meets locally determined mental health needs. Boards spend 335-505 funding for operating and services expenditures consistent with their Community Plan/Mutual System Performance Agreement approved by the Department. The basic services supported include: crisis intervention/hospital pre-screening; counseling-psychotherapy; community support program services; diagnostic assessment; consultation and education and residential-housing. In addition, 335-505 also supports “special” categories, which support systemic improvements. Current initiatives include: Ohio Department of Development Trust Fund; Early Childhood Mental Health; Alternative Education; SED Deaf/HOH; PASRR Evaluations; Family/Consumer Education; Toll-Free Consumer Support; Consumer Quality Review Team; Ohio Family & Children First Council.

The Social Services Block Grant funds, 3A7 335-612, contain Title XX grants that support social service programs. These dollars are disbursed to ADAMHS/CMH boards via an annual sub-grant. The boards, in turn, distribute funds to local agencies to provide services to persons suffering from mental illness.

The Mental Health Block Grant, 3A9 335-614, is used to support community mental health centers.

The Probate Court Costs line item 334-506 is a reimbursement program whereby the Department reimburses certain county probate court costs in accordance with section 5122.43 of the Revised Code for commitment hearings for persons that are mentally ill. Reimbursable court costs include fees or expenses for police, sheriff, physician, witnesses, transportation, conveyance assistants, attorneys, referees, reporters, and court costs.

The Access to Better Care (ABC) initiative has targeted three major areas: Prevention and Early Intervention for Children and their Families; Early Screening, Assessment and Treatment for Behavioral Healthcare Needs of Children and Youth 0-18 Years of Age; and Treatment of Multi-Need Children, Adolescents and Families. Priority will be given to youth (and their families) who are at high risk of involvement with the following systems due to serious anti-social behavior/emotional disorders and/or are transitioning back to their home communities from more restrictive settings: alcohol and other drug addiction, mental health, child welfare, and juvenile justice. Specific attention will be given to youth with co-occurring disorders.

Funding Source and Line Items: The following table shows the line items that are used to fund the *Community (excluding 408) Behavioral Healthcare for Children* program, as well as the Governor’s recommended funding levels.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	334-506	Court Costs	\$976,652	\$976,652
GRF	335-404	Behavioral Health Services – Children	\$6,365,265	\$7,365,265
GRF	335-405	Family & Children First	\$1,760,000	\$1,760,000
GRF	335-505	Local Mental Health Systems of Care	\$94,687,868	\$99,687,868
General Revenue Fund Subtotal			\$103,789,785	\$109,789,785
General Services Fund				
4P9	335-604	Community Mental Health Projects	\$250,000	\$250,000
General Services Fund Subtotal			\$250,000	\$250,000
Federal Special Revenue Fund				
3A6	335-608	Federal Miscellaneous	\$1,089,699	\$678,699
3A7	335-612	Social Services Block Grant	\$8,657,288	\$8,657,288
3A8	335-613	Fed Grant-Community MH Subsidy	\$2,407,040	\$2,407,040
3A9	335-614	Mental Health Block Grant	\$14,969,400	\$14,969,400
Federal Special Revenue Fund Subtotal			\$27,123,427	\$26,712,427
State Special Revenue Fund				
632	335-616	Community Capital Replacement	\$350,000	\$350,000
692	334-636	Community Mental Health Board Risk Fund	\$80,000	\$80,000
State Special Revenue Fund Subtotal			\$430,000	\$430,000
Total Funding: Community Behavioral Healthcare for Children			\$131,593,212	\$137,182,212

Implication of Executive Recommendation: In general, the executive recommended budget levels for community services will maintain current capacity. The new GRF line item 335-404, Behavioral Health Services – Children, will be used for funding of the ABC initiative. The other new GRF appropriation in line item 335-405, Family & Children First, is moved from the Department of Education, to ODMH. Funding for this line item provides \$20,000 per county to help maintain the local council infrastructure. Previously, a portion of the funds were used for grants to treat multi-need children through the Department of Mental Retardation and Developmental Disabilities. The Department of Mental Health states that even though they will now administer this line item, moneys may still be used for children with MRDD if Family and Children First Councils have a plan in place to apply the dollars to that population.

At the Governor’s recommended level of funding, the Department plans to create a safety net of emergency funds using the increases to GRF line item 335-505, Local Mental Health Systems of Care, of \$5 million in FY 2006 and \$10 million in FY 2007. This level of funding will provide emergency relief to communities in local crises with needs including, but not limited to, medication treatment, temporary housing, consumer-to-consumer supports, and emergency outpatient care. Local ADAMHS/CMH boards will develop a plan for how best to utilize the dollars and submit their proposal to the Department. These resources will not replace the \$50 million in community funding lost to inflation since FY 1998, or the additional \$60-plus million diverted to cover Medicaid requirements over that time. Rather, the proposed funding is a management strategy designed to address the worst-case local crises.

Temporary and Permanent Law Provisions:

Family and Children First County Councils (R.C. sections 121.37, 121.38, 121.381, 121.382). The bill provides a new procedure for the county mechanisms, county comprehensive family service coordination plans, and dispute resolution processes of family and children first county councils.

Community Mental Health Board Risk Fund (Section 209.06.03 of the bill). Requires that line item 334-636 be used to make payments pursuant to section 5119.62 of the Revised Code.

Local Mental Health Systems of Care (Section 209.06.09 of the bill). Requires that line item 335-505 be used for mental health services provided by community mental health boards in accordance with a community mental health plan submitted pursuant to section 340.03 of the Revised Code and as approved by the Department.

Requires at least \$34,818,917 in FY 2006 and at least \$34,818,917 in FY 2007 be distributed by the Department on a per capita basis to community mental health boards.

Earmarks \$100,000 in each fiscal year to fund family and consumer education and support.

Community Medication Program

Program Description: Central Pharmacy Outpatient supplies psychotropic medications for mental illnesses to persons who meet certain diagnostic and financial eligibility criteria. Patients are treated through contracted community mental health centers or inmates in county detention facilities. Central Pharmacy operates as a mail order style pharmacy with the goal of getting the right medication to the right patient at the right time and price. The local boards receive some state subsidy support for the Central Pharmacy program. However, the funding is limited and if exceeded, ODMH is reimbursed the costs of the medications by the local board.

Funding Source and Line Item: The following table shows the line item that are used to fund the *Community Medication* program, as well as the Governor’s recommended funding levels.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	335-419	Community Medication Subsidy	\$7,959,798	\$7,959,798
General Revenue Fund Subtotal			\$7,959,798	\$7,959,798
Total Funding: Community Medication			\$7,959,798	\$7,959,798

Implication of Executive Recommendation: From FY 2001 to the present, this line item has increased approximately 2.1%, significantly below the 9-10% annual increase in drug costs. This line item does not fund all the medication costs for indigent persons and the community mental health boards generally supplement this expense with local dollars. According to the Safety Net Follow-Up Survey, mental health boards reported that this line item only covers approximately 17% of community medications. The Department estimates that in order to maintain current services and meet the medication needs of consumers, \$5.6 million is needed in FY 2006 and \$6.3 million in FY 2007 beyond the executive recommended levels in this line item, to supply medications to those in most urgent need, without other resources. The 419 line item is funded at levels far below need. For example, Medicaid spends over \$300 million annually for mental health medications, yet 40% of all people receiving community mental

health care – almost all indigent – are not Medicaid covered and uninsured. Charity programs of drug companies provide an estimated \$20 million in “free medications.” However, these funds are increasingly being cut and restricted.

Temporary and Permanent Law Provision:

Community Medication Subsidy (Section 209.06.09 of the bill). Requires that appropriations in line item 335-419 must be used to provide subsidized support for psychotropic medication needs of indigent citizens in the community to reduce unnecessary hospitalization because of lack of medication. It also may be used to provide subsidized support for methadone costs.

Community Medicaid Program

Program Description: These funds reflect the federal participation for the community Medicaid program. Covered community Medicaid services include: diagnostic assessment, partial hospitalization, crisis intervention, counseling and psychotherapy, medication somatic services and the community support program.

Funding Source and Line Item: The following table shows the line item that are used to fund the *Community Medicaid* program, as well as the Governor’s recommended funding levels.

Fund	ALI	Title	FY 2006	FY 2007
Federal Special Revenue Fund				
3B1	335-635	Community Medicaid Expansion	\$264,088,404	\$282,807,902
Federal Special Revenue Fund Subtotal			\$264,088,404	\$264,088,404
Total Funding: Community Medicaid			\$264,088,404	\$264,088,404

Implication of Executive Recommendation: Fund 3B1, 335-635, is the Federal Financial Participation (FFP) amount. Community Medicaid is paid for with local resources, namely a mix of GRF and local levy dollars, but varies by Board area.

Temporary and Permanent Law Provision:

Behavioral Health Medicaid Services (Section 209.06.09 of the bill). Temporary law requires ODMH to administer the IMD Medicaid program as delegated by the Department of Human Services, and to use funds in line item 333-607, Behavioral Health Medicaid Services, to make payments for free-standing psychiatric hospital inpatient services.

Forensic Services

Program Description: The Forensic Services program provides the following services:

Forensic/Second Opinion Evaluation (Community Forensic Psychiatry Centers) – the Department is required to fund evaluations for those persons who are pending adjudication, to determine their competency to stand trial and/or to determine sanity. Historically, those services were originally provided at Oakwood State Hospital, but the responsibility was moved to regional Community Forensic Psychiatry Centers.

Mental Health Diversion/Reentry Alternatives to Jails and Prisons – these community based programs at the local level are aimed at serving mentally ill and mentally ill/substance abusing persons involved in the criminal justice system through the provision of diversion alternatives and programs geared at successful reentry into the community.

Community Forensic Monitoring – the Department in conjunction with the Community Mental Health boards, is required to operate a uniform tracking and monitoring program to serve persons on conditional release found Not Guilty by Reason of Insanity and Incompetent to Stand Trial-Unrestorable held under criminal court jurisdiction.

Forensic Fellowship Program – Training for two forensic psychiatrists is funded at the University of Cincinnati and Case Western Reserve University.

