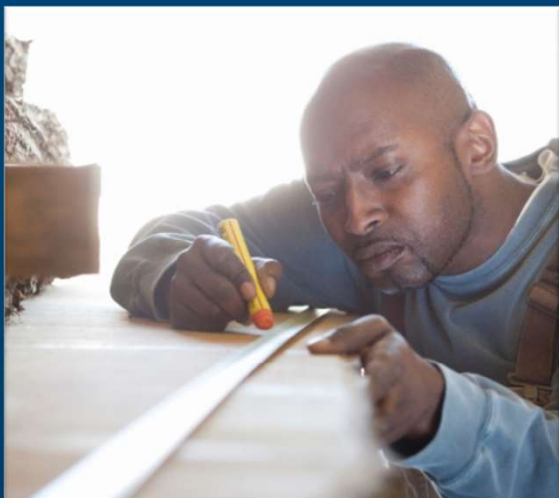


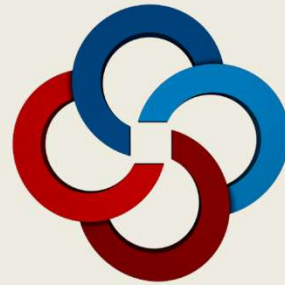
Recovery Benefits the Entire Community



Treatment Works



**Mental Health
Levy 2022**



HAMILTON COUNTY
**Mental Health &
Recovery Services Board**

**Presentation to
Tax Levy Review Committee
February 7, 2022**

Board Member Appointments

14 Volunteer Members

6 Appointed by OhioMHAS

- Gary Powell
- Gwen DiMeo
- Judge John O'Connor
- Mary Oden, PhD
- Patrick Garry

8 Appointed by HCBOCC

- Ashlee Young
- Christine Wilder, MD
- Jonathan Steinberg, PhD
- Linda McKenzie
- Mark Davis, LICDC-CS
- Mary Ellen Malas
- Matt Curoe
- Thomas Gabelman

Serve as the
MH and AOD
planning
authority for
the county

Statutory Authority Under ORC §340

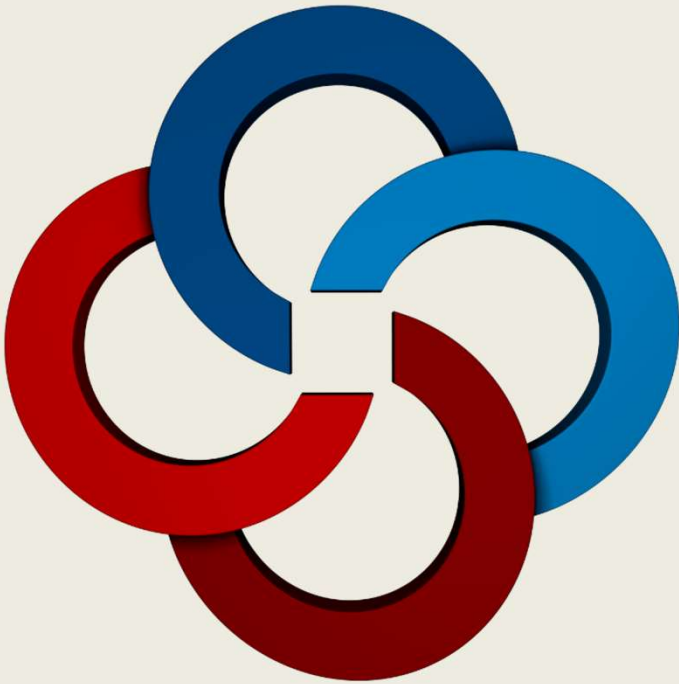
Lead Public Behavioral Healthcare in Hamilton County

- Plan
- Fund
- Manage
- Evaluate

Coordinate System of Community Care

- Cost Effective
- Better Outcomes
- Meets Needs and Preferences

Mission



To develop and manage a continuum of mental health, addiction, and prevention services that have a positive impact on the community, are accessible, results oriented, and responsive to individual and family needs.

MHRSB Primary Goals

Provide a system of care

With a wide array of Evidence Based Treatment Services that ensures a high quality of care for Hamilton County residents and promotes recovery and a favorable quality of life

Promote prevention and education efforts

That reduce the impact of mental illness and addiction in the community

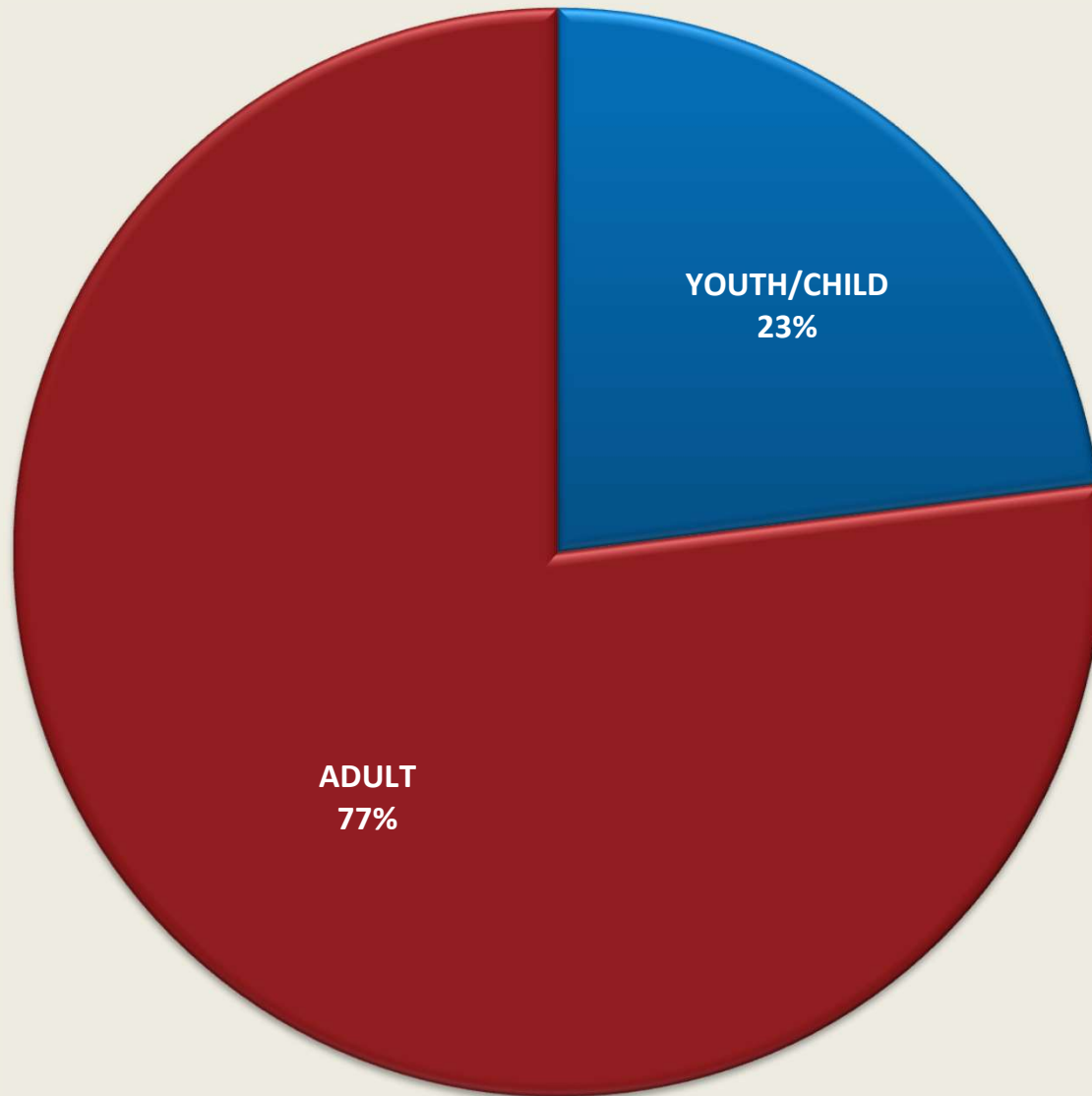
Ensure individuals with Behavioral Health needs

