



HEALTH MANAGEMENT ASSOCIATES

*Hamilton County, Ohio, Mental Health Levy
Report of the Operations and Tax Levy Review*

PREPARED FOR
HAMILTON COUNTY TAX LEVY REVIEW COMMITTEE

MAY 30, 2017

*Research and Consulting in the Fields of Health and Human Services Policy, Health Economics
and Finance, Program Evaluation, Data Analysis, and Health System Restructuring*

ALBANY, NEW YORK • ATLANTA, GEORGIA • AUSTIN, TEXAS • BOSTON, MASSACHUSETTS • CHICAGO, ILLINOIS • COLUMBUS, OHIO
DENVER, COLORADO • HARRISBURG, PENNSYLVANIA • INDIANAPOLIS, INDIANA • LANSING, MICHIGAN • NEW YORK, NEW YORK
PHOENIX, ARIZONA • PORTLAND, OREGON • SACRAMENTO, CALIFORNIA • SAN ANTONIO, TEXAS • SAN FRANCISCO, CALIFORNIA
SEATTLE, WASHINGTON • SOUTHERN CALIFORNIA • TALLAHASSEE, FLORIDA • WASHINGTON, DC

Table of Contents

I.	Introduction	1
	Project Scope and Activity	1
II.	Recent History and Overview of Mental Health and Recovery Services Board (MHRSB)	2
	Overview	2
	Recent History	2
III.	Analysis of Corporate Structure	2
	Organization	2
	Compensation	5
IV.	Operations Analysis	6
	Overview of Services	6
	MHRSB Clients by Service Type and Funding Source	9
	MHRSB Providers	15
	Quality of Services	15
V.	Financial Analysis	20
	Historical review of the Mental Health and Recovery Services Budget and Projections.	20
VI.	Comparisons, Modeling, and Benchmarking	24
	Proposed Benchmark Approach	24
	Data Limitations	26
	Benchmark Analysis	26
VII.	Possible Threats or Other Issues to MHRSB for Next Tax Levy Period	27
	Future of Medicaid Expansion/Affordable Care Act	27
	Behavioral Health Redesign – July 2017	27
	Statewide Data System Transitions	28
VIII.	Effectiveness of Strategic Planning	28
IX.	Principal Observations and Recommendations	28
	Principal Observations	29
	Recommendations	30
X.	Appendices	32
	Appendix A – FY2012 ODMH Data	32
	Appendix B – FY2013 ODMH Data	35

Appendix C – FY2014 ODMH Data	38
Appendix D – FY2015 ODMH Data.....	41

I. Introduction

In January 2017, Hamilton County retained Health Management Associates (HMA) to conduct an analysis of the use of mental health levy funds during the current tax levy period of 2013 to 2017. These funds are administered by the Hamilton County Mental Health and Recovery Services Board.

HMA conducted this analysis under contract to the Hamilton County Tax Levy Review Committee as part of the Committee's responsibility for review of County operations and finances associated with the Mental Health Levy as well as providing a recommendation to the Hamilton County Board of County Commissioners regarding future tax levy support for the activities provided under the Mental Health Levy.

Project Scope and Activity

The review of Mental Health Levy services provided by the Mental Health and Recovery Services Board (MHRSB), as requested by the Tax Levy Review Committee, includes the following objective areas:

- Evaluation of current operating efficiency relative to:
 - MHRSB's strategic plan
 - MHRSB's peers
 - Reasonable expectations
- Compliance with, and maximization of, current and planned funding contracts
- Recommendations for Tax Levy contract provisions between Hamilton County and MHRSB assuming successful passage of the proposed Tax Levy
- Recommendations for costs savings and/or revenue enhancements

Specific tasks included:

- Identify, and develop an understanding of, the services funded by levy dollars by category of service.
- For all services provided, in whole or in part, by levy dollars, list the cost per unit of services for each category of service, including the cost per client and cost per year for the previous five year levy period and determine whether the level of services provided is appropriate.
- Analyze quality of services provided, including determining the number of clients served during the previous levy period, and review waiting lists (including how such list is defined). Review feedback from recipients of service including whether facilities are clean, safe, and providing proper care. Present recommendations for improvement.
- Comparison with Private Providers and Other Governmental Agencies.
- Evaluate financial results of MHRSB operations over the past five years, including analysis of variances from budget and comparison of financial trends with services delivered over the same time.
- Historical review of MHRSB budget and projections.
- Analyze any alternative sources of funding to ensure that any of these sources of funding are being utilized first.
- Report and analyze MHRSB compliance with the terms of the current Agreement by and between the Board of County Commissioners of Hamilton County, Ohio and MHRSB entered into

on April 8, 2015 and make recommendations for future contractual conditions upon passage of the levy.

- Prepare a Final Report that includes:
 - Recent history and overview of MHRSB operations;
 - Analysis of corporate structure including organization chart;
 - Operations analysis;
 - Financial analysis;
 - Possible threats or other issues to MHRSB during the next Tax Levy period;
 - Effectiveness of strategic planning; and
 - Summary of principal observations and recommendations.

II. Recent History and Overview of Mental Health and Recovery Services Board (MHRSB)

Overview

Hamilton County Mental Health and Recovery Services Board (MHRSB) provides leadership in public behavioral health care as the authority charged under ORC §340 with planning, funding, managing, and evaluating behavioral health care in Hamilton County. MHRSB is statutorily prohibited from providing direct care to clients and instead contracts with numerous non-profit agencies to provide direct care in a community based (non-hospital) setting.¹ Hamilton County created the MHRSB under the auspices of Ohio HB 648, authorizing formation of county-based Community Mental Health Boards. In 1989, under authority granted by Ohio HB 317, the Hamilton County Commissioners established separate Boards of Alcohol and Drug Addiction Services (ADAS) and Mental Health in Hamilton County. The MHRSB is the product of the merger of separate boards in 2006.

Recent History

During the most recent Levy period, there has been significant changes both within the State of Ohio and at the Federal level specific to healthcare financing and administration. The MHRSB felt the impact of the Affordable Care Act (ACA) through increased numbers of newly insured individuals seeking services. At the State level, significant included elevation of Medicaid administration from the MHRSB to the State, Behavioral Health redesign effort that includes utilization of a new coding and rate structure, and Statewide Data System Transitions. These will be addressed in greater detail under the Possible Treats and Other Issues section.

III. Analysis of Corporate Structure

Organization

A 14-member board of trustees governs the Board. Eight trustees are appointed by the Hamilton County Commissioners and six by the Director of the Ohio Department of Mental Health and Addiction Services

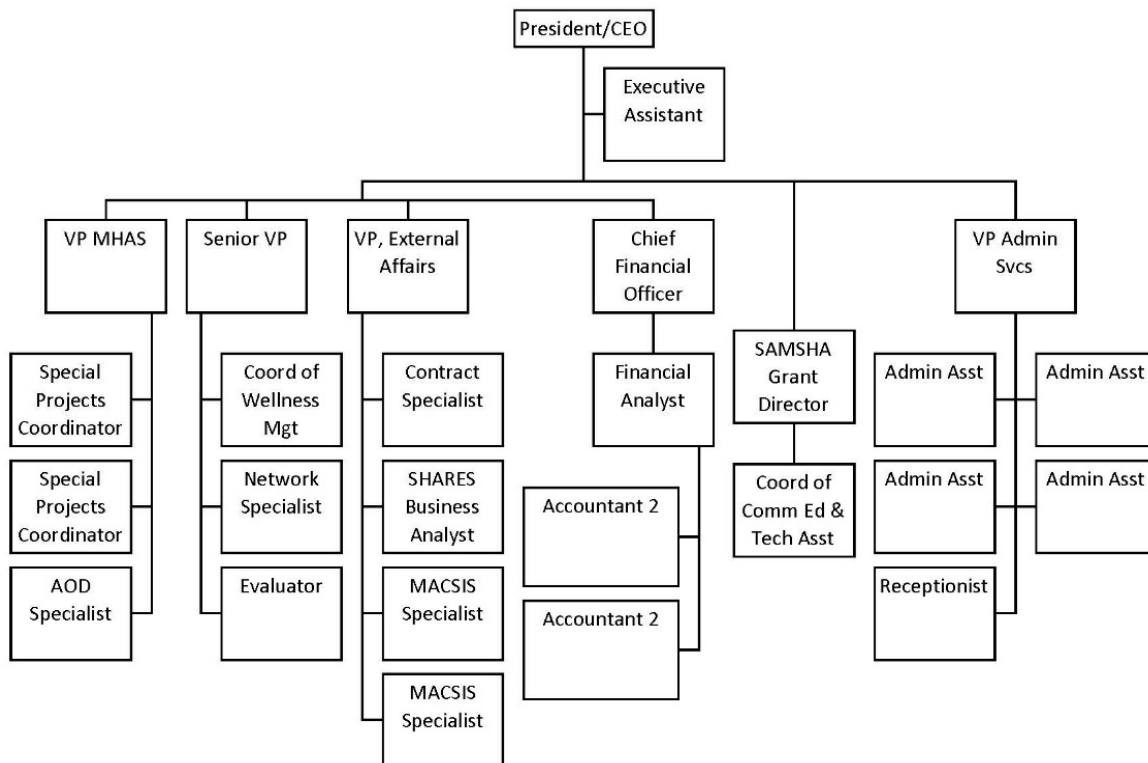
¹ Hamilton County Mental Health and Recovery Services Board Strategic Plan 2017

(OhioMHAS) The membership appointments of the board attempt to reflect the composition of the county specific to race and sex. Statutory appointments include, a mental health and an AOD professional, a mental health and an AOD family member, and a mental health and AOD consumer.

The Board's primary target populations are adults who are severely mentally disabled (SMD), children who are severely emotionally disabled (SED) and adults who are dually diagnosed with substance abuse and mental illness (SAMI) and both children and adults with mental health needs who are in the criminal justice systems (CJS). Secondary to the goals stated above is the intent to provide mental health services, as resources allow, for those adults and children having a less severe need.

Organizational Chart

Hamilton County MHRBSB January 2017



MHRBSB day-to-day operations of the Board are carried out by the Board president and staff. The Board president works with a staff of nearly 26 employees. Staff include: social workers and administrators who plan and evaluate services; technology professionals who maintain a management information system to track services; licensed mental health professionals who coordinate services; and accountants, clerical, and other support employees.

Organizational Units

There are six organizational units within MHRSB:

Executive Services - President/CEO

The primary role of Executive Services is developing and leading a system of care that supports the MHRSB mission and goals and meets stakeholder expectations. This also includes, establishing system-wide procedures that achieve compliance with all legal obligations, reporting requirements, and outcome expectations. The Executive Services unit also plans budgetary and funding strategies that allow the MHRSB to achieve its mission while achieving economies and efficiencies that demonstrate appropriate stewardship of tax dollars. Executive Services is also responsible for identifying and pursuing additional funding sources beyond the Levy that support the MHRSB objectives. Lastly, Executive Services oversees policies and procedures consistent with priorities and resources, monitoring the organization at all levels for effectiveness and efficiency.

System Performance – Senior Vice President

The System Performance unit monitors and analyzes performance of contracted system providers and programs including, evaluating and reporting the impact of services for the Hamilton County system. System Performance identifies and promotes new innovative practices for Hamilton County. Lastly, System Performance plans, designs, and manages the various information systems and technology necessary to manage the business of the Hamilton County MHRSB.

Administrative Services - Vice President Administrative Services

The Administrative Services unit manages all phases of human resources activities for the MHRSB including, workforce planning, regulatory compliance, performance management, policy development, compensation, and employee relations. Administrative Services also coordinates building repair, maintenance, security, and space planning. They evaluate office production and makes recommendations to improve efficiency and work flow. Lastly, the Administrative Services unit develops and implements procedures for systematic retention, protection, retrieval, transfer, and disposal of records and prepares responses to public records requests.

External Affairs - Vice President External Affairs

The External Affairs unit develops, updates, monitors, and manages all contracts related to HCMHRSB services, while ensuring the integrity of the client rights system in Hamilton County. This includes: collecting all consumer enrollment information and creating and maintaining electronic member files; review of claims posted in SHARES and reported by manual invoice; and providing related technical support and assistance, including training to providers. Lastly, External Affairs develops and writes applications for OhioMHAS and other capital/housing funds, and provide technical support for similar agency applications.

Finance – Chief Financial Officer

The Finance unit performs all accounting functions, including processing all financial transactions via Hamilton County's Performance system (e.g., appropriations, encumbrances, receipts, and expenditures); developing annual budgets and financial forecasts in line with priorities, economic

changes, service needs, and expectations; and generating monthly cash basis financial statements and annual GAAP financial statements. The Finance unit also monitors financial results such as a) provider payments against contracted amounts; b) types of services delivered versus budgeted; c) monthly receipts and expenditures versus the budget, and d) actual results to the Levy Plan.

Mental Health and Addiction Services – Vice President MHAS

The Mental Health and Addiction Services unit directs the planning process for the mental health and addiction system of care. They consult and coordinate with other system stakeholders regarding community issues such as the Hamilton County Response to the Opiate Epidemic, the Homeless Coalitions, Family Access to Integrated Recovery for Job and Family Service involved individuals and children, and administration of the Multi County-Systems Agency (MCSA). This unit also coordinates project/program reporting (e.g., Ex-Offender Mini-grant, Forensic Monitor, PATH, and Family Centered Services and Supports FCSS) and monitors initiatives such as MHAP, Keys to Health, Behavioral Health Juvenile Justice (BHJJ) project, as well as Drug Court, Mental Health Court and prevention services. Lastly, Mental Health and Addiction Services researches and develops grant opportunities to expand non-board funding for local services and programs (e.g., Drug Court Enhancement, Behavioral Health and Juvenile Justice BHJJ, and Journey).

Compensation

The TLRC has requested that we comment on MHR SB's history of adjustments in employee compensation during the current levy period. The following table presents the total MHR SB personnel costs for the calendar years during the levy period, including the impact of reductions in staff that were made in response to environmental and budgetary factors. For the upcoming levy period, adjustments in employee compensation currently include a three percent increase per year for potential increases to the Hamilton County medical/dental benefit package (which is determined by the Hamilton County Commissioners), or possible merit increases.

Cash Basis Payroll Costs - All Fund Sources

Year	Amount	\$ Change	% Change
Calendar Year 2012 - Actual	\$ 3,430,277.01		
Calendar Year 2013 - Actual	\$ 2,960,515.77	\$ (469,761.24)	-14%
Calendar Year 2014 - Actual	\$ 2,586,484.90	\$ (374,030.87)	-13%
Calendar Year 2015 - Actual	\$ 2,570,227.11	\$ (16,257.79)	-1%
Calendar Year 2016 - Actual	\$ 2,619,182.33	\$ 48,955.22	2%
Change from 2012-2016		\$ (811,094.68)	-24%

The decrease in personnel costs seen from 2012 to 2013 reflects reductions in staffing.

MHR SB Merit Increases, 2013-2017 Levy Period

Year	2012	2013	2014	2015	2016	2017
Average Increase	0%	0%	3%	3%	3%	3%

IV. Operations Analysis

Overview of Services

State law prohibits MHRSB from direct service delivery. As a result it is responsible for service planning and provides for delivery through a network of private provider agencies.