Funding Source and Line Item: The following table shows the line items that is used to fund the Forensic Services program, as well as the Governor’s recommended funding levels.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	332-401	Forensic Services	\$4,338,858	\$4,338,858
Federal Special Revenue Fund Subtotal			\$4,338,858	\$4,338,858
Total Funding: Forensic Services			\$4,338,858	\$4,338,858

Implication of Executive Recommendation: In FYs 2006 and 2007, forensic services receives flat funding, which will continue current services as mentioned above. However, based on a recommendation from Justice Stratton on behalf of the Supreme Court’s Advisory Committee on Mentally Ill in the Courts, ODMH needs additional funding in line item 332-401 of \$3 million for the biennium (\$1 million for FY 2006 and \$2 million fully annualized for FY 2007) to support five Assertive Community Treatment Teams (ACT). These resources would be used to serve the 5% to 10% most seriously mentally ill and high-risk discharged offenders (based on formal risk assessment/classification) to be released, without continuing court supervision, from DRC prisons and local jails during the biennium. Only about one third of currently discharged mentally ill inmates receive mental health aftercare. Assertive Community Treatment is a coordinated effort of providing “bundled services” (i.e., behavioral health, medical health and supervision needs) to the chronically mentally ill. According to the Department, approximately 50 teams of mental health professionals are trained in ACT and would be ready to start this type of service, if the necessary funding were provided. Because of the state’s fiscal crisis, no additional funds were requested to address mental health treatment needs of other discharged offenders.

Temporary and Permanent Law Provision:

Forensic Services (Section 209.06 of the bill). Temporary law restricts how funds in GRF line item 322-401, Forensic Services, may be used as follows:

- To provide psychiatric services to courts of common pleas;
- Funds to be allocated through community mental health boards to certified community agencies in accordance with administrative rule to be used for forensic training to community mental health boards and to forensic psychiatric residency programs in state psychiatric hospitals and to provide psychiatric evaluations of patients of forensic status in ODMH facilities prior to conditional release to the community;
- To support projects involving mental health, substance abuse, courts, and law enforcement to identify and develop appropriate alternative services to institutionalization for non-violent mentally ill offenders, and to provide linkages to community services for severely mentally disabled offenders released from ODRC institutions; and
- To provide forensic monitoring and tracking in addition to community programs serving persons of forensic status on conditional release or probation.

Program Series 2

Office of Support Services

Purpose: To provide ancillary services to state facilities, as well as community agencies.

The following table shows the line items that are used to fund the Office of Support Services, as well as the Governor’s recommended funding levels.

Fund	ALI	Title	FY 2006	FY 2007
General Services Fund				
151	235-601	Office of Support Services	\$89,614,180	\$93,898,713
General Services Fund Subtotal			\$89,614,180	\$93,898,713
Total Funding: Office of Support Services			\$89,614,180	\$93,898,713

This analysis focuses on the following specific programs within the program series:

■ **Office of Support Services (OSS)**

Office of Support Services

Program Description: The Office of Support Services is a not-for-profit, non-GRF section of ODMH that provides auxiliary services to state facilities and select community agencies. Services provided include wholesale food, processed food, pharmaceuticals, and pharmacy dispensing and transportation services to 13 state agencies, 92 state institutions, 50 community mental health boards, 10 county alcohol and drug addiction boards, 39 county health departments, and 186 county mental health clinics. By buying in volume, with a customer base in excess of 50,000, OSS is generally able to purchase and sell its services below the current market rate. Program operations are totally self-supporting and are funded out of a rotary account (line item 235-601). The Office of Support Services “earns” its income by billing state departments and agencies for its services.

Over the past five years, OSS has seen its sales grow from \$76 million to over \$85 million. This is primarily due to an increase in the use of new drugs, cost increases for older drugs, and the appeal of the purchasing power of OSS to other eligible nonprofit state and community agencies.

Implication of Executive Recommendation: The Executive recommendations match the Department’s funding request for the Office of Support Services.

Temporary and Permanent Law Provisions: None

Program Series 3

Oversight & Quality

Purpose: To provide oversight and quality controls for the Integrated Behavioral Healthcare System (IBHS) including hospital chief clinical officers, as well as program and policy development for 50 community mental health boards.

The following table shows the line items that are used to fund the Oversight and Quality program series, as well as the Governor’s recommended funding levels.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	333-321	Central Administration	\$4,562,381	\$4,633,486
GRF	333-402	Resident Trainees	\$1,364,919	\$1,364,919
General Revenue Fund Subtotal			\$5,927,300	\$5,998,405
General Services Fund				
149	333-609	Central Office Rotary - Operating	\$115,947	\$120,560
General Services Fund Subtotal			\$115,947	\$120,560
Federal Special Revenue Fund				
3A6	333-608	Community & Hospital Services	\$65,000	\$0
3A8	333-613	Federal Grant – Administration	\$562,417	\$512,417
3B1	333-635	Community Medicaid Expansion	\$105,406	\$67,702
3A9	333-614	Mental Health Block Grant	\$230,597	\$230,250
Federal Special Revenue Subtotal			\$963,420	\$810,369
Total Funding: Oversight and Quality			\$7,006,667	\$6,929,334

This analysis focuses on the following specific programs within the program series:

- **Medical Director & Quality Assurance**
- **Integrated Behavioral Healthcare System**
- **Program & Policy Development**

Medical Director & Quality Assurance

Program Description: The Medical Director exercises clinical supervision of the hospital chief clinical officers, provides clinical oversight of ODMH policies, procedures, guidelines and research projects, and provides oversight of the ODMH Residency program and Best Practice Initiatives. In addition, the Medical Director is responsible for the clinical aspects of the ODMH Licensure and Certification process for community mental health centers.

Funding Source and Line Items: The following table shows the line items that are used to fund the *Medical Director & Quality Assurance* program, as well as the Governor’s recommended funding levels.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	333-321	Central Administration	\$1,849,739	\$1,852,425
GRF	333-402	Resident Trainees	\$1,364,919	\$1,364,919
General Revenue Fund Subtotal			\$3,214,658	\$3,217,344
General Services Fund				
149	333-609	Central Office Rotary – Operating	\$47,494	\$46,087
General Services Fund Subtotal			\$47,494	\$46,087
Federal Special Revenue Fund				
3B1	333-635	Community Medicaid Expansion	\$43,176	\$41,897
Federal Special Revenue Fund Subtotal			\$43,176	\$41,897
Total Funding: Medical Director & Quality Assurance			\$3,305,328	\$3,305,328

Implication of Executive Recommendation: The recommended funding levels for this program will maintain current services including clinical supervision of hospital clinical staff and oversight of department policies and research projects, Ohio colleges and universities to educate mental health professionals, and continued quality improvement practices evidenced by improved reporting mechanisms through the Mental Health Board Clinical Leadership Group.

Temporary and Permanent Law Provisions:

Residency Traineeship Programs (Section 209.06 of the bill). Temporary law requires that the appropriation for line item 333-402, Resident Trainees, be used to fund training agreements entered into by ODMH for the development of curricula and the provision of training programs to support public mental health services.

Pre-Admission Screening Expenses (Section 209.06 of the bill). Temporary law requires that line item 333-403, Pre-Admission Screening Expenses, be used to ensure that uniform methods for pre-admission screening for persons in need of mental health services be in place statewide.

Integrated Behavioral Healthcare System (IBHS)

Program Description: The IBHS is composed of a network of five Behavioral Healthcare Organizations having nine inpatient locations and over 50 Community based programs throughout the state. This program develops, administers and oversees the administration, budget and services of the Behavioral Healthcare Organizations. The IBHS is organized into four Product Lines consisting of: Intensive and Specialized Services; Community Support Network; Forensic; and Culture, Family and Community Services. The program provides support to BHOs through the Product Line structure to ensure compliance with federal, state and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) mandates and other accrediting standards.

Funding Source and Line Items: The following table shows the line items that are used to fund the *Integrated Behavioral Healthcare System Oversight* program, as well as the Governor’s recommended funding levels.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	333-321	Central Administration	\$230,739	\$242,648
General Revenue Fund Subtotal			\$230,739	\$242,648
General Services Fund				
149	333-609	Central Office Rotary – Operating	\$5,367	\$5,311
General Services Fund Subtotal			\$5,367	\$5,311
Federal Special Revenue Fund				
3A8	333-613	Federal Grant – Administration	\$11,803	\$0
3B1	333-635	Community Medicaid Expansion	\$4,879	\$4,828
Federal Special Revenue Fund Subtotal			\$16,682	\$4,828
Total Funding: Integrated Behavioral Healthcare System Oversight			\$252,788	\$252,787

Implication of Executive Recommendation: The recommended funding levels for this program maintain current services including staff to support the oversight of inpatient BHOs, JCAHO accreditation and Medicare certification of state psychiatric hospitals, and quality standards of clinical priorities of patient care.

Temporary and Permanent Law Provisions: None

Program & Policy Development

Program Description: This program provides overall management of the 50 community mental health boards and promotes the local development of a comprehensive community support system of mental health services. Currently, five area directors act as liaisons to coordinate the Department’s relationship with the boards in five regions within the state. This program is also responsible for Systems Development, Children’s Services and Prevention, and Consumer Services.

Funding Source and Line Items: The following table shows the line items that are used to fund the Program and Policy program, as well as the Governor’s recommended funding levels.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	333-321	Central Administration	\$2,481,903	\$2,538,413
General Revenue Fund Subtotal			\$2,481,903	\$2,538,413
General Services Fund				
149	333-609	Central Office Rotary – Operating	\$63,086	\$69,162
General Services Fund Subtotal			\$63,086	\$69,162
Federal Special Revenue Fund				
3A6	333-608	Community & Hospital Services	\$65,000	\$0
3A8	333-613	Federal Grant – Administration	\$550,614	\$512,417
3A9	333-614	Mental Health Block Grant	\$230,597	\$230,250
3B1	333-635	Community Medicaid Expansion	\$57,351	\$62,874
Federal Special Revenue Fund Subtotal			\$903,562	\$805,541
Total Funding: Program and Policy			\$3,448,551	\$3,413,116

Implication of Executive Recommendation: The recommended funding levels for this program maintain current services including staff and operational needs for the Division of Program and Policy Development, Office of Systems Development, Office of Children’s Services and Prevention, and the Office of Consumer Services. In addition, the recommended funding will continue to cover overall management of the 50 community mental health boards.

Temporary and Permanent Law Provisions: None

Program Series 4

Program Management

Purpose: Provides targeted technical assistance, program development, and clinical expertise in state hospital and community settings

The following table shows the line items that are used to fund the Program Management program series, as well as the Governor’s recommended funding levels.