Are treated in an environment that best meets their needs

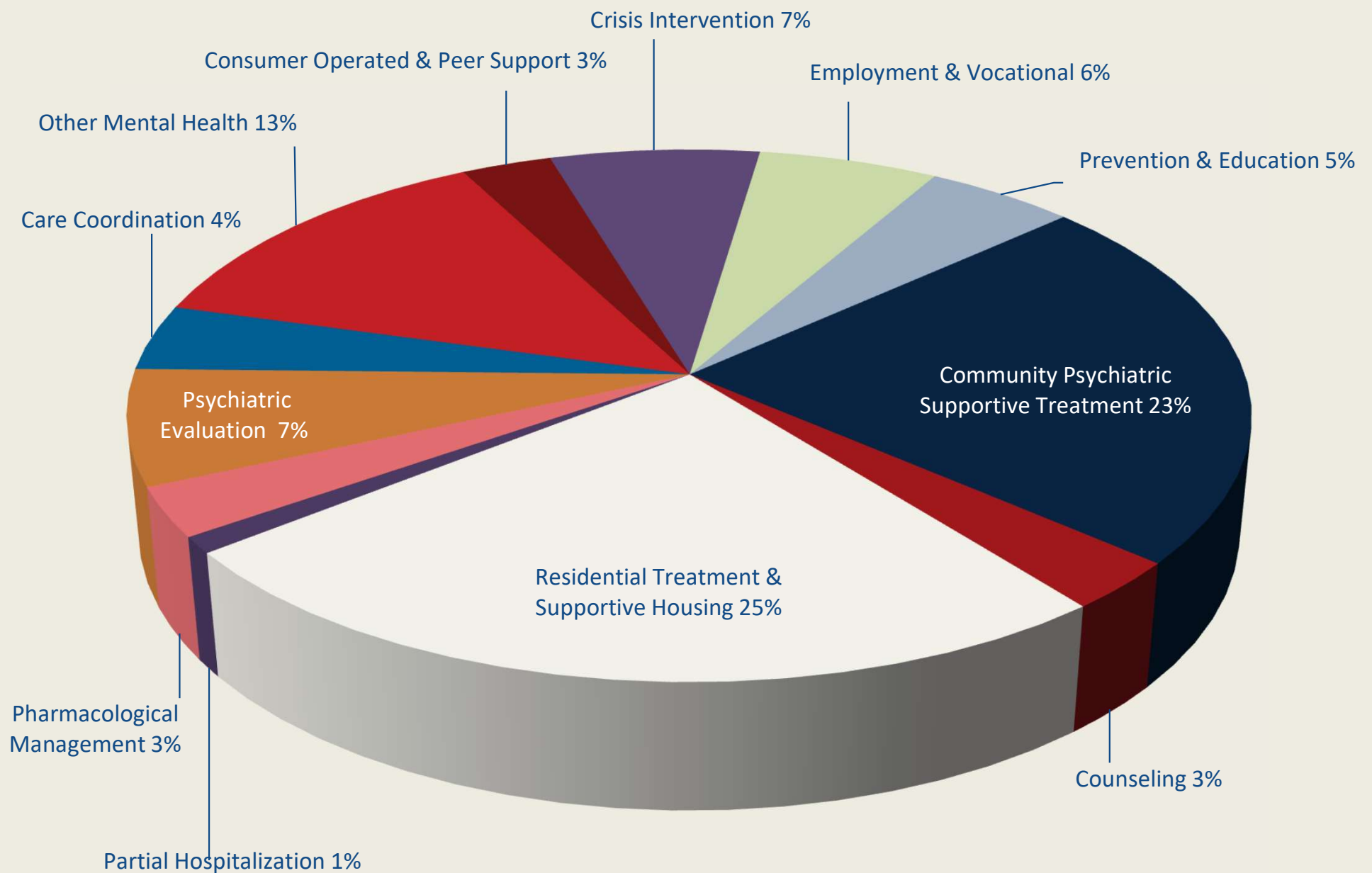
Maintain financial viability

Of the HCMHRSB and its service delivery system through efficient, accountable, and responsible financial management

CY 2021 MENTAL HEALTH FUNDING



MH Funding by Service



Mental Health Access Point (MHAP)

Single agency that provides centralized coordinated access
for non-Medicaid MH services

24/7 Operation
513-588-8888

Connects adults,
youth, and
families to right
service at right
time in right
amount

Monitors MH
housing service
utilization among
MHR SB funded
contract agencies

Maintains a
benefits navigator
who assists with
Medicaid
enrollment

Lilly's Story



Age 22
Childhood
Abuse and
Trauma

- Entered Journey to Successful Living in 2019
- Program for Transition Age Youth

Major
Depression
Suicidal
Ideation

- Medication Management
- Case Management
- Therapy
- Intensive Supports

Hospitalized
Isolation

- Embraced Recovery
- Developed Independent Living Skills with Case Manager

2022
Stabilized
Mental Health

- Completed DBT Program
- Acts as Peer Support
- Employed

John's Story

Age 52

Homeless
Childhood Abuse
and Trauma

- Connected with PATH Homeless Outreach Team

PTSD,
Depression,
Bipolar Disorder,
Alcohol Use
Disorder

- Housing
- Case Management
- Therapy
- Intensive Supports

Prison
Hospitalization
Living on Street

- Sober
- Has own apartment
- Improved Health and Wellbeing

2022 Stabilized
Mental Health

- Established positive relationship with his children



Populations Served

	County Percent	HCMHRSB Percent
Race		
Black	26.6%	55.3%
White	67.6%	40.7%
Other	5.8%	4.0%
Gender		
Female	51.7%	43.7%
Male	48.3%	56.3%
Age		
Children (under 18)	22.9%	10.9%
Adults (18 and over)	77.1%	89.1%

Billing and Monitoring



HCMHRSB Outcomes Efforts

Nationally Recognized Outcomes Performance Improvement Program

- Informs Treatment
- Informs Agencies
- Informs MHR SB
- Informs Public

Multiple Measures Based Upon Reliable and Validated Instruments

- Symptom Distress
- Quality of Life
- Problem Severity
- Functioning

Multiple Administrations

- Service Inception
- Six Months
- Annual
- Discharge

Outcomes Performance Incentive Program (OPIP)

Outcomes Performance

Outcome Indicator	Percent Improved
Adult Major Indicators (QoL & Symptom Distress)	70%
Child Youth Major Indicators (Problem Severity & Functioning)	74%

Satisfaction Measure	Percent
Adult – Treatment with Dignity & Respect (Always/Often)	91%
Child-Parent – Service Satisfaction (Extremely/Moderately/Somewhat)	93%
Child-Parent – Ideas Heard/Valued (Extremely/Moderately/Somewhat)	94%
Child-Parent – Ideas Incorporated in Treatment Plan (Extremely/Moderately/Somewhat)	92%

Outcome Disparity Analyses	
Gender	No statistical difference
Race	No statistical difference

