

HEALTH MANAGEMENT ASSOCIATES



Hamilton County Mental Health Tax Levy Review

Draft Report Overview with HCMHR SB

May 25, 2022

INTRODUCTIONS



Angela S. Bergefurd, MPA
Senior Consultant



Kevin J. Riley, CPA, MBA, FHFMA
Principal



Gina Rizzo Eckart, MS, LMHC
Managing Principal

HMA

■ THANK YOU TO THE FOLLOWING

- Hamilton County TLRC Team
 - Bishop Ennis Tait
 - Ed Herzig
 - Christie Kuhns
- Lisa Webb, Senior Policy Manager, Hamilton County Budget & Strategic Initiatives
- Patrick Tribbe, Executive Director, MHR SB & Staff
 - Anna Dowell
 - Linda Gallagher
 - LaNora Godfrey
 - Jenny Heizman
 - Erik Stewart

■ THANK YOU TO THE FOLLOWING

- Beechacres
- Central Clinic
- Central Clinic – MHAP
- Excel
- Greater Cincinnati Behavioral Health
- Harbor/CCHB
- IKRON
- Lighthouse Youth Services
- Mental Health America
- New Path
- Recovery Center
- Talbert House
- Tender Mercies
- Hamilton County Adult Probation
- Hamilton County Juvenile Court
- Hamilton County CDJFS
- Hamilton County Sheriff's Office

■ PROJECT SCOPE AND OBJECTIVES

- *Scope*
 - Conduct a Performance Review of all aspects of the current and proposed Mental Health Levy, including but not limited to services provided by the Hamilton County Mental Health and Recovery Services Board which are currently or will be funded by the Levy
- *Objectives*
 - Evaluation of current operating efficiency relative to:
 - MHR SB's strategic plan
 - MHR SB's peers
 - Reasonable expectations
 - Compliance with, and maximization of, current and planned funding contracts
 - Recommendations for Tax Levy contract provisions between Hamilton County and MHR SB assuming successful passage of the proposed Tax Levy
 - Recommendations for costs savings and/or revenue enhancements

■ **APPROACH & ACTIVITIES**

- Review services funded by Levy dollars by category of services
- Analyze quality of services provided
- Financial analysis of cost per unit of services, cost per client and cost per year
- Analyze any alternative sources of funding to ensure that any of these sources of funding are being utilized first
- Historical review of MHRS budget and projections
- Evaluate financial results of MHRS operations over the past five years
- Benchmark comparisons with other boards
- Review MHR SB compliance with the terms of the current Agreement with the County Commissioners
- Consider the impact of COVID-19 on Board operations, role & responsibilities
- Make recommendations for future contractual conditions upon passage of the Levy
- Provide written report of findings

HAMILTON COUNTY MENTAL HEALTH TAX LEVY REVIEW TIMELINE

Date(s)	Milestone
February 3, 2022	Contract approved by Hamilton County TLRB
February 7, 2022	HCMHR SB Presentation
February 16, 2022	HMA/HCMHR SB Kickoff Meeting
February 17, 2022	HMA/TLRC Meeting
February 15 – February 28	Data gathering & interviews
March 1 – March 29, 2022	Generate Draft Report
March 30, 2022	Draft Report due to Tax Levy Review Committee
April 1 – April 18, 2022	Draft Report Review by TLRC
April 19 – May 13, 2022	Generate Final Report w/TLRC feedback included
May 16, 2022	Final Report due to Tax Levy Review Committee
May 25, 2022	Presentation to the Tax Levy Review Committee
May 16 – September 1, 2022	HMA will be available to the TLRC & County to answer questions related to the Report
September 1, 2022	Completion Date

■ RECENT HISTORY & ENVIRONMENTAL FACTORS SINCE LAST REVIEW PERIOD

- Covid-19
- 988 & Increased Focus on Crisis Response
- OhioRISE
- Workforce
- ORC 340 Workgroup
- Increased Federal & Other Funding for Behavioral Health

■ MHR SB STRUCTURE OVERVIEW

- Governed by a 14-member board of trustees
 - 8 trustees are appointed by the Hamilton County Commissioners
 - 6 appointed by the Director of OhioMHAS
- Roles & responsibilities established under ORC 340
- 26 MHR SB staff
- There are six organizational units within MHR SB:
 - Executive Services
 - System Performance
 - Administrative Services
 - Finance
 - Public Affairs
 - Addiction and Mental Health Services

■ BOARD OPERATIONS - COMPENSATION

- The MHRSB staffing has undergone minor changes since the last levy cycle review, including shifting of existing positions in the following ways:
 - In 2017, elimination of an administrative assistant position, with specific responsibilities to a provider agency (MHAP)
 - In 2019, elimination of SAMHSA Grant Director position aligned with the individual's retirement, as well as an end to the formal grant period
 - In 2020, elimination of Coordinator of Community Education and Technical Assistance position that was tied to a SAMHSA grant that concluded, with the individual reassigned as a Project Coordinator under the Board's MHAS Office

2017-2021 Cash Basis Payroll Costs - All Fund Sources

Year	Amount	\$ Change	% Change
Calendar Year 2017 - Actual	\$2,697,081.20		
Calendar Year 2018 - Actual	\$2,750,618.12	\$53,536.92	1.98%
Calendar Year 2019 - Actual	\$2,855,150.93	\$104,532.81	3.80%
Calendar Year 2020 - Actual	\$2,833,627.08	\$(21,523.85)	-0.75%
Calendar Year 2021 - Actual	\$2,860,488.01	\$26,860.93	0.95%
Change from 2017-2021		\$163,406.81	6.06%