The services that can be delivered through the provider model include:²

- **Community Psychiatric Supportive Treatment (CPST)** - CPST is a rehabilitation and environmental support system of targeted activities that are considered essential in helping the client gain access to necessary services. The goal of community psychiatric supportive treatment is maximum symptom reduction and a return of the client to the best possible functional level. Individual community support activities may include: development of interpersonal skills, community coping skills, adapting to home, school or work environments, symptom monitoring and management, financial management, and personal development. CPST is provided both as an individual service and in small groups.
- **Individual Counseling/Therapy** - Individual counseling and therapy is a series of time-limited, structured sessions with a therapist, where the client works toward the accomplishment of mutually agreed upon treatment goals.
- **Group Counseling/Therapy** – Group counseling and therapy is a service provided to a group of clients. This differs from individual counseling/psychotherapy in that the group has predefined goals and objectives.
- **Pharmacological Management** - Pharmacologic management is a service conducted for the purpose of prescribing and/or supervising the use of psychotropic medication and other medications. At times, this service may also include medical assessment and medical treatments. This service is provided in face-to-face contact between a licensed physician/psychiatrist or a registered nurse and an enrolled client. Pharmacologic management includes the responsibility for evaluating the client's progress, adjustment to medication, and need for medication change.
- **Partial Hospitalization** - Partial hospitalization is a day-measured program for adults or children that addresses the needs of clients with significant behavioral health problems who require a structured, goal-oriented program that provides an integrated set of individualized treatment interventions.
- **Assessments/Evaluations, Non-Physician** - Face to face interview with a registered client so that reasonably full understanding of the nature of the problem can be gained in order that appropriate treatment can be recommended. The contact may include completion of clinical forms provided the client is present with the mental health provider while information is being recorded. Includes communication of diagnostic test results and recommendations in face to face session with client present. With child clients, the interaction may also include face to face contacts with family members (parents, guardians, foster parents) and/or essential others

² Hamilton County Mental Health and Recovery Services Board, Resolution Attachment A, April 8, 2015

external to the agency. The child client does not need to be present. May include face to face contact with client by an appropriately qualified provider during which formalized psychological tests are administered, but does not include time spent scoring or analyzing tests.

- **Psychiatric Diagnostic Interview with Physician** – Provider must be a physician. Face to face interview with a registered client so that reasonably full understanding of the nature of the problem can be gained in order that appropriate treatment can be recommended. The contact may include completion of clinical forms provided the client is present with the mental health provider while information is being recorded. Includes communication of diagnostic test results and recommendations in face to face session with client present. With child clients, the interaction may also include face to face contacts with family members (parents, guardians, foster parents) and/or essential others external to the agency. The child client does not need to be present
- **Crisis Intervention** - Crisis intervention service is available twenty-four hours per day, seven days per week in the recipient's natural environment or at an agency. Crisis service provides for immediate intervention in emergency situations and timely intervention for crisis situations. Interventions take into consideration the recipient's preference and should provide services necessary to stabilize the crisis situation. These services also include linkage and referral to other agencies in order to resolve the crisis situation and twenty-four hour consultation with a psychiatrist.
- **Prevention and Education** - Mental health prevention services are based on a needs assessment and are provided according to identified priorities. A wide range of ages and diverse populations are targeted for prevention services. These may include activities such as competency skill building, stress management, self-esteem building, and mental health promotion. Mental health education service focuses on educating the community about the nature and composition of a community support program. This service helps the community focus on issues that affect the population served or an identified under-served population.
- **In Patient Hospitalization** - Inpatient services are provided at psychiatric hospitals or on psychiatric units of a community-based hospital. Residence and treatment are provided to clients with the goal of stabilization and return to the community.
- **Residential Care (includes Crisis/Respite/Transitional)** – Intensive residential treatment facilities are designed for short-term stays. They are licensed and fully staffed to provide a range of mental health services that support intensive psychiatric stabilization for clients experiencing acute episodes of emotional difficulty.
- **Residential Treatment Facility** – Residential treatment facilities conduct transitional, congregate programs that provide a variety of mental health and other support services. Such services include assistance with basic personal care, management of personal space, training for increased, independent community living, and appropriate integration of the client's treatment plan with residential treatment. All residential treatment facilities are licensed and fully staffed.
- **Residential Care - Community Residence** – Community residences are private homes or separate apartments licensed by the state as Residential Care Facilities and owned/operated by a private agency. These homes/apartments generally house one to five clients who are supervised by the

agency/owner. Placement in these facilities is for the purpose of providing transitional support for increased independent living and personal care as assessed need indicates. Therapeutic foster care for children is included in this service line.

- **Subsidized Housing** - Rent subsidy for active clients who are living in an apartment covered by Ohio tenant landlord law. Generally, an exit strategy for the subsidy exists.
- **Information and Referral** - Information and referral service provides the public with assistance in understanding the mental health system as it relates to psychiatric care and assistance in accessing appropriate programs of service.
- **Employment Service** - Employment Service provides job skills training or support on and off the work site during the term of employment. Employment service includes instruction to the client on the job, monitoring of performance and productivity, support and feedback about job performance, establishing and maintaining on-going communication with the site supervisor and maintaining data on the client's work performance and personal adjustment.
- **Vocational Service** – Vocational service assists the client with identifying, obtaining, or maintaining employment. This service is focused on preferences of the client and oriented toward career exploration and training for integrated, competitive employment. Vocational service promotes the coordination of agencies and systems in order to maximize rehabilitation opportunities for clients.
- **Social and Recreational Services** - Social and recreational service is provided in facilities, whenever possible, that are used for social and recreational services by other members of the community. This service promotes coordination among similar agencies and the community in order to maximize rehabilitation opportunities for clients. Examples include a day care program for elderly mentally ill clients.
- **Self-Help/ Peer Service** – Individuals with similar mental health issues provide peer support services to clients. Self-help/peer service is intended to provide clients with information and support from those who have had similar life experiences. Agencies must be certified by the Ohio Department of Mental Health and Addiction Services as client operated agencies.
- **Temporary Housing** – Time limited Quick Access housing program with a maximum authorized length of occupancy and goals to transition to permanent housing. Meals are generally not included but are arranged elsewhere. Treatment services are not provided. Clients served are homeless or at high risk of becoming homeless.
- **Consultation** – Consultation services address mental health needs in varied community settings (e.g., daycare centers, classrooms, health clinics, etc.). This service helps professionals in these settings identify potential mental health needs of their respective populations.
- **Hot Line Service:** Hot line service is part of an integrated, comprehensive system of mental health for the purpose of short-term intervention and crisis management. Recipient-initiated discussions, generally anonymous, and telephone calls on the part of the agency as follow up to these discussions for crisis assistance and/or assistance with problems of daily living. The recipient may or may not be or become a client of the agency. The service must be available twenty-four hours per day, seven days per week.

- **Forensic Evaluation** – Forensic evaluation service addresses mental health and legal issues. This service includes but is not limited to: competency to stand trial, pre-sentence investigations, domestic violence evaluations, evaluation for revocation of parole, and an evaluation of the psychological effects of an act upon the victim.
- **Other Mental Health Services** - Other mental health service is an Ohio Department of Mental Health and Addiction Services designation which incorporates a variety of services which are defined by local Boards. Other mental health services are certified by the Ohio Department of Mental Health and Addiction Services. Services operated by the Sheriff's Department, the Probation Department, Juvenile Court and Pre-trial are included in this category. Additional services included in this category include; co-treatment when more than one staff member provides treatment to a client in the same block of time for safety reasons, Banking-Payee Services, Intensive In-Home services, Outreach Services, Individualized Aide, MH Court Day reporting, Individual Dispositional Docket Service, Psycho-Social Rehab Support and Mobile Crisis Runs.

MHRSB Clients by Service Type and Funding Source

Specific to State requirements of the MHRSB, the Board is required to submit an annual community plan and the Boards' Annual Budget (FIS-040) to OhioMHAS. These plans are approved by the State and integral components of recent Ohio Revised Code requirements for the provision of mandatory Essential Service Elements. As such, OhioMHAS evaluates the plan and budget submissions for compliance with the Ohio Revised Code. According to Ohio Revised Code 340.03 A(11), the following continuum of services are required of the MHRSB. It is important to note that the requirement is as "resources allow" and any changes to an approved annual plan, including elimination of service, must be approved by the State.³

³ <http://codes.ohio.gov/orc/340.03v1>

- (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.

The State requirements mirror the services currently within the Hamilton County Levy contract. As shown in the following tables, over the past four years MHR SB has seen a continuous demand for these services. MHR SB transitioned to the new SHARES system on January 1, 2016. Because adjudication of claims through SHARES must consider eligibility of service through Medicaid, the SHARES system has an interface (270-271 process) with the State of Ohio's Medicaid claiming system that serves to ensure that local levy funding is never used to pay for services that should be reimbursed through Medicaid funds. As the state allows service providers up to 365 days for submission of claims to the state's Medicaid Information Technology System (MITS), claims processing through SHARES cannot be final until that 365 day period has concluded, thus CY 2016 claims information is not yet available.

Figures provided in the table reflecting annual client counts for 2012 through 2015 were obtained through the state's MACSIS system. The state system reports only on a fiscal year format. As the state of Ohio expanded Medicaid eligibility on January 1, 2014, it is believed that the decline in the number of clients that occurred between 2014 and 2015 is a reflection of the transition of existing MHR SB-funded clients who gained eligibility for Medicaid. The table immediately below does not represent a total count of all individuals served under the levy. Individuals served are captured in two different ways due to reimbursement methodologies for services which is explained further below and therefore we have provided both sets of client counts.

Please see Appendices A-D for copies of the MHR SB Client Service Data reports received from the MHR SB.

Number of Clients	2012	2013	2014	2015
Children	1,059	834	798	729
Adults	7,900	7,945	8,037	6,101
Total	8,959	8,779	8,835	6,830

**Total number of clients includes NON SMD and SMD combined.*

There are additional individuals that are served through providers reimbursed under cost-based reimbursement not included in the table above. Due to the reimbursement methodology, these individual counts are captured in another database. The total number of individuals served annually with levy funds are provided below. These include individuals served in county corrections programs and individuals served in prevention programs in the community.

Number of Clients	2012	2013	2014	2015
Total	22,044	21,314	20,043	23,417

Number of Service Units	2012	2013	2014	2015
M-Adjunctive	-	-	-	-
M-Adult Educat	-	-	-	-
M-Comm Educatio	824	1,146	1,063	1,091
M-Comm Resid	764	796	757	650
M-Consultation	4,375	4,540	4,057	3,865
M-Consumer Op.	-	-	-	-
M-Counsling-Grp	13,241	9,737	9,590	8,687
M-Counsling-Ind	74,825	63,482	65,564	42,603
M-Crisis Bed	3,680	3,619	4,151	3,021
M-Crisis Int	20	8	6	8
M-CSP-Group	18,072	17,051	17,880	15,524
M-CSP-Individ	334,583	305,616	277,197	190,895
M-Cuyahoga Waiv	-	-	-	-
M-Dx Assess-Non	4,313	-	-	-
M-Dx Assessment	731	-	-	-
M-Emp/Voc Svc	44,600	42,321	44,922	24,231
M-Foster Care	176	259	45	254
M-Health Homes.		-	-	-
M-Hotline	3,308	2,911	3,156	3,477
M-Housing	5,838	5,669	6,114	6,170
M-Info & Referr	-	-	-	-
M-Med Somatic	7,170	-	-	-
M-MH Assessment	-	3,848	3,513	2,316
M-Occ Therapy	-	-	-	-
M-Other Healthc	200	115	97	69
M-Other Non-Hea	48,979	40,357	35,222	37,377
M-Paliperidone	-	-	-	-

Number of Service Units	2012	2013	2014	2015
M-Partial Hosp.	2,275	2,772	2,457	1,855
M-Peer Support	-	-	-	-
M-Pharmacologic	-	6,139	5,313	3,653
M-Prevention	6,639	7,616	7,779	12,257
M-Psy Diag Inte	-	876	732	248
M-Residential C	73,550	69,068	64,413	61,212
M-Resperidone,	-	-	-	-
M-Respite Bed	3,232	2,766	3,576	3,552
M-Self Help/Pee	-	-	-	-
M-Soc Recreatn	4,060	4,706	4,666	3,229
M-Temp Housing	12,095	4,746	3,836	4,246
Total	667,549	600,163	566,104	430,489

**Total number of services include NON SMD and SMD combined.*

Services	SMD											
	2012			2013			2014			2015		
	00 - 17	18 - 64	65+	00 - 17	18 - 64	65+	00 - 17	18 - 64	65+	00 - 17	18 - 64	65+
M-Adjunctive	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Adult Educat	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Comm Educatio	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Comm Resid	\$ 0.01	\$ 4,670.14	\$ 5,101.44	\$ -	\$ 5,304.78	\$ 5,101.44	\$ -	\$ 5,178.56	\$ 3,787.87	\$ -	\$ 6,490.43	\$ 5,177.94
M-Consultation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Consumer Op.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Counseling-Grp	\$ 965.50	\$ 519.64	\$ 282.94	\$ 1,874.75	\$ 328.21	\$ 128.31	\$ 1,141.44	\$ 320.31	\$ 157.92	\$ 2,471.92	\$ 417.80	\$ 231.86
M-Counseling-Ind	\$ 1,152.24	\$ 857.34	\$ 692.42	\$ 1,036.10	\$ 795.88	\$ 759.60	\$ 1,059.45	\$ 735.71	\$ 1,046.83	\$ 1,025.86	\$ 836.39	\$ 738.68
M-Crisis Bed	\$ 6,898.50	\$ 6,712.52	\$ 1,578.96	\$ 7,741.65	\$ 4,349.70	\$ 2,573.12	\$ 14,125.50	\$ 3,853.41	\$ 1,907.91	\$ 6,693.90	\$ 2,729.15	\$ 3,684.24
M-Crisis Int	\$ -	\$ 165.93	\$ -	\$ 92.61	\$ 300.99	\$ -	\$ -	\$ 262.40	\$ -	\$ -	\$ 289.35	\$ -
M-CSP-Group	\$ 351.93	\$ 595.34	\$ 526.06	\$ 149.33	\$ 623.86	\$ 819.84	\$ 380.14	\$ 773.30	\$ 529.74	\$ 626.77	\$ 971.13	\$ 485.23
M-CSP-Individ	\$ 1,279.13	\$ 1,565.34	\$ 1,663.02	\$ 1,135.00	\$ 1,452.59	\$ 1,618.61	\$ 1,083.81	\$ 1,308.10	\$ 1,418.60	\$ 970.33	\$ 1,345.62	\$ 1,537.01
M-Cuyahoga Waiv	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
M-Dx Assess-Non	\$ 294.67	\$ 206.10	\$ 140.53	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
M-Dx Assessment	\$ 212.04	\$ 196.75	\$ 182.76	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
M-Emp/Voc Svc	\$ 527.90	\$ 1,574.84	\$ 107.88	\$ 1,012.42	\$ 1,340.57	\$ 124.06	\$ 151.03	\$ 1,429.43	\$ -	\$ -	\$ 1,715.32	\$ 684.22
M-Foster Care	\$ 3,617.24	\$ -	\$ -	\$ 5,323.10	\$ -	\$ -	\$ 3,699.45	\$ -	\$ -	\$ 5,266.03	\$ -	\$ -
M-Health Homes.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Hotline	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Housing	\$ -	\$ 4,510.30	\$ 4,086.54	\$ -	\$ 4,172.35	\$ 4,676.82	\$ -	\$ 4,868.64	\$ 4,767.63	\$ -	\$ 4,584.57	\$ 4,312.91
M-Info & Referr	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Med Somatic	\$ 358.66	\$ 448.53	\$ 369.12	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 276.63	\$ 152.39	\$ 112.60
M-MH Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 270.43	\$ 181.38	\$ 113.13			
M-Mental Health	\$ -	\$ -	\$ -	\$ 272.20	\$ 210.09	\$ 175.03	\$ -	\$ -	\$ -			
M-Occ Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Other Healthc	\$ 204.41	\$ 192.51	\$ -	\$ 129.99	\$ 246.98	\$ -	\$ 129.99	\$ 251.32	\$ -	\$ 130.20	\$ 235.56	\$ -
M-Other Non-Hea	\$ 2,624.78	\$ 886.95	\$ 753.97	\$ 2,347.06	\$ 771.50	\$ 1,088.10	\$ 2,641.55	\$ 743.16	\$ 1,333.57	\$ 2,841.68	\$ 723.75	\$ 1,478.94
M-Paliperidone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Partial Hosp.	\$ 2,721.67	\$ 3,525.72	\$ 2,063.64	\$ 350.43	\$ 2,931.80	\$ 3,871.42	\$ 1,674.28	\$ 2,630.15	\$ 2,530.88	\$ 7,513.73	\$ 2,377.47	\$ 2,987.81
M-Peer Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Pharmacologic	\$ -	\$ -	\$ -	\$ 262.97	\$ 405.80	\$ 364.25	\$ 260.95	\$ 350.68	\$ 297.34	\$ 341.59	\$ 370.65	\$ 360.84
M-Prevention	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Psy Diag Inte	\$ -	\$ -	\$ -	\$ 203.09	\$ 215.99	\$ 225.22	\$ 199.37	\$ 206.24	\$ 200.18	\$ 192.95	\$ 205.90	\$ 223.34
M-Residential C	\$ 12,175.76	\$ 6,794.42	\$ 7,151.71	\$ 10,400.27	\$ 5,814.66	\$ 7,501.02	\$ 11,626.99	\$ 5,441.04	\$ 6,375.30	\$ 14,803.25	\$ 5,000.11	\$ 6,011.14
M-Resperidone,	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Respite Bed	\$ -	\$ 2,385.77	\$ 365.36	\$ -	\$ 2,011.08	\$ 3,166.45	\$ -	\$ 2,214.83	\$ 639.38	\$ -	\$ 2,421.81	\$ 2,822.40
M-Self Help/Pee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Soc Recreatn	\$ 402.17	\$ 470.54	\$ -	\$ 637.88	\$ 93.20	\$ -	\$ 693.84	\$ 104.07	\$ -	\$ 563.33	\$ 252.13	\$ -
M-Temp Housing	\$ -	\$ 1,643.59	\$ 1,181.25	\$ -	\$ 6,890.13	\$ -	\$ -	\$ 10,765.03	\$ -	\$ -	\$ 12,596.07	\$ -
Total	\$1,737.61	\$3,030.01	2774.806414	\$ 1,942.54	\$ 2,825.07	\$ 3,219.95	\$ 1,977.09	\$ 2,677.44	\$ 2,657.15	\$ 1,777.99	\$ 2,748.50	\$ 2,749.69