Fund	ALI	Title	FY 2004	FY 2005
General Revenue Fund				
GRF	333-321	Central Administration	\$19,291,288	\$19,220,183
GRF	333-403	Pre-Admission Screening Expenses	\$650,135	\$650,135
GRF	333-415	Lease Rental Payments	\$23,296,200	\$23,833,600
GRF	333-416	Research Program Evaluation	\$1,001,551	\$1,001,551
General Revenue Fund Subtotal			\$44,239,174	\$44,705,469
State Special Revenue Fund				
4X5	333-607	Behavioral Health Medicaid Services	\$3,000,634	\$3,000,634
485	333-632	Mental Health Operating	\$134,233	\$134,233
State Special Revenue Fund Subtotal			\$3,134,867	\$3,134,867
General Services Fund				
149	333-609	Central Office Rotary – Operating	\$767,826	\$773,226
General Services Fund Subtotal			\$767,826	\$773,226
Federal Special Revenue Fund				
3A9	333-614	Mental Health Block Grant	\$518,143	\$518,220
3B1	333-635	Community Medicaid Expansion	\$3,566,131	\$3,582,084
324	333-605	Medicaid/Medicare	\$150,000	\$150,000
Federal Special Revenue Fund			\$4,234,274	\$4,250,304
Total Funding: Program Management			\$52,376,141	\$52,863,866

This analysis focuses on the following specific programs within the program series:

- **Program Management**
- **Debt Service**

Program Management

Program Description: This program includes central office staff members who provide technical assistance and support for all components of the mental health system such as boards, agencies, family groups, consumer groups, state and private hospitals as well as oversight of the day-to-day operation of the Department. Offices or subprograms under the areas of central office administration include: the Director’s Office, Human Resources, Fiscal Administration, Office of Information Services, Legal Services, Consumer Services, Licensure and Certification, Capital Development, Program Evaluation and Research, and Office of Forensic Services.

Funding Source and Line Items: The following table shows the line items that are used to fund the Program Management program, as well as the Governor’s recommended funding levels.

Fund	ALI	Title	FY 2004	FY 2005
General Revenue Fund				
GRF	333-321	Central Administration	\$19,291,288	\$19,220,183
GRF	333-403	Pre-Admission Screening Expenses	\$650,135	\$650,135
GRF	333-416	Research Program Evaluation	\$1,001,551	\$1,001,551
General Revenue Fund Subtotal			\$20,942,974	\$20,871,869
State Special Revenue Fund				
4X5	333-607	Behavioral Health Medicaid Services	\$3,000,634	\$3,000,634
485	333-632	Mental Health Operating	\$134,233	\$134,233
State Special Revenue Fund Subtotal			\$3,134,867	\$3,134,867
General Services Fund				
149	333-609	Central Office Rotary – Operating	\$767,826	\$773,226
General Services Fund Subtotal			\$767,826	\$773,226
Federal Special Revenue Fund				
3A9	333-614	Mental Health Block Grant	\$518,143	\$518,220
3B1	333-635	Community Medicaid Expansion	\$3,566,131	\$3,582,084
324	333-605	Medicaid/Medicare	\$150,000	\$150,000
Federal Special Revenue Fund			\$4,234,274	\$4,250,304
Total Funding: Program Management			\$29,079,941	\$29,030,266

Implication of Executive Recommendation: The recommended funding levels for this program will maintain current services including staff and operational requirements of the central office needed for budget control and coordination, human resources administration, oversight of Medicaid mental health services, research and program evaluation, facility planning and management, information systems, and legal/regulatory services. The total impact of flat funding for central office across programs 3.1 Medical Director and Quality Assurance, 3.2 Integrated Behavioral Healthcare System, 3.3 Program and Policy Development, and 4.1 Program Management would be a loss of approximately 4 FTEs in FY 2006 and 14 in FY 2007. The allocation of FTE reductions across individual offices will be determined at a later point in FY 2006.

Temporary and Permanent Law Provision:

Pre-Admission Screening Expenses (Section 209.06 of the bill). Temporary law requires that line item 333-403, Pre-Admission Screening Expenses, be used to ensure that uniform methods for pre-admission screening for persons in need of mental health services be in place statewide.

Debt Service

Program Description: This program area reflects payments made by the Department for debt service retirement to the Ohio Public Facilities Commission for mental health facilities.

Funding Source and Line Item: The following table shows the line item that are used to fund the Debt Service, as well as the Governor’s recommended funding levels.

DMH – Department of Mental Health

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	333-415	Lease Rental Payments	\$23,296,200	\$23,833,600
General Revenue Fund Subtotal			\$23,296,200	\$23,833,600
Total Funding: Debt Service			\$23,296,200	\$23,833,600

Implication of Executive Recommendation: The Executive budget fully funds debt service payments for mental health facilities to the Ohio Public Facilities Commission.

Temporary and Permanent Law Provision:

Lease Rental Payments (Section 209.06 of the bill). Sets an aggregate limit of \$49,142,400 that ODMH may pay to the Ohio Public Facilities Commission from line item 333-415, Rental Payments OPFC, pursuant to leases and agreements made under section 154.20 of the Revised Code.

REQUESTS NOT FUNDED

Under the Executive proposal, the Department received an additional \$4.8 million in FY 2006 and \$14.7 million in FY 2007 to maintain current inpatient capacity and to provide sufficient staff to operate 49 units, which preserves the base for hospital mental health services. The tables below identify the other three priority areas the Department identified as needing additional funding for sustaining current service levels in the community. Although the Department did not receive full amounts for these additional funding requests, it plans to utilize the additional GRF appropriation in line item 335-505, Local Mental Health Systems of Care, of \$5 million in FY 2006 and \$10 million in FY 2007.

GRF: Additional Funding for Medicaid Match Requirements						
Fund Line Item	FY 2006 Requested	FY 2006 Recommended	Difference	FY 2007 Requested	FY 2007 Recommended	Difference
Additional GRF 334-408 and GRF 335-505	Additional \$12,500,000	\$0	(\$12,500,000)	Additional \$24,500,000	\$0	(\$25,000,000)

The Department projects Medicaid will increase 7.6% in FY 2006 and another 6.8% in FY 2007, bringing total Medicaid for mental health (Federal Financial Participation and match) to \$440 million and \$470 million, respectively.

At the Governor’s recommended level of funding, the Department will need to rely on the increases in GRF appropriation in line item 335-505 Local Mental Health Systems of Care, of \$5 million in FY 2006 and \$10 million in FY 2007. This level of funding will provide emergency relief to communities in local crises with needs including, but not limited to, medication treatment, temporary housing, consumer-to-consumer supports, and emergency outpatient care. Local ADAMHS/CMH boards will develop a plan for how best to utilize the dollars and submit their proposal to the Department. Local boards in financial crisis could also apply for funding to meet the Medicaid match requirements as part of their overall plan. These resources will not replace the \$50 million in community funding lost to inflation since FY 1998, or the additional \$60-plus million diverted to cover Medicaid requirements over that time. Rather, the proposed funding is a management strategy designed to address the worst-case local crises. The recommended level of funding for the community services program series is \$131,593,212 in FY 2006 and \$137,182,212 in FY 2007.

GRF: Additional Funding for Housing Vouchers						
Fund Line Item	FY 2006 Requested	FY 2006 Recommended	Difference	FY 2007 Requested	FY 2007 Recommended	Difference
GRF 335-505	Additional \$4,000,000	\$0	(\$4,000,000)	Additional \$4,000,000	\$0	(\$4,000,000)

Thirty-seven boards estimate that over 11,000 consumers are currently homeless. The average wait for public housing throughout the state is nine months to over a year. There are long waiting lists for supervised housing.

As mentioned above, at the Governor’s recommended level of funding, the Department will need to rely on the increases in GRF appropriation line item 335-505, Local Mental Health Systems of Care, of \$5 million in FY 2006 and \$10 million in FY 2007.

GRF: Additional Funding for Community Medication						
Fund Line Item	FY 2006 Requested	FY 2006 Recommended	Difference	FY 2007 Requested	FY 2007 Recommended	Difference
GRF 335-419	Additional \$5,600,000	\$0	(\$5,600,000)	Additional \$6,300,000	\$0	(\$6,300,000)

From FY 2001 to the present, this line item has increased approximately 2.1%, significantly below the 9%-10% annual increase in drug costs. This line item does not fund all the medication costs for indigent persons and the community mental health boards generally supplement this expense with local dollars. According to the Safety Net Follow-Up Survey, mental health boards reported that this line item only covers approximately 17% of community medications. The Department estimated that in order to maintain current services and meet the medication needs of consumers, \$5.6 million is needed for FY 2006 and \$6.3 million for FY 2007 beyond current levels in this line item, to supply medications to those in most urgent need, without other resources. The 419 line item is funded at levels far below need. For example, Medicaid spends over \$300 million annually for mental health medications, yet 40% of all people receiving community mental health care – almost all indigent – are not Medicaid covered and uninsured. Charity programs of drug companies provide an estimated \$20 million in “free medications.” However, these funds are increasingly being cut and restricted.

General Revenue Fund

GRF 332-401 Forensic Services

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$4,152,291	\$4,341,823	\$4,389,409	\$4,338,858	\$4,338,858	\$4,338,858
	4.6%	1.1%	-1.2%	0.0%	0.0%

Source: GRF

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am Sub. HB 117 of the 121st G.A.)

Purpose: Funds are used to support 12 regional community forensic psychiatric centers which provide sanity and competency evaluation services for municipal courts, juvenile courts, and courts of common pleas. Funds are also used to support mental health diversion alternative projects. These community based projects are aimed at serving non-violent mentally ill and/or mentally ill substance abusing persons involved in the criminal justice system through diversion alternatives. This line item also supports the coordination of state hospitals, community psychiatric evaluation centers, community mental health boards, and local providers to develop and implement programs and procedures for community-based systems of forensic care.

GRF 333-100 Personal Services - Central Administration

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$17,124,762	\$16,777,940	\$0	\$0	\$0	\$0
	-2.0%	-100.0%	N/A	N/A	N/A

Source: GRF

Legal Basis: Discontinued line item

Purpose: Funds in this line item were used to pay personal service costs for administration of the Department. This line item has been replaced by line item 333-321, Central Administration.

GRF 333-200 Maintenance - Central Administration

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$2,278,226	\$2,146,438	\$966	\$0	\$0	\$0
	-5.8%	-100.0%	-100.0%	N/A	N/A

Source: GRF

Legal Basis: Discontinued line item

Purpose: Funds in this line item were used to pay maintenance costs of the Department. This line item has been replaced by line item 333-321, Central Administration.