MHRSB Merit Increases, 2018-2022 Levy Period

Year	2018	2019	2020	2021	2022
Average Increase	3%	2%	2%	2%	3%

■ BOARD OPERATIONS – OVERVIEW OF SERVICES

ORC 340.03 (A) (11) Establish, to the extent resources are available, a continuum of care, which provides for prevention, treatment, support, and rehabilitation services and opportunities. The essential elements of the continuum include, but are not limited to, the following components in accordance with section [5119.21](#) of the Revised Code:

- (a) To locate persons in need of addiction or mental health services to inform them of available services and benefits;
- (b) Assistance for persons receiving addiction or mental health services to obtain services necessary to meet basic human needs for food, clothing, shelter, medical care, personal safety, and income;
- (c) Addiction and mental health services, including outpatient, residential, partial hospitalization, and, where appropriate, inpatient care;**
- (d) Emergency services and crisis intervention;**
- (e) Assistance for persons receiving services to obtain **vocational services and opportunities for jobs;**
- (f) The provision of **services designed to develop social, community, and personal living skills;**
- (g) Access to a wide range of **housing and the provision of residential treatment and support;**
- (h) **Support, assistance, consultation, and education** for families, friends, persons receiving addiction or mental health services, and others;
- (i) Recognition and encouragement of families, friends, neighborhood networks, especially networks that include racial and ethnic minorities, churches, community organizations, and community employment as natural supports for persons receiving addiction or mental health services;
- (j) **Grievance procedures and protection of the rights of persons** receiving addiction or mental health services;
- (k) **Community psychiatric supportive treatment services**, which includes continual individualized assistance and advocacy to ensure that needed services are offered and procured.

MHR SB CLIENTS BY SERVICE TYPE AND FUNDING SOURCE

Number of Clients Served

Number of Clients	2018	2019	2020	2021***
Children*	2,137	2,271	1,830	Unavailable
Adults*	17,472	18,565	14,961	Unavailable
Total**	19,609	20,836	16,791	Unavailable

**Estimated split between Children (10.9%) and Adult (89.1%) provided by MHR SB staff*

***Unduplicated count of clients under POS and Cost Reimbursement contract*

**** Complete number of clients served information unavailable for 2021 & 2022 per MHR SB staff*

Service Count

Service Count Type Description	2016	2017	2018	2019	2020 *
Purchase of Service	7,116	7,064	7,182	7,464	7,469
Cost Reimbursement	20,982	21,293	19,609	20,836	16,791
Contracted Services	13,760	13,760	13,760	13,760	13,760
Totals	41,858	42,117	40,551	42,060	38,020

MHR SB indicated CY 2021 volumes, based on claims that have been accounted for to-date, at 38,469. However, with seven of its largest provider agencies requesting claims submission extensions, this CY 2021 volume figure should be considered preliminary. It is likely this volume figure will grow to pre-2020 (pre-pandemic) levels upon final claims adjudication throughout the year.

■ BOARD OPERATIONS – OVERVIEW OF PROVIDERS

- Currently, MHR SB contracts with 25 behavioral health organizations
- HMA conducted 18 virtual interviews with providers and other contracting entities
- The MHR SB has processes in place for both contract monitoring and quality assurance for purchased services
- Some providers offer a full continuum of mental health services while others provide specialty services
- The number of providers has remained stable over the course of the current levy period
- The MHR SB renews contracts annually
- All contracted providers must be certified by the State and are checked to ensure they are not on any provider exclusionary lists

