

**Hamilton County
Board of County Commissioners Report**

Hamilton County Family Services and
Treatment Levy and Health and Hospital
Indigent Care Levy (Indigent Care Programs)

**Final Report
May 23, 2014**

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I. Executive Summary

We appreciate the opportunity to be of service to the Hamilton County Tax Levy Review Committee (TLRC) and to the Board of Commissioners. This report presents the work we have performed in our review of the services and programs funded by the Hamilton County Family Services and Treatment Levy (FST Levy) and by the Health and Hospitalization Levy (Indigent Care Programs) (HHIC Levy). In addition to programs already funded by the levies in prior years, we are also examining four programs which have requested funding for the 2015 fiscal year.

■ Summary Historical Scope

The programs within the scope of this report account for all of the expenditures in the Family Services and Treatment Levy (FST) and represent the Indigent Care portion of the Health and Hospitalization Levy (HHIC) expenditures. The exhibits below provide a summary of the historical levy expenditures and 2014 budget by department totals. It should be noted that the budget does not represent the official county budget but rather our estimate of the actual cost for 2014.

Family Services and Treatment Levy (FST)												
	Actual 2010	%	Actual 2011	%	Actual 2012	%	Actual 2013	%	Projected Budget 2014	%	Total	%
Total Levy Expenditures	\$ 6,632,078	100.0%	\$ 6,820,070	100.0%	\$ 6,713,719	100.0%	\$ 6,130,777	100.0%	\$ 6,764,135	100.0%	\$ 33,060,779	100.0%
Less:												
Auditor, Treasurer and Administration	(119,965)	-1.8%	(100,092)	-1.5%	(103,974)	-1.5%	(72,247)	-1.2%	(207,371)	-3.1%	(603,649)	-1.8%
Board of Elections	(174,098)	-2.6%									(174,098)	-0.5%
Sub-total - Funds used for Family Services and Treatment	<u>\$ 6,338,015</u>	95.6%	<u>\$ 6,719,978</u>	98.5%	<u>\$ 6,609,745</u>	98.5%	<u>\$ 6,058,530</u>	98.8%	<u>\$ 6,556,764</u>	96.9%	<u>\$ 32,283,032</u>	97.6%
1 Residential Treatment Programs for Incarcerated Offenders (136 of 158 beds)	2,415,023	36.4%	2,523,521	37.0%	2,719,884	40.5%	2,332,229	38.0%	2,546,652	37.6%	12,537,309	37.9%
2 Woodburn Ave. - Sheriff Staff	499,228	7.5%	587,395	8.6%	561,519	8.4%	573,993	9.4%	677,930	10.0%	2,900,065	8.8%
3, 4 Turning Point & 10 Day DUI	979,485	14.8%	1,103,279	16.2%	964,338	14.4%	964,346	15.7%	964,343	14.3%	4,975,791	15.1%
5 ADAPT / Drug Court	1,452,260	21.9%	1,552,626	22.8%	1,544,278	23.0%	1,329,740	21.7%	1,388,461	20.5%	7,267,365	22.0%
6 ReEntry - Sheriff Department	97,326	1.5%	108,787	1.6%	114,035	1.7%	121,896	2.0%	125,000	1.8%	567,044	1.7%
7 Municipal Court - ReEntry	325,966	4.9%	383,303	5.6%	422,303	6.3%	392,006	6.4%	417,737	6.2%	1,941,315	5.9%
8 Treatment Court / Specialized Dockets	74,822	1.1%	62,669	0.9%	76,300	1.1%	64,363	1.0%	75,900	1.1%	354,054	1.1%
9 Drug free Communities	45,212	0.7%	87,069	1.3%	61,884	0.9%	69,313	1.1%	64,337	1.0%	327,815	1.0%
10 Off The Streets	43,654	0.7%	88,849	1.3%	63,835	1.0%	68,690	1.1%	64,337	1.0%	329,365	1.0%
11 ReEntry - County Program							141,954	2.3%	232,067	3.4%	374,021	1.1%
n/a Probation - ReEntry	68,013	1.0%									68,013	0.2%
n/a Transitional Housing - Probation	337,026	5.1%	222,480	3.3%							559,506	1.7%
n/a Probate Court medical		0.0%			81,369	1.2%					81,369	0.2%
Historical and budgeted expenditures	<u>\$ 6,338,015</u>	95.6%	<u>\$ 6,719,978</u>	98.5%	<u>\$ 6,609,745</u>	98.5%	<u>\$ 6,058,530</u>	98.8%	<u>\$ 6,556,764</u>	96.9%	<u>\$ 32,283,032</u>	97.6%