Services	NON SMD											
	FY 2012			FY 2013			FY2014			FY 2015		
	00 - 17	18 - 64	65+	00 - 17	18 - 64	65+	00 - 17	18 - 64	65+	00 - 17	18 - 64	65+
M-Adjunctive	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Adult Educat	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Comm Educatio	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Comm Resid	\$ -	\$ 6,458.27	\$ 8,829.00	\$ -	\$ 5,127.97	\$ 11,772.00	\$ -	\$ 4,659.78	\$ 11,772.00	\$ -	\$ 6,958.27	\$ 7,989.71
M-Consultation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Consumer Op.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Counseling-Grp	\$ 236.88	\$ 172.52	\$ 49.35	\$ -	\$ 193.14	\$ 123.38	\$ -	\$ 177.75	\$ 88.19	\$ -	\$ 257.07	\$ 131.46
M-Counseling-Ind	\$ 166.07	\$ 724.12	\$ 837.24	\$ 137.05	\$ 724.11	\$ 941.63	\$ 187.94	\$ 596.98	\$ 967.50	\$ 149.46	\$ 560.39	\$ 1,071.01
M-Crisis Bed	\$ -	\$ 131.58	\$ -	\$ -	\$ 2,383.06	\$ -	\$ -	\$ 4,035.12	\$ -	\$ -	\$ 1,698.58	\$ 5,131.62
M-Crisis Int	\$ 77.18	\$ 217.50	\$ -	\$ -	\$ 180.08	\$ -	\$ -	\$ 264.96	\$ -	\$ -	\$ 298.65	\$ -
M-CSP-Group	\$ -	\$ 1,041.50	\$ -	\$ -	\$ 958.11	\$ 78.48	\$ -	\$ 435.27	\$ 176.58	\$ 78.48	\$ 525.50	\$ -
M-CSP-Individ	\$ 145.76	\$ 731.06	\$ 522.90	\$ 103.37	\$ 707.92	\$ 625.51	\$ 117.88	\$ 572.79	\$ 809.55	\$ 75.69	\$ 491.50	\$ 546.42
M-Cuyahoga Waiv	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
M-Dx Assess-Non	\$ 262.02	\$ 243.88	\$ 230.04	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
M-Dx Assessment	\$ 158.16	\$ 185.78	\$ 168.70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
M-Emp/Voc Svc	\$ 890.88	\$ 2,562.43	\$ 12,407.84	\$ -	\$ 1,736.40	\$ 365.38	\$ -	\$ 1,838.62	\$ 854.14	\$ 59.91	\$ 1,535.20	\$ 613.86
M-Foster Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Health Homes.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Hotline	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Housing	\$ -	\$ 4,438.31	\$ 5,448.72	\$ -	\$ 4,386.72	\$ 4,237.89	\$ -	\$ 4,860.30	\$ 3,632.48	\$ -	\$ 4,578.37	\$ 4,622.32
M-Info & Referr	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Med Somatic	\$ 234.07	\$ 323.10	\$ 310.16	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 219.19	\$ 188.82	\$ 134.66
M-MH Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 218.38	\$ 212.18	\$ 169.60			
M-Mental Health	\$ -	\$ -	\$ -	\$ 272.54	\$ 245.02	\$ 232.45	\$ -	\$ -	\$ -			
M-Occ Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Other Healthc	\$ 129.99	\$ 280.45	\$ 233.98	\$ 129.99	\$ 273.35	\$ 311.98	\$ 129.99	\$ 259.59	\$ -	\$ 131.94	\$ 277.42	\$ -
M-Other Non-Hea	\$ 2,352.48	\$ 1,017.67	\$ 949.96	\$ 780.29	\$ 658.25	\$ 941.92	\$ 2,179.93	\$ 639.03	\$ 909.93	\$ 1,386.72	\$ 697.34	\$ 1,127.81
M-Paliperidone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Partial Hosp.	\$ -	\$ 5,198.05	\$ -	\$ -	\$ 3,080.86	\$ 4,906.02	\$ -	\$ 2,663.27	\$ 6,541.36	\$ -	\$ 3,330.51	\$ 7,364.72
M-Peer Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Pharmacologic	\$ -	\$ -	\$ -	\$ 158.16	\$ 311.13	\$ 197.78	\$ 350.06	\$ 243.05	\$ 188.10	\$ 780.25	\$ 218.92	\$ 250.18
M-Prevention	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Psy Diag Inte	\$ -	\$ -	\$ -	\$ 337.39	\$ 190.52	\$ 200.33	\$ -	\$ 198.82	\$ 234.73	\$ -	\$ 199.36	\$ 170.43
M-Residential C	\$ -	\$ 5,607.11	\$ 7,210.49	\$ -	\$ 5,046.44	\$ 5,978.84	\$ -	\$ 5,235.00	\$ 6,036.71	\$ -	\$ 4,834.97	\$ 4,345.32
M-Resperidone,	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Respite Bed	\$ -	\$ 2,618.41	\$ -	\$ -	\$ 1,735.46	\$ -	\$ -	\$ 1,504.07	\$ -	\$ -	\$ 2,171.80	\$ -
M-Self Help/Pee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
M-Soc Recreatn	\$ 233.50	\$ 247.24	\$ -	\$ 426.73	\$ 324.85	\$ -	\$ 446.47	\$ -	\$ 76.19	\$ 307.47	\$ 281.91	\$ -
M-Temp Housing	\$ -	\$ 2,686.71	\$ -	\$ -	\$ 4,390.75	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,263.60	\$ -
Total	\$ 608.28	\$ 1,222.11	\$ 1,462.33	\$ 436.90	\$ 1,131.18	\$ 1,328.52	\$ 583.16	\$ 1,091.88	\$ 1,509.84	\$ 450.15	\$ 1,321.18	\$ 1,854.99

MHRSB Providers

Currently, MHRSB contracts with 25 behavioral health organizations. The following table shows the distribution of funding to the mental health provider agencies.

For the upcoming levy period, the MHRSB has budgeted a 3 percent provider increase in calendar year 2020. By removing the 3 percent increase, the ending balance would increase to \$7.8 million, or 2.5 month reserve balance. Should the 3 percent increase be eliminated, the result would be an ending balance of \$7.8 million, or a 2.5 month reserve balance (assuming no other changes to the proposed budget).

Behavioral Health Organization	Mental Health Levy Funds
BEECH ACRES	\$ 756,401
CAMELOT CARE	\$ 26,566
CENTRAL CLINIC CHILD/ADULT	\$ 2,530,373
CENTRAL CLINIC - COURT CLINIC	\$ 1,240,732
CENTRAL CLINIC - MHAP	\$ 3,471,517
CENTRAL COMMUNITY HEALTH BOARD (CCHB)	\$ 3,744,375
CINCINNATI UNION BETHEL	\$ -
CROSSROADS CENTER	\$ 449,312
EXCEL	\$ 2,258,570
FREESTORE/FOODBANK	\$ 299,969
GREATER CINCINNATI BEHAVIORAL HEALTH SERVICES	\$ 6,170,804
HAMILTON COUNTY JUVENILE COURT	\$ 323,183
HAMILTON CO. PRE-TRIAL & COM. TRANS. SVCES.	\$ 61,063
HAMILTON COUNTY PROBATION	\$ 388,344
HAMILTON COUNTY SHERIFF & JUSTICE CENTER	\$ 290,864
IKRON	\$ 1,191,388
LIGHTHOUSE YOUTH SERVICES	\$ 953,731
MENTAL HEALTH AMERICA OF NRTHRN KY & SW OHIO	\$ 126,747
PRESSLEY RIDGE	\$ 235,348
RECOVERY CENTER OF HAMILTON COUNTY, INC.	\$ 130,845
SALVATION ARMY	\$ 32,146
ST. ALOYSIUS	\$ 7,686
ST. JOSEPH ORPHANAGE	\$ 913,719
TALBERT HOUSE	\$ 7,763,256
TENDER MERCIES	\$ 672,238

Quality of Services

MHRSB Management and Reporting of Program and Financial Information

The MHRSB has processes in place for both contract monitoring and quality assurance for purchased services. In 2013, the “any willing provider requirement” was removed by the State with the elevation of Medicaid administration. At this time, the MHRSB has contracts with 25 different mental health providers, a reduction from 10, some that provide the full continuum of mental health services and

others that provide specialty services. Of the 10 providers who no longer have contracts, 5 were Medicaid only and 5 additional providers no longer contracted with the MHR SB due to merger, affiliation, or through impact of the reduction in services.

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. They also check the System for Award Management (SAM) database (<https://www.sam.gov/>) for validation if the federal government has disqualified a person from entering into a contract that uses federal dollars because the person has defrauded the federal government.

The MHR SB measures the impact of services provided through its network of contract agencies. An outcomes report is produced every quarter representing the previous two-year period and the outcomes experienced for persons served during that period of time. This report also serves as a performance improvement measurement tool for contract providers and the county system. Specifically the report assists in discerning strengths and weaknesses within provider agencies, and within the Hamilton County system, allowing for focused performance improvement initiatives where indicated. The MHR SB and contract providers work collaboratively in the development of these reports. Any changes in the methods and measures utilized in this reporting through this collaboration.

Hamilton County's Outcomes initiative leverages the administration of two survey instruments, developed through an effort initiated by the former Ohio Department of Mental Health. The Ohio Adult Scales completed by adult consumers is a compilation of extant validated instruments. The second instrument, designed for parents of youth between the ages of 5 and 18, is the Ohio Youth Problems, Functioning and Satisfaction Scales (Ohio Youth Scales-Parent Short Form) developed by Dr. Ben Ogles while at Ohio University. Minimum completion intervals for both instruments includes at initiation of service, annually, and upon discharge, though agencies are encouraged to conduct surveys more frequently where indicated. Examples of current indicators identified by the surveys include symptom distress, quality of life, problem severity, and functioning.

Specific to financial monitoring, each MHR SB Provider contract includes an *Allocation Summary* detailing the authorized services and funding. The *Summaries* are prepared by the CFO based upon decisions made by MHR SB Executive Management. The allocation amounts are approved by the MHR SB Board of Trustees. Each allocation is assigned a funding source (e.g., Mental Health Levy, State Block Grant, State General Fund, Federal Grant, etc.). The funding sources are assigned based upon the type of service and population served (e.g., State General Funds received for Forensic Center Evaluations are dedicated to Common Pleas Evaluations provided by Court Clinic). If a service within a Provider's allocation is funded with State/Federal funds, as well as, Mental Health Levy funds, the State/Federal funds are used before the levy funds. Using the information from the *Summaries*, the Finance Department maintains a "Monitor" for each Provider. The Monitor reflects each funding source, contract type (e.g., purchase of service, cost reimbursement), contract amounts, payments made, and contract balance.

Waiting List

Hamilton County MHRSB reported that they do not have wait lists for services. However, Mental Health Access Point (MHAP) reported providing interim services for individuals awaiting intakes or other services with contracted providers. MHAP has been the access point for Hamilton County's publicly funded mental health services since 1997. MHRSB approved the establishment of the single coordinating authority, MHAP and with the Coalition for Behavioral Healthcare, a group of mental health agencies, provides the peer oversight Board for MHAP. Consumers who are eligible and interested in services funded with MH Levy funds are assessed at MHAP, triaged, referred to the appropriate level of care and then managed for continued services. MHAP provide interim services for person who have been diagnosed and have not yet enrolled in the recommended level of care either due to lack of capacity or client choice. While this structure allows for no wait list, it does create a situation where individuals engaged in services with MHAP must change providers after that engagement when openings become available. It is unsure whether consumers perceive this disruption as negative compared to a wait for services. It is encouraging to note all agencies serving clients for an outpatient level of care have moved to an open access or same day appointment model of entry. A client can be walk into an agency and be seen that day for an assessment, thus adding additional quick access for services.

Consumer Perceptions At the time of this review, the MHRSB had recently conducted a series of surveys to assist in determining service sufficiency and need for mental health assistance in Hamilton County. HMA received permission to utilize this information rather than to ask consumers to participate in an additional survey. The information provided below was taken from the (Hamilton County MHRSB) Strategic Plan 2017.⁴

The consumer group surveyed consisted of those individuals currently receiving services for a mental illness. The survey instruments were constructed to collect information related to both treatment (e.g., counseling, psychiatric medication management, partial hospitalization) as well as subsidiary services (e.g., supported housing, peer support, employment/vocational) and were directed toward mental health care. The survey was conducted using an online application provided through Typform.com. This application allows respondent participation through the use of numerous electronic devices including personal computers, tablets, and smartphones, at and when convenient to the solicited respondent. Additionally, prospective respondents were given the opportunity to complete the survey in a paper-and-pencil format if they were more comfortable with that approach.