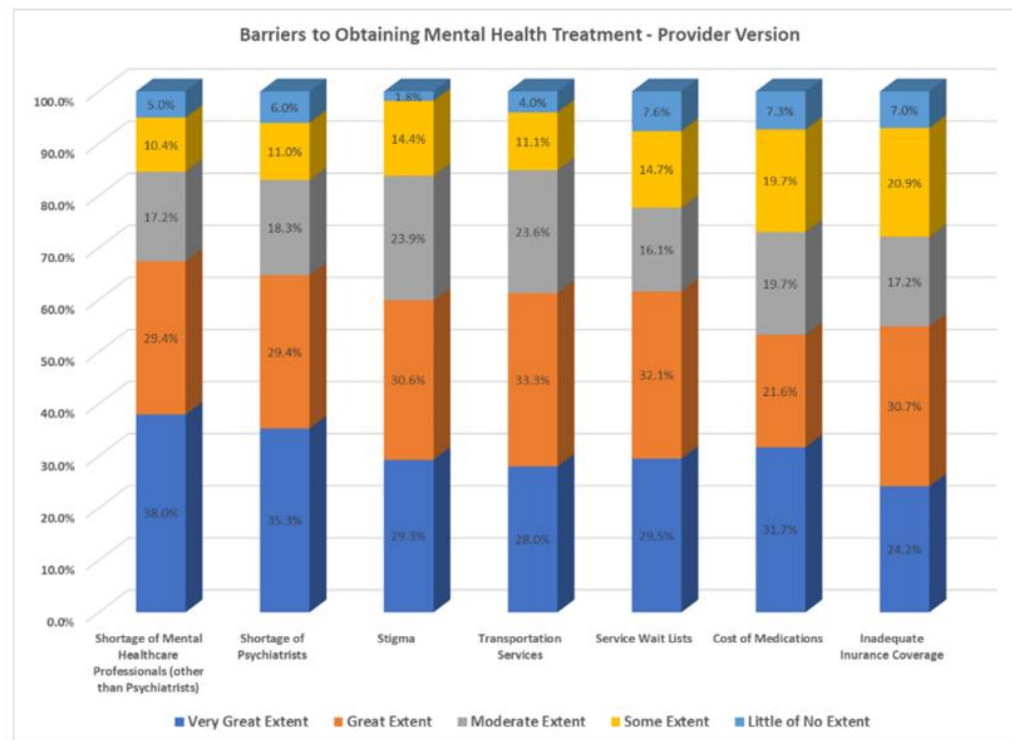
■ QUALITY – WAITING LIST

- The MHR SB reported that they do not have waiting lists for services
- While Mental Health Access Point does not utilize a waitlist, there is about a 3 day wait for an adult intake, but they will see people in an emergent situation
- Most agencies serving clients for an outpatient level of care indicated that they do not have waiting lists
 - Many have moved to an open access or same day appointment model
 - Telehealth has also been used to expand services and mitigate waiting lists
- Agencies providing recovery supports are seeing the need to implement waiting lists
 - These services are not covered by Medicaid and include housing, mental health peer support, and supported employment activities
 - These providers are also creating ways of extending service capacity to provide individuals with some level of service despite a waiting list
 - Providing services in groups rather than individually, with shorter waiting lists being implemented if a person prefers an individual service

■ QUALITY – BARRIERS TO TREATMENT – PROVIDER RESPONSES

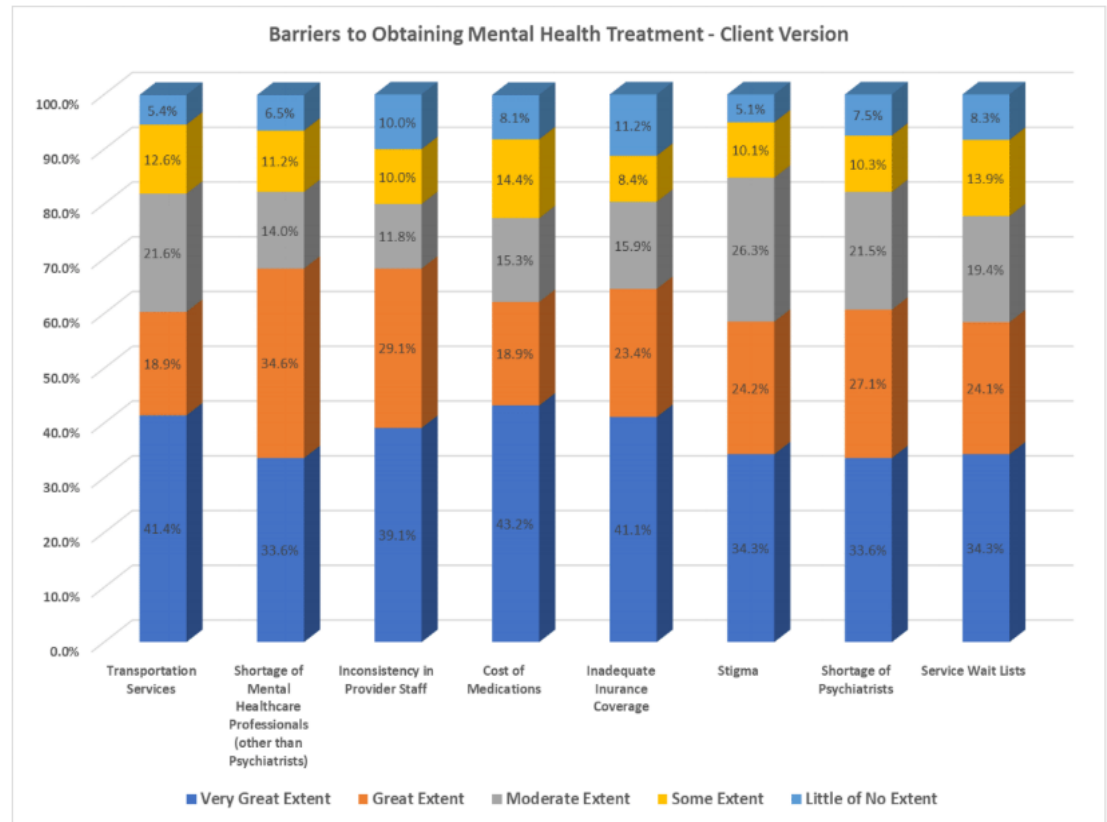
WORKFORCE
SHORTAGES,
STIGMA AND
TRANSPORTATION
WERE THE
LARGEST
BARRIERS TO
TREATMENT
IDENTIFIED BY
PROVIDERS

The graphs that follow detail the findings by the respondent group and are ordered by level of perceived barrier from highest to lowest based upon weighted categorical scores.



■ QUALITY – BARRIERS TO TREATMENT – CLIENT RESPONSES

WORKFORCE
SHORTAGES AND
INADEQUATE
HEALTH CARE
COVERAGE WERE
THE LARGEST
BARRIERS TO
TREATMENT
IDENTIFIED BY
PROVIDERS



■ QUALITY: CLIENT PERCEPTIONS OF CARE

- For adults, the respect indicator ratings remained steady by provider, with a range from a low of 48.5% to a high of 89.6%
- A slight increase in satisfaction during the pandemic was noted for most providers, as well as the system overall

Percent of Clients Indicating Respectful Treatment at the Agency

Consumers are asked at each survey whether they "... have been treated with dignity and respect at this agency" (#15). The follow-up response to this item was selected for use in comparing responses as this would be the most recent response and would be reflective of the most experience/time with the agency.