As the exhibit above demonstrates, the Residential Treatment Program for Incarcerated Offenders, aka 1617 Reading Road, represents the largest portion of the Family Services and Treatment Services levy. This is a program for inmates at the 1617 Reading Road detention

facility who require drug addiction treatment along with counseling that aims to ready offenders for the transition back into society. The second largest program, ADAPT/Drug Court, represents monies spent on alternatives to incarceration for crimes that involve drugs but which are non-violent. Both of these programs, along with the third largest grantee, Turning Point & 10-Day DUI, are administered by Talbert House, a non-profit entity that has a long history in addressing the problems of alcoholism, drug addiction and their interface with crime and mental illness in Hamilton County.

Health and Hospitalization Levy - Indigent Care Programs (HHIC Levy)												
	Actual 2010	%	Actual 2011	%	Actual 2012	%	Actual 2013	%	Projected Budget 2014	%	Total	%
Total Levy Expenditures	\$50,133,250	100.0%	\$51,188,684	100.0%	\$41,271,213	100.0%	\$40,297,824	100.0%	\$43,679,356	100.0%	\$226,570,327	100.0%
Less:												
University / Children's Hospital	(35,200,000)	-70.2%	(28,800,000)	-56.3%	(26,690,000)	-64.7%	(26,100,000)	-64.8%	(22,710,000)	-52.0%	(139,500,000)	-61.6%
Auditor, Treasurer and Administration	(638,053)	-1.3%	(735,393)	-1.4%	(664,129)	-1.6%	(494,951)	-1.2%	(1,125,717)	-2.6%	(3,658,243)	-1.6%
Board of Elections					(262,556)						(262,556)	-0.1%
Sub-total - Funds used for Indigent Care Programs	<u>14,295,197</u>	28.5%	<u>21,653,291</u>	42.3%	<u>13,654,528</u>	33.1%	<u>13,702,873</u>	34.0%	<u>19,843,639</u>	45.4%	<u>83,149,528</u>	36.7%
12 Inmate Medical (Direct Medical Care)	5,827,237	11.6%	6,074,780	11.9%	5,809,220	14.1%	6,458,328	16.0%	6,503,000	14.9%	30,672,565	13.5%
13 Inmate Medical (Corrections Staffing)	2,066,223	4.1%	6,620,666	12.9%	2,723,048	6.6%	1,514,490	3.8%	5,959,644	13.6%	18,884,071	8.3%
14 Extended Detoxification Programs (Mental Health and Recovery Services Board)	2,576,234	5.1%	2,634,861	5.1%	2,234,984	5.4%	2,352,179	5.8%	2,484,549	5.7%	12,282,807	5.4%
15 Tuberculosis Control		0.0%	900,000	1.8%	933,250	2.3%	933,250	2.3%	933,250	2.1%	3,699,750	1.6%
16 Juvenile Court Medical Expenses	1,447,740	2.9%	1,447,740	2.8%	1,447,740	3.5%	1,195,895	3.0%	1,347,977	3.1%	6,887,092	3.0%
17 Alternative Interventions for Women	291,349	0.6%	430,467	0.8%	462,928	1.1%	411,061	1.0%	425,000	1.0%	2,020,805	0.9%
18 Probate Court medical (2)	391,783	0.8%	532,412	1.0%					1,525,000	3.5%	2,449,195	1.1%
19 Strategies To End Homelessness							300,000	0.7%	300,000	0.7%	600,000	0.3%
20 Charitable Pharmacy							150,000	0.4%	150,000	0.3%	300,000	0.1%
21 Alternative Interventions for Men												
22 OSU Extension												
23 Center for Respite Care												
24 Health District-Syphilis Prevention Program												
25 Medical Enrollment - County Program								0.0%	50,219	0.1%	50,219	0.0%
(1) Residential Treatment Programs for Incarcerated Offenders (22 of 158 beds)	249,939	0.5%	481,012	0.9%	-		387,670	1.0%	165,000	0.4%	1,283,621	0.6%
n/a Bureau of Children with Medical Handicaps	<u>1,444,692</u>	2.9%	<u>2,531,353</u>	4.9%	<u>43,358</u>						<u>4,019,403</u>	1.8%
Historical and budgeted expenditures	<u>\$14,295,197</u>	28.5%	<u>\$21,653,291</u>	42.3%	<u>\$13,654,528</u>	33.1%	<u>\$13,702,873</u>	34.0%	<u>\$19,843,639</u>	45.4%	<u>\$83,149,528</u>	36.7%

(1) This program is discussed along with program 1
(2) The 2014 projected budget includes \$685,000 related to 2013.