GRF 333-300 Equipment - Central Administration

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$385,935	\$312,583	\$20,223	\$0	\$0	\$0
	-19.0%	-93.5%	-100.0%	N/A	N/A

Source: GRF

Legal Basis: Discontinued line item

Purpose: Funds in this line item were used to pay equipment costs for administration of the Department. This line item has been replaced by line item 333-321, Central Administration.

GRF 333-321 Central Administration

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$0	\$0	\$22,276,780	\$23,853,669	\$23,853,669	\$23,853,669
	N/A	N/A	7.1%	0.0%	0.0%

Source: GRF

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A.

Purpose: This line item is used to pay personal service costs, maintenance, and equipment for the Department. This newly created line item replaces line items 333-100, 333-200, and 333-300.

GRF 333-402 Resident Trainees

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$1,551,633	\$1,431,575	\$1,356,488	\$1,364,919	\$1,364,919	\$1,364,919
	-7.7%	-5.2%	0.6%	0.0%	0.0%

Source: GRF

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A.; ORC 5119.06(A)(2), 5119.10, and 5119.11 (originally established by Am. Sub. H.B. 694 of the 114th G.A.)

Purpose: Moneys in this line item fund psychiatry/psychology residencies and traineeship programs in psychology, nursing, and social work at state universities and teaching hospitals. Under ORC 5119.06(A)(2), 5119.10, and 5119.11, the Department of Mental Health, in affiliation with institutions of higher education, must provide curricula development, training programs, and tuition reimbursement for mental health professionals.

GRF 333-403 Pre-Admission Screening Expenses

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$638,246	\$650,135	\$650,135	\$650,135	\$650,135	\$650,135
	1.9%	0.0%	0.0%	0.0%	0.0%

Source: GRF (receives 50 percent federal match in Medicaid dollars)

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 117 of the 121st G.A.)

Purpose: Funds are used to cover expenditures related to the development, administration, and delivery of screening assessments designed to help ensure that only those persons in need of institutional placements receive such services. These screenings take place before a Medicaid-eligible person is admitted to a psychiatric hospital or nursing home, or may be done after a person has been placed in a facility to determine the appropriateness of continued placement. Moneys in this line item may also be used for discharge planning and referral, and adjudication of appeals and grievance procedures.

GRF 333-415 Lease Rental Payments

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$24,581,264	\$25,127,891	\$24,102,718	\$23,206,750	\$23,296,200	\$23,833,600
	2.2%	-4.1%	-3.7%	0.4%	2.3%

Source: GRF

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 117 of the 121st G.A.)

Purpose: These moneys fund debt service payments for long-term capital construction projects of the Department of Mental Health.

GRF 333-416 Research Program Evaluation

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$810,289	\$939,318	\$1,058,012	\$1,001,551	\$1,001,551	\$1,001,551
	15.9%	12.6%	-5.3%	0.0%	0.0%

Source: GRF

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 694 of the 114th G.A.)

Purpose: These funds are used for departmental research projects. The Department of Mental Health (DMH) promotes, directs, conducts, and coordinates scientific research concerning the causes and preventions of mental illness for both adults and children, the effectiveness of mental health services, and the impact of changes in the public mental health system. In collaboration with universities and research institutions, DMH currently funds approximately 20 research projects.

GRF 333-701 Cambridge Environment Improvement

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$95,263	\$0	\$0	\$0	\$0	\$0
	-100.0%	N/A	N/A	N/A	N/A

Source: GRF

Legal Basis: Discontinued line item (originally established by Controlling Board on September 11, 2000)

Purpose: The amount previously appropriated in this line item was used to cover one-time expenses associated with a clean-up project at the Summit Behavioral Healthcare Organization (formerly Pauline-Warfield Lewis Center).

GRF 334-408 Community and Hospital Mental Health Services

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$356,719,170	\$370,130,056	\$376,637,527	\$385,624,545	\$390,424,545	\$400,324,545
	3.8%	1.8%	2.4%	1.2%	2.5%

Source: GRF

Legal Basis: Section 70.01 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 111 of the 118th G.A.)

Purpose: Moneys in this line item fund both hospital operating budgets and the services purchased by the community mental health boards. This line item was created to reflect changes to the delivery of mental health services made in S.B. 156, the "Mental Health Act of 1988". Prior to FY 2000, these funds were distributed under ORC 5119.62(B)(2) to hospitals and to boards which have an approved community mental health plan. In July 1999, a class action lawsuit by ADAMH boards sought to obtain full and fair distribution of funds from the Department of Mental Health (DMH) for use by community mental health boards for the purpose of local management of mental health services for persons with severe mental disabilities. The suit was resolved through a settlement agreement between the parties, which gave local boards greater control over the distribution of funds from DMH and the "freedom of choice" in the use of such funds (subject to review and approval by DMH). Therefore, beginning in FY 2000 all non-forensic funds in this line item were distributed in accordance with the 408 settlement agreement.

GRF 334-506 Court Costs

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$926,461	\$965,334	\$944,666	\$976,652	\$976,652	\$976,652
	4.2%	-2.1%	3.4%	0.0%	0.0%

Source: GRF

Legal Basis: Section 70.01 of Am. Sub. H.B. 95 of the 125th G.A.; ORC 5122.43

Purpose: This line item is used to reimburse county probate courts for expenses associated with commitment proceedings for the non-criminal mentally ill pursuant to ORC 5122.43. It also pays attorneys' costs for indigent clients during commitment hearings. For many courts, however, it does not cover the costs of all commitment hearings.

GRF 335-404 Behavioral Health Services-Children

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$0	\$0	\$0	\$0	\$6,365,265	\$7,365,265
	N/A	N/A	N/A	N/A	15.7%

Source: GRF

Legal Basis: Section 209.06.06 of H.B. 66 of the 126th G.A. (not yet enacted)

Purpose: Funds in this line item will be used to improve community behavioral health treatment and develop a parent advocacy network. Specifically, the funds will provide flexible, family-centered community behavioral health treatment and support services and to support at least three demonstration projects in select areas of the state focusing on improving behavioral health services for the child welfare and juvenile justice populations. At least one of these projects will focus on adolescent girls involved with or at risk for involvement with the juvenile justice system.

GRF 335-405 Family & Children First

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$0	\$0	\$0	\$0	\$1,760,000	\$1,760,000
	N/A	N/A	N/A	N/A	0.0%

Source: GRF

Legal Basis: Section 209.06.06 of H.B. 66 of the 126th G.A. (not yet enacted)

Purpose: This line item is moved from the Department of Education (ALI 200-411) for the 126th biennial budget. County Family and Children First Councils are local collaborative bodies created to improve services for families seeking government assistance for their children. Section 121.37 of the Ohio Revised Code requires that each county establish a Family and Children First Council. Funding for this line item provides \$20,000 per county to help maintain the local council infrastructure. Previously, a portion of the funds were used for grants to treat multi-need children through the Department of Mental Retardation and Developmental Disabilities. The Department of Mental Health states that even though they will now administer this line item, moneys may still be used for children with MRDD if Family and Children First Councils have a plan in place to apply the dollars for that population.

GRF 335-419 Community Medication Subsidy

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$7,682,295	\$7,701,549	\$7,711,092	\$7,959,798	\$7,959,798	\$7,959,798
	0.3%	0.1%	3.2%	0.0%	0.0%

Source: GRF

Legal Basis: Section 70.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 171 of the 117th G.A.)

Purpose: Funds are used to assist community mental health boards with the purchase of psychotropic medication for indigent persons. The goal is to reduce hospitalization that is caused by a lack of medication. The appropriation levels do not, however, fund all the medication costs for indigent persons, and the community mental health boards generally pick up the remaining costs.

GRF 335-502 Community Mental Health Programs

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$36,612,580	\$31,145,262	\$367,749	\$0	\$0	\$0
	-14.9%	-98.8%	-100.0%	N/A	N/A

Source: GRF

Legal Basis: Discontinued line item

Purpose: This line item has been replaced by GRF line item 335-505, Local Mental Health Systems of Care. This line item was used to pay a portion of the operating expenses and/or other general mental health purposes of the state's 50 community mental health boards. The boards contract with local public and private non-profit agencies to provide services to persons suffering from mental illness in their county or multi-county service areas. Subsidies are based on the ratio of the census population of each service district to the population of the state.

The community board network was established by H.B. 648 of the 107th G.A. in 1967, and its responsibilities are codified in Chapter 340. of the Revised Code. An alcohol, drug addiction, and mental health service district must be established in any county, or combination of counties, with a population of 50,000 or more, to provide locally-based planning, evaluation, and coordination services.

GRF 335-505 Local MH Systems of Care

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$0	\$0	\$88,541,757	\$89,687,868	\$94,687,868	\$99,687,868
	N/A	N/A	1.3%	5.6%	5.3%

Source: GRF

Legal Basis: Section 70.02 of Am. Sub. H.B. 95 of the 125th G.A.

Purpose: This line item replaces GRF line items 335-502 and 335-508. This line item will be used for the same purposes as both of the discontinued items were used.

For Community Mental Health Programs, funds are used to pay a portion of the operating expenses and/or other general mental health purposes of the state's 50 community mental health boards. The boards contract with local public and private non-profit agencies to provide services to persons suffering from mental illness in their county or multi-county service areas. Subsidies are based on the ratio of the census population of each service district to the population of the state. The community board network was established by H.B. 648 of the 107th G.A. in 1967, and its responsibilities are codified in Chapter 340. of the Revised Code. An alcohol, drug addiction, and mental health service district must be established in any county, or combination of counties, with a population of 50,000 or more, to provide locally-based planning, evaluation, and coordination services.

A portion of the funds in this line item are used to provide services to maintain severely mentally disabled persons in the community and reduce their need for state mental hospital care. Funds are distributed to special projects that have replaced state hospital beds, and to community mental health boards. Funding is distributed to the boards and based on a variety of methodologies including formula and historical distributions.

Under Am. Sub. H.B. 111 of the 118th G.A., the purpose of discontinued line item 335-508 was changed to include new programs for severely emotionally disturbed youth and for housing the mentally disabled.

Section 70.03 of Am. Sub. H.B. 95 of the 125th G.A. requires that no less than \$34,818,917 in each of FYs 2004 and 2005 be distributed on a per capita basis to community mental health boards and that \$100,000 each fiscal year be used to fund family and consumer education and support.