Contracting For Services

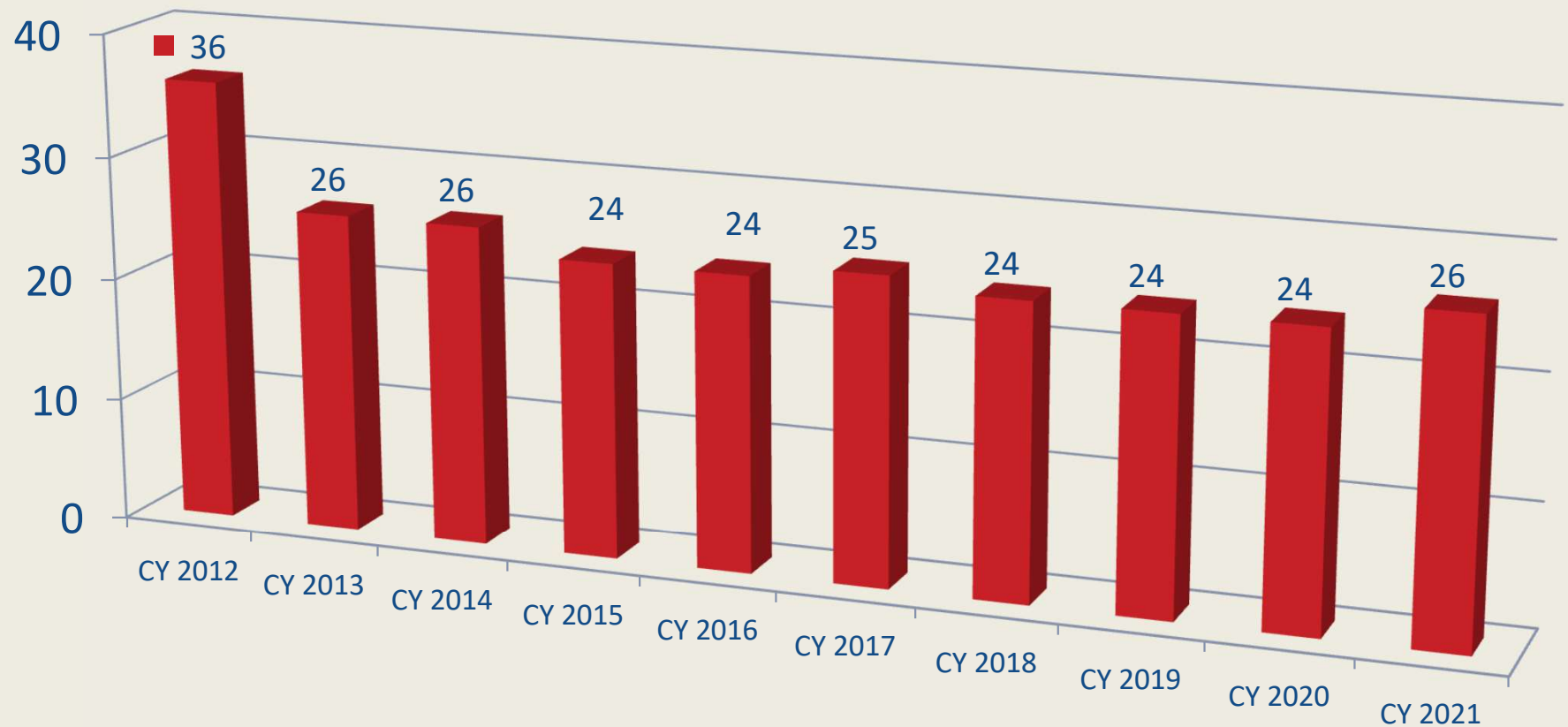
37 Agencies

- Wide Range of MH and AOD Services

All Agencies

- Must be Certified by OhioMHAS

Mental Health Provider Agencies



Key Collaborations and Partnerships

Stepping Up

- Criminal Justice System

MHC

- Mental Health Courts – Felony, Misdemeanor and Juvenile Court

CIT

- Crisis Intervention Team Training with MHA

FACT

- Forensic Assertive Community Treatment Team
- ODRC

Dismiss and Probate

- Criminal Justice System
- Probate Court

MCSA -Juveniles with multi-system needs

- Juvenile Court
- JFS
- DDS

FAIR – Family Access to Integrated Recovery

- JFS

Journey to Successful Living

- JFS
- Juvenile Court
- Cincinnati Public Schools
- DDS

School Based Mental Health

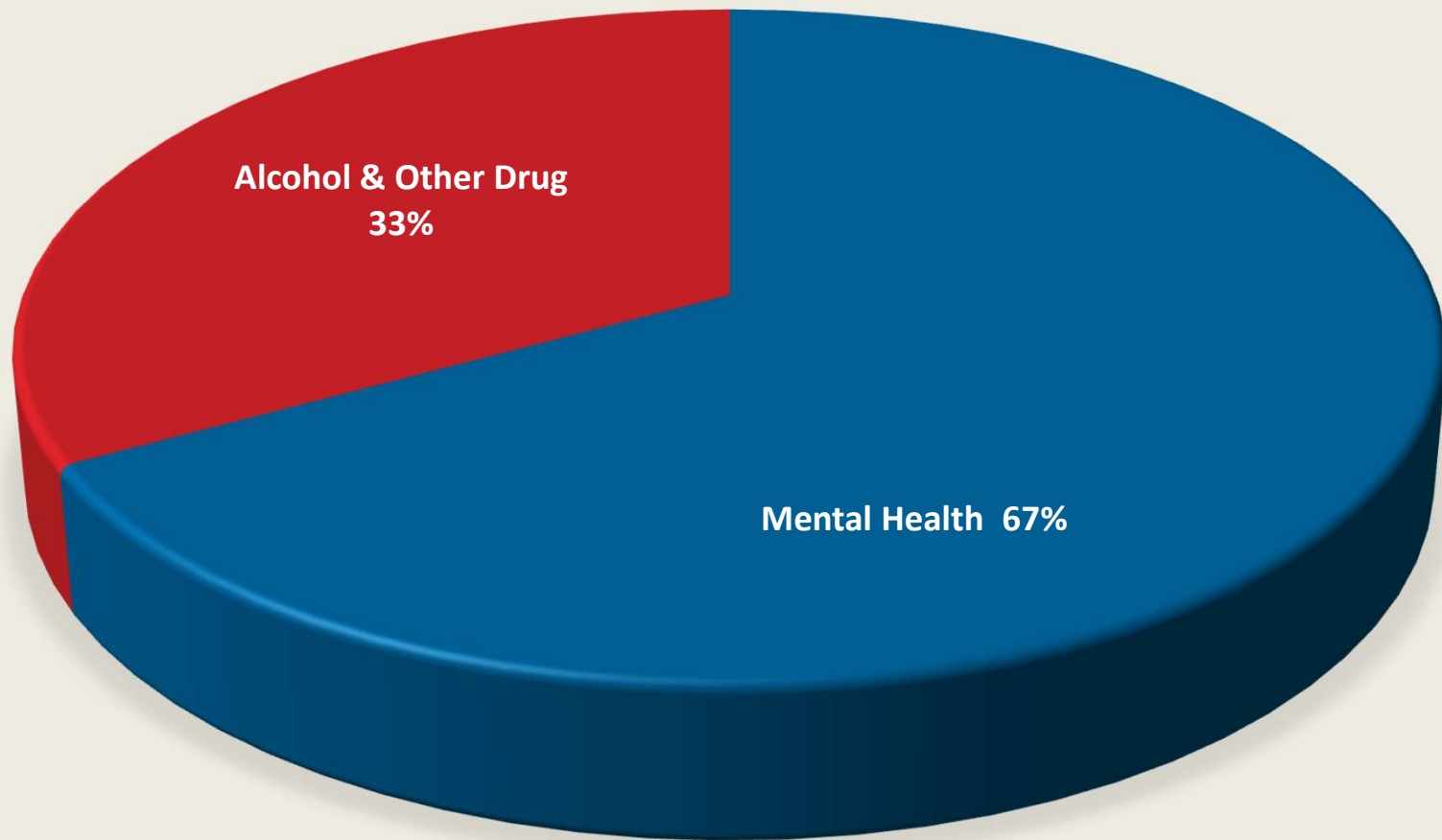
- Mindpeace
- Cincinnati Public Schools
- Growing Well