Percent of Clients Reporting they are Always Treated with Dignity and Respect

Agency	Report #									
	50	51	52	53	54	55	56	57	58	59
System	72.1%	71.8%	72.0%	73.4%	73.8%	75.1%	75.5%	76.3%	76.3%	73.9%
Central Clinic	84.2%	82.2%	82.4%	81.2%	83.3%	86.2%	87.7%	89.6%	88.5%	87.1%
Central Community Health Board	61.6%	60.9%	61.2%	61.6%	63.1%	67.0%	66.9%	67.5%	73.2%	62.6%
Crossroads Center	61.2%	60.5%	63.2%	65.0%	71.1%	72.3%	70.8%	68.7%	71.1%	77.8%
Greater Cincinnati Behavioral Health	72.3%	71.6%	71.2%	73.2%	73.9%	74.8%	74.1%	74.0%	72.9%	70.5%
IKRON	74.8%	77.9%	78.2%	77.9%	79.1%	81.3%	80.0%	80.9%	80.8%	79.8%
Lighthouse	77.8%									
Recovery Center	71.2%	76.3%	75.2%	73.5%	77.2%	76.2%	81.1%	81.1%	84.4%	86.5%
Talbert House	72.7%	72.4%	73.6%	75.3%	74.1%	74.8%	78.1%	80.9%	81.1%	80.6%
Probate Clients		51.0%	52.9%	48.5%	57.1%	52.6%	51.3%	53.2%	55.6%	62.7%

■ QUALITY: CLIENT SATISFACTION

- For parents of youth receiving services, the range of respondents reporting moderate or extreme satisfaction with services ranged from a low of 4.9% to a high of 100% for multiple providers
- With one exception, satisfaction ratings of providers by parents increased over the course of the pandemic

Satisfaction with Services Received

The parent version of the Ohio Youth Scales inquires as to “How satisfied are you with the mental health services your child has received so far?” Response choices are based upon a six-point scale varying from (1) extremely dissatisfied, to (6) extremely satisfied.

Following are the percentages of those responding either moderately satisfied or extremely satisfied.

Percent Satisfied with Service

Agency	Report #									
	50	51	52	53	54	55	56	57	58	59
System	80.9%	79.6%	80.3%	82.1%	83.7%	83.3%	84.6%	85.0%	85.8%	80.3%
Beech Acres	88.1%	87.1%	84.9%	85.9%	86.4%	62.7%	60.9%	40.0%	29.0%	4.9%
Camelot Community Care	80.0%	66.6%	50.0%	66.6%	100.0%	100.0%	100.0%	100.0%	100.0%	
Central Clinic	100.0%	100.0%	100.0%	77.8%	84.6%	91.6%	85.8%	77.7%	87.5%	85.8%
Lighthouse	63.9%	65.8%	61.2%	65.5%	72.8%	72.5%	73.7%	70.9%	72.8%	77.0%
Pressley Ridge	93.8%	86.7%	84.7%	84.6%	84.6%	100.0%	100.0%	100.0%	100.0%	100.0%
St. Joseph	79.7%	78.7%	81.9%	82.7%	84.0%	84.7%	85.4%	86.0%	87.6%	86.2%
Talbert House	83.2%	81.5%	79.7%	82.9%	84.4%	84.0%	86.4%	89.7%	89.2%	82.4%

FINANCIAL ANALYSIS – HISTORICAL/PROJECTED THRU 2022

	CY 2016 Cash Basis	CY 2017 Cash Basis	CY 2018 Cash Basis	CY 2019 Cash Basis	CY 2020 Cash Basis	CY 2021 Projected	CY 2022 Projected
Beginning Fund Balance	\$ 26,879,447	\$ 25,953,533	\$ 25,405,054	\$ 24,923,843	\$ 22,994,144	\$ 24,895,806	\$ 18,892,510
Revenue	\$ 34,534,821	\$ 34,339,385	\$ 35,076,610	\$ 34,837,816	\$ 35,729,315	\$ 36,257,704	\$ 35,777,752
Expenditures:							
Total Provider Contracts	\$ 33,125,193	\$ 31,589,992	\$ 32,499,252	\$ 33,542,958	\$ 30,806,526	\$ 38,800,344	\$ 37,322,548
HCMHR SB Operating	1,867,113	2,784,630	\$ 2,621,977	\$ 2,794,493	\$ 2,572,723	\$ 3,013,698	\$ 2,702,290
Planned Capital Expenditure*							\$ 3,700,000
Auditor and Treasurer Fees	468,429	441,243	\$ 436,591	\$ 430,066	\$ 448,403	\$ 446,959	\$ 500,000
BOE/TLRC Expenses		72,000	\$ -	\$ -	\$ -	\$ -	\$ 117,000
Total Expenditures	\$ 35,460,735	\$ 34,887,864	\$ 35,557,820	\$ 36,767,516	\$ 33,827,652	\$ 42,261,001	\$ 44,341,838
Ending Fund Balance	\$ 25,953,533	\$ 25,405,054	\$ 24,923,843	\$ 22,994,144	\$ 24,895,806	\$ 18,892,510	\$ 10,328,423
Change in Ending Fund Balance		\$ (548,479)	\$ (481,210)	\$ (1,929,700)	\$ 1,901,663	\$ (6,003,297)	\$ (8,564,086)

* Residential building replacement

- Above figures provided by MHR SB
- Ending Fund Balance has ranged from \$23-\$25 million for CYs 2018-2020
- Ending Fund Balance projected by MHR SB to decline \$14.5 million over course of CY 2021 and 2022
 - Due to \$10.8 million increase in provider contract expenditures + encumbrances and \$3.7 million capital expenditure