GRF 335-508 Services for Severely Mentally Disabled

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$57,716,586	\$56,845,128	\$1,826,042	\$0	\$0	\$0
	-1.5%	-96.8%	-100.0%	N/A	N/A

Source: GRF

Legal Basis: Discontinued line item (originally established by Am. Sub. H.B. 291 of the 115th G.A.)

Purpose: Funds in this line item were replaced by GRF line item 335-505, Local Mental Health Systems of Care. Funds were used for mental health services that maintain severely mentally disabled persons in the community and to reduce the need for state mental hospital care. Appropriated funds were distributed to special projects that have replaced state hospital beds, and to community mental health boards. Funding was distributed to the boards by a variety of methodologies including formula and historical distributions. Under Am. Sub. H.B. 111 of the 118th G.A., the purpose of this line item was changed to include new programs for severely emotionally disturbed youth and for housing the mentally disabled.

General Services Fund Group

149 333-609 Central Office Rotary - Operating

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$2,513,951	\$1,565,159	\$606,318	\$1,103,578	\$883,773	\$893,786
	-37.7%	-61.3%	82.0%	-19.9%	1.1%

Source: GSF: Payments for goods and services provided by the Department to other governmental and non-governmental entities, employee housing and cafeteria receipts, fees for copying services, the proceeds from the sale of other personal property under the agency's control, and payments from community mental health boards and agencies for training, seminars, and printed materials provided by the Department

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A.; ORC 5119.161 (originally established by Controlling Board in FY 1981; subsequently established in ORC 5119.161 by Am. Sub. H.B. 291 of the 115th G.A.)

Purpose: These moneys are used to pay the Department's central office operating expenses.

149 334-609 Hospital Rotary - Operating Expenses

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$17,698,111	\$25,144,532	\$21,550,859	\$24,408,053	\$24,408,053	\$24,408,053
	42.1%	-14.3%	13.3%	0.0%	0.0%

Source: GSF: Shared Service Agreements, Community Support Network (CSN) payments from county boards (MACSIS billable)

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A.; ORC 5119.161 (originally established by Controlling Board in FY 1981; subsequently established in ORC 5119.161 by Am. Sub. H.B. 291 of the 115th G.A.)

Purpose: These moneys are used to pay the Department's hospitals operating expenses related to the Community Support Network (CSN). CSN services are provided in a community setting by DMH employees and paid for by community mental health boards.

150 334-620 Special Education

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$120,557	\$101,429	\$103,007	\$120,930	\$120,930	\$120,930
	-15.9%	1.6%	17.4%	0.0%	0.0%

Source: GSF: Moneys from the state's Department of Education

Legal Basis: Section 70.01 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board in October 1976)

Purpose: The hospitals receive and expend funds from Fund 150. These funds are used for educating school-age residents in mental health institutions (including forensic psychiatric facilities) and include adult education programs and G.E.D. classes. Teachers, supplies, and equipment may be paid from this fund.

151 235-601 General Administration

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$77,350,307	\$77,528,873	\$80,749,834	\$85,181,973	\$89,614,180	\$93,898,713
	0.2%	4.2%	5.5%	5.2%	4.8%

Source: GSF: Moneys from other entities that purchase goods and services from the Division of General Administration (these services include: food management; warehousing and distribution; drugs and pharmaceutical services farm operations; laundry operation and management; vocational horticulture; material stores; and transportation)

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A.; ORC 5119.16 (originally established in 1972)

Purpose: These moneys are used to fund the Office of Support Services Operations. The Office of Support Services (OSS) was established by ORC 5119.16, to provide certain goods and services to the Departments of Mental Health, Mental Retardation and Developmental Disabilities, Rehabilitation and Correction, Youth Services and other state, county, or municipal agencies.

As of FY 1982, the division receives no GRF support but relies on payments received for goods and services.

4N8 335-606 Family Stability Incentive

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$4,054,295	\$5,082,463	\$0	\$0	\$0	\$0
	25.4%	-100.0%	N/A	N/A	N/A

Source: GSF: Title IV-B moneys from the Department of Job and Family Services and \$2.7 million from line item 335-508 in DMH's budget transferred into this fund

Legal Basis: Discontinued line item (originally established by Controlling Board in June 1996)

Purpose: This program ended in FY 2003. It was started as a pooled-funding mechanism from several state agencies. Counties accessed these funds based on their ability to reduce the number of unnecessary out-of-home placements for children. Urban counties began to access these funds during the FY 1998-1999 biennium.

4P9 335-604 Community Mental Health Projects

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$200,000	\$0	\$200,000	\$200,000	\$250,000	\$250,000
	-100.0%	N/A	0.0%	25.0%	0.0%

Source: GSF: Sale of property and oil and gas leases

Legal Basis: Section 70.02 of Am. Sub. H.B. 95 of the 125th G.A.

Purpose: Funds in this line item were used to cover startup costs for a PACT (Program for Assertive Community Treatment) pilot program in Athens county in FY 2002 and 2003. The Department plans to use these funds in FYs 2004 and 2005 for community mental health facilities.

Federal Special Revenue Fund Group

324 333-605 Medicaid/Medicare

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$507,660	\$504,967	\$623,929	\$514,923	\$150,000	\$150,000
	-0.5%	23.6%	-17.5%	-70.9%	0.0%

Source: FED: Medicaid and Medicare revenues

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A. (originally established in Am. Sub. H.B. 291 of the 115th G.A. to ensure that federal Medicaid and Medicare moneys were reflected in the Federal Special Revenue Fund)

Purpose: Funds are used for Medicaid/Medicare refunds for operating expenses of the Department's institutions.

The vast majority of these moneys are Medicare dollars. Since the 117th G.A., Medicaid reimbursement at state hospitals was received only for persons who were mentally ill and also mentally retarded, and for 20% of the cost of certain types of physician services for Medicare-eligible (over age 65) patients. Beginning in FY 1996, freestanding psychiatric hospitals received a federal waiver to become eligible to receive Medicaid coverage for persons under 21 or over 65 years of age. For persons over 65, Medicaid is used to supplement any Medicare coverage. The number of persons under 21 or over 65 who are treated at state psychiatric hospitals is small. Both of the state psychiatric hospitals for youth have closed in order to provide more outpatient services or inpatient services in smaller settings, and many persons over 65 may require treatment in a nursing home instead of a state psychiatric hospital.

324 334-605 Medicaid/Medicare

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$11,406,738	\$10,703,493	\$9,984,857	\$10,916,925	\$11,764,280	\$11,873,408
	-6.2%	-6.7%	9.3%	7.8%	0.9%

Source: FED: Medicaid and Medicare revenues

Legal Basis: Section 70.01 of Am. Sub. H.B. 95 of the 125th G.A. (originally established in Am. Sub. H.B. 291 of the 115th G.A. to ensure that federal Medicaid and Medicare moneys were reflected in the Federal Special Revenue Fund)

Purpose: Funds are used for operating expenses of the Department's institutions.

The vast majority of these moneys are Medicare dollars. Since the 117th G.A., Medicaid reimbursement at state hospitals was received only for the minimal number of beds in a small unit for persons who were mentally ill and also mentally retarded, and for 20% of the cost of certain types of physician services for Medicare-eligible (over age 65) patients. Beginning in FY 1996, freestanding psychiatric hospitals received a federal waiver to become eligible to receive Medicaid coverage for persons under 21 or over 65 years of age. For persons over 65, Medicaid is used to supplement any Medicare coverage. The number of persons under 21 or over 65 who are treated at state psychiatric hospitals is small. Both of the state psychiatric hospitals for youth have closed in order to provide more outpatient services or inpatient services in smaller settings, and many persons over 65 may require treatment in a nursing home instead of a state psychiatric hospital.

3A6 333-608 Community & Hospital Services

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$0	\$1,650	\$22,550	\$134,112	\$65,000	\$0
	N/A	1266.7%	494.7%	-51.5%	-100.0%

Source: FED: Numerous federal grants. Prior to FY 1991, this line item also received Title XX moneys, which have since been deposited in Fund 3A7. The Department was awarded a grant of \$24,200 from the U.S. Department of Health and Human Services to implement training based on the Balanced Scorecard concepts. One half of the grant award cash was received during FY 2003. The remaining \$12,100 will be received upon completion of the grant objectives in FY 2004.

Legal Basis: ORC 5119.60

Purpose: This line item is used to fund the Balanced Scorecard project. The focus of the Balanced Scorecard project is to evaluate a suicide prevention plan that was launched in May 2002 with the Department of Mental Health and the Ohio Coalition for Suicide Prevention working as a partnership. Additionally, the grant funding will be used to develop performance measures in order to evaluate whether the organizations being evaluated are developing the proper customer focus and internal capacity.

3A6 334-608 Subsidy for Federal Grants

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$0	\$0	\$0	\$386,224	\$586,224	\$586,224
	N/A	N/A	N/A	51.8%	0.0%

Source: FED: A few federal grants and contract moneys

Legal Basis: Discontinued line item (originally established by ORC 5119.60)

Purpose: This line item was used to support funding for state programs for persons who are mentally ill.

3A6 335-608 Federal Miscellaneous

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$0	\$0	\$432,022	\$839,699	\$1,089,699	\$678,699
	N/A	N/A	94.4%	29.8%	-37.7%

Source: FED: Miscellaneous federal grants

Legal Basis: Discontinued line item (originally established by Controlling Board on December 1, 2000)

Purpose: Appropriations in this line item were used to fund a variety of grant programs.

3A7 333-612 Social Services Block Grant

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$0	\$0	\$24,874	\$0	\$0	\$0
	N/A	N/A	-100.0%	N/A	N/A

Source: FED: CFDA 93.667, Social Services Block Grant

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A.; ORC 5119.60

Purpose: Funding is used for central office administration related to the Title XX, Social Services Block Grant program.

3A7 335-612 Social Services Block Grant

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$7,076,735	\$9,228,401	\$8,315,991	\$9,314,108	\$8,657,288	\$8,657,288
	30.4%	-9.9%	12.0%	-7.1%	0.0%

Source: FED: CFDA 93.667, Social Services Block Grant

Legal Basis: Section 70.02 of Am. Sub. H.B. 95 of the 125th G.A.; ORC 5119.60

Purpose: This line item, along with line item 333-612, is used to receive and disburse the Department's Title XX sub-grants. Title XX moneys are "passed through" to DMH from the Ohio Department of Job and Family Services. Community mental health boards receive an annual sub-grant of Title XX funds, which they distribute to local agencies to provide services to mentally ill persons. No state match is required.