The exhibit above details out the portion of the Health and Hospitalization levy that relates to Indigent care programs and which, therefore, it is our task to analyze. Out of the Indigent care programs, by far the largest portion of funding goes to Inmate Medical, a program providing healthcare to inmates at the Hamilton County Justice Center almost exclusively via a third-party provider, Naphcare. The next largest is the "Extended Detoxification Program," aka the programs overseen by the Mental Health and Recovery Services Board (MHR SB). Talbert House, the agency which figures prominently in the FST Levy, also is a major program of the HHIC Levy via MHR SB funding (approximately 32% of total MHR SB levy funding in 2013). It is

also important to point out that the third largest item on the list above is Inmate Medical (Corrections Staffing), i.e. funds used to pay salaries for corrections officers at 1617 Reading Road and the Hamilton County Justice Center. According to the exhibit above, levy costs for corrections officers in 2014 will be about \$5.9 million; however the majority of that funding will pay for the reimbursement of prior year correction department medical staffing costs originally paid for out of the County general fund.

■ **Summary Affordable Care Act Considerations:**

In 2014 the Patient Protection and Affordable Care Act (ACA) began providing the opportunity for new health insurance coverage options for millions of individuals through an expansion of Medicaid eligibility and the establishment of state-based health care exchanges.

In our opinion, the greatest financial benefit and savings to be achieved via ACA coverage and reimbursement changes is the reduction in uncompensated hospital care costs likely to be incurred by UCMC and CCHMC, potentially resulting in lower contract costs between Hamilton County and those hospital systems under the Health and Hospitalization Levy.

While a small number of health care services could be funded with other than Hamilton County's levy funds, those services: (1.) represent a small cost relative to overall levy funds and (2.) would require considerable efforts to seek coverage under Medicaid expansion which may outweigh the benefits gained. This planning and decision making could take a number of years of County and state Medicaid coordination for the effects to be realized, which are estimated to be approximately 1% of total levy funds. The payments to the hospitals, however, are conditional payments, predicated largely on a financial test which requires those hospitals to provide services to medically indigent Hamilton County residents in an amount at least equal to their levy payments each year. As noted above, the potential reductions to uncompensated care costs achieved via ACA coverage could affect these ratios and contractual payments going forward, therefore reducing the amounts paid by the Health and Hospitalization levy.

■ **Summary Future Levy Considerations:**

Each of our Executive Summary Reports on individual programs includes a projection of the hypothetical cost to continue to fund the programs that are the focus of our report at 2013 service levels. Our analysis presents our opinions and is not meant to represent actual budget requests unless stated. We segregated our analysis to first include and sub-total the cost to continue the programs as presently in place. We then include both existing programs requested funding increases along with new programs requesting funds for the first time.