CY 2023-2027 PROJECTIONS – NO MILLAGE INCREASE

	Year 1	Year 2	Year 3	Year 4	Year 5		
	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022		
	Cash Basis	Cash Basis	Cash Basis	Projected	Projected	Totals	Avg. P/Yr
Beginning Balance	\$ 25,405,054	\$24,923,843	\$22,994,144	\$24,895,806	\$18,892,510	\$ 25,405,054	
Revenues	\$ 35,076,610	\$34,837,816	\$35,729,315	\$36,257,704	\$35,777,752	\$ 177,679,197	\$ 35,535,839
Expenditures:							
Provider Contracts	\$ 32,499,252	\$33,542,958	\$30,806,526	\$38,800,344	\$37,322,548	\$ 172,971,628	\$ 34,594,326
MHR SB Operating	\$ 2,621,977	\$ 2,794,493	\$ 2,572,723	\$ 3,013,698	\$ 2,702,290	\$ 13,705,181	\$ 2,741,036
Auditor & Treasurer Fees	\$ 436,591	\$ 430,066	\$ 448,403	\$ 446,959	\$ 500,000	\$ 2,262,018	\$ 452,404
BOE / TLRC Expenses	\$ -	\$ -	\$ -	\$ -	\$ 117,000	\$ 117,000	\$ 23,400
Total Expenditures	\$ 35,557,820	\$36,767,516	\$33,827,652	\$42,261,001	\$40,641,838	\$ 189,055,828	\$ 37,811,166
Planned Capital Expenditure	\$ -	\$ -	\$ -	\$ -	\$ 3,700,000	\$ 3,700,000	
Ending Balance	\$ 24,923,843	\$22,994,144	\$24,895,806	\$18,892,510	\$10,328,423	\$ 10,328,423	

	Year 1	Year 2	Year 3	Year 4	Year 5		
	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027	Totals	Avg. P/Yr
Beginning Balance	\$ 10,328,423	\$8,393,103	\$8,393,103	\$8,393,103	\$8,393,103	\$ 10,328,423	
Revenues *	\$ 36,157,356	\$36,342,948	\$36,528,541	\$36,714,133	\$36,899,725	\$ 182,642,703	\$ 36,528,541
Expenditures:							
Provider Contracts	\$ 34,836,340	\$33,031,485	\$33,160,849	\$33,289,087	\$33,296,838	\$ 167,614,599	\$ 33,522,920
MHR SB Operating	\$ 2,756,336	\$2,811,463	\$2,867,692	\$2,925,046	\$2,983,547	\$ 14,344,084	\$ 2,868,817
Auditor & Treasurer Fees	\$ 500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$ 2,500,000	\$ 500,000
BOE / TLRC Expenses	\$ -	\$0	\$0	\$0	\$119,340	\$ 119,340	\$ 23,868
Total Expenditures	\$ 38,092,676	\$36,342,948	\$36,528,541	\$36,714,133	\$36,899,725	\$ 184,578,023	\$ 36,915,605
Planned Capital Expenditure							
Ending Balance	\$ 8,393,103	\$8,393,103	\$8,393,103	\$8,393,103	\$8,393,103	\$8,393,103	

Change in Levy Revenues	\$ 1,080,746	\$ 1,505,132	\$ 799,226	\$ 456,429	\$ 1,121,973	\$ 4,963,506	\$ 992,701
Change in Levy Expenses	\$ 2,534,856	\$ (424,568)	\$ 2,700,889	\$ (5,546,868)	\$ (3,742,113)	\$ (4,477,804)	\$ (895,561)

* CY 2023-2027 Levv revenues under this scenario reflect estimates provided by the Hamilton County Auditor as of 4/4/2022

CY 2023-2027 Assumption Factors (no increase in millage rates);

- Levy Revenues; under current millage rates, projected by Hamilton County
- Provider Contract Expense; -3% reduction (\$896,000 per year).
 - Note; As compared to previous levy period which includes 2021-2022 higher projected expenses
- MHR SB Operating Expense; 2% per year increase as provided by MHR SB
- Auditor & Treasurer Fees; 10.5% increase, \$500,000 per year projected by Hamilton Co.

CY 2023-2027 PROJECTIONS – INFLATION ADJUSTED REVENUES

	Year 1	Year 2	Year 3	Year 4	Year 5		
	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022		
	Cash Basis	Cash Basis	Cash Basis	Projected	Projected	Totals	Avg. P/Yr
Beginning Balance	\$ 25,405,054	\$24,923,843	\$22,994,144	\$24,895,806	\$18,892,510	\$ 25,405,054	
Revenues	\$ 35,076,610	\$34,837,816	\$35,729,315	\$36,257,704	\$35,777,752	\$ 177,679,197	\$ 35,535,839
Expenditures:							
Provider Contracts	\$ 32,499,252	\$33,542,958	\$30,806,526	\$38,800,344	\$37,322,548	\$ 172,971,628	\$ 34,594,326
MHR SB Operating	\$ 2,621,977	\$ 2,794,493	\$ 2,572,723	\$ 3,013,698	\$ 2,702,290	\$ 13,705,181	\$ 2,741,036
Auditor & Treasurer Fees	\$ 436,591	\$ 430,066	\$ 448,403	\$ 446,959	\$ 500,000	\$ 2,262,018	\$ 452,404
BOE/ TLRC Expenses	\$ -	\$ -	\$ -	\$ -	\$ 117,000	\$ 117,000	\$ 23,400
Total Expenditures	\$ 35,557,820	\$36,767,516	\$33,827,652	\$42,261,001	\$40,641,838	\$189,055,828	\$37,811,166
Planned Capital Expenditure	\$ -	\$ -	\$ -	\$ -	\$ 3,700,000	\$ 3,700,000	
Ending Balance	\$ 24,923,843	\$22,994,144	\$24,895,806	\$18,892,510	\$10,328,423	\$ 10,328,423	