3A8 333-613 Federal Grant-Administration

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$75,946	\$17,092	\$158,951	\$312,417	\$562,417	\$512,417
	-77.5%	830.0%	96.5%	80.0%	-8.9%

Source: FED: CFDA 93.125, Mental Health Planning and Demonstration Projects; CFDA 93.128, Mental Health Statistics Improvement Program; CFDA 93.150, Projects for Assistance in Transition from Homelessness (PATH)

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on April 25, 1980)

Purpose: These funds are used for state administration of federal grants.

3A8 334-613 Federal Letter of Credit

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$0	\$0	\$0	\$0	\$200,000	\$200,000
	N/A	N/A	N/A	N/A	0.0%

Source: FED: Carryover moneys from the ORYX Grant

Legal Basis: Discontinued line item (originally established by Controlling Board on December 10, 1999)

Purpose: Funds are no longer utilized.

3A8 335-613 Federal Grant - Community Mental Health Board Subsidy

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$1,663,741	\$1,896,062	\$1,646,646	\$1,717,040	\$2,407,040	\$2,407,040
	14.0%	-13.2%	4.3%	40.2%	0.0%

Source: FED: CFDA 93.125, Mental Health Planning and Demonstration Projects; CFDA 93.128, Mental Health Statistics Improvement Program; CFDA 93.150, Projects for Assistance in Transition from Homelessness (PATH), and the Creating Safe and Supportive Environments for Learning Program; CFDA 93.230

Legal Basis: Section 70.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on April 25, 1980)

Purpose: These funds are allocated to community mental health boards for implementation of the community mental health board programs or services. Under federal regulations, the Department must separate letter of credit funds from all other federal moneys. A letter of credit is the federal mechanism for transferring moneys from the Federal Reserve to the Department, and is the procedure for receipt of certain mental health grants. Line item 333-613 (Fund 3A8) is used for state administration.

3A9 333-614 Mental Health Block Grant

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$933,787	\$818,369	\$746,966	\$835,636	\$748,740	\$748,470
	-12.4%	-8.7%	11.9%	-10.4%	0.0%

Source: FED: CFDA 93.958, Block Grants for Community Mental Health Services (as authorized by the Public Health Services Act Title XIX Part B, as amended)

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 694 of the 114th G.A.)

Purpose: Funding is used to support central office administration costs associated with the block grant program.

3A9 335-614 Mental Health Block Grant

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$16,554,473	\$14,375,990	\$14,166,497	\$17,056,090	\$14,969,400	\$14,969,400
	-13.2%	-1.5%	20.4%	-12.2%	0.0%

Source: FED: CFDA 93.958, Block Grants for Community Mental Health Services (as authorized by the Public Health Services Act Title XIX Part B, as amended)

Legal Basis: Section 70.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 694 of the 114th G.A.)

Purpose: These block grant funds must be used to support community mental health centers that otherwise would have received direct grants under the Community Mental Health Centers Act. Community mental health centers provide acute care services, which include individual/group counseling, residential treatment, crisis intervention, and case management to persons with severe and persistent mental illness.

3B0 334-617 Elementary and Secondary Education Act

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$152,392	\$163,519	\$195,360	\$251,866	\$171,930	\$178,807
	7.3%	19.5%	28.9%	-31.7%	4.0%

Source: FED: Federal moneys under the Elementary and Secondary Education Act (ESEA) and the Adult Basic Education Act (ABE)

Legal Basis: Section 70.01 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board in 1966)

Purpose: Funds are used for educating school-age residents and adults in mental health institutions. All moneys are used within mental health institutions.

3B1 333-635 Community Medicaid Expansion

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$5,119,310	\$6,780,696	\$4,053,297	\$4,145,222	\$3,671,537	\$3,691,683
	32.5%	-40.2%	2.3%	-11.4%	0.5%

Source: FED: U.S. Department of Health and Human Services

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on July 21, 1982)

Purpose: In the biennial appropriation acts, separate appropriations appear in the Division of Administration and Statewide Programs (line item 333-635) and the Division of Community Support Services (line item 335-635). Funds in this line item are used for administrative costs for overseeing Community Medicaid and payments to private Institutions for Mental Disease (IMD's), after depleting 4X5 funds (Medicaid match).

3B1 334-635 Hospital Medicaid Expansion

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$4,534,931	\$0	\$634,582	\$2,000,000	\$2,000,000	\$2,000,000
	-100.0%	N/A	215.2%	0.0%	0.0%

Source: FED: Medicaid reimbursement collected by state DMH hospitals

Legal Basis: Section 70.01 of Am. Sub. H.B. 95 of the 125th G.A.

Purpose: These funds are used for hospital administrative costs.

3B1 335-635 Community Medicaid Expansion

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$181,611,451	\$207,516,569	\$229,539,045	\$250,318,938	\$264,088,404	\$282,807,902
	14.3%	10.6%	9.1%	5.5%	7.1%

Source: FED: U.S. Department of Health and Human Services

Legal Basis: Section 70.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on July 21, 1982)

Purpose: In the biennial appropriation acts, separate appropriations appear in the Division of Administration and Statewide Programs (333-635) and the Division of Community Support Services (335-635). Fund 3B1 receives Medicaid dollars for certain community mental health services provided by mental health professionals. These services include: outpatient mental health care, unscheduled emergency mental health care, and partial hospitalization in community facilities. The funds from these line items are passed through to community mental health boards and agencies for operating expenses based on billed services.

State Special Revenue Fund Group

485 333-632 Mental Health Operating

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$25,612	\$0	\$280	\$134,233	\$134,233	\$134,233
	-100.0%	N/A	47840.4%	0.0%	0.0%

Source: SSR: Private insurance and other third-party payments for persons in Department of Mental Health hospitals

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on July 21, 1982)

Purpose: Funds in this line item are used to refund third party payers who paid inadvertently.

485 334-632 Mental Health Operating

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$2,973,866	\$1,314,009	\$1,943,381	\$2,476,297	\$2,476,297	\$2,476,297
	-55.8%	47.9%	27.4%	0.0%	0.0%

Source: SSR: Private insurance and other third-party payments for persons receiving services at community mental health boards

Legal Basis: Section 70.01 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on July 21, 1982)

Purpose: This line item receives insurance and other third-party payments for certain community mental health services provided by mental health professionals. These services include: outpatient mental health care, unscheduled emergency mental health care, and partial hospitalization in community mental health facilities. The funds are passed through to community mental health boards and agencies for operating expenses based upon billed services.

4X5 333-607 Behavioral Health Medicaid Services

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$2,562,848	\$2,828,385	\$2,913,327	\$3,000,634	\$3,000,634	\$3,000,634
	10.4%	3.0%	3.0%	0.0%	0.0%

Source: SSR: Federal Disproportionate Share (DSH), paid by the federal government to the state of Ohio for uncompensated care in state psychiatric hospitals

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Am. Sub. H.B. 117 of the 121st G.A.)

Purpose: Beginning in 1999 the Department took over the responsibility of paying private Institutions for Mental Disease (IMDs) from the Department of Job and Family Services. This fund was provided as the state match for making payments to private IMDs.

5AU 335-615 Behavioral Healthcare

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$0	\$0	\$0	\$4,690,000	\$0	\$0
	N/A	N/A	N/A	-100.0%	N/A

Source: SSR:

Legal Basis:

Purpose:

5L2 334-619 Health Foundation/Greater Cincinnati

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$187,053	\$119,095	\$51,008	\$0	\$0	\$0
	-36.3%	-57.2%	-100.0%	N/A	N/A

Source: SSR: Grant from the Health Foundation of Greater Cincinnati

Legal Basis: Section 70.01 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on March 6, 2000)

Purpose: This line item is for a consumer wellness study in the Greater Cincinnati area. Funds are used to pay for the salaries of nurse practitioners who are conducting the study at the Summit Behavioral Healthcare Organization (formerly Pauline-Warfield Lewis Center).

5M2 333-602 PWLC Campus Improvement

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$911,895	\$410,795	\$200,000	\$0	\$0	\$0
	-55.0%	-51.3%	-100.0%	N/A	N/A

Source: SSR: City of Cincinnati

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on October 4, 2000)

Purpose: Funds are used to pay design fees for campus improvement projects.

5V2 333-611 Non-Federal Grant

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$0	\$85,000	\$0	\$0	\$0	\$0
	N/A		N/A	N/A	N/A

Source: SSR: Private foundations and/or any miscellaneous, non-federal funding source. Examples of potential grant awarding institutions include: The Robert Wood Johnson Foundation, Johnson & Johnson, MacArthur Foundation, Dartmouth College, The National Association of State Mental Health Program Director's (NASMHPD), National Association of State Director's of Special Education (NASDSE), and The University of Maryland

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on January 27, 2003)

Purpose: A portion of the funds in this line item is used to pay the State Evaluation Coordinator (currently employed by the Department) for work on the Toolkit Project evaluation. Additionally, funds are used to cover one-time funding for statewide training/meeting costs.

5V2 335-611 Non-Federal Grant

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$0	\$100,000	\$0	\$0	\$0	\$0
	N/A		N/A	N/A	N/A

Source: SSR: Private foundations and/or any miscellaneous, non-federal funding source. Examples of potential grant awarding institutions include: The Robert Wood Johnson Foundation, Johnson & Johnson, MacArthur Foundation, Dartmouth College, The National Association of State Mental Health Program Director's (NASMHPD), National Association of State Director's of Special Education (NASDSE), and The University of Maryland

Legal Basis: Section 70 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on January 27, 2003)

Purpose: Funds in this line item are used by the Department for various subsidy projects including, but not limited to, Toolkit Project, Evidence Based Practices program, Mental Health School and Families Working Together for All Children and Youth: Toward a Shared Agenda, and a study project regarding access to mental health services.

632 335-616 Community Capital Replacement

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$171,619	\$320,291	\$250,000	\$250,000	\$350,000	\$350,000
	86.6%	-21.9%	0.0%	40.0%	0.0%

Source: SSR: Proceeds from the sale of DMH community facilities that were funded with capital dollars

Legal Basis: Section 70.02 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by Controlling Board on October 30, 2000)

Purpose: The appropriated funds are used for local replacement facility projects.