Family Servcis and Treatment Levy (FST)						
	Projected 2015	Projected 2016	Projected 2017	Projected 2018	Projected 2019	Total
Funding Requests						
Residential Treatment Programs for Incarcerated Offenders (136 of 158 beds) (1)	\$ 2,547,000	\$ 2,547,000	\$ 2,547,000	\$ 2,547,000	\$ 2,547,000	\$ 12,735,000
Woodburn Ave. - Sheriff Staff (2)	609,000	627,000	646,000	665,000	685,000	3,232,000
Turning Point & 10 Day DUI (1)	964,000	964,000	964,000	964,000	964,000	4,820,000
ADAPT / Drug Court (1)	1,390,000	1,391,000	1,393,000	1,395,000	1,396,000	6,965,000
ReEntry - Sheriff Department (3)	125,000	125,000	125,000	125,000	125,000	625,000
Municipal Court - ReEntry (3)	425,000	425,000	425,000	425,000	425,000	2,125,000
Treatment Court (4)	75,000	75,000	75,000	75,000	75,000	375,000
Drug free Communities	70,000	70,000	70,000	70,000	70,000	350,000
Off The Streets (4)	65,000	65,000	65,000	65,000	65,000	325,000
ReEntry - County Program (5)	<u>287,000</u>	<u>295,600</u>	<u>304,500</u>	<u>313,600</u>	<u>323,000</u>	<u>1,523,700</u>
Total Existing Funding Requests	<u>6,557,000</u>	<u>6,584,600</u>	<u>6,614,500</u>	<u>6,644,600</u>	<u>6,675,000</u>	<u>33,075,700</u>
Requested Increases and new programs						
Municipal Court / Treatment Court requested increase (4)	100,000	100,000	100,000	100,000	100,000	100,000
Off The Streets (4)	<u>60,000</u>	<u>60,000</u>	<u>60,000</u>	<u>60,000</u>	<u>60,000</u>	<u>60,000</u>
Total New Requests	<u>160,000</u>	<u>160,000</u>	<u>160,000</u>	<u>160,000</u>	<u>160,000</u>	<u>160,000</u>
Total of all Funding Requests	<u>\$ 6,717,000</u>	<u>\$ 6,744,600</u>	<u>\$ 6,774,500</u>	<u>\$ 6,804,600</u>	<u>\$ 6,835,000</u>	<u>\$ 33,235,700</u>
<p>(1) Funding for these programs have been budgeted to remain flat. Contracts with service providers have been adjusted as appropriate. (2) Funding included covers 100% of estimated expense subject to a maximum based on current cost plus 3% inflation. (3) Budget matches request (4) Additional funding request shown seperatly. (5) The treatment of this program as a existing or new program has not been determined.</p> <p>(1) Program looks to increase current funding of \$75,900 to \$175,000 beginning in 2015 through 2019</p>						

Heath and Hospitalization Levy - Indigent Care Programs (HHIC Levy)						
	Projected 2015	Projected 2016	Projected 2017	Projected 2018	Projected 2019	Total
Existing Funding Requests						
Inmate Medical (Sheriff's Department) (1)	\$ 6,826,400	\$ 7,167,700	\$ 7,526,100	\$ 7,902,400	\$ 8,297,500	\$ 37,720,100
Inmate Medical (Correction Staffing)	4,746,700	4,984,000	5,233,200	5,494,900	5,769,600	26,228,400
Extended Detoxification Programs (Mental Health and Recovery Services Board)	2,484,500	2,484,500	2,484,500	2,484,500	2,484,500	12,422,500
Tuberculosis/Syphilis/HIV Control	930,000	930,000	930,000	930,000	930,000	4,650,000
Juvenile Court Medical Expenses	1,283,700	1,348,000	1,415,400	1,486,100	1,560,400	7,093,600
Alternative Interventions for Women	425,000	425,000	425,000	425,000	425,000	2,125,000
Probate Court Medical	650,000	650,000	650,000	650,000	650,000	3,250,000
Strategies to End Homelessness (1)	300,000	300,000	300,000	300,000	300,000	1,500,000
Charitable Pharmacy	150,000	150,000	150,000	150,000	150,000	750,000
Medical Enrollment	51,800	53,400	55,100	56,800	58,600	275,700
Residential Treatment Program - 22 beds Incarcerated Offenders (22 of 172 Beds)	<u>165,000</u>	<u>165,000</u>	<u>165,000</u>	<u>165,000</u>	<u>165,000</u>	<u>825,000</u>
Total Existing Funding Requests	18,013,100	18,657,600	19,334,300	20,044,700	20,790,600	96,840,300
New Funding Requests						
Strategies to End Homelessness (1)	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
Alternative Interventions for Men	250,000	250,000	250,000	250,000	250,000	2,000,000
Center for Respite Care	250,000	250,000	250,000	250,000	250,000	1,250,000
OSU Extension	<u>69,500</u>	<u>69,500</u>	<u>69,500</u>	<u>69,500</u>	<u>69,500</u>	<u>347,500</u>
Total New Funding Requests	2,569,500	2,569,500	2,569,500	2,569,500	2,569,500	5,597,500
Total Funding Requests	<u>\$ 20,582,600</u>	<u>\$ 21,227,100</u>	<u>\$ 21,903,800</u>	<u>\$ 22,614,200</u>	<u>\$ 23,360,100</u>	<u>\$ 102,437,800</u>
<i>(1) Program has previously requested \$300,000 in prior years, but has requested \$2,300,000 for 2015 through 2019. See summary of program later in the report for further explanation.</i>						