	Year 1	Year 2	Year 3	Year 4	Year 5		
	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027		
						Totals	Avg. P/Yr
Beginning Balance	\$ 10,328,423	\$8,393,103	\$8,393,103	\$8,393,103	\$8,393,103	\$ 10,328,423	
Revenues *	\$40,206,630	\$40,206,630	\$40,206,630	\$40,206,630	\$40,206,630	\$ 201,033,152	\$ 40,206,630
Expenditures:							
Provider Contracts	\$ 38,885,615	\$36,895,167	\$36,838,938	\$36,781,584	\$36,603,743	\$ 186,005,048	\$ 37,201,010
MHR SB Operating	\$ 2,756,336	\$2,811,463	\$2,867,692	\$2,925,046	\$2,983,547	\$ 14,344,084	\$ 2,868,817
Auditor & Treasurer Fees	\$ 500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$ 2,500,000	\$ 500,000
BOE/ TLRC Expenses	\$ -	\$0	\$0	\$0	\$119,340	\$ 119,340	\$ 23,868
Total Expenditures	\$ 42,141,951	\$40,206,630	\$40,206,630	\$40,206,630	\$40,206,630	\$202,968,472	\$40,593,694
Planned Capital Expenditure							
Ending Balance	\$ 8,393,103	\$8,393,103	\$8,393,103	\$8,393,103	\$8,393,103	\$8,393,103	

Change in Levy Revenues	\$ 5,130,020	\$ 5,368,814	\$ 4,477,315	\$ 3,948,927	\$ 4,428,878	\$ 23,353,954	\$ 4,670,791
Change in Levy Expenses	\$ 6,584,131	\$ 3,439,114	\$ 6,378,978	\$ (2,054,370)	\$ (435,208)	\$ 13,912,645	\$ 2,782,529

* CY 2023-2027 Levy revenues adjusted for inflation per Hamilton County management calculations

CY 2023-2027 Assumption Factors (Inflation Adjusted Levy Revenues);

- Levy Revenues; projected by Hamilton County, inflation adjusted (2018-2022)
- Provider Contract Expense; 7.5% increase (\$4.67 million per year)
- MHR SB Operating Expense; 2% per year increase as provided by MHR SB
- Auditor & Treasurer Fees; 10.5% increase, \$500,000 per year projected by Hamilton Co.

CY 2023-2027 PROJECTIONS – MHR SB REQUESTED (AS OF 2/7/22)

	Year 1	Year 2	Year 3	Year 4	Year 5		
	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022		
	Cash Basis	Cash Basis	Cash Basis	Projected	Projected	Totals	Avg. P/Yr
Beginning Balance	\$ 25,405,054	\$24,923,843	\$22,994,144	\$24,895,806	\$18,892,510	\$ 25,405,054	
Revenues	\$ 35,076,610	\$34,837,816	\$35,729,315	\$36,257,704	\$35,777,752	\$ 177,679,197	\$ 35,535,839
Expenditures:							
Provider Contracts	\$ 32,499,252	\$33,542,958	\$30,806,526	\$38,800,344	\$37,322,548	\$ 172,971,628	\$ 34,594,326
MHR SB Operating	\$ 2,621,977	\$ 2,794,493	\$ 2,572,723	\$ 3,013,698	\$ 2,702,290	\$ 13,705,181	\$ 2,741,036
Auditor & Treasurer Fees	\$ 436,591	\$ 430,066	\$ 448,403	\$ 446,959	\$ 500,000	\$ 2,262,018	\$ 452,404
BOE/ TLRC Expenses	\$ -	\$ -	\$ -	\$ -	\$ 117,000	\$ 117,000	\$ 23,400
Total Expenditures	\$ 35,557,820	\$36,767,516	\$33,827,652	\$42,261,001	\$40,641,838	\$189,055,828	\$ 37,811,166
Planned Capital Expenditure	\$ -	\$ -	\$ -	\$ -	\$ 3,700,000	\$ 3,700,000	
Ending Balance	\$ 24,923,843	\$22,994,144	\$24,895,806	\$18,892,510	\$10,328,423	\$ 10,328,423	

	Year 1	Year 2	Year 3	Year 4	Year 5		
	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027	Totals	Avg. P/Yr
Beginning Balance	\$ 10,328,423	\$11,721,006	\$12,253,082	\$11,907,442	\$10,666,531	\$ 10,328,423	
Revenues	\$44,917,918	\$44,917,918	\$44,917,918	\$44,917,918	\$44,917,918	\$ 224,589,590	\$ 44,917,918
Expenditures:							
Provider Contracts	\$ 40,268,999	\$41,074,379	\$41,895,866	\$42,733,783	\$43,588,459	\$ 209,561,486	\$ 41,912,297
MHR SB Operating	\$ 2,756,336	\$ 2,811,463	\$ 2,867,692	\$ 2,925,046	\$ 2,983,547	\$ 14,344,084	\$ 2,868,817
Auditor & Treasurer Fees	\$ 500,000	\$ 500,000	\$ 500,000	\$ 500,000	\$ 500,000	\$ 2,500,000	\$ 500,000
BOE/ TLRC Expenses	\$ -	\$ -	\$ -	\$ -	\$ 119,340	\$ 119,340	\$ 23,868
Total Expenditures	\$ 43,525,335	\$44,385,842	\$45,263,558	\$46,158,829	\$47,191,346	\$ 226,524,910	\$ 45,304,982
Planned Capital Expenditure							
Ending Balance	\$11,721,006	\$12,253,082	\$11,907,442	\$10,666,531	\$8,393,103	\$8,393,103	

Change in Levy Revenues	\$ 9,841,308	\$10,080,102	\$ 9,188,603	\$ 8,660,214	\$ 9,140,166	\$ 46,910,393	\$ 9,382,079
Change in Levy Expenses	\$ 7,967,515	\$ 7,618,326	\$11,435,906	\$ 3,897,828	\$ 6,549,508	\$ 37,469,082	\$ 7,493,816

CY 2023-2027 Assumption Factors (Inflation Adjusted Levy Revenues);

- Levy Revenues; \$44.9 million per year, 26.4% increase over previous levy period
- Provider Contract Expense; 21.2% increase (\$7.5 million per year) over previous period
- MHR SB Operating Expense; 2% per year increase as provided by MHR SB
- Auditor & Treasurer Fees; 10.5% increase, \$500,000 per year projected by Hamilton Co.