692 334-636 Community Mental Health Board Risk Fund

2002	2003	2004	2005 Estimate	2006 House Passed	2007 House Passed
\$0	\$0	\$100,000	\$100,000	\$80,000	\$80,000
	N/A	N/A	0.0%	-20.0%	0.0%

Source: SSR: GRF provided seed money for the new fund; payments from boards after FY 1990 (due to minimal use of the fund the boards have not had to supply additional funding)

Legal Basis: Section 74.01 of Am. Sub. H.B. 95 of the 125th G.A. (originally established by H.B. 111 of the 118th G.A. as required by S.B. 156 of the 117th G.A.; S.B. 156 restructured the mental health service delivery system in Ohio, giving the community mental health (648) boards responsibility for determining which services they will provide)

Purpose: The purpose of this line item is to function as a self-insurance fund to cover, if necessary, part of the costs of over-utilization of hospital services.

LSC Budget Spreadsheet by Line Item, FY 2006 - FY 2007

<i>Fund</i>	<i>ALI</i>	<i>ALI Title</i>	<i>Estimated 2005</i>	<i>As Introduced 2006</i>	<i>House Passed 2006</i>	<i>% Change Est. 2005 to House 2006</i>	<i>As Introduced 2007</i>	<i>House Passed 2007</i>	<i>% Change House 2006 to House 2007</i>
<i>DMH Mental Health, Department of</i>									
GRF	332-401	Forensic Services	\$4,338,858	\$ 4,338,858	\$ 4,338,858	0.0%	\$ 4,338,858	\$ 4,338,858	0.0%
GRF	333-200	Maintenance - Central Administration	\$0	\$ 0	\$ 0	N/A	\$ 0	\$ 0	N/A
GRF	333-300	Equipment - Central Administration	\$0	\$ 0	\$ 0	N/A	\$ 0	\$ 0	N/A
GRF	333-321	Central Administration	\$23,853,669	\$ 23,853,669	\$ 23,853,669	0.0%	\$ 23,853,669	\$ 23,853,669	0.0%
GRF	333-402	Resident Trainees	\$1,364,919	\$ 1,364,919	\$ 1,364,919	0.0%	\$ 1,364,919	\$ 1,364,919	0.0%
GRF	333-403	Pre-Admission Screening Expenses	\$650,135	\$ 650,135	\$ 650,135	0.0%	\$ 650,135	\$ 650,135	0.0%
GRF	333-415	Lease Rental Payments	\$23,206,750	\$ 23,296,200	\$ 23,296,200	0.4%	\$ 23,833,600	\$ 23,833,600	2.3%
GRF	333-416	Research Program Evaluation	\$1,001,551	\$ 1,001,551	\$ 1,001,551	0.0%	\$ 1,001,551	\$ 1,001,551	0.0%
GRF	334-408	Community and Hospital Mental Health Services	\$385,624,545	\$ 390,424,545	\$ 390,424,545	1.2%	\$ 400,324,545	\$ 400,324,545	2.5%
GRF	334-506	Court Costs	\$976,652	\$ 976,652	\$ 976,652	0.0%	\$ 976,652	\$ 976,652	0.0%
GRF	335-404	Behavioral Health Services-Children	\$0	\$ 6,365,265	\$ 6,365,265	N/A	\$ 7,365,265	\$ 7,365,265	15.7%
GRF	335-405	Family & Children First	\$0	\$ 1,760,000	\$ 1,760,000	N/A	\$ 1,760,000	\$ 1,760,000	0.0%
GRF	335-419	Community Medication Subsidy	\$7,959,798	\$ 7,959,798	\$ 7,959,798	0.0%	\$ 7,959,798	\$ 7,959,798	0.0%
GRF	335-502	Community Mental Health Programs	\$0	\$ 0	\$ 0	N/A	\$ 0	\$ 0	N/A
GRF	335-505	Local MH Systems of Care	\$89,687,868	\$ 94,687,868	\$ 94,687,868	5.6%	\$ 99,687,868	\$ 99,687,868	5.3%
GRF	335-508	Services for Severely Mentally Disabled	\$0	\$ 0	\$ 0	N/A	\$ 0	\$ 0	N/A
General Revenue Fund Total			\$ 538,664,745	\$ 556,679,460	\$ 556,679,460	3.3%	\$ 573,116,860	\$ 573,116,860	3.0%
149	333-609	Central Office Rotary - Operating	\$1,103,578	\$ 883,773	\$ 883,773	-19.9%	\$ 893,786	\$ 893,786	1.1%
149	334-609	Hospital Rotary - Operating Expenses	\$24,408,053	\$ 24,408,053	\$ 24,408,053	0.0%	\$ 24,408,053	\$ 24,408,053	0.0%
150	334-620	Special Education	\$120,930	\$ 120,930	\$ 120,930	0.0%	\$ 120,930	\$ 120,930	0.0%
151	235-601	General Administration	\$85,181,973	\$ 89,614,180	\$ 89,614,180	5.2%	\$ 93,898,713	\$ 93,898,713	4.8%
4P9	335-604	Community Mental Health Projects	\$200,000	\$ 250,000	\$ 250,000	25.0%	\$ 250,000	\$ 250,000	0.0%
General Services Fund Group Total			\$ 111,014,534	\$ 115,276,936	\$ 115,276,936	3.8%	\$ 119,571,482	\$ 119,571,482	3.7%
324	333-605	Medicaid/Medicare	\$514,923	\$ 150,000	\$ 150,000	-70.9%	\$ 150,000	\$ 150,000	0.0%
324	334-605	Medicaid/Medicare	\$10,916,925	\$ 11,764,280	\$ 11,764,280	7.8%	\$ 11,873,408	\$ 11,873,408	0.9%
3A6	333-608	Community & Hospital Services	\$134,112	\$ 65,000	\$ 65,000	-51.5%	\$ 0	\$ 0	-100.0%

LSC Budget Spreadsheet by Line Item, FY 2006 - FY 2007

<i>Fund ALI ALI Title</i>	<i>Estimated 2005</i>	<i>As Introduced 2006</i>	<i>House Passed 2006</i>	<i>% Change Est. 2005 to House 2006</i>	<i>As Introduced 2007</i>	<i>House Passed 2007</i>	<i>% Change House 2006 to House 2007</i>
<i>DMH Mental Health, Department of</i>							
3A6 334-608 Subsidy for Federal Grants	\$386,224	\$ 586,224	\$ 586,224	51.8%	\$ 586,224	\$ 586,224	0.0%
3A6 335-608 Federal Miscellaneous	\$839,699	\$ 1,089,699	\$ 1,089,699	29.8%	\$ 678,699	\$ 678,699	-37.7%
3A7 333-612 Social Services Block Grant	\$0	\$ 0	\$ 0	N/A	\$ 0	\$ 0	N/A
3A7 335-612 Social Services Block Grant	\$9,314,108	\$ 8,657,288	\$ 8,657,288	-7.1%	\$ 8,657,288	\$ 8,657,288	0.0%
3A8 333-613 Federal Grant-Administration	\$312,417	\$ 562,417	\$ 562,417	80.0%	\$ 512,417	\$ 512,417	-8.9%
3A8 334-613 Federal Letter of Credit	\$0	\$ 200,000	\$ 200,000	N/A	\$ 200,000	\$ 200,000	0.0%
3A8 335-613 Federal Grant - Community Mental Health Board Subsidy	\$1,717,040	\$ 2,407,040	\$ 2,407,040	40.2%	\$ 2,407,040	\$ 2,407,040	0.0%
3A9 333-614 Mental Health Block Grant	\$835,636	\$ 748,740	\$ 748,740	-10.4%	\$ 748,470	\$ 748,470	0.0%
3A9 335-614 Mental Health Block Grant	\$17,056,090	\$ 14,969,400	\$ 14,969,400	-12.2%	\$ 14,969,400	\$ 14,969,400	0.0%
3B0 334-617 Elementary and Secondary Education Act	\$251,866	\$ 171,930	\$ 171,930	-31.7%	\$ 178,807	\$ 178,807	4.0%
3B1 333-635 Community Medicaid Expansion	\$4,145,222	\$ 3,671,537	\$ 3,671,537	-11.4%	\$ 3,691,683	\$ 3,691,683	0.5%
3B1 334-635 Hospital Medicaid Expansion	\$2,000,000	\$ 2,000,000	\$ 2,000,000	0.0%	\$ 2,000,000	\$ 2,000,000	0.0%
3B1 335-635 Community Medicaid Expansion	\$250,318,938	\$ 264,088,404	\$ 264,088,404	5.5%	\$ 282,807,902	\$ 282,807,902	7.1%
Federal Special Revenue Fund Group Total	\$ 298,743,200	\$ 311,131,959	\$ 311,131,959	4.1%	\$ 329,461,338	\$ 329,461,338	5.9%
485 333-632 Mental Health Operating	\$134,233	\$ 134,233	\$ 134,233	0.0%	\$ 134,233	\$ 134,233	0.0%
485 334-632 Mental Health Operating	\$2,476,297	\$ 2,476,297	\$ 2,476,297	0.0%	\$ 2,476,297	\$ 2,476,297	0.0%
4X5 333-607 Behavioral Health Medicaid Services	\$3,000,634	\$ 3,000,634	\$ 3,000,634	0.0%	\$ 3,000,634	\$ 3,000,634	0.0%
5AU 335-615 Behavioral Healthcare	\$4,690,000	\$ 0	\$ 0	-100.0%	\$ 0	\$ 0	N/A
5L2 334-619 Health Foundation/Greater Cincinnati	\$0	\$ 0	\$ 0	N/A	\$ 0	\$ 0	N/A
5M2 333-602 PWLC Campus Improvement	\$0	\$ 0	\$ 0	N/A	\$ 0	\$ 0	N/A
632 335-616 Community Capital Replacement	\$250,000	\$ 350,000	\$ 350,000	40.0%	\$ 350,000	\$ 350,000	0.0%
692 334-636 Community Mental Health Board Risk Fund	\$100,000	\$ 80,000	\$ 80,000	-20.0%	\$ 80,000	\$ 80,000	0.0%
State Special Revenue Fund Group Total	\$ 10,651,164	\$ 6,041,164	\$ 6,041,164	-43.3%	\$ 6,041,164	\$ 6,041,164	0.0%
Total All Budget Fund Groups	\$ 959,073,643	\$ 989,129,519	\$ 989,129,519	3.1%	\$ 1,028,190,844	\$ 1,028,190,844	3.9%

As Introduced (Executive)

As Passed by the House

(CD-975-DMH) Behavioral Health Exclusion from Medicaid Care Management

No provision.