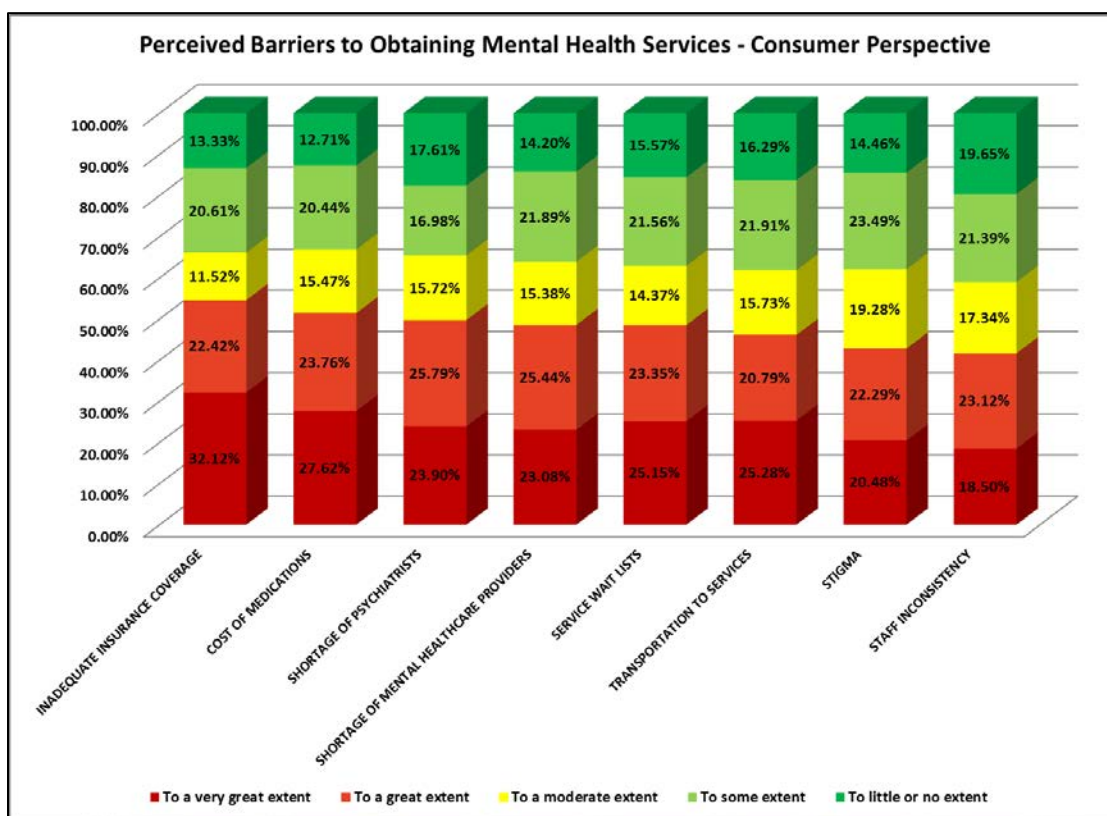
Agency leadership was contacted for their assistance in soliciting consumer involvement. In addition to posters with tear tabs providing the web site address for access to the survey, postcards were provided to agencies for distribution to clients during or following visits to the agency site. Paper copies of the survey were also made available to clients who preferred this mechanism for completing the survey. A total of 203 consumers responded to the survey during the three-week period in which it was in the

⁴ Hamilton County Mental Health and Recovery Services Board Strategic Plan 2017

field. The majority of participating consumers were between the ages of 25 and 54. There were no respondents under the age of 18.

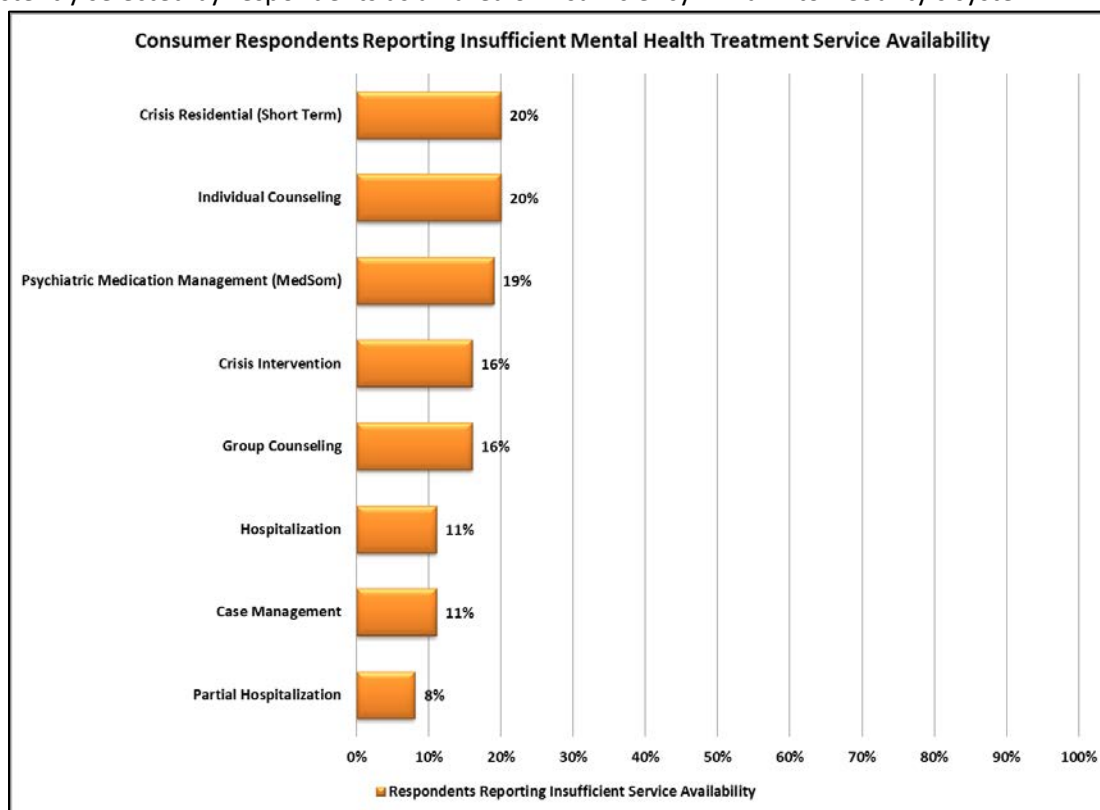
The questions addressed issues related to areas of insufficiency within the Hamilton County system of care. Specifically, respondents were asked “From the following list of mental health treatment services, please select those that are not sufficiently available in Hamilton County.”

The first set of items contained in the surveys requested information regarding issues that may serve as barriers to an individual in attempting to obtain necessary mental health services. Seven commonly identified issues were specifically addressed as well as an option for respondents to narratively provide any additional issues that they felt served to impede an individual from obtaining services. An additional eighth item was incorporated in the consumer version of the survey related to issues of inconsistency, or “turnover,” in mental health provider staff. The graph that follows detail the findings by the consumer population surveyed.

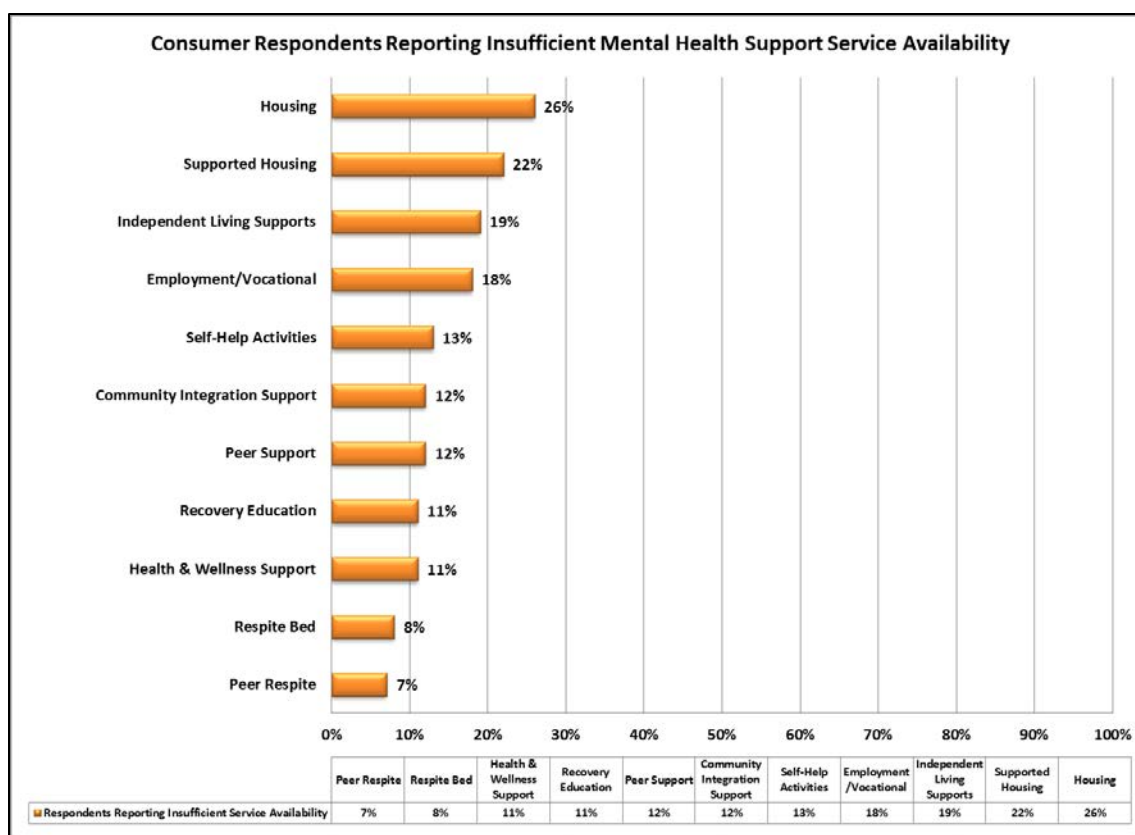


The second set of questions addressed issues related to areas of insufficiency within the Hamilton County system of care. Specifically, respondents were asked “From the following list of mental health treatment services, please select those that are not sufficiently available in Hamilton County.” Crisis residential service was the most significant area requiring attention. This was reported to be the most significant issue for consumer respondents, tied with availability of individual counseling, though consumer respondents as a group were less-inclined across all categories to identify treatment service insufficiencies. Consistent with the findings discerned from the section on barriers to mental health

treatment, Psychiatric Medication Management service, a primary service provided by psychiatrists, was consistently selected by respondents as an area of insufficiency in Hamilton County's system.



For the purpose of the current examination of the Hamilton County system, services were necessarily segregated by type, with a special section addressing support services separately from the aforementioned treatment services. Similar to the section on treatment services, respondents were asked to indicate areas of insufficiency among eleven named support services. Examination of this data identified the most critical issue being the need for housing services as shown in the graph below.



V. Financial Analysis

Historical review of the Mental Health and Recovery Services Budget and Projections.

For the levy Period of CY 2013 through CY 2017, the organizations receiving funds directly from the levy have performed to within the budget for the entire period. In 2013 there was approximately an \$18.8 million reserve from the previous levy and \$169.7 million in levy proceeds anticipated for the years 2013 through 2017. Current projections have the levy proceeds for the levy period expected to be approximately \$174.0 million, \$4.3 million favorable to the levy plan, and by year-end 2017 it is anticipated the levy reserve will have grown to approximately \$22.3 million.

Hamilton County Mental health Levy							
Five Year Forecast for Calendar Years 2013-2017							
		Actual					Total
Line item Description		CY 2013	CY2014	CY 2015	CY 2016	Est 2017	CY 2013-2017
Beginning Operating Cash Balance		\$ 18,880,101	\$ 20,602,818	\$ 26,357,137	\$ 28,145,792	\$ 27,013,907	\$ 18,880,101
Plus:	Total Levy Revenue	\$ 34,781,729	\$ 35,268,744	\$ 35,179,787	\$ 34,534,821	\$ 34,245,780	\$ 174,010,861
Plus:	Additional Revenue	13,446,241	13,462,001	9,456,776	9,174,653	8,517,020	54,056,691
Current Period Resources		\$ 48,227,970	\$ 48,730,745	\$ 44,636,563	\$ 43,709,474	\$ 42,762,800	\$ 228,067,552
Total Resources		\$ 67,108,071	\$ 69,333,563	\$ 70,993,700	\$ 71,855,266	\$ 69,776,707	\$ 246,947,653
Less:	Total Operating Expenditures	\$ 46,505,253	\$ 42,976,426	\$ 42,847,908	\$ 44,841,359	\$ 47,500,857	\$ 224,671,803
Ending Operating Cash Balance		\$ 20,602,818	\$ 26,357,137	\$ 28,145,792	\$ 27,013,907	\$ 22,275,850	\$ 22,275,850
Less:	Estimated Outstanding Encumbrances	-	-	-	-	-	-
Ending Operating Fund Balance		\$ 20,602,818	\$ 26,357,137	\$ 28,145,792	\$ 27,013,907	\$ 22,275,850	\$ 22,275,850
Change in Operating Fund Balance w/o Encumbrances		\$ 1,722,717	\$ 5,754,319	\$ 1,788,655	\$ (1,131,885)	\$ (4,738,057)	\$ 3,395,749

However, the funding available to the Mental Health and Recovery Services Board (MHR SB) has swung significantly during the levy period, dropping by approximately \$5.5 million from year 1(2013) to year 5 (2017), primarily due to changes in other revenue sources. Levy funding has been fairly consistent throughout the levy period. In order to align its expenditures with funding, the MHR SB significantly reduced expenditure to align them with available funds. From year 1 (2013) to year 3 (2105), expenditures were reduced by approximately \$3.6 million. This was predominately accomplished through reductions in Agency Provider Contracts, however direct expenditure of the agency were also reduced. In periods subsequent to 2015 agency expenditure for services provided began to increase and in 2017 are expected to surpass 2013 expenditures. This increase in expenditures is being absorbed through the levy fund balance.

In reviewing the MHR SB's policy and procedures regarding cost allocation methodology, both the methodology and its application seem reasonable. Additionally, MHR SB's financial audits do not indicate any internal control issues related to expenses or cash management.

A. Was the previous levy request adequate to meet community need?

The fund appears to have been adequate, with the greatest impact on the agency being reductions in other sources of funds. These decreases did require the MHR SB to enact significant operational changes so that the organization could continue serving individuals within available funds. Current projections show the levy fund balance will be significant at the end of the current levy cycle.

B. Can the current MHR SB cost-structure be sustained without ongoing increases in the tax levy? Why or why not?

The MHR SB has done significant work in trying to balance its expenditures with funding and will continue to do so. However, current utilization and cost trends in behavioral health and substance abuse may make it difficult for the agency to continue to meet demand.

C. Review cost allocation for MHR SB administrative costs among the counties served. Is the allocation methodology reasonable? Why or why not?

In reviewing the MHR SB's policy and procedures regarding cost allocation methodology, both the methodology and its application seem reasonable. Additionally, MHR SB's financial audits do not indicate any internal control issues related to expenses or cash management.

E. Working from the spreadsheets developed in Tasks 1, 2 and 5, the client service work volume, and historic trends in waiting lists, assemble observations regarding the adequacy of the previous levy request to meet community need. If the fund analysis shows a projected unappropriated fund balance at the end of the current levy period that is above what was originally projected, review the fund history with MHR SB financial managers and executive management to determine the reasons for that balance.

The original levy was projected to result in approximately a \$13.6 million fund balance at the end of the levy period and current projections have the ending levy balance of approximately \$22.3 million. This is a significant variance and represent approximately 6 months of agency annual expenditures. This level of reserves may be a reasonable reserve level to allow for the programs to either transition to other funding sources or wind down if the levy were to not renew.

F. Prepare a five-year revenue and expenditure forecast for the upcoming levy period. The forecast should apply known revenues and expenditures, adjusted for inflation as appropriate and should also consider known conditions that will significantly impact either revenues or expenditures. To the extent possible, apply a per client revenue and cost basis to reflect both revenues and expenditures based on an increase or decrease in client base over the time period.

The following analysis represents the levy request from the MHR SB. The levy request from the board has no increase in funding from the current levy for the renewal period. The request has approximately a 3 percent annual increase to salaries and benefits and a percent onetime adjustment to provider contracts built into the third year of the levy period. The change to provider contracts increase expenditures by approximately \$3.1 million over the levy period. All other sources and uses of funds are projected to remain constant. Overall, the request would spend down much of the current levy balance, taking it from \$26.6 million to \$5.5 million, or approximately 1.4 months of agency annual expenditures.