■ **General Comment On Ohio's Opiate Addiction Crisis:--**

Any Ohioan familiar with state headlines over the past several years knows in a general way that Ohio, like many other states, is in the midst of an opiate epidemic. Because the increase in numbers of persons addicted to opiates (a large class of drugs, prescription and illegal, which includes heroin) touches each of the programs described in this report and funded under the FST Levy and the HHIC Levy, we thought it important to briefly discuss the epidemic and recent progress on battling it, particularly in Hamilton County as compared with other Ohio counties. "Ohio's Opioid Epidemic: An Overview of the Problem," published in 2012 by the Ohio Department of Health calls attention to the severity of the problem when it states that "there is

a strong relationship between increases in exposure to prescription opioids and fatal unintentional overdose rates.” More specifically, the report notes that over the 1997 to 2011 period, prescription opiate rates increased 643% as the death rate from overdose on such prescription drugs has correspondingly risen by 365%.

“Update on Ohio’s Opiate Epidemic,” a presentation given on April 29, 2013 by Orman Hall, Director of ODADAS, provides a useful context in which to understand the situation. One key statistic that has been tracked since 2001 is client admissions for Opiate Abuse and Dependence—the percent of client admits found to suffer from an opiate-related diagnosis. In 2001, Hamilton County’s percentage was 6.7%, a rate lower than only 8 counties, the highest of which were Montgomery at 12.5% and Cuyahoga at 14.3%. Over the course of the next ten years, almost all of the counties saw large increases. In 2003, Hamilton increased to 9.1% and Cuyahoga to 16.3%. In 2005, 2007, and 2009 Hamilton County climbed again, to 10.2%, 12.3% and 16.1%. To put this alarming statistic in perspective, other counties, such as Scioto, saw higher rates in these years—Scioto County was at 34% in 2005 and at a staggering 64.1% in 2009. 2011, the last year for which data was final, saw another increase—to 20.4% in Hamilton County. Hamilton County, therefore, is not an outlier or an exception. Its struggles with opiate-addicted offenders are part of a much larger narrative. Indeed, ODADAS reports that of the clients served in drug treatment programs in Ohio overall, the percentage in 2007 for opiate addiction was 7.2%, while as of 2012 it had jumped to 28.5%.

It is out of the scope of this review to speculate on the roots of the epidemic, but it might be noted that between 2010 and 2012 the numbers of opioid painkillers prescribed per capita in Hamilton County dropped very slightly, by 0.5%—little change, but at least no increase. In 2011 in Ohio overall, the average per capita prescription opioid dose decreased by 0.8%, a meaningful sign of progress on this front. The Ohio counties hardest hit by the opioid epidemic have been Scioto, Gallia, Adams, and Jackson. Hamilton can be credited with remaining outside of this group. The phenomenon is national, though. According to “Prescription Drug Abuse: Strategies to Stop the Epidemic” published in October 2013 by the Trust for America’s Health, “prescription-drug related deaths now outnumber those from heroin and cocaine combined, and drug overdose deaths exceed motor-vehicle related deaths in 29 states [including Ohio].”

We call attention to these statistics in order to make the point that the struggles undergone by levy-funded programs to treat drug-addicted persons, whether they are incarcerated or participating in one of the several outpatient programs funded by the levy are shared by care providers of all stripes across the nation. We suggest that progress reports over the last levy period be understood within the context of this larger environment of crisis.

In Hamilton County the opiate epidemic has put a large burden on local county services with much of much of the burden falling on the Sheriff’s Department. It is our understanding that when you factor in the shortage of detox centers in Hamilton County the ability to direct viable candidates to the programs paid for by the FST and HHIC Levy is being significantly impaired due to the need to first detox an individual before they are eligible for entry. This fact pattern

leads to the question of whether some of the FST and HHIC Levy funds should go toward a county funded detox center.

1. Executive Summary Report: Residential Treatment Program for Incarcerated Offenders

FST Levy 2013 Actual \$2,332,229

2014 Levy Budget \$2,546,652

■ Principal Observations:

The Residential Treatment Program, which is located at 1617 Reading Road in Cincinnati, Ohio, is designed to assist up to 158 individuals by providing chemical dependency treatment to adult misdemeanor and felony offenders. Services include programming for sentenced women, known as the Rewards Jail Intervention Program, and for sentenced men, known as the Extended Treatment Program. The Program services are provided by contract with Talbert House (a private contractor). The total projected cost of the 2014 contract is \$2,546,652.