R.C. 5111.16

Excludes alcohol, drug addiction, and mental health services covered by Medicaid as rehabilitative services from being included in any component of the Medicaid care management system, but permits recipients of such services to be included in the system for purposes of receiving other Medicaid services.

Fiscal effect: This provision would likely not change how these services are currently provided. However, there is a related item under which the Department could experience a minimal increase in administrative costs related to developing interagency agreements.

(See also the item entitled "Medicaid Interagency Agreements for Coverage of Behavioral Health Services" in the Department of Job and Family Services.)

As Introduced (Executive)

As Passed by the House

(CD-285-DMH) Inpatient Billing Methodology

R.C. 5121.30, 3923.27, 5121.01, 5121.02, 5121.03, 5121.04, 5121.05, 5121.06, 5121.061, 5121.07, 5121.08, 5121.09, 5121.10, 5121.11, 5121.12, 5121.21, 5121.31, 5121.32, 5121.33, 5121.34, 5121.35, 5121.36, 5121.37, 5121.38, 5121.39, 5121.40, 5121.41, 5121.42, 5121.43, 5121.44, 5121.45, 5121.46, 5121.47, 5121.49, 5121.50, 5121.51, 5121.52, 5121.53, 5121.54, 5121.55, 5122.03, 5122.31, 5123.701

Revises the method of determining the amount a patient, patient's estate, or liable relative is to be charged for inpatient care or treatment at an institution, hospital, or other place the Department establishes, controls, or supervises.

Fiscal effect: Currently patients at ODMH are billed for their hospitalization according to the ORC, which provide the rules for calculating charges and applying a sliding fee scale to patients with low income. Upon review of patient incomes, ODMH found that 99% of the payments received come from patients whose income falls below 150% of the Federal Poverty Guideline (FPG). Patients are reported to the Attorney General for non-payment.

According to the Department, this change will provide monetary relief to approximately 1,000 low income patients, with no implementation cost to ODMH. Staff time and efforts will decrease in calculating billing charges, responding to patient inquiries, and gathering information and documentation for further Attorney General efforts that often do not result in payment. The proposed changes will allow staff to focus their payment collection efforts on

R.C. 5121.30, 3923.27, 5121.01, 5121.02, 5121.03, 5121.04, 5121.05, 5121.06, 5121.061, 5121.07, 5121.08, 5121.09, 5121.10, 5121.11, 5121.12, 5121.21, 5121.31, 5121.32, 5121.33, 5121.34, 5121.35, 5121.36, 5121.37, 5121.38, 5121.39, 5121.40, 5121.41, 5121.42, 5121.43, 5121.44, 5121.45, 5121.46, 5121.47, 5121.49, 5121.50, 5121.51, 5121.52, 5121.53, 5121.54, 5121.55, 5122.03, 5122.31, 5123.701

Same as the Executive.

Fiscal effect: Same as the Executive.

As Introduced (Executive)

patients and other payers who do have the ability to pay. The methodology used to develop the new sliding fee scale is based on Federal Poverty Guidelines, which are updated on an annual basis. The design of the sliding fee scale will automatically adjust the discount as the FPG changes and eliminates the need for periodic adjustments to the scale.

As Passed by the House**(CD-1089-DMH) Tobacco Cessation Programs Providing Tobacco Cessation Counseling to Minors**

No provision.

R.C. 5122.04

Permits a person working for or on behalf of a tobacco cessation program to provide tobacco cessation counseling, without the use of medication and without the need for parental or guardian knowledge or consent, to a minor age 14 or older.

Fiscal effect: Permissive. This provision allows a counselor to provide tobacco cessation counseling to a minor. It does not require the services.

As Introduced (Executive)**As Passed by the House****(CD-439-DMH) Forensic Services****Section: 209.06**

Restricts how funds in GRF appropriation item 322-401, Forensic Services, are to be used as follows:

- (1) To provide psychiatric services to courts of common pleas;
- (2) Funds to be allocated through community mental health boards to certified community agencies in accordance with administrative rule and may also be used for forensic training to community mental health boards and to forensic psychiatric residency programs in state psychiatric hospitals and to provide psychiatric evaluations of patients of forensic status in DMH facilities prior to conditional release to the community;
- (3) May be used to support projects involving mental health, substance abuse, courts, and law enforcement to identify and develop appropriate alternative services to institutionalization for non-violent mentally ill offenders, and to provide linkages to community services for severely mentally disabled offenders released from Department of Rehabilitation and Correction institutions; and
- (4) May also be used to provide forensic monitoring and tracking in addition to community programs serving persons of forensic status on conditional release or probation.

Section: 209.06

Same as the Executive.

As Introduced (Executive)**As Passed by the House****(CD-440-DMH) Residency Traineeship Programs****Section: 209.06**

Requires that GRF appropriation item 333-402, Resident Trainees, be used to fund training agreements entered into by DMH for the development of curricula and the provision of training programs to support public mental health services.

Section: 209.06

Same as the Executive.

(CD-441-DMH) Pre-Admission Screen Expenses**Section: 209.06**

Requires that GRF appropriation item 333-403, Pre-Admission Screening Expenses, be used to pay for costs to ensure that uniform statewide methods for pre-admission screening are in place to perform assessments for persons in need of mental health services or for whom institutional placement in a hospital or in another inpatient facility is sought.

Section: 209.06

Same as the Executive.

(CD-442-DMH) Lease-Rental Payments**Section: 209.06**

Sets an aggregate limit of \$49.1 million that ODMH may pay to the Ohio Public Facilities Commission from GRF appropriation item 333-415, Rental Payments OPFC, pursuant to leases and agreements made under section 154.20 of the Revised Code.

Section: 209.06

Same as the Executive, but reduces the limit on the aggregate amount the Department may expend to \$47,129,800 to match the biennial appropriations total in the bill.

As Introduced (Executive)**As Passed by the House****(CD-445-DMH) Community Mental Health Board Risk Fund****Section: 209.06.03**

Requires that appropriation item 334-636, Community Mental Health Board Risk Fund, (Fund 692) in the state special revenue fund group, be used to make payments pursuant to section 5119.62 of the Revised Code.

Section: 209.06.03

Same as the Executive.

(CD-450-DMH) Community Medication Subsidy**Section: 209.06.09**

Requires that GRF appropriation item 335-419, Community Medication Subsidy, be used to provide subsidized support for psychotropic medication needs of indigent citizens in the community to reduce unnecessary hospitalization because of lack of medication. It also may be used to provide subsidized support for methadone costs.

Section: 209.06.09

Same as the Executive.

As Introduced (Executive)**As Passed by the House****(CD-452-DMH) Local Mental Health Systems of Care****Section: 209.06.09**

Requires that GRF appropriation item 335-505, Local Mental Health Systems of Care, be used for mental health services provided by community mental health boards in accordance with a community mental health plan submitted pursuant to section 340.03 of the Revised Code and as approved by the Department. Earmarks an amount of not less than \$34,818,917 in each fiscal year to be distributed by ODMH on a per capita basis to community mental health boards. Earmarks \$100,000 in each fiscal year to fund family and consumer education and support.

Section: 209.06.09

Same as the Executive.

(CD-449-DMH) Behavioral Health Medicaid Services**Section: 209.06.09**

Requires the Department to administer specified Medicaid services as delegated by the Department of Job and Family Services in an interagency agreement, and permits ODMH to use funds in appropriation item 333-607, Behavioral Health Medicaid Services, (Fund 4X5) in the state special revenue fund group, to make payments for free-standing psychiatric hospital inpatient services.

Section: 209.06.09

Same as the Executive.

As Introduced (Executive)**As Passed by the House****(CD-463-DMH) Behavioral Health - Children****Section: 209.06.09**

Requires that appropriation item 335-404, Behavioral Health Services - Children, be used to provide behavioral health services for children and their families. Behavioral health services include mental health and alcohol and other drug treatment services and other necessary supports. The provision earmarks up to \$5 million in FY 2006 and \$6 million in FY 2007 to be distributed to local ADAMHS, ADAS, and CMH Boards based upon an approved plan developed and endorsed by the local Family and Children First Council. It requires that plans be clearly connected to the county services coordination mechanism as defined in section 121.37 of the Revised Code and that the plans address all of the following as determined by a team of state and local stakeholders appointed by the Ohio Family and Children First Cabinet Council: providing services to children with behavioral health disorders, particularly those with intensive needs, and their families, across all child-serving systems, including child welfare and juvenile justice and for those youth whose parents would otherwise have to relinquish custody to obtain needed behavioral health services; assuring that families are included in all services planning activities and have access to advocates to assist them if they choose; implementation of home-based services and other alternatives to out-of-home placement; assuring that all individual service plans for children and their families address the academic achievement of the child; coordinating the most efficient and effective use of federal, state, and local funds to meet the needs of children and

Section: 209.06.09

Same as the Executive.

As Introduced (Executive)

their families. It identifies the following services for which the funds may be used: mental health services provided by the Ohio Department of Mental Health certified agencies and alcohol and other drug services provided by the Department of Alcohol and Drug Addiction Services certified agencies; services and supports for children and their families that further the implementation of their individual service plans; treatment services in out-of-home settings, including residential facilities, when other alternatives are not available or feasible; and administrative support for efforts associated with this initiative. It states that these funds are not to be used to supplant existing efforts. This team is also responsible for designing a mechanism to provide technical assistance to local communities, monitoring the plans, and may, as part of the monitoring role, conduct site visits.

The provision also earmarks up to \$1 million in each fiscal year of the biennium to be used to support at least three demonstration projects, as determined by the Ohio Family and Children First cabinet Council, in select areas around the state to focus on improving behavioral health services for children involved in the child welfare and juvenile justice systems. It requires that at least one of these demonstration projects focus on services for adolescent girls that are involved in or at risk of involvement with the juvenile justice system.

As Passed by the House

As Introduced (Executive)

As Passed by the House

(CD-880-DMH) Community Assistance Projects

No provision.

Section: 401.05

Moves \$100,000 in funding for the Cleveland Christian Home from capital appropriation item CAP-989, Cleveland Christian Home, to capital appropriation item CAP-479, Community Assistance Projects, and earmarks those funds.