BENCHMARK ANALYSIS

County	2010 Population	Summary Information Benchmark Counties			
		2016 Population	2020 Population	Population Rank	Largest City
Franklin	1,163,414	1,264,518	1,323,807	1	Columbus
Cuyahoga	1,280,122	1,249,352	1,264,817	2	Cleveland
Hamilton	802,374	809,909	830,639	3	Cincinnati
Summit	541,781	540,300	540,428	4	Akron
Montgomery	535,153	531,239	537,309	5	Dayton
Lucas	441,815	432,488	431,279	6	Toledo
Butler	368,130	377,537	390,357	7	Hamilton
Clermont	197,363	203,022	208,601	8	Milford

Source: U.S. Census Bureau

County	Benchmark Analysis Behavioral Health Services			
	2020 Budget Information		2020 Spending per Capita	
	Total Funds	County Funds	Total Funds	County Funds
Hamilton County	\$45,410,998	\$35,148,112	\$54.67	\$42.31
Butler County	\$16,760,193	\$10,125,191	\$42.94	\$25.94
Clermont County	Not Available	\$3,100,000		\$14.86
Cuyahoga County	\$67,948,488	\$40,363,659	\$53.72	\$31.91
Franklin County	\$97,345,739	\$83,733,055	\$73.53	\$63.25
Lucas County	\$29,771,584	\$17,885,387	\$69.03	\$41.47
Montgomery County	\$37,145,052	\$25,303,146	\$69.13	\$47.09
Summit County	\$45,929,569	\$34,826,687	\$84.99	\$64.44
Mean	\$41,662,253	\$29,329,014	\$54.83	\$42.45

Franklin County approved a .65 Mill increase to the 2.2 Mill levy in November 2020 (first increase in 15 years) which is effective for 2022. These figures represent Franklin County ADAMH's projections at new millage rate.

■ EFFECTIVENESS OF STRATEGIC PLANNING

- The most recent MHR SB strategic plan was developed in 2017
- An updated needs assessment was performed in February 2022
- The updated needs assessment is very thorough in describing
 - the approach to the surveys
 - the sufficiency of mental health treatment, support, and prevention services
 - the impact of COVID-19
- It does not indicate next steps in terms of how the findings will be used to update the strategic plan or adjust the goals, objectives or actions of Board moving forward

■ COMPLIANCE WITH TERMS OF AGREEMENT/RECOMMENDATIONS FROM 2017 MENTAL HEALTH TAX LEVY REVIEW

- County Department Integration
 - It was recommended that the county administrative offices perform an inter-county review to explore opportunities for efficiencies and specific and realistic consolidation opportunities
 - Given this item was not the sole responsibility of the MHR SB, the Board is not determined to be out of compliance with this recommendation
- Provider Contracts
 - Options for alternative payment methodologies and how they could be applied to MHR SB contracted services were included in the 2017 report
 - Based on the findings and trends in the current review, there appears to have been no shift in provider reimbursement methodologies
- Strategic Planning
 - Recommendations in the 2017 report for future strategic planning efforts included utilizing an independent entity for developing, conducting, and analyzing surveys and facilitating the planning process
 - The 2017 report also recommended that strategic goals within the plan include measurable performance metrics and have associated timelines for completion
 - The recommendations related to the surveys were not acted upon when the needs assessment portion of the strategic plan was updated in February 2022
 - The 2017 Strategic Plan has not been updated to include measurable performance metrics for all goals and associated timelines for completion

■ **CONSIDERATIONS FOR NEXT LEVY CYCLE - EXPANDED 988 & CRISIS SERVICES**

- There are current efforts nationally and locally to create robust crisis systems which represent a significant effort for everyone involved, including the MHRSB
- The current initiative calls for coordinating and integrating these efforts with national and state structures and reach beyond the populations of focus for levy funding
- Ohio, like most states, has a phased approach that began with establishing 988 vendors for the July 2022 implementation
- Now shifting to planning for mobile crisis and other stabilization services
 - This includes Medicaid coverage for some services within the continuum as well as state behavioral health funding and federal block grant funds to supplement funding

■ CONSIDERATIONS FOR NEXT LEVY CYCLE - IMPLEMENTATION OF OHIORISE

- OhioRISE is planned for implementation in July, with multiple new services and supports for youth who are enrolled in this special needs Medicaid health plan
 - There is an anticipated impact for the MHR SB with the overlap some current contracted services, including the HOPE and FAIR programs who target the same population, with similar intervention strategies
 - Other impacts include continued competition for workforce, with Aetna, the state's OhioRISE vendor, recruiting staff from provider agencies

■ CONSIDERATIONS FOR NEXT LEVY CYCLE - POTENTIAL CHANGES TO ORC 340

- The Ohio Department of Mental Health and Addiction Services has convened a stakeholder workgroup to identify sections of ORC 340 in need of review, define specific challenges and explore potential solutions
- The impact of the report generated by the workgroup could vary based on the challenges, solutions and policy considerations that are brought forth
- Given the priority ranking of RC Sections 340.036, and 340.032 there could be policy recommendations for consideration related to how boards contract for services, board roles and responsibilities, and the required elements of the local continuum of care