Pathways

- DDS

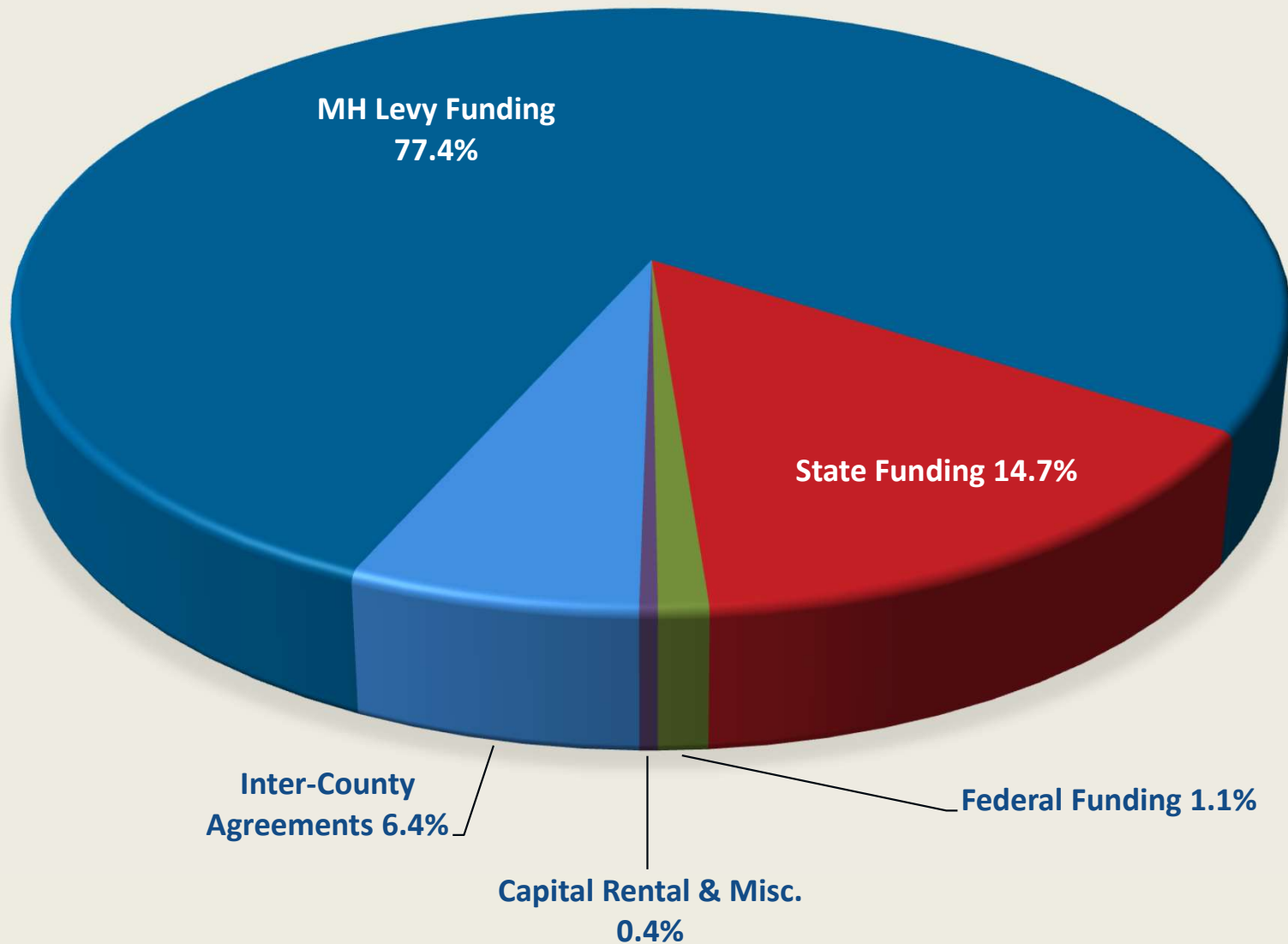
CY 2021 TOTAL BUDGET

\$68,281,075

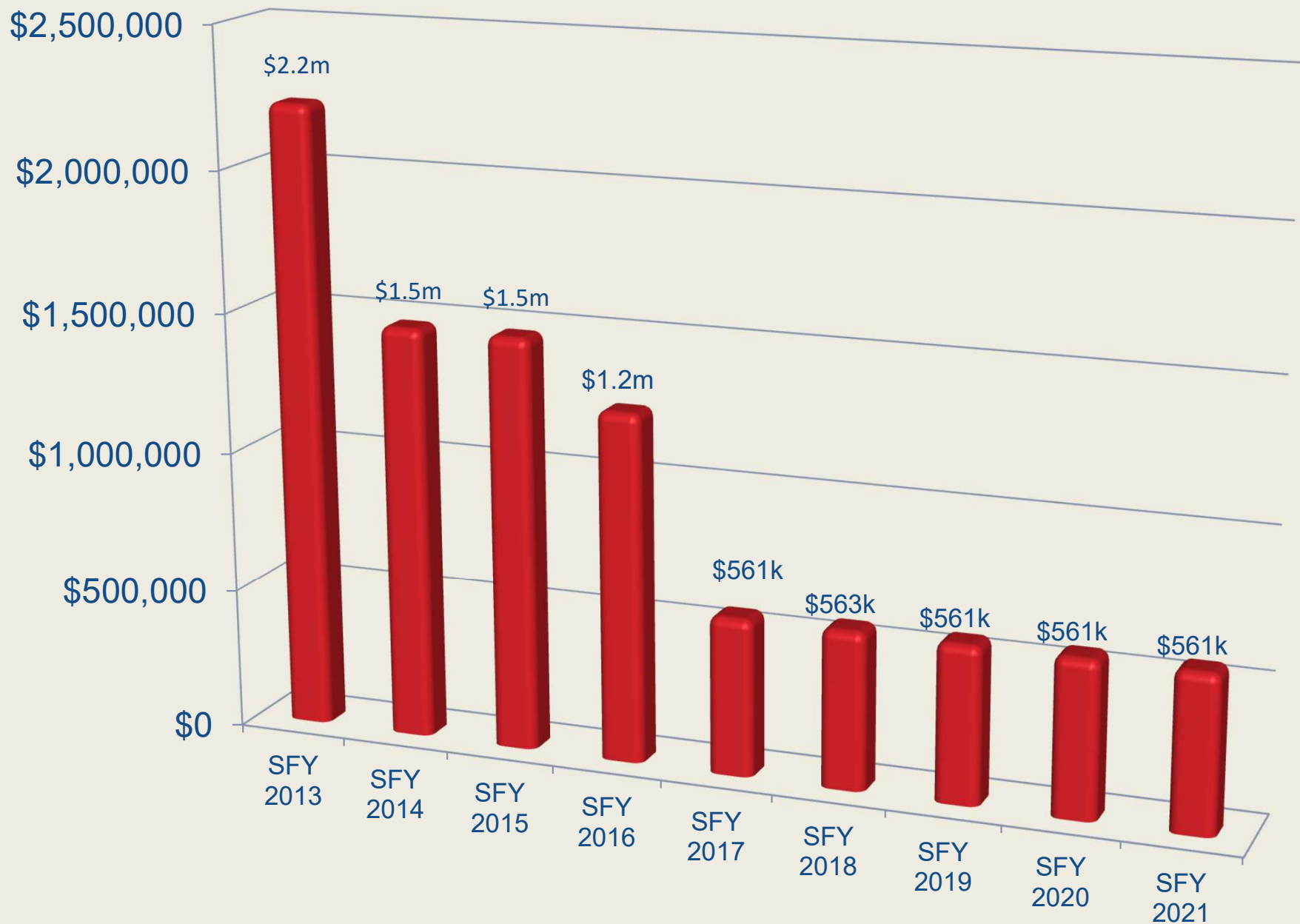


CY 2021 MH Revenues

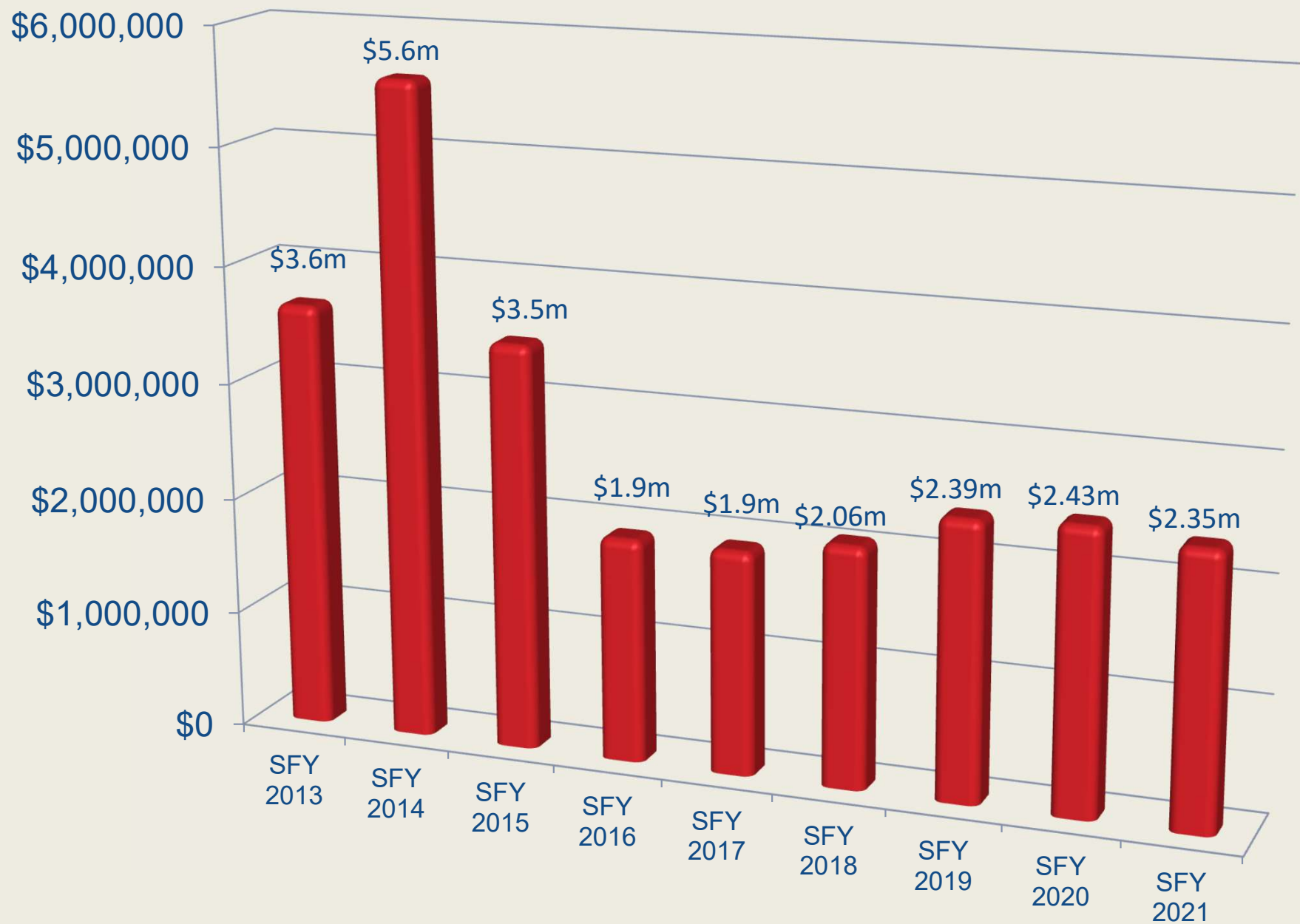
\$45,410,998



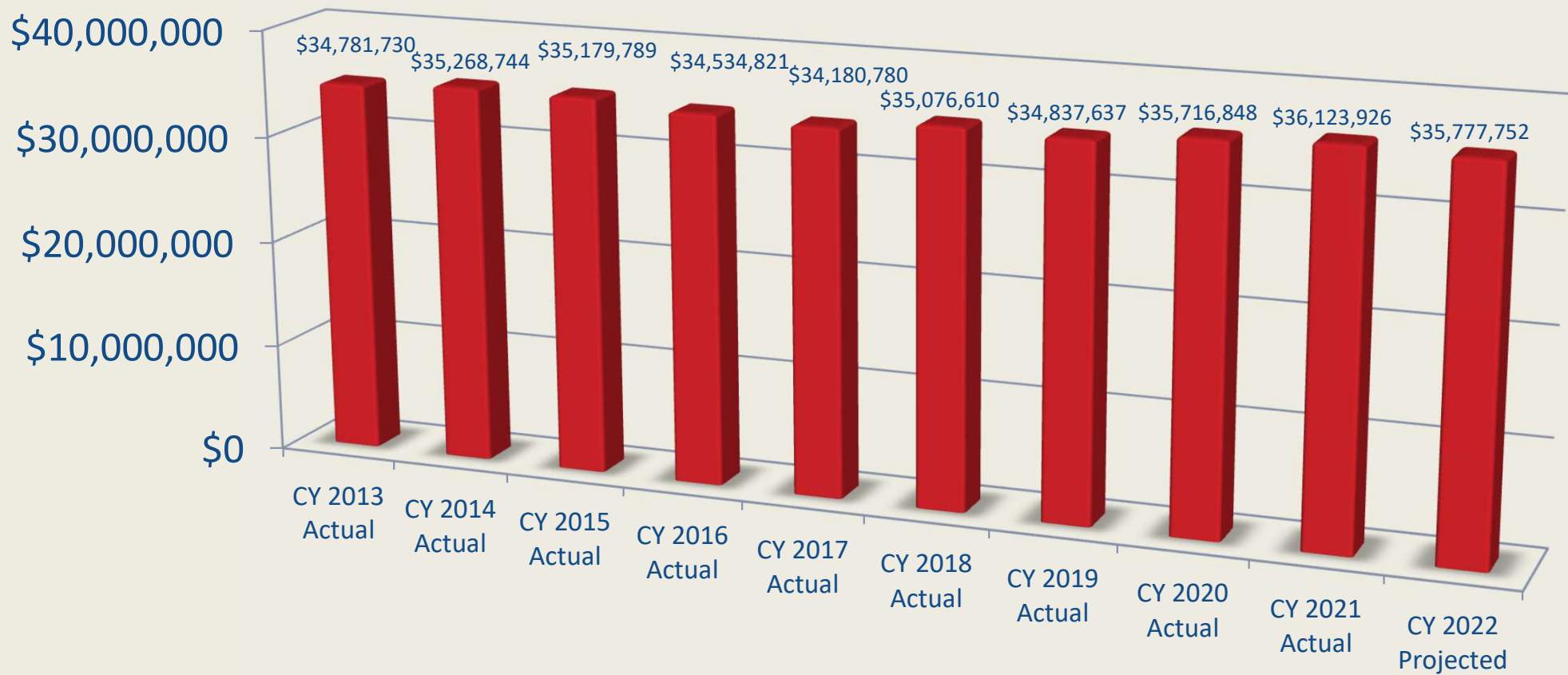
Mental Health Federal Funding



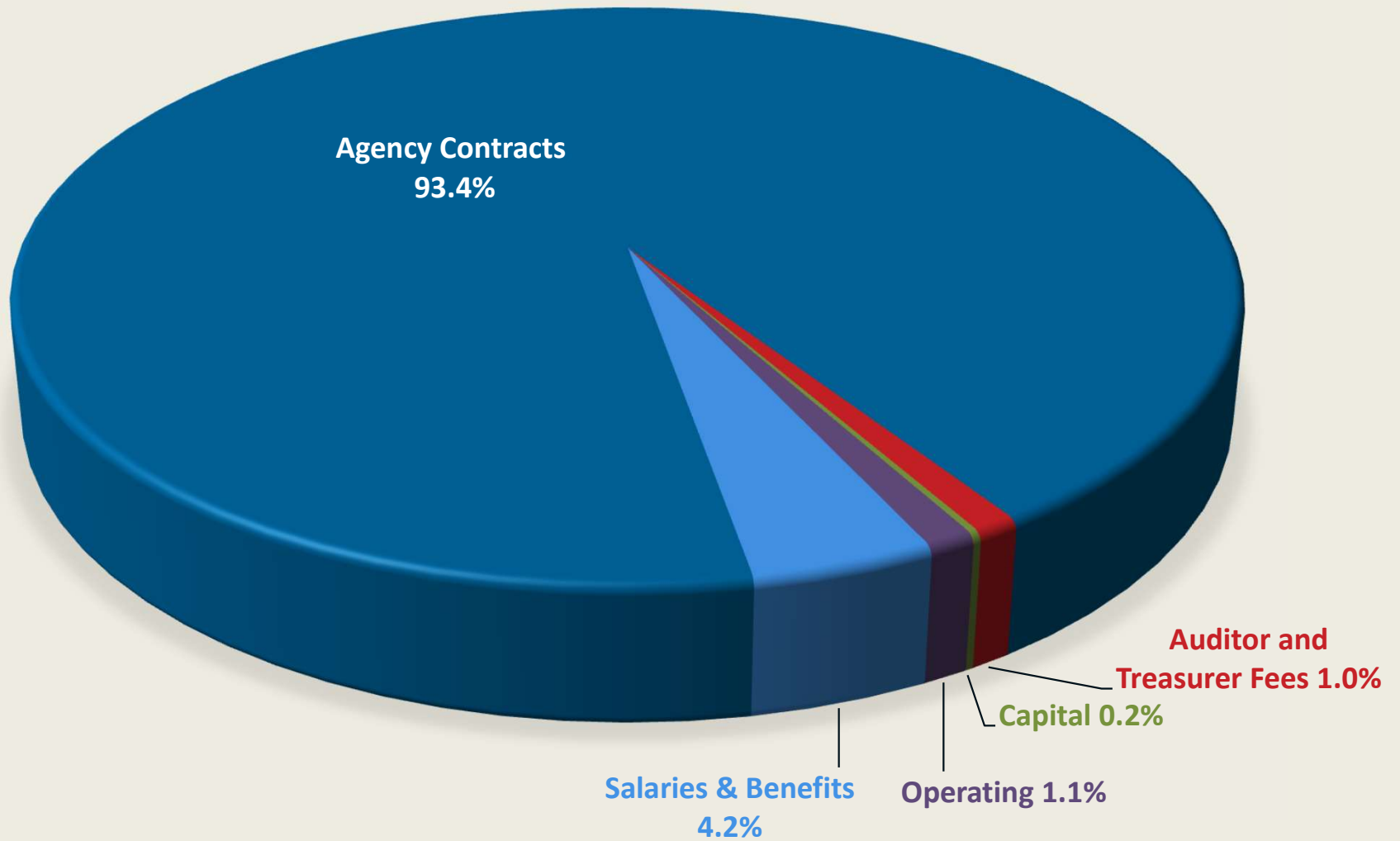
Mental Health State Community Funding



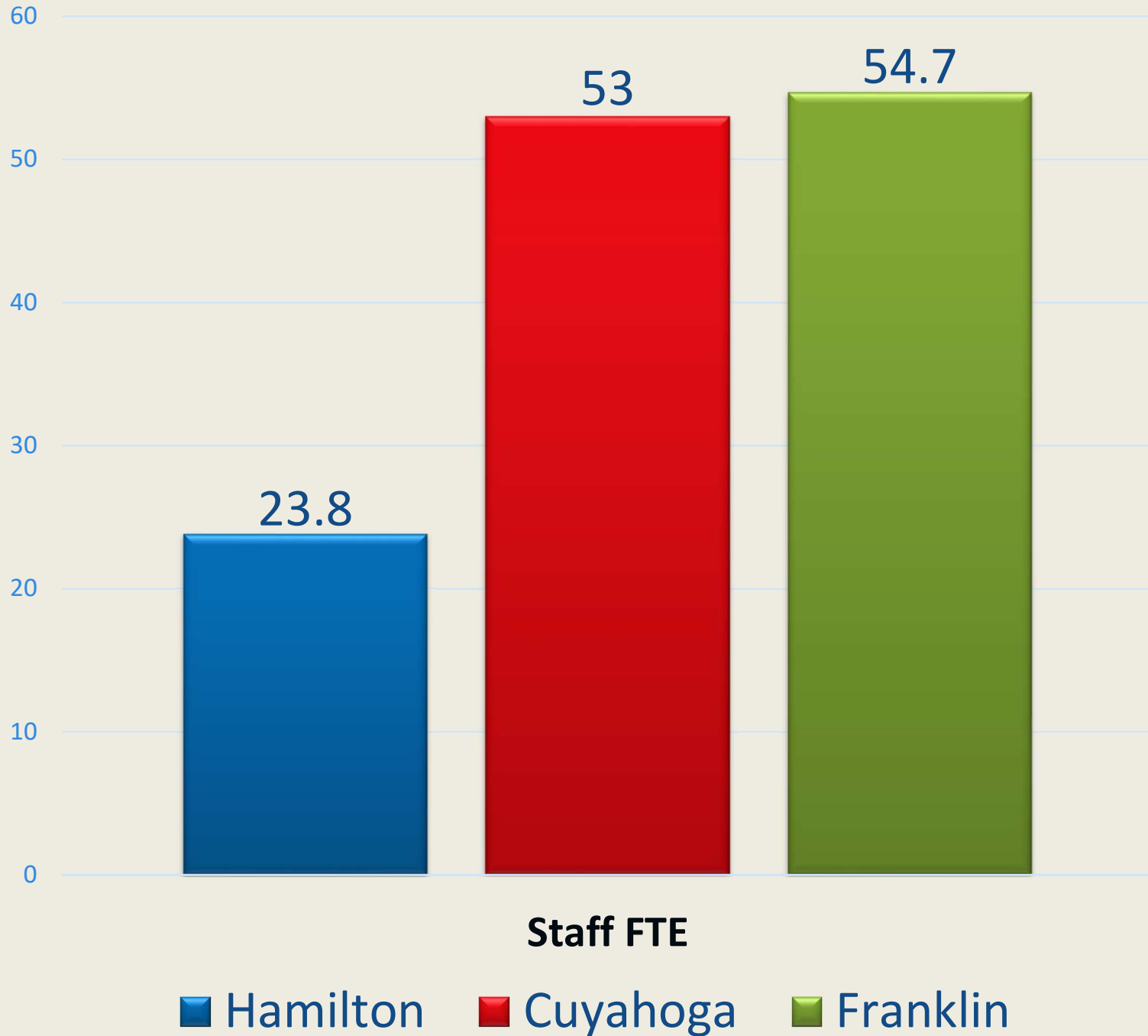
Mental Health Levy Revenue



CY 2021 MH Expenditures



Staffing Comparisons – Major Urban Boards



Current 5 – Year Financial Plan

	CY 18 Actual Cash Basis	CY 19 Actual Cash Basis	CY 20 Actual Cash Basis	CY 21 Projected	CY 22 Projected
Beginning Balance	\$25,405,054	\$24,923,844	\$22,994,143	\$24,895,806	\$18,892,509