Hamilton County Mental health Levy							
Five Year Forecast for Calendar Years 2018-2022							
		Forecast					Total
Line item Description		CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2018-2022
Beginning Operating Cash Balance		\$ 22,275,850	\$ 19,370,924	\$ 16,562,052	\$ 12,824,269	\$ 9,179,212	\$ 22,275,850
Plus:	Total Levy Revenue	\$ 33,944,518	\$ 34,095,221	\$ 34,245,924	\$ 34,396,627	\$ 34,547,330	\$ 171,229,620
Plus:	Additional Revenue	8,463,724	8,463,724	8,463,724	8,463,724	8,463,724	42,318,620
Current Period Resources		\$ 42,408,242	\$ 42,558,945	\$ 42,709,648	\$ 42,860,351	\$ 43,011,054	\$ 213,548,240
Total Resources		\$ 64,684,092	\$ 61,929,869	\$ 59,271,700	\$ 55,684,620	\$ 52,190,266	\$ 235,824,090
Less:	Total Operating Expenditures	\$ 45,313,168	\$ 45,367,817	\$ 46,447,431	\$ 46,505,408	\$ 46,725,125	\$ 230,358,949
Ending Operating Cash Balance		\$ 19,370,924	\$ 16,562,052	\$ 12,824,269	\$ 9,179,212	\$ 5,465,141	\$ 5,465,141
Less:	Estimated Outstanding Encumbrances	-	-	-	-	-	-
Ending Operating Fund Balance		\$ 19,370,924	\$ 16,562,052	\$ 12,824,269	\$ 9,179,212	\$ 5,465,141	\$ 5,465,141
Change in Operating Fund Balance w/o Encumbrances		\$ (2,904,926)	\$ (2,808,872)	\$ (3,737,783)	\$ (3,645,057)	\$ (3,714,071)	
Check to Agency(s) Performance		\$ -	\$ -	\$ -	\$ -	\$ -	
Additional Revenue Needed					Additional Levy Requested		\$ -
Average Additional Revenue Needed		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Levy Needed		\$ 33,944,518	\$ 34,095,221	\$ 34,245,924	\$ 34,396,627	\$ 34,547,330	\$ 171,229,620
Continuing Operations		\$ 33,944,518	\$ 34,095,221	\$ 34,245,924	\$ 34,396,627	\$ 34,547,330	\$ 171,229,620
Additional Needs		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Ending Operating Fund Balance w/Change		\$ 19,370,924	\$ 16,562,052	\$ 12,824,269	\$ 9,179,212	\$ 5,465,141	\$ 5,465,141

G. Adjust the forecast for different levels of tax levy, assuming usage of any current levy fund balance and a zero unappropriated levy fund balance at the end of the new levy period.

The budgeted request from MHRSB leaves approximately 1.4 months of annual expenditures as the fund balance at the end of the levy period. In the event the commission would want the ending levy balance to approximately 2.0 months reserves, the budgeted levy request would need to be modified to include either an increase in the levy or a decrease in operating expenditures. The estimated change under either scenario is approximately \$2.3 million, which would represent a 1.4% increase in the levy or a 1.0% decrease in expenditures across the entire 2018-2022 levy period. Either of these changes would result in an estimated fund balance of \$7.8 million, or approximately 2.0 months of estimated annual expenditures.

Hamilton County Mental health Levy				
Five Year Forecast for Calendar Years 2018-2022				
		Forecast 5 Year 2018-2022 Cumulative		
			2 Mths Reserves	2 Mths Reserves
	Line item Description	As Requested	Increase Levy	Decrease Expense
	Beginning Operating Cash Balance	\$ 22,275,850	\$ 22,275,850	\$ 22,275,850
Plus:	Total Levy Revenue	\$ 171,229,620	\$ 173,552,000	\$ 171,229,620
Plus:	Additional Revenue	42,318,620	42,318,620	42,318,620
	Current Period Resources	\$ 213,548,240	\$ 215,870,620	\$ 213,548,240
	Total Resources	\$ 235,824,090	\$ 238,146,470	\$ 235,824,090
Less:	Total Operating Expenditures	\$ 230,358,949	\$ 230,358,949	\$ 228,036,569
	Ending Operating Cash Balance	\$ 5,465,141	\$ 7,787,521	\$ 7,787,521
Less:	Estimated Outstanding Encumbrances	-	-	-
	Ending Operating Fund Balance	\$ 5,465,141	\$ 7,787,521	\$ 7,787,521
	Change in Operating Fund Balance w/o Encumbrances	\$ (16,810,709)	\$ (14,488,329)	\$ (14,488,329)
	Additional Levy Revenue Needed	-	2,322,380	-
	Operating Expenditure Decrease Required	-	-	2,322,380
	Average Additional Revenue Needed	\$ -	\$ 2,322,380	\$ -
	Total Levy Needed	\$ 171,229,620	\$ 173,552,000	\$ 171,229,620
	Continuing Operations	\$ 171,229,620	\$ 173,552,000	\$ 171,229,620
	Additional Needs	\$ -	\$ -	\$ -
	Ending Operating Fund Balance w/Change	\$ 5,465,141	\$ 7,787,521	\$ 7,787,521
	Est Months Operating Expense Covered by Ending Balance	1.40	2.00	2.00
	% Change Needed		1.4%	1.0%

VI. Comparisons, Modeling, and Benchmarking

Proposed Benchmark Approach

Through this engagement we were asked to compare the cost of health care services provided in Hamilton County to those reported by similar counties. Hamilton County is a populous county (the third most populous in the state) with a high percentage of their population residing in a large urban center (Cincinnati). Our comparison counties (Butler, Clermont, Cuyahoga, Franklin, Lucas, Montgomery, and Summit) either fit a similar profile or are neighboring Hamilton County.

Summary Information Benchmark Counties			
County	2016 Population	Population Rank	Largest City
Franklin	1,264,518	1	Columbus
Cuyahoga	1,249,352	2	Cleveland
Hamilton	809,909	3	Cincinnati
Summit	540,300	4	Akron
Montgomery	531,239	5	Dayton
Lucas	432,488	6	Toledo
Butler	377,537	7	Hamilton
Clermont	203,022	8	Milford

Source: U.S. Census Bureau

Attempts to compare public spending across localities are complicated by a number of factors related to how public programs are organized, administered and funded. Absent an approach where budget and program staff responsible for each health care program in each comparison county is interviewed, benchmark efforts should focus upon metrics that are easy to access and interpret. This approach overcomes these challenges in comparing health care spending across differing jurisdictions by reviewing high level spending data, adjusting this information to account for differences in county population and supporting these comparisons with high level information on services funded in each county.

To complete our benchmark analysis, we reviewed budget information published by the county for their 2016 fiscal year (2015 data was used if 2016 was not available) along with documents describing the structure of their health care programs. Through this review we generated the following variables for our review:

- **Total Funding:** A measure of total public financial resources (Federal, State and Local) allocated to a relevant health program for a county's 2016 expenses.
- **County Funding:** A measure of total county funding allocated to a relevant health program for a county's 2016 expenses.
- **Total Funding per Capita:** A measure of total funding allocated to a relevant health program per resident in 2016 as estimated by the U.S. Census. This is meant to provide additional context to comparisons between counties with differing populations.
- **Mean Spending:** A measure of the average spending across all the available comparison counties.
- **Deviation from Mean Dollars:** A measure of the difference between reported spending in Hamilton County in 2016 and the calculated mean across all comparison counties (including Hamilton County).
- **Deviation from Mean Percentage:** A measure of the percentage difference between reported spending in Hamilton County in 2016 and the calculated mean across all comparison counties (including Hamilton County).

Data Limitations

- While the approach outlined above, in our view, is the most appropriate for completing a benchmark analysis, we do need to be aware of the limitations associated with this method. While reviewing this data one should be aware of the following:
- Limits in Available Data: In some instances county budget documents did not make relevant information available for comparison. This is likely because the targeted health services were rolled into a larger budget document.
- Differences in How County Budgets are Structured: Our review of county budget documents revealed differences in how budget information is reported. Some public documents made information on gross funding (Federal, State, Local and Private) and some only provided detailed spending information for county dollars.
- Differences in How County Agencies are Structured: Services that may be funded through an agency or program may be differently funded in another county. We have worked as hard as possible to address these differences but there will be circumstances where a comparison between two budgeted amounts will be complicated by differences in how programs are organized across county agencies and programs.
- Differences in How Taxes are Levied: Six counties have a discreet Mental Health Levy. However, two counties (Cuyahoga and Montgomery) have a comprehensive Health and Human Services Levy that funds a wide array of social services.

Benchmark Analysis

Provided below are the results of our review across each of the types of funded health services in Hamilton County addressed in our review. As you can see there are instances where the data across counties appears to be consistent and comparisons appear to be appropriate and instances where there is considerable variance across county budget documents, where a benchmarking exercise dependent upon county budget documents may not be as appropriate.

Benchmark Analysis Behavioral Health Services						
County	2016 ⁵ Budget Information		2016 Spending per Capita		2016 Spending per Mil	
	Total Funds	County Funds	Total Funds	County Funds	Mils	Per Mil Per Capita
Hamilton County	\$59,540,203	\$39,822,715	\$73.51	\$49.17	2.99	\$16.44
Butler County	\$14,191,959	\$8,454,717	\$37.59	\$22.39	1.5	\$14.93
Clermont County	\$6,400,000	\$2,400,000	\$31.52	\$11.82	0.75	\$15.76
Cuyahoga County	Not Available	\$32,645,474		\$26.13		
Franklin County	\$57,715,417	\$50,748,000	\$45.64	\$40.13	2.2	\$18.24
Lucas County	\$25,764,105	\$15,388,631	\$59.57	\$35.58	2.5	\$14.23
Montgomery County	Not Available	\$21,800,000		\$41.04		
Summit County	\$42,549,740	\$29,051,943	\$78.75	\$53.77	2.95	\$18.23
<i>Mean</i>	<i>\$34,360,237</i>	<i>\$25,038,935</i>	<i>\$56.83</i>	<i>\$37.04</i>	<i>2.15</i>	<i>\$16.30</i>

⁵ For certain counties 2015 data was used

<i>Deviation for Mean \$</i>	\$25,179,966	\$14,783,780	\$16.69	\$12.13	0.84	0.14
<i>Deviation for Mean %</i>	73.28%	59.04%	29.36%	32.76%	39%	<1%

We reviewed the Hamilton County Mental Health levy with seven other Ohio counties. Our conclusion from the comparative analysis is that the County performs at or above the level of the other counties.

Our analysis included each benchmark county's 2016 or 2015 budget information dependent on what was available. Our comparison included total program funds, county funds from their levy, and per mil per capita. The counties included in the comparison were Butler, Clermont, Cuyahoga, Franklin, Lucas, Montgomery, and Summit. Both Cuyahoga and Montgomery counties have comprehensive health and human services levies that do not provide a breakdown of mils by program thus making certain comparisons impossible. Our observations from the comparative data are as follows:

- Proportionate to its size, Hamilton County total program funds are in line with the benchmark counties.
- Hamilton County has the highest millage rate of all counties in the comparison group. However, Hamilton County efficiency per mil is the average of all benchmark counties.

VII. Possible Threats or Other Issues to MHR SB for Next Tax Levy Period

Future of Medicaid Expansion/Affordable Care Act

This levy period represented a time of significant change for the MHR SB due to the elevation of Medicaid administration to the state as well as the impact of Medicaid expansion. With more individuals able to obtain health care coverage under Medicaid, the need for levy funds for indigent care has diminished. The MHR SB has responded to this change by expanding access to non-Medicaid funded recovery services and supports, including access to housing for eligible consumers. However the new administration at the federal level has expressed an intent to repeal and replace the ACA. The impact of any such action is difficult to predict but could impact insurance coverage, increasing the need for local funding support, including a return to previous levels. Additional changes to the Medicaid program could also shift state funding priorities with a similar impact of increased reliance on local funds to meet the needs of uninsured or underinsured individuals.

Behavioral Health Redesign – July 2017

HCMHR SB anticipates its service system will invest a significant amount of human and financial resources to develop and coordinate the processes necessary to manage the complex changes in reimbursement planned by the state. The state is also planning to carve behavioral health services into managed care arrangements by 2018. These combined changes will directly impact providers and potentially impact funding and therefore their stability and sustainability.

Statewide Data System Transitions

It remains vital that MHR SB is able to generate and access timely and reliable data, including potential interface with state systems. MHR SB must continue to utilize and invest in the best data resources available to optimize the behavioral health system in Hamilton County.

VIII. Effectiveness of Strategic Planning

MHR SB prepared a 2017 strategic plan in response to local, state, and federal policy changes, changing demographics and service needs, and economic conditions. The strategic plan is intended to guide MHR SB in updating priorities, focusing resources, aligning delivery system-wide goals, and identifying intended results. At the time of this review, the strategic plan was just being finalized and printed for public distribution.

As part of the strategic planning process, the MHR SB engaged in a needs assessment in late 2016 to inform these planning efforts. The assessment included a review of the current county demographics, service penetration rates relative to estimated needs, current service provision patterns, and three separate survey efforts. The three survey efforts addressed community needs as perceived by the different groups: 1) providers in the behavioral health field, 2) community stakeholders, and 3) consumers currently receiving services for a mental illness and/or addiction.

Strengths of the MHR SB strategic planning process include a thorough needs assessment and engagement of county stakeholders throughout the process. The Board's strategic plan provides a set of goals sorted into seven service goals and six stewardship goals. Goals were developed with consideration of the primary issues discerned through the needs assessment process, following review and analysis of survey responses from all three parties (Providers, Informed Community, and Consumers). Each goal is further defined through multiple objectives with associated performance measures. The MHR SB may have benefited from an element of independence for developing, conducting, and analyzing the surveys to create an additional level of credibility for the information. In addition, it is unclear specifically how the survey information was utilized to develop the strategic goals. There is some concern that there are too many goals, creating challenges for long term success. While the goals include some performance measures, some are not measureable and none of the goals stated have associated timelines for completion.

IX. Principal Observations and Recommendations

The MHR SB continues to adapt and adjust to an ever changing health care environment while maintaining a robust system of mental health care for Hamilton County residents. During this review process stakeholders provided overwhelmingly positive feedback regarding the Board overall and specifically regarding working relationships with providers. MHR SB staff continue to monitor changes at the state and federal level and proactively respond to these changes, adapting use of levy funds when indicated. Strong relationships with their other county board peers has allowed for collaboration on data system investments that are enhancing the ability to monitor the impact of levy funds. Below are a

summary of observations regarding specific contractual requirements for the levy cycle under review, as well as recommendation associated with these and other matters facing the Board.

Principal Observations

As part of the Mental Health Levy contract dated April 8, 2015, MHR SB agreed to implement or address the following issues over the term of this Agreement. Observations regarding compliance with these items are addressed below.

Manage the State of Ohio elevation of Medicaid.

The elevation of Medicaid administration to the State was completed during this levy cycle. In response to this change, the MHR SB successfully migrated from the previous state-mandated "any willing provider" contract model. As noted in the report, the number of contractors was reduced as a result. The MHR SB currently offers an incentive payment to providers to collect and submit outcomes data. MHR SB also successfully migrated from a previous state-mandated claims system to a new data management system with enhanced capabilities that can support this goal.

Manage the anticipated revenue shortfall facing the Levy.

The MHR SB was directed by the current agreement to review many administrative elements to support management of the anticipated deficit. The MHR SB made adjustments to the staffing as proposed during the end of the previous levy cycle. Eligibility for services are defined by county code and the Board is bound by state eligibility criteria for other funding sources making it difficult to quickly make changes to address budget concerns. Because the MRSB is not a direct provider of services, delivery strategies are outside their realm of control but as previously stated, provider efficiencies can be driven or incentivized through alternative reimbursement strategies. The MHR SB continues to leverage other funding streams, both state and federal grants, when available. However these funding streams are often temporary and come with local matching fund requirements.