■ **CONSIDERATIONS FOR NEXT LEVY CYCLE - IMPACT OF COVID-19**

- Among the many impacts of the COVID-19 pandemic is an increase in demand for behavioral health services at a time when providers are addressing their own challenges
- Nationally, many providers are struggling to meet demand and are concerned about organizational viability
- Providers interviewed expressed similar concerns along with a shrinking workforce
- The increased demand for behavioral health services includes populations outside those targeted by levy funds, including individuals with commercial insurance who may seek these services outside the public system
- It is anticipated that some residents in Hamilton County will no longer be eligible for Medicaid when the suspension of the eligibility process is lifted
 - This may be due to an increase in income, change in age that triggers a transition to Medicare, or other circumstances that effect eligibility
 - Those individuals who are eligible due to a disability, such as a serious mental illness, are not expected to be impacted by this change

■ CONSIDERATIONS FOR NEXT LEVY PERIOD - WORKFORCE CHALLENGES

- Even prior to the COVID-19 pandemic, behavioral health providers were facing work force shortages across all disciplines, including psychiatry, nursing, and licensed therapists.
- This trend has been exacerbated in Ohio by growing competition for these staff from health plans and other industries prompting individuals to leave the health care field.
- Many point to low salaries combined with the work-related stress and lack of work from home or other flexibilities on the shortages.
 - Addressing these challenges will require broader systemic changes and resources beyond the MHRSB
 - With thoughtful planning and collaboration with the provider network there is potential for targeted positive local impact and support

■ CONSIDERATIONS FOR NEXT LEVY CYCLE-DEMAND FOR RECOVERY SUPPORTS

- According to the February 2022 MHR SB Needs Assessment, housing and supported housing services were the categories most frequently cited as requiring additional capacity.
 - 60% of providers reported insufficiencies in supported housing (51 percent in 2017)
 - 32% of clients (22 percent in 2017) reported this to be an area of need
- The need to increase the availability of recovery supports, including housing and supported employment, was identified in many of the provider interviews

■ RECOMMENDATIONS – CONTRACTING & CONTRACT MONITORING

- Transition from an annual to a multi-year contracting cycle
 - The MHRSB continues to maintain its positive and long-standing relationships with its provider network
 - Very little change in the list of contractors over time or terms of the contracts
 - Would eliminate administrative burden
 - Contractors were unanimously positive about this potential change
 - The reduction in administrative burden during non-renewal years could also support a return to more frequent and purposeful contract monitoring activities
- Review provider reimbursement methodologies in conjunction with the transition to a multi-year contracting cycle
 - MHRSB should not take a single approach across all providers given the variety of providers and types of services being funded

■ RECOMMENDATIONS - WORKFORCE

- MHSRB should take a convener role with their provider network, to creatively problem solve and identify innovative ways to recruit and retain staff to the workforce
- Any funding directed to address workforce shortages, specifically by supporting more competitive salaries or benefits, should be targeted to small providers whose primary funding source is from the MHSRB
- Conduct a market analysis of MHSRB salaries across Ohio to ensure that as staff retire or face recruitment by other industries the County is confident that they can be somewhat competitive to maintain staffing

■ RECOMMENDATIONS – STANDARD POLICIES RELATED TO REIMBURSEMENT & PROGRAM MANAGEMENT

- Establish a written policy regarding processes for review of claim submission extensions and internal timetables for final claims adjudication
 - The current contract allows providers to request an extension for submitted or resubmitted claims through September 30th within the next contract cycle or calendar year
 - There does not appear to be a formal policy around the timing of MHR SB review and payment of submitted claims after this September 30th deadline
 - At the writing of this report, seven contract agencies, roughly 30 percent, were working under extensions and had not completed their claims submissions for FY 2021 contracts (which ended June 30, 2021)
- Consider a shorter cutoff timeframe for the claims submission extension process which would allow for more timely data on the previous year results to inform strategic planning from year to year

■ RECOMMENDATIONS – STRATEGIC PLANNING

- Initiate a process for developing a new strategic plan, or at a minimum, fully update 2017 strategic plan
- Utilize an independent entity for developing, conducting, and analyzing surveys and facilitating the planning process
- Include measurable performance metrics and associated timelines for completion for each goal and objective
- Maximize stakeholder engagement

■ RECOMMENDATIONS – RELATIONSHIP WITH COUNTY JFS

- Enhance the partnership between the MHR SB and the Hamilton County Department of Job and Family Services (HCDJFS)
- Leverage resources and collaborate on near term efforts to fill gaps
 - Capacity building and infrastructure development to support providers as Medicaid services are being ramped
 - OhioRISE services
 - Crisis services
 - Examine proportions of levy funding across MHR SB and HCDJFS going to pooled funding initiatives

■ RECOMMENDATIONS – CRISIS SERVICES

- Consider whether levy funding should continue for services such as the MHAP hotline once the state supported 988 regional line (operated by another vendor) is operational
- Examine whether crisis services currently supported by levy funds may have access to other funding streams, such as Medicaid
- Re-evaluate and shift resources as Medicaid reimbursement becomes more widely available for crisis services that the MHR SB is currently paying for with levy funds

■ RECOMMENDATIONS – RECOVERY SUPPORTS

- Consider additional investments in recovery support, specifically housing, supported employment and peer support
 - Housing and supported employment are not covered by Medicaid and peer support services are included in a very limited manner in the Medicaid benefit for those with mental illness
 - Most providers indicated the demand for housing during the interview process
 - Housing and supported housing services were the categories most frequently cited as requiring additional capacity in the February 2022 MHR SB Needs Assessment
- Re-evaluate and shift resources from other services over time as Medicaid reimbursement becomes more widely available for services that the MHR SB is currently paying for with levy funds

— ANY —
QUESTIONS?
—

HMA

HEALTH 
MANAGEMENT
ASSOCIATES