Revenue	\$35,076,610	\$34,837,816	\$35,729,315	\$36,257,704	\$35,777,752
Expenditures:					
• Provider Contracts	\$32,499,252	\$33,542,958	\$30,806,526	\$38,800,344	\$37,322,548
• MHR SB Operating	\$2,621,977	\$2,794,493	\$2,572,723	\$3,013,698	\$6,402,290*
• Auditor and Treasurer Fees	\$436,591	\$430,066	\$448,403	\$446,959	\$500,000
• BOE/ TLRC Expenses	-	-	-	-	\$117,000
Total Expenditures	\$35,557,820	\$36,767,517	\$33,827,652	\$42,261,001	\$44,341,838
Ending Balance	\$24,923,844	\$22,994,143	\$24,895,806	\$18,892,509	\$10,328,423

*Includes a one-time capital expenditure

Response to Critical Need in 2022

Permanent Supportive Housing

- For adults and families in need of safe and stable housing
- Additional funding in response to inflationary increase in Fair Market Rent

Crisis Intervention Team MH Training

- To assist law enforcement, criminal justice and first responders in recognizing and responding to persons who may have a mental illness
- Added training staff in response to increasing demand

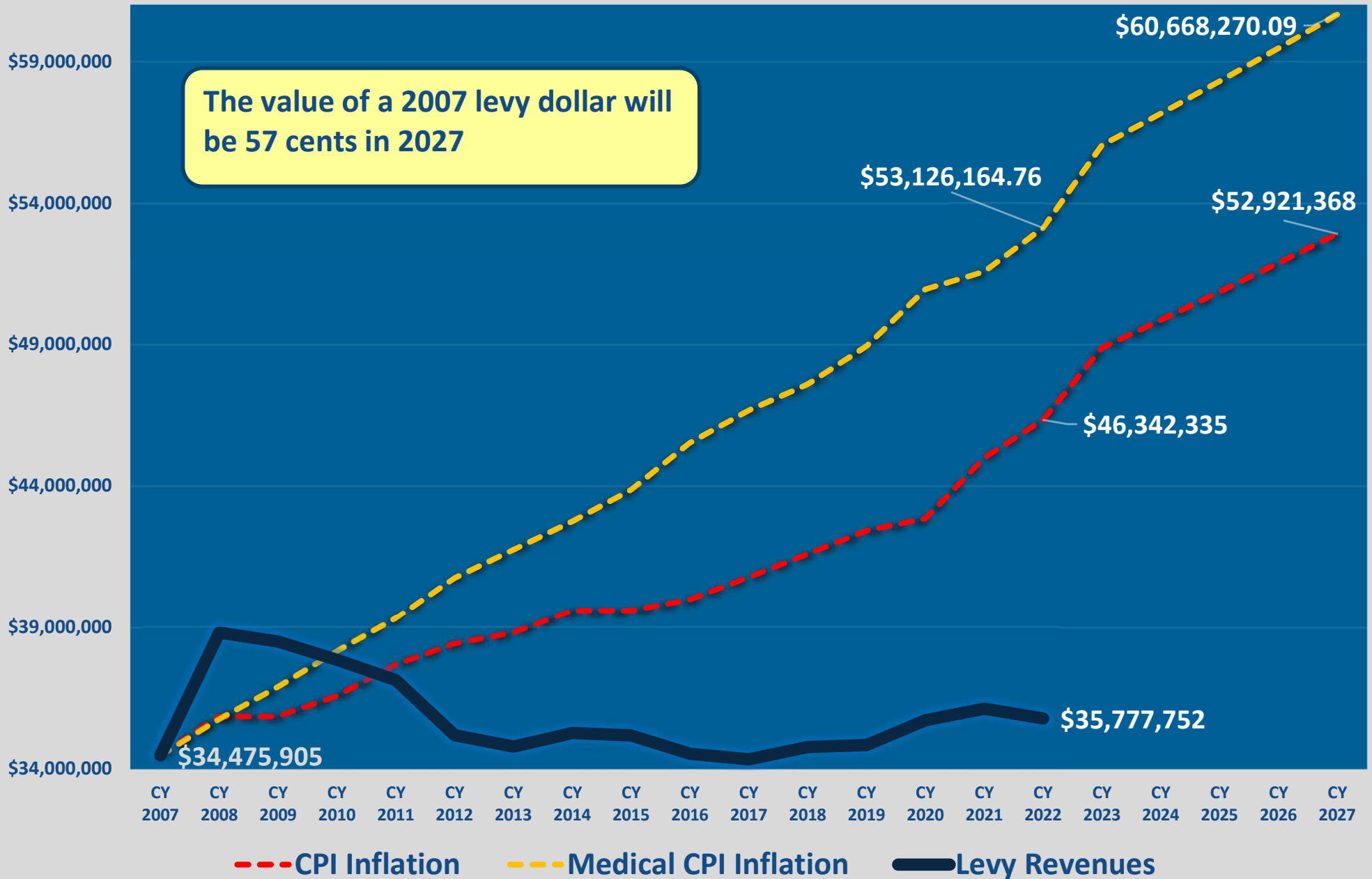
Mobile Crisis Emergency Response Team

- On-call coverage 24/7 serving adults and children experiencing a mental health crisis in the community
- Expanded 2nd shift coverage and added weekend coverage

Value of 2007 Levy Funding vs. Inflation

BUREAU OF LABOR STATISTICS CONSUMER PRICE INDEX

The value of a 2007 levy dollar will be 57 cents in 2027



Subsequent 5-Year Forecast - No Levy Increase

	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027
Beginning Balance	\$10,328,423	\$2,580,840	(\$6,027,249)	(\$15,513,055)	(\$25,894,132)
Revenue	\$35,777,752	\$35,777,752	\$35,777,752	\$35,777,752	\$35,777,752
Expenditures:					
• Provider Contracts	\$40,268,999	\$41,074,379	\$41,895,866	\$42,733,783	\$43,588,459
• MHRSB Operating	\$2,756,336	\$2,811,463	\$2,867,692	\$2,925,046	\$2,983,547
• Auditor and Treasurer Fees	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000
• BOE/ TLRC Expenses	-	-	-	-	\$119,340
Total Expenditures	\$43,525,335	\$44,385,842	\$45,263,558	\$46,158,829	\$47,191,346
Ending Balance	\$2,580,840	(\$6,027,249)	(\$15,513,055)	(\$25,894,132)	(\$37,307,726)