In reviewing the proposed budget for the upcoming Levy cycle and the assumptions the MHR SB has used, much of the levy carry over from the prior levy period is being leveraged to support the future costs within the upcoming levy cycle. The budget as proposed is consuming approximately \$16.8 million of the carry over, with a projected balance of \$5.5 million at the end of the levy period. Use of levy carry over funds within the next budget cycle should be monitored and reviewed at mid-levy to determine if continued utilization requires any action from the MHR SB in order to maintain adequate reserves. At the mid-term point, any impact from State changes described above or healthcare policy changes at the Federal level will be better understood at that time.

Work with other county departments and other Levy recipients to explore strategies for county-wide integration.

There remain some duplication in administrative functions across county departments. Consolidation of county functions is complicated by unaligned levy periods, funding, and other requirements. Despite these challenges, HMA believes opportunities remain to gain efficiencies especially between administration of mental health and substance use disorder treatment.

Manage service providers consistent with the prior Levy period agreement.

MHR SB conducts annual service provider reviews using the protocol set forth by the contract. This includes collecting the required quality assurance plans and annual summary reports from service providers. Lastly, the MHR SB maintains compliance with conducting annual client satisfaction surveys and client outcome monitoring.

Continue to manage the cost of services by requiring the use of the standardized schedule of subsidies.

MHR SB is compliant with this requirement.

Integrate the performance outcome system into the new data management system in order to measure clinical change over time.

During the levy cycle, MHR SB initiated the use of the Shared Healthcare and Recovery Enterprise System (SHARES) data management system. This system is designed to provide comprehensive data management of all business transactions between the participating board partners (Hamilton, Franklin, and Cuyahoga counties) and their contracted providers. Fully implemented during this levy cycle, this system allows service providers to enroll and manage client information, submit service claims, and register outcomes data obtained through the required Ohio Scales system. Additionally, the outcomes module provides valuable client-level clinical reports for providers' use in treatment planning and client management.⁶

Recommendations

County Department Integration: While consolidation of administrative functions of the various levies would be complex, there remain opportunities for efficiencies. Because of the necessary involvement of multiple Boards, varying levy cycle periods, and state and federal requirements also influencing practice, an initial step would be an inter-county review for specific and realistic consolidation opportunities. Understanding the sensitivities for all involved, it is recommended that the county administrative offices take the lead on this initiative and it not be the primary responsibility of any single board that may potentially be impacted.

Provider Contracts: The MHR SB has identified goals associated with provider reimbursement within their 2017 Strategic Plan. The MHR SB has relied primarily on fee-for-service and cost based reimbursement methods with provider contracts. A goal within their strategic plan is to convert cost reimbursement contracts to purchase of service. However reimbursing based upon volume, as opposed to value, for services rendered can unintentionally incentivize pure volume over outcomes and efficiency. Health care systems are increasingly implementing alternative payment methods, such as shared savings, merit-based incentives, and full risk capitation. Beginning in FY 2012 the MHR SB introduced outcomes-based awards to agencies. The "Outcomes Performance Incentive Program" (OPIP) issues awards to agencies based upon evidenced improvement for clients in such areas as symptom distress, quality of life, functioning, and problem severity. While this program represents a movement toward alternative payment strategies, it represents less than one percent of the

⁶ Hamilton County Mental Health and Recovery Services Board Strategic Plan 2017

expenditures to agencies and serves as a bonus pool as opposed to alternative payment strategies. Alternative Payment Methodologies (APM) can be targeted or broad based. Outcomes and costs related to behavioral health populations can influence the implementation of successful APM strategies.⁷ Transitioning to APMs will require a thoughtful planning process and staged implementation due to the significant administrative changes that will be required for the MHRBS and contracted providers.

Alternative Payment Methodology Category	Application to MHRBS Contracted Services
Category 1: Fee-for-Service (FFS) Without Link to Quality or Value	<ul style="list-style-type: none"> Financial incentives focused on volume rather than outcomes or prevention Current category for a portion of levy services
Category 2: FFS with Quality Incentives	<ul style="list-style-type: none"> Incentives and penalties can be designed to achieve guideline-based care for levy population Incentives can support process improvement/practice transformation to achieve better care coordination
Category 3: Gainsharing / Risk-Sharing	<ul style="list-style-type: none"> Bundles and episodes of care built around levy-focused conditions Incentives for efficient care measured against a baseline Effectively serving levy population generates savings to share
Category 4: Population-Based Payment	<ul style="list-style-type: none"> Risk transferred to providers for full population or specific populations High incentive to appropriately manage/coordinate care for levy population

Strategic Planning: Recommendations for future strategic planning efforts would include utilizing an independent entity for developing, conducting, and analyzing surveys and facilitating the planning process. An independent facilitator lends credibility to the survey information gathered and could provide an ongoing reporting mechanism for stakeholder feedback to future levy cycle reviews as well as challenge the Board with an external perspective. It is further recommended that strategic goals within the plan include measurable performance metrics and have associated timelines for completion.

⁷ <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-downloads/program-areas/bcn-alt-pymt-strategies.pdf>

X. Appendices

Appendix A – FY2012 ODMH Data

CLIENT SERVICE DATA

FY 2012	Allowed Amount										Client Count											
	NON SMD					SMD					NON SMD					SMD						
	Pseudo	00 - 17	18 - 64	65+	Age Group A	Pseudo	00 - 17	18 - 64	65+	Age Group A	Pseudo	00 - 17	18 - 64	65+	Age Group A	Pseudo	00 - 17	18 - 64	65+	Age Group A	Pseudo	00 - 17
M-Adjunctive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Adult Educat	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Comm Educatio	\$63,152	\$0	\$0	\$0	\$63,152	\$0	\$0	\$0	\$0	\$0	1	0	0	0	0	1	0	0	0	0	824	-
M-Comm Resid	\$0	\$0	\$38,750	\$17,658	\$56,408	\$0	\$0	\$406,303	\$5,101	\$411,404	0	0	6	2	8	0	1	87	1	89	-	-
M-Consultation	\$354,268	\$0	\$0	\$0	\$354,268	\$0	\$0	\$0	\$0	\$0	1	0	0	0	1	0	0	0	0	0	4,375	-
M-Consumer Op.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Counsling-Grp	\$0	\$237	\$15,181	\$148	\$15,566	\$0	\$27,034	\$80,543	\$849	\$108,426	0	1	88	3	92	0	28	155	3	184	-	24
M-Counsling-Ind	\$0	\$3,488	\$496,745	\$15,908	\$516,140	\$0	\$275,386	\$870,198	\$21,465	\$1,167,050	0	21	686	19	724	0	239	1,015	31	1,275	-	155
M-Crisis Bed	\$0	\$0	\$132	\$0	\$132	\$0	\$75,884	\$456,451	\$1,579	\$533,913	0	0	1	0	1	0	11	68	1	80	-	-
M-Crisis Int	\$0	\$77	\$2,392	\$0	\$2,470	\$0	\$0	\$664	\$0	\$664	0	1	11	0	12	0	0	4	0	4	-	1
M-CSP-Group	\$0	\$0	\$12,498	\$0	\$12,498	\$0	\$2,815	\$157,764	\$4,208	\$164,788	0	0	12	0	12	0	8	265	8	281	-	-
M-CSP-Individ	\$0	\$875	\$494,195	\$17,256	\$512,325	\$0	\$204,661	\$6,123,625	\$296,018	\$6,624,304	0	6	676	33	711	0	160	3,912	178	4,215	-	41
M-Cuyahoga Waiv	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Dx Assess-Non	\$0	\$17,293	\$199,252	\$3,221	\$219,766	\$0	\$31,235	\$301,933	\$5,200	\$338,368	0	66	817	14	896	0	106	1,465	37	1,608	-	136
M-Dx Assessment	\$0	\$316	\$40,129	\$506	\$40,951	\$0	\$3,817	\$107,818	\$1,645	\$113,280	0	2	216	3	221	0	18	548	9	575	-	2
M-Emp/Voc Svc	\$0	\$891	\$325,428	\$12,408	\$338,727	\$0	\$1,056	\$659,858	\$108	\$661,022	0	1	127	1	129	0	2	419	1	422	-	32
M-Foster Care	\$0	\$0	\$0	\$0	\$0	\$0	\$14,469	\$0	\$0	\$14,469	0	0	0	0	0	0	4	0	0	4	-	-
M-Hotline	\$377,133	\$0	\$0	\$0	\$377,133	\$0	\$0	\$0	\$0	\$0	1	0	0	0	1	0	0	0	0	0	3,308	-
M-Housing	\$0	\$0	\$403,886	\$5,449	\$409,335	\$0	\$0	\$2,196,515	\$44,952	\$2,241,467	0	0	91	1	92	0	0	487	11	495	-	-
M-Info & Referr	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Med Somatic	\$0	\$2,341	\$212,598	\$7,444	\$222,382	\$0	\$43,039	\$1,205,645	\$40,234	\$1,288,918	0	10	658	24	692	0	120	2,688	109	2,898	-	11
M-Occ Therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Other Healthc	\$0	\$390	\$13,181	\$234	\$13,805	\$0	\$8,176	\$4,043	\$0	\$12,219	0	3	47	1	51	0	40	21	0	61	-	3
M-Other Non-Hea	\$216,689	\$47,050	\$139,421	\$18,049	\$421,209	\$0	\$480,334	\$989,835	\$35,437	\$1,505,605	2	20	137	19	178	0	183	1,116	47	1,335	1,955	1,153
M-Partial Hosp.	\$0	\$0	\$20,792	\$0	\$20,792	\$0	\$27,217	\$211,543	\$6,191	\$244,951	0	0	4	0	4	0	10	60	3	73	-	-
M-Prevention	\$559,402	\$0	\$0	\$0	\$559,402	\$0	\$0	\$0	\$0	\$0	1	0	0	0	1	0	0	0	0	0	6,639	-
M-Residential C	\$0	\$0	\$89,714	\$21,631	\$111,345	\$0	\$255,691	\$2,133,448	\$193,096	\$2,582,235	0	0	16	3	19	0	21	314	27	357	-	-
M-Respite Bed	\$0	\$0	\$15,710	\$0	\$15,710	\$0	\$0	\$279,135	\$365	\$279,500	0	0	6	0	6	0	0	117	1	118	-	-
M-Self Help/Pee	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Soc Recreatn	\$0	\$4,904	\$2,225	\$0	\$7,129	\$0	\$166,902	\$2,353	\$0	\$169,255	0	21	9	0	30	0	415	5	0	418	-	130
M-Temp Housing	\$0	\$0	\$56,421	\$0	\$56,421	\$0	\$0	\$389,530	\$1,181	\$390,711	0	0	21	0	21	0	0	237	1	238	-	-
Total	\$1,570,644	\$77,860	\$2,578,650	\$119,911	\$4,347,065	\$0	\$1,617,716	\$16,577,205	\$657,629	\$18,852,550	4	128	2,110	82	2,317	0	931	5,471	237	6,579	17,101	1,686

CLIENT SERVICE DATA

FY 2012	Units								Cost Per Client By Service Type									
	NON SMD				SMD				NON SMD				SMD					
	18 - 64	65+	Age Group A	Pseudo	00 - 17	18 - 64	65+	Age Group A		00 - 17	18 - 64	65+			00 - 17	18 - 64	65+	
M-Adjunctive	-	-	-	-	-	-	-	-		\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	
M-Adult Educat	-	-	-	-	-	-	-	-		\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	
M-Comm Educatio	-	-	824	-	-	-	-	-		\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	
M-Comm Resid	51	18	69	-	1	682	12	695		\$0.00	\$6,458.27	\$8,829.00			\$0.01	\$4,670.14	\$5,101.44	
M-Consultation	-	-	4,375	-	-	-	-	-		\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	
M-Consumer Op.	-	-	-	-	-	-	-	-		\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	
M-Counseling-Grp	1,954	15	1,993	-	2,739	8,423	86	11,248		\$236.88	\$172.52	\$49.35			\$965.50	\$519.64	\$282.94	
M-Counseling-Ind	22,079	707	22,941	-	12,251	38,679	954	51,884		\$166.07	\$724.12	\$837.24			\$1,152.24	\$857.34	\$692.42	
M-Crisis Bed	1	-	1	-	198	3,469	12	3,679		\$0.00	\$131.58	\$0.00			\$6,898.50	\$6,712.52	\$1,578.96	
M-Crisis Int	16	-	16	-	-	4	-	4		\$77.18	\$217.50	\$0.00			\$0.00	\$165.93	\$0.00	
M-CSP-Group	1,274	-	1,274	-	287	16,082	429	16,798		\$0.00	\$1,041.50	\$0.00			\$351.93	\$595.34	\$526.06	
M-CSP-Individ	23,169	809	24,019	-	9,595	287,091	13,878	310,564		\$145.76	\$731.06	\$522.90			\$1,279.13	\$1,565.34	\$1,663.02	
M-Cuyahoga Waiv	-	-	-	-	-	-	-	-		\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	
M-Dx Assess-Non	1,540	25	1,700	-	249	2,324	40	2,612		\$262.02	\$243.88	\$230.04			\$294.67	\$206.10	\$140.53	
M-Dx Assessment	190	2	194	-	18	511	8	537		\$158.16	\$185.78	\$168.70			\$212.04	\$196.75	\$182.76	
M-Emp/Voc Svc	12,778	491	13,301	-	31	31,266	2	31,299		\$890.88	\$2,562.43	\$12,407.84			\$527.90	\$1,574.84	\$107.88	
M-Foster Care	-	-	-	-	176	-	-	176		\$0.00	\$0.00	\$0.00			\$3,617.24	\$0.00	\$0.00	
M-Hotline	-	-	3,308	-	-	-	-	-		\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	
M-Housing	890	12	902	-	-	4,838	99	4,937		\$0.00	\$4,438.31	\$5,448.72			\$0.00	\$4,510.30	\$4,086.54	
M-Info & Referr	-	-	-	-	-	-	-	-		\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	
M-Med Somatic	1,009	35	1,055	-	204	5,719	191	6,114		\$234.07	\$323.10	\$310.16			\$358.66	\$448.53	\$369.12	
M-Occ Therapy	-	-	-	-	-	-	-	-		\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	
M-Other Healthc	101	2	106	-	63	31	-	94		\$129.99	\$280.45	\$233.98			\$204.41	\$192.51	\$0.00	
M-Other Non-Hea	2,493	317	5,917	-	12,090	29,964	1,009	43,062		\$2,352.48	\$1,017.67	\$949.96			\$2,624.78	\$886.95	\$753.97	
M-Partial Hosp.	178	-	178	-	233	1,811	53	2,097		\$0.00	\$5,198.05	\$0.00			\$2,721.67	\$3,525.72	\$2,063.64	
M-Prevention	-	-	6,639	-	-	-	-	-		\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	
M-Residential C	2,665	884	3,549	-	1,441	60,750	7,810	70,001		\$0.00	\$5,607.11	\$7,210.49			\$12,175.76	\$6,794.42	\$7,151.71	
M-Respite Bed	172	-	172	-	-	3,056	4	3,060		\$0.00	\$2,618.41	\$0.00			\$0.00	\$2,385.77	\$365.36	
M-Self Help/Pee	-	-	-	-	-	-	-	-		\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	
M-Soc Recreatn	96	-	225	-	3,793	42	-	3,834		\$233.50	\$247.24	\$0.00			\$402.17	\$470.54	\$0.00	
M-Temp Housing	1,279	-	1,279	-	-	10,771	45	10,816		\$0.00	\$2,686.71	\$0.00			\$0.00	\$1,643.59	\$1,181.25	
Total	71,934	3,318	94,038	-	43,368	505,512	24,632	573,511		\$608.28	\$1,222.11	\$1,462.33			\$1,737.61	\$3,030.01	\$2,774.81	