Prior to 2009, all 158 beds were primarily funded by the Hamilton County Health and Hospitalization Services Levy. Beginning with 2009, twenty-two (22) of the 158 beds are being funded by the HHIC Levy. Funds from the HHIC Levy for these 22 beds have averaged about \$250,000 in 2009, 2010, 2011, 2012 and 2013. It should be noted that the total capacity of 1617 Reading Road is 172 beds, while only 158 are contracted.

Our main observations include:

1. The annual cost of the Talbert House contract with 1617 Reading Road has averaged approximately \$2,500,000 during the 2009 to 2014 period.
2. 2013 average daily population was 148 beds and for the period 2010-2013, average occupancy was 95%.
3. This program is the largest being paid for by the FST levy, representing approximately 38% of the total levy in 2013.
4. Funding for contracted staffing through the FST Levy has fallen during the 2010 to 2013 period. While total staffing costs were about \$1,538,118 in 2010, resulting in a labor cost per day of \$28, by 2013 the total (including employee benefits and taxes) had dropped to \$1,287,411, a labor cost of \$24 per day. The other piece of the funding, costs for housing and overhead, has increased over this period from \$26 to \$27 per day.
5. The principal make up of the individuals served has shifted over recent years to more opiate-based addiction, following national and statewide trends.

■ Principal Recommendations:

Our program report, which appears later in this Review, indicates that salaries paid are below average for Ohio employers for these staff positions. A look into what types of increases are tied to housing and overhead is necessary to a conclusion as to what level of funding for this program is needed.

A question to consider for Talbert House, in the oversight and management of 1617 Reading Road, is whether or not their current treatment models are working at optimal levels with

opiate-related addictions. Data has shown that opiate-related treatment services are very costly compared to other treatment services and have a greater cost per individual served. Through site visits and discussions with Talbert House personnel, the population has shifted heavily towards opiate-addicted individuals receiving services at 1617 Reading Road. Continued assessment of the programs offered, the effectiveness of education and treatment protocols, and if the overall case management of individuals served is leading to decreased rates of recidivism, should be considered on a frequent basis.

Another important item to consider is the continued leveraging of non-levy dollars for program operations, both currently and in the future. Revenue enhancements, such as grants or fundraising, or expense reductions, such as shared services (i.e., sharing administrative staff) or collaborative efforts with other service providers to reduce expenditures, should be considered. Any and all efforts to reduce the percentage of levy funding compared to overall funding are paramount, not only for continued program operations, but also for the voters of Hamilton County.

A brief analysis of the contract between Talbert House and the County that covers the calendar years 2012, 2013, and 2014 reveals the close connections between the 1617 Reading Road, Turning Point and 10-Day DUI programs. One contract covers all of these programs and the maximum amount funded by the County through the FST levy is stated as one number for all of the programs together: November 1, 2011 through December 31, 2012: \$4,298,269; the 2013 calendar year: \$3,684,232; and the 2014 calendar year: \$3,684,232. It is worth noting that for the years 2013 and 2014 the funding is allocated on a calendar year basis, as was recommended in one of our previous reports.

Also part of the contract is a Negotiated Bid Evaluation Form that breaks out levy funding by each individual program. The following exhibit presents information from the Form:

Contract between Talbert House and Hamilton County Board of County Commissioners

		<u>2011 - 2014</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
		<u>Monthly</u>	<u>Maximum</u>	<u>Maximum</u>	<u>Maximum</u>
	Beds	<u>Expenditure</u>	<u>Cost</u>	<u>Cost</u>	<u>Cost</u>
Turning Point Program	32	\$65,603	\$787,236	\$787,236	\$787,236
10-20 DUI Program	18	\$14,759	\$177,108	\$177,108	\$177,108
Men's and Women's Extended Services Program (aka 1617 Reading Road)	136	\$212,221	\$2,546,652	\$2,546,652	\$2,546,652
Total	186		\$3,510,996	\$3,510,996	\$3,510,996
Annual cost/ bed (at capacity)			\$18,876	\$18,876	\$18,876