Critical Service Needs CY 23 through CY 27

Crisis Services

- Mobile Response and Stabilization Services (MRSS) for youth and families
- Suicide Prevention Hotline - 24/7 @ 281-CARE
- School-based Suicide Prevention Strategies

Housing

- Homelink Housing Support Team for evening and weekend shifts
- Housing Assistance Program additional subsidy certificates

Employment Vocational Support

- Assistance in obtaining and retaining employment

Behavioral Health Workforce Support

- Additional funding to augment provider workforce investment

Subsequent 5-Year Forecast with Levy Increase based on Current Challenges

	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027
Beginning Balance	\$10,328,423	\$11,721,006	\$12,253,082	\$11,907,442	\$10,666,531
Revenue	\$44,917,918	\$44,917,918	\$44,917,918	\$44,917,918	\$44,917,918
Expenditures:					
• Provider Contracts	\$40,268,999	\$41,074,379	\$41,895,866	\$42,733,783	\$43,588,459
• MHRSB Operating	\$2,756,336	\$2,811,463	\$2,867,692	\$2,925,046	\$2,983,547
• Auditor and Treasurer Fees	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000
• BOE/ TLRC Expenses	-	-	-	-	\$119,340
Total Expenditures	\$43,525,335	\$44,385,842	\$45,263,558	\$46,158,829	\$47,191,346
Ending Balance	\$11,721,006	\$12,253,082	\$11,907,442	\$10,666,531	\$8,393,103

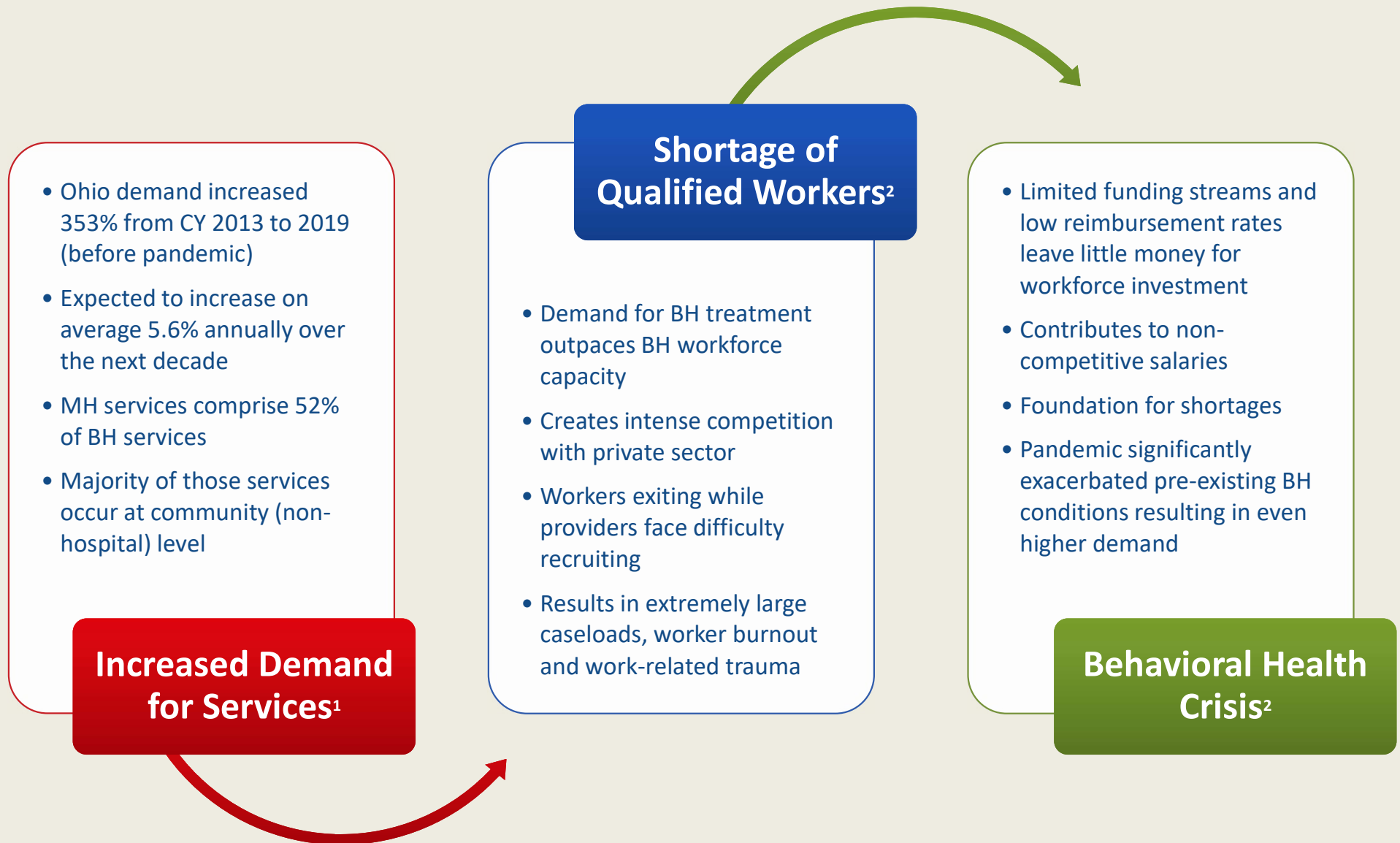
Health Collaborative Community Health Needs Assessment 2021

Mental Health conditions are the 2nd most prevalent health condition in region (behind cardiovascular) (pg. 15)

Mental Health treatment is the leading unmet need in Cincinnati MSA (pg. 20)

Mental Health is the health condition most impacted by Social Determinants of Health (pg. 77)

Workforce Crisis



1. Understanding Supply and Demand within Ohio's Behavioral Health System. OHMHAS 2021

2. Behavioral Health Workforce is a National Crisis. HMA Policy Brief Oct. 2021

COVID-19 Pandemic Challenges

COVID-19 expected to be a sustained traumatic event for some populations¹

- Front-line workers, minority populations, and children identified as at-risk populations

Increased demand for services²

- 2020 study found increased BH symptoms were double the rates expected before pandemic

Economic threats imposed by pandemic:

- Reduced congregate living capacity, expenses for mitigation and PPE, staff furloughs

1. Understanding Supply and Demand within Ohio's Behavioral Health System. OHMHAS 2021

2. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020

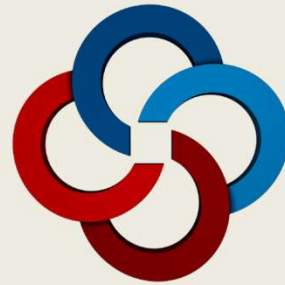
Findings From Mid-Term Levy Review 2020

“Our opinion is that the MHRSB is a well-run, efficient Board that is funding essential services to the Hamilton County community.”

“The TLRC has always recommended that an adequate reserve be kept for a healthy balance sheet based on the need for services.”

“It probably will be necessary for the MHRSB to ask for a levy increase in 2022. We recognize that asking for an increase in taxes is risky in this environment, but it seems to be necessary.”

Mental Health Levy 2022



HAMILTON COUNTY
**Mental Health &
Recovery Services Board**

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February 7, 2022**