Appendix B – FY2013 ODMH Data

CLIENT SERVICE DATA

FY 2013	Allowed Amount										Client Count											
	NON SMD					SMD					NON SMD					SMD						
	Pseudo	00 - 17	18 - 64	65+	Age Group A	Pseudo	00 - 17	18 - 64	65+	Age Group A	Pseudo	00 - 17	18 - 64	65+	Age Group A	Pseudo	00 - 17	18 - 64	65+	Age Group A	Pseudo	00 - 17
M-Adjunctive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Adult Educat	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Comm Educatio	\$87,849	\$0	\$0	\$0	\$87,849	\$0	\$0	\$0	\$0	\$0	1	0	0	0	1	0	0	0	0	0	1,146	-
M-Comm Resid	\$0	\$0	\$56,408	\$11,772	\$68,180	\$0	\$0	\$461,516	\$5,101	\$466,618	0	0	11	1	12	0	0	87	1	88	-	-
M-Consultation	\$367,620	\$0	\$0	\$0	\$367,620	\$0	\$0	\$0	\$0	\$0	1	0	0	0	1	0	0	0	0	0	4,540	-
M-Consumer Op.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Counsling-Grp	\$0	\$0	\$21,824	\$247	\$22,071	\$0	\$33,746	\$31,508	\$513	\$65,767	0	0	113	2	115	0	18	96	4	118	-	-
M-Counsling-Ind	\$0	\$3,015	\$473,567	\$18,833	\$495,415	\$0	\$127,440	\$786,332	\$18,990	\$932,762	0	22	654	20	694	0	123	988	25	1,131	-	134
M-Crisis Bed	\$0	\$0	\$21,448	\$0	\$21,448	\$0	\$154,833	\$378,424	\$23,158	\$556,415	0	0	9	0	9	0	20	87	9	115	-	-
M-Crisis Int	\$0	\$0	\$540	\$0	\$540	\$0	\$93	\$602	\$0	\$695	0	0	3	0	3	0	1	2	0	3	-	-
M-CSP-Group	\$0	\$0	\$17,246	\$78	\$17,324	\$0	\$1,344	\$142,863	\$5,739	\$149,946	0	0	18	1	19	0	9	229	7	244	-	-
M-CSP-Individ	\$0	\$1,344	\$566,333	\$26,897	\$594,574	\$0	\$118,040	\$5,512,566	\$292,968	\$5,923,573	0	13	800	43	852	0	104	3,795	181	4,053	-	63
M-Emp/Voc Svc	\$0	\$0	\$288,242	\$731	\$288,973	\$0	\$2,025	\$709,161	\$124	\$711,310	0	0	166	2	168	0	2	529	1	532	-	-
M-Foster Care	\$0	\$0	\$0	\$0	\$0	\$0	\$21,292	\$0	\$0	\$21,292	0	0	0	0	0	0	4	0	0	4	-	-
M-Health Homes.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Hotline	\$331,904	\$0	\$0	\$0	\$331,904	\$0	\$0	\$0	\$0	\$0	1	0	0	0	1	0	0	0	0	0	2,911	-
M-Housing	\$0	\$0	\$394,805	\$12,714	\$407,519	\$0	\$0	\$2,119,552	\$46,768	\$2,166,320	0	0	90	3	93	0	0	508	10	518	-	-
M-Info & Referr	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Mental Health	\$0	\$9,811	\$216,351	\$3,952	\$230,114	\$0	\$17,421	\$245,811	\$4,901	\$268,133	0	36	883	17	936	0	64	1,170	28	1,262	-	76
M-Occ Therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Other Healthc	\$0	\$260	\$9,567	\$312	\$10,139	\$0	\$2,080	\$2,717	\$0	\$4,797	0	2	35	1	38	0	16	11	0	27	-	2
M-Other Non-Hea	\$206,361	\$14,045	\$133,624	\$13,187	\$367,218	\$0	\$384,917	\$873,334	\$33,731	\$1,291,982	2	18	203	14	236	0	164	1,132	31	1,322	1,872	210
M-Paliperidone	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Partial Hosp.	\$0	\$0	\$24,647	\$4,906	\$29,553	\$0	\$350	\$266,794	\$27,100	\$294,244	0	0	8	1	8	0	1	91	7	97	-	-
M-Pharmacologic	\$0	\$633	\$192,588	\$4,945	\$198,165	\$0	\$13,411	\$1,047,381	\$34,604	\$1,095,396	0	4	619	25	646	0	51	2,581	95	2,721	-	3
M-Prevention	\$641,707	\$0	\$0	\$0	\$641,707	\$0	\$0	\$0	\$0	\$0	1	0	0	0	1	0	0	0	0	0	7,616	-
M-Psy Diag Inte	\$0	\$337	\$33,340	\$401	\$34,078	\$0	\$4,265	\$134,993	\$2,703	\$141,960	0	1	175	2	178	0	21	625	12	658	-	2
M-Residential C	\$0	\$0	\$85,789	\$17,937	\$103,726	\$0	\$322,408	\$1,959,542	\$225,031	\$2,506,981	0	0	17	3	19	0	31	337	30	396	-	-
M-Resperidone,	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Respite Bed	\$0	\$0	\$13,884	\$0	\$13,884	\$0	\$0	\$229,263	\$9,499	\$238,763	0	0	8	0	8	0	0	114	3	117	-	-
M-Self Help/Pee	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Soc Recreatn	\$0	\$7,254	\$2,274	\$0	\$9,528	\$0	\$253,238	\$93	\$0	\$253,332	0	17	7	0	24	0	397	1	0	397	-	116
M-Temp Housing	\$0	\$0	\$17,563	\$0	\$17,563	\$0	\$0	\$234,264	\$0	\$234,264	0	0	4	0	4	0	0	34	0	34	-	-
Total	\$1,635,442	\$36,700	\$2,570,042	\$116,909	\$4,359,093	\$0	\$1,456,904	\$15,136,716	\$730,929	\$17,324,549	4	84	2,272	88	2,441	0	750	5,358	227	6,296	18,085	606

CLIENT SERVICE DATA

FY 2013	Units								Cost Per Client By Service Type							
	NON SMD				SMD				NON SMD				SMD			
	18 - 64	65+	Age Group A	Pseudo	00 - 17	18 - 64	65+	Age Group A	00 - 17	18 - 64	65+		00 - 17	18 - 64	65+	
M-Adjunctive	-	-	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
M-Adult Educat	-	-	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
M-Comm Educatio	-	-	1,146	-	-	-	-	-	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
M-Comm Resid	78	12	90	-	-	694	12	706	\$0.00	\$5,127.97	\$11,772.00		\$0.00	\$5,304.78	\$5,101.44	
M-Consultation	-	-	4,540	-	-	-	-	-	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
M-Consumer Op.	-	-	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
M-Counseling-Grp	2,906	25	2,931	-	3,419	3,335	52	6,806	\$0.00	\$193.14	\$123.38		\$1,874.75	\$328.21	\$128.31	
M-Counseling-Ind	21,051	837	22,022	-	5,664	34,952	844	41,460	\$137.05	\$724.11	\$941.63		\$1,036.10	\$795.88	\$759.60	
M-Crisis Bed	163	-	163	-	404	2,876	176	3,456	\$0.00	\$2,383.06	\$0.00		\$7,741.65	\$4,349.70	\$2,573.12	
M-Crisis Int	4	-	4	-	1	4	-	5	\$0.00	\$180.08	\$0.00		\$92.61	\$300.99	\$0.00	
M-CSP-Group	1,758	8	1,766	-	137	14,563	585	15,285	\$0.00	\$958.11	\$78.48		\$149.33	\$623.86	\$819.84	
M-CSP-Individ	26,554	1,261	27,878	-	5,534	258,469	13,735	277,738	\$103.37	\$707.92	\$625.51		\$1,135.00	\$1,452.59	\$1,618.61	
M-Emp/Voc Svc	10,030	9	10,039	-	67	32,213	2	32,282	\$0.00	\$1,736.40	\$365.38		\$1,012.42	\$1,340.57	\$124.06	
M-Foster Care	-	-	-	-	259	-	-	259	\$0.00	\$0.00	\$0.00		\$5,323.10	\$0.00	\$0.00	
M-Health Homes.	-	-	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
M-Hotline	-	-	2,911	-	-	-	-	-	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
M-Housing	870	28	898	-	-	4,668	103	4,771	\$0.00	\$4,386.72	\$4,237.89		\$0.00	\$4,172.35	\$4,676.82	
M-Info & Referr	-	-	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
M-Mental Health	1,674	30	1,781	-	137	1,893	38	2,068	\$272.54	\$245.02	\$232.45		\$272.20	\$210.09	\$175.03	
M-Occ Therapy	-	-	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
M-Other Healthc	74	2	78	-	16	21	-	37	\$129.99	\$273.35	\$311.98		\$129.99	\$246.98	\$0.00	
M-Other Non-Hea	2,193	197	4,471	-	9,399	25,591	896	35,885	\$780.29	\$658.25	\$941.92		\$2,347.06	\$771.50	\$1,088.10	
M-Paliperidone	-	-	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
M-Partial Hosp.	211	42	253	-	3	2,284	232	2,519	\$0.00	\$3,080.86	\$4,906.02		\$350.43	\$2,931.80	\$3,871.42	
M-Pharmacologic	915	24	942	-	64	4,970	164	5,197	\$158.16	\$311.13	\$197.78		\$262.97	\$405.80	\$364.25	
M-Prevention	-	-	7,616	-	-	-	-	-	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
M-Psy Diag Inte	171	2	174	-	21	668	13	702	\$337.39	\$190.52	\$200.33		\$203.09	\$215.99	\$225.22	
M-Residential C	2,168	733	2,901	-	1,817	55,948	8,402	66,167	\$0.00	\$5,046.44	\$5,978.84		\$10,400.27	\$5,814.66	\$7,501.02	
M-Resperidone,	-	-	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
M-Respite Bed	152	-	152	-	-	2,510	104	2,614	\$0.00	\$1,735.46	\$0.00		\$0.00	\$2,011.08	\$3,166.45	
M-Self Help/Pee	-	-	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
M-Soc Recreatn	78	-	194	-	4,508	4	-	4,512	\$426.73	\$324.85	\$0.00		\$637.88	\$93.20	\$0.00	
M-Temp Housing	334	-	334	-	-	4,412	-	4,412	\$0.00	\$4,390.75	\$0.00		\$0.00	\$6,890.13	\$0.00	
Total	71,382	3,211	93,283	-	31,449	450,073	25,358	506,880	\$436.90	\$1,131.18	\$1,328.52		\$1,942.54	\$2,825.07	\$3,219.95	

Appendix C – FY2014 ODMH Data

CLIENT SERVICE DATA

FY 2014	Allowed Amount										Client Count											
	NON SMD					SMD					NON SMD					SMD						
	Pseudo	00 - 17	18 - 64	65+	Age Group A	Pseudo	00 - 17	18 - 64	65+	Age Group A	Pseudo	00 - 17	18 - 64	65+	Age Group A	Pseudo	00 - 17	18 - 64	65+	Age Group A	Pseudo	00 - 17
M-Adjunctive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Adult Educat	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Comm Educatio	\$81,495	\$0	\$0	\$0	\$81,495	\$0	\$0	\$0	\$0	\$0	1	0	0	0	1	0	0	0	0	0	1,063	-
M-Comm Resid	\$0	\$0	\$65,237	\$11,772	\$77,009	\$0	\$0	\$419,463	\$11,364	\$430,827	0	0	14	1	15	0	0	81	3	83	-	-
M-Consultation	\$328,463	\$0	\$0	\$0	\$328,463	\$0	\$0	\$0	\$0	\$0	1	0	0	0	1	0	0	0	0	0	4,057	-
M-Consumer Op.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Counsling-Grp	\$0	\$0	\$23,996	\$265	\$24,261	\$0	\$19,404	\$37,477	\$790	\$57,671	0	0	135	3	138	0	17	117	5	137	-	-
M-Counsling-Ind	\$0	\$3,195	\$451,912	\$20,318	\$475,424	\$0	\$145,144	\$790,155	\$31,405	\$966,704	0	17	757	21	794	0	137	1,074	30	1,233	-	142
M-Crisis Bed	\$0	\$0	\$12,105	\$0	\$12,105	\$0	\$197,757	\$458,556	\$7,632	\$663,945	0	0	3	0	3	0	14	119	4	137	-	-
M-Crisis Int	\$0	\$0	\$795	\$0	\$795	\$0	\$0	\$262	\$0	\$262	0	0	3	0	3	0	0	1	0	1	-	-
M-CSP-Group	\$0	\$0	\$19,587	\$177	\$19,764	\$0	\$1,521	\$144,608	\$3,708	\$149,837	0	0	45	1	46	0	4	187	7	197	-	-
M-CSP-Individ	\$0	\$2,240	\$500,048	\$35,620	\$537,908	\$0	\$132,225	\$4,921,056	\$320,604	\$5,373,885	0	19	873	44	931	0	122	3,762	226	4,078	-	105
M-Emp/Voc Svc	\$0	\$0	\$314,404	\$1,708	\$316,113	\$0	\$151	\$816,202	\$0	\$816,353	0	0	171	2	173	0	1	571	0	571	-	-
M-Foster Care	\$0	\$0	\$0	\$0	\$0	\$0	\$3,699	\$0	\$0	\$3,699	0	0	0	0	0	0	1	0	0	1	-	-
M-Health Homes.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Hotline	\$379,740	\$0	\$0	\$0	\$379,740	\$0	\$0	\$0	\$0	\$0	1	0	0	0	1	0	0	0	0	0	3,156	-
M-Housing	\$0	\$0	\$476,309	\$7,265	\$483,574	\$0	\$0	\$2,254,181	\$38,141	\$2,292,322	0	0	98	2	99	0	0	463	8	470	-	-
M-Info & Referr	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-MH Assessment	\$0	\$9,390	\$184,384	\$3,053	\$196,827	\$0	\$21,094	\$232,345	\$4,186	\$257,625	0	43	869	18	929	0	78	1,281	37	1,395	-	75
M-Occ Therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Other Healthc	\$0	\$390	\$8,566	\$0	\$8,956	\$0	\$2,080	\$1,508	\$0	\$3,588	0	3	33	0	36	0	16	6	0	22	-	3
M-Other Non-Hea	\$192,739	\$28,339	\$115,025	\$10,009	\$346,112	\$0	\$353,968	\$753,566	\$45,341	\$1,152,875	2	13	180	11	204	0	134	1,014	34	1,175	1,744	644
M-Paliperidone	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Partial Hosp.	\$0	\$0	\$13,316	\$6,541	\$19,858	\$0	\$5,023	\$239,344	\$22,778	\$267,144	0	0	5	1	6	0	3	91	9	101	-	-
M-Pharmacologic	\$0	\$1,750	\$157,254	\$4,702	\$163,707	\$0	\$14,613	\$905,454	\$35,384	\$955,451	0	5	647	25	675	0	56	2,582	119	2,743	-	8
M-Prevention	\$655,459	\$0	\$0	\$0	\$655,459	\$0	\$0	\$0	\$0	\$0	1	0	0	0	1	0	0	0	0	0	7,779	-
M-Psy Diag Inte	\$0	\$0	\$34,993	\$1,174	\$36,167	\$0	\$2,193	\$103,740	\$2,602	\$108,535	0	0	176	5	181	0	11	503	13	527	-	-
M-Residential C	\$0	\$0	\$88,995	\$24,147	\$113,142	\$0	\$220,913	\$1,888,042	\$184,884	\$2,293,839	0	0	17	4	21	0	19	347	29	391	-	-
M-Resperidone,	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Respite Bed	\$0	\$0	\$22,561	\$0	\$22,561	\$0	\$0	\$303,431	\$639	\$304,071	0	0	15	0	15	0	0	137	1	138	-	-
M-Self Help/Pee	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-
M-Soc Recreatn	\$0	\$8,929	\$0	\$76	\$9,006	\$0	\$274,065	\$312	\$0	\$274,377	0	20	0	1	21	0	395	3	0	398	-	117
M-Temp Housing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$204,536	\$0	\$204,536	0	0	0	0	0	0	0	19	0	19	-	-
Total	\$1,637,895	\$54,234	\$2,489,488	\$126,827	\$4,308,444	\$0	\$1,393,850	\$14,474,240	\$709,458	\$16,577,547	4	93	2,280	84	2,451	0	705	5,406	267	6,326	17,799	1,095

CLIENT SERVICE DATA

FY 2014	Units								Cost Per Client By Service Type											
	NON SMD			Pseudo	SMD					NON SMD				SMD						
	18 - 64	65+	Age Group A		00 - 17	18 - 64	65+	Age Group A		00 - 17	18 - 64	65+		00 - 17	18 - 64	65+				
M-Adjunctive	-	-	-	-	-	-	-	-		\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00				
M-Adult Educat	-	-	-	-	-	-	-	-		\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00				
M-Comm Educatio	-	-	1,063	-	-	-	-	-		\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00				
M-Comm Resid	108	12	120	-	-	616	22	637		\$0.00	\$4,659.78	\$11,772.00		\$0.00	\$5,178.56	\$3,787.87				
M-Consultation	-	-	4,057	-	-	-	-	-		\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00				
M-Consumer Op.	-	-	-	-	-	-	-	-		\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00				
M-Counseling-Grp	3,475	35	3,510	-	1,966	4,034	80	6,080		\$0.00	\$177.75	\$88.19		\$1,141.44	\$320.31	\$157.92				
M-Counseling-Ind	20,596	903	21,641	-	6,451	36,065	1,407	43,923		\$187.94	\$596.98	\$967.50		\$1,059.45	\$735.71	\$1,046.83				
M-Crisis Bed	92	-	92	-	516	3,485	58	4,059		\$0.00	\$4,035.12	\$0.00		\$14,125.50	\$3,853.41	\$1,907.91				
M-Crisis Int	4	-	4	-	-	2	-	2		\$0.00	\$264.96	\$0.00		\$0.00	\$262.40	\$0.00				
M-CSP-Group	2,495	18	2,513	-	155	14,834	378	15,367		\$0.00	\$435.27	\$176.58		\$380.14	\$773.30	\$529.74				
M-CSP-Individ	23,445	1,670	25,220	-	6,199	230,743	15,035	251,977		\$117.88	\$572.79	\$809.55		\$1,083.81	\$1,308.10	\$1,418.60				
M-Emp/Voc Svc	12,508	21	12,530	-	3	32,390	-	32,392		\$0.00	\$1,838.62	\$854.14		\$151.03	\$1,429.43	\$0.00				
M-Foster Care	-	-	-	-	45	-	-	45		\$0.00	\$0.00	\$0.00		\$3,699.45	\$0.00	\$0.00				
M-Health Homes.	-	-	-	-	-	-	-	-		\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00				
M-Hotline	-	-	3,156	-	-	-	-	-		\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00				
M-Housing	1,049	16	1,065	-	-	4,965	84	5,049		\$0.00	\$4,860.30	\$3,632.48		\$0.00	\$4,868.64	\$4,767.63				
M-Info & Referr	-	-	-	-	-	-	-	-		\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00				
M-MH Assessment	1,427	24	1,526	-	166	1,788	32	1,986		\$218.38	\$212.18	\$169.60		\$270.43	\$181.38	\$113.13				
M-Occ Therapy	-	-	-	-	-	-	-	-		\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00				
M-Other Healthc	66	-	69	-	16	12	-	28		\$129.99	\$259.59	\$0.00		\$129.99	\$251.32	\$0.00				
M-Other Non-Hea	1,734	140	4,262	-	8,661	21,110	1,189	30,960		\$2,179.93	\$639.03	\$909.93		\$2,641.55	\$743.16	\$1,333.57				
M-Paliperidone	-	-	-	-	-	-	-	-		\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00				
M-Partial Hosp.	114	56	170	-	43	2,049	195	2,287		\$0.00	\$2,663.27	\$6,541.36		\$1,674.28	\$2,630.15	\$2,530.88				
M-Pharmacologic	746	22	777	-	69	4,299	168	4,537		\$350.06	\$243.05	\$188.10		\$260.95	\$350.68	\$297.34				
M-Prevention	-	-	7,779	-	-	-	-	-		\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00				
M-Psy Diag Inte	180	7	187	-	10	521	13	545		\$0.00	\$198.82	\$234.73		\$199.37	\$206.24	\$200.18				
M-Residential C	2,276	954	3,230	-	1,245	53,011	6,927	61,183		\$0.00	\$5,235.00	\$6,036.71		\$11,626.99	\$5,441.04	\$6,375.30				
M-Resperidone,	-	-	-	-	-	-	-	-		\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00				
M-Respite Bed	247	-	247	-	-	3,322	7	3,329		\$0.00	\$1,504.07	\$0.00		\$0.00	\$2,214.83	\$639.38				
M-Self Help/Pee	-	-	-	-	-	-	-	-		\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00				
M-Soc Recreatn	-	1	118	-	4,535	13	-	4,548		\$446.47	\$0.00	\$76.19		\$693.84	\$104.07	\$0.00				
M-Temp Housing	-	-	-	-	-	3,836	-	3,836		\$0.00	\$0.00	\$0.00		\$0.00	\$10,765.03	\$0.00				
Total	70,562	3,879	93,335	-	30,080	417,094	25,595	472,769		\$583.16	\$1,091.88	\$1,509.84		\$1,977.09	\$2,677.44	\$2,657.15				

Appendix D – FY2015 ODMH Data

CLIENT SERVICE DATA

FY 2015	Allowed Amount										Client Count													
	NON SMD					SMD					NON SMD					SMD					NON SMD			
	Pseudo	00 - 17	18 - 64	65+	Age Group A	Pseudo	00 - 17	18 - 64	65+	Age Group A	Pseudo	00 - 17	18 - 64	65+	Age Group A	Pseudo	00 - 17	18 - 64	65+	Age Group A	Pseudo	00 - 17	18 - 64	65+
M-Adjunctive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
M-Adult Educat	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
M-Comm Educatio	\$85,012	\$0	\$0	\$0	\$85,012	\$0	\$0	\$0	\$0	\$0	1	0	0	0	1	0	0	0	0	0	1,091	-	-	-
M-Comm Resid	\$0	\$0	\$104,374	\$23,969	\$128,343	\$0	\$0	\$382,935	\$5,178	\$388,113	0	0	15	3	18	0	0	59	1	60	-	-	125	25
M-Consultation	\$318,037	\$0	\$0	\$0	\$318,037	\$0	\$0	\$0	\$0	\$0	1	0	0	0	1	0	0	0	0	0	3,865	-	-	-
M-Consumer Op.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
M-Counseling-Grp	\$0	\$0	\$23,136	\$263	\$23,399	\$0	\$27,191	\$30,082	\$1,159	\$58,432	0	0	90	2	92	0	11	72	5	88	-	-	2,749	26
M-Counseling-Ind	\$0	\$2,093	\$208,465	\$18,207	\$228,764	\$0	\$132,336	\$569,581	\$38,411	\$740,328	0	14	372	17	403	0	129	681	52	847	-	93	9,169	796
M-Crisis Bed	\$0	\$0	\$18,684	\$10,263	\$28,948	\$0	\$87,021	\$316,581	\$22,105	\$425,708	0	0	11	2	13	0	13	116	6	135	-	-	142	78
M-Crisis Int	\$0	\$0	\$896	\$0	\$896	\$0	\$0	\$579	\$0	\$579	0	0	3	0	3	0	0	2	0	2	-	-	4	-
M-CSP-Group	\$0	\$78	\$13,663	\$0	\$13,741	\$0	\$5,641	\$130,131	\$4,367	\$140,139	0	1	26	0	27	0	9	134	9	151	-	8	1,421	-
M-CSP-Individ	\$0	\$1,438	\$242,307	\$24,589	\$268,334	\$0	\$124,202	\$3,405,754	\$330,458	\$3,860,414	0	19	493	45	552	0	128	2,531	215	2,837	-	67	11,221	1,134
M-Emp/Voc Svc	\$0	\$60	\$178,083	\$1,842	\$179,984	\$0	\$0	\$418,539	\$684	\$419,223	0	1	116	3	120	0	0	244	1	244	-	2	6,232	28
M-Foster Care	\$0	\$0	\$0	\$0	\$0	\$0	\$21,064	\$0	\$0	\$21,064	0	0	0	0	0	0	4	0	0	4	-	-	-	-
M-Health Homes.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
M-Hotline	\$424,183	\$0	\$0	\$0	\$424,183	\$0	\$0	\$0	\$0	\$0	1	0	0	0	1	0	0	0	0	0	3,477	-	-	-
M-Housing	\$0	\$0	\$727,961	\$32,356	\$760,317	\$0	\$0	\$2,053,889	\$30,190	\$2,084,079	0	0	159	7	165	0	0	448	7	455	-	-	1,580	70
M-Info & Referr	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
M-MH Assessment	\$0	\$7,891	\$88,745	\$3,232	\$99,868	\$0	\$22,684	\$170,678	\$10,359	\$203,720	0	36	470	24	530	0	82	1,120	92	1,294	-	61	677	24
M-Occ Therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
M-Other Healthc	\$0	\$528	\$3,606	\$0	\$4,134	\$0	\$2,474	\$2,356	\$0	\$4,829	0	4	13	0	17	0	19	10	0	29	-	4	28	-
M-Other Non-Hea	\$188,397	\$22,187	\$207,110	\$22,556	\$440,251	\$0	\$366,577	\$728,089	\$53,242	\$1,147,907	2	16	297	20	333	0	129	1,006	36	1,157	1,689	536	3,937	420
M-Paliperidone	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
M-Partial Hosp.	\$0	\$0	\$13,322	\$7,365	\$20,687	\$0	\$37,569	\$140,270	\$20,915	\$198,754	0	0	4	1	5	0	5	59	7	71	-	-	113	62
M-Peer Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
M-Pharmacologic	\$0	\$780	\$65,021	\$5,754	\$71,555	\$0	\$14,347	\$639,363	\$55,208	\$708,918	0	1	297	23	318	0	42	1,725	153	1,906	-	4	304	27
M-Prevention	\$993,318	\$0	\$0	\$0	\$993,318	\$0	\$0	\$0	\$0	\$0	2	0	0	0	2	0	0	0	0	0	12,257	-	-	-
M-Psy Diag Inte	\$0	\$0	\$10,566	\$341	\$10,907	\$0	\$386	\$35,414	\$1,563	\$37,364	0	0	53	2	55	0	2	172	7	181	-	-	56	2
M-Residential C	\$0	\$0	\$193,399	\$34,763	\$228,161	\$0	\$103,623	\$1,770,039	\$138,256	\$2,011,918	0	0	40	8	48	0	7	354	23	383	-	-	6,433	1,174
M-Resperidone,	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	0	0	0	0	0	0	-	-	-	-
M-Respite Bed	\$0	\$0	\$45,608	\$0	\$45,608	\$0	\$0	\$280,930	\$2,822	\$283,753	0	0	21	0	21	0	0	116	1	117	-	-	492	-
M-Soc Recreatn	\$0	\$8,609	\$282	\$0	\$8,891	\$0	\$178,577	\$1,513	\$0	\$180,090	0	28	1	0	29	0	317	6	0	320	-	112	12	-
M-Temp Housing	\$0	\$0	\$12,264	\$0	\$12,264	\$0	\$0	\$214,133	\$0	\$214,133	0	0	1	0	1	0	0	17	0	17	-	-	230	-
Total	\$2,008,946	\$43,664	\$2,157,492	\$185,499	\$4,395,602	\$0	\$1,123,689	\$11,290,856	\$714,920	\$13,129,465	5	97	1,633	100	1,826	0	632	4,108	260	4,943	22,379	886	44,925	3,866

CLIENT SERVICE DATA

FY 2015	Units						Cost Per Client By Service Type									
	SMD						NON SMD						SMD			
	Age Group A	Pseudo	00 - 17	18 - 64	65+	Age Group A	00 - 17	18 - 64	65+				00 - 17	18 - 64	65+	
M-Adjunctive	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	
M-Adult Educat	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	
M-Comm Educatio	1,091	-	-	-	-	-	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	
M-Comm Resid	150	-	-	488	12	500	\$0.00	\$6,958.27	\$7,989.71				\$0.00	\$6,490.43	\$5,177.94	
M-Consultation	3,865	-	-	-	-	-	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	
M-Consumer Op.	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	
M-Counsling-Grp	2,775	-	2,710	3,086	116	5,912	\$0.00	\$257.07	\$131.46				\$2,471.92	\$417.80	\$231.86	
M-Counsling-Ind	10,058	-	5,851	25,016	1,678	32,545	\$149.46	\$560.39	\$1,071.01				\$1,025.86	\$836.39	\$738.68	
M-Crisis Bed	220	-	227	2,406	168	2,801	\$0.00	\$1,698.58	\$5,131.62				\$6,693.90	\$2,729.15	\$3,684.24	
M-Crisis Int	4	-	-	4	-	4	\$0.00	\$298.65	\$0.00				\$0.00	\$289.35	\$0.00	
M-CSP-Group	1,429	-	566	13,091	438	14,095	\$78.48	\$525.50	\$0.00				\$626.77	\$971.13	\$485.23	
M-CSP-Individ	12,422	-	5,768	157,443	15,262	178,473	\$75.69	\$491.50	\$546.42				\$970.33	\$1,345.62	\$1,537.01	
M-Emp/Voc Svc	6,262	-	-	17,932	38	17,969	\$59.91	\$1,535.20	\$613.86				\$0.00	\$1,715.32	\$684.22	
M-Foster Care	-	-	254	-	-	254	\$0.00	\$0.00	\$0.00				\$5,266.03	\$0.00	\$0.00	
M-Health Homes.	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	
M-Hotline	3,477	-	-	-	-	-	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	
M-Housing	1,650	-	-	4,455	66	4,520	\$0.00	\$4,578.37	\$4,622.32				\$0.00	\$4,584.57	\$4,312.91	
M-Info & Referr	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	
M-MH Assessment	762	-	180	1,295	79	1,553	\$219.19	\$188.82	\$134.66				\$276.63	\$152.39	\$112.60	
M-Occ Therapy	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	
M-Other Healthc	32	-	19	18	-	37	\$131.94	\$277.42	\$0.00				\$130.20	\$235.56	\$0.00	
M-Other Non-Hea	6,582	-	9,025	20,417	1,353	30,795	\$1,386.72	\$697.34	\$1,127.81				\$2,841.68	\$723.75	\$1,478.94	
M-Paliperidone	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	
M-Partial Hosp.	175	-	315	1,187	178	1,680	\$0.00	\$3,330.51	\$7,364.72				\$7,513.73	\$2,377.47	\$2,987.81	
M-Peer Support	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	
M-Pharmacologic	335	-	68	2,993	257	3,318	\$780.25	\$218.92	\$250.18				\$341.59	\$370.65	\$360.84	
M-Prevention	12,257	-	-	-	-	-	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	
M-Psy Diag Inte	58	-	2	181	7	190	\$0.00	\$199.36	\$170.43				\$192.95	\$205.90	\$223.34	
M-Residential C	7,607	-	580	47,682	5,343	53,605	\$0.00	\$4,834.97	\$4,345.32				\$14,803.25	\$5,000.11	\$6,011.14	
M-Resperidone,	-	-	-	-	-	-	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	
M-Respite Bed	492	-	-	3,030	30	3,060	\$0.00	\$2,171.80	\$0.00				\$0.00	\$2,421.81	\$2,822.40	
M-Soc Recreatn	124	-	3,043	63	-	3,105	\$307.47	\$281.91	\$0.00				\$563.33	\$252.13	\$0.00	
M-Temp Housing	230	-	-	4,016	-	4,016	\$0.00	\$12,263.60	\$0.00				\$0.00	\$12,596.07	\$0.00	
Total	72,057	-	28,607	304,801	25,024	358,432	\$450.15	\$1,321.18	\$1,854.99				\$1,777.99	\$2,748.50	\$2,749.69	