It should be remarked that for each of 2012, 2013 and 2014 each program shows the same maximum amount, indicating that no adjustments for inflation are to be applied. Further, a few notable changes from the previous levy contract should be mentioned. Previously, Talbert House was paid on a sliding scale for services it provided. Under this contract, pursuant to an overall reduction in funds available across the board, it was agreed that the sliding scale model would be dispensed with. Instead, the programs are paid the 1/12 of the “maximum” annual amount as indicated in the table above on a monthly basis. Another change is that in the previous levy cycle the FST levy funded a total of 172 beds. Based on the reduction in overall funding already mentioned, it was concluded that the FST levy would pay for a lower number of beds going forward: 136 beds. Another 22 beds would be paid for by the HHIC Levy, taking the total beds in 1617 Reading Road to 158.

■ **Future Levy Cycle:**

The exhibit below represents a projection of costs for all beds at 1617 Reading Road during the upcoming levy cycle.

	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Family Services and Treatment Levy					
136 Beds	\$ 2,547,000	\$ 2,547,000	\$ 2,547,000	\$ 2,547,000	\$ 2,547,000
Health and Hospitalization Levy - Indigent Care Programs 22 Beds	<u>165,000</u>	<u>165,000</u>	<u>165,000</u>	<u>165,000</u>	<u>165,000</u>
Total	<u>\$ 2,712,000</u>				

As previously noted, the programs for inmates at 1617 Reading Road represent the largest outlay under the FST levy among the programs that we are reviewing. Given this fact, it is important to raise the question of how the expansion of Medicaid under the Affordable Care Act might alter the funding scenario in the future. Because the recipients of the services discussed here are inmates in detention, they are not eligible for healthcare under the affordable care act. However, any treatment they undergo outside of the facility once released may be coverable under expanded Medicaid. Further, continued intensive education of inmates about how to sign up for healthcare after release could do much, theoretically, to reduce recidivism since healthcare problems, such as drug addiction, are often behind the crimes committed by offenders in this program.

2. Executive Summary Report: Woodburn Avenue Sheriff Staff

FST Levy 2013 Actual \$573,993

2014 Levy Budget \$677,930

■ Principal Observations:

The Sheriff's Corrections Program provides for eight full-time corrections officers to act as security for the Turning Point Program and the 10-Day DUI Program, both of which are housed at the Woodburn Avenue Treatment Facility. Security coverage at this location includes a minimum of one corrections officer on-site at all times, with a second officer during evening and weekend hours when treatment staff are not on-site.

The following exhibit displays expenditures on these corrections officers as a percentage of the total FST Levy.

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014 Budget</u>
Total Tax Levy Expenditures	\$6,632,078	\$6,820,070	\$6,713,719	\$6,130,777	\$6,764,135
Total Program Expenditures	499,228	587,395	561,519	573,993	677,930
As a Percentage of Total Levy	7.53%	8.61%	8.36%	9.36%	10.02%

These expenditures are gradually rising both as a percentage of the levy and as outlays. Generally we would expect moderate annual increases in staffing costs due to scheduled pay increases, however some of the expense fluctuation also relates to the mix of officers being assigned to work the program from year to year. With the small 8 FTE staff of corrections officers at this program, the cost can fluctuate based on the level and seniority of the officers assigned.

The following exhibit provides a more detailed review of the correction staffing expenditures.

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>Estimate</u> <u>2014</u>
Staffing Costs					
Corrections Officers Wages (1)	\$ 373,184	\$ 459,099	\$ 415,927	\$ 412,478	\$ 425,000
Payroll Taxes and Benefits	<u>125,444</u>	<u>128,297</u>	<u>145,647</u>	<u>161,515</u>	<u>166,000</u>
Total Staffing Cost	<u>498,628</u>	<u>587,396</u>	<u>561,574</u>	<u>573,993</u>	<u>591,000</u>
Total Wage Cost per FTE	<u>46,648</u>	<u>57,387</u>	<u>51,991</u>	<u>51,560</u>	<u>53,125</u>
Payroll taxes and benefits per FTE	<u>15,681</u>	<u>16,037</u>	<u>18,206</u>	<u>20,189</u>	<u>20,750</u>
Total Staffing Cost per FTE	<u>\$ 62,329</u>	<u>\$ 73,425</u>	<u>\$ 70,197</u>	<u>\$ 71,749</u>	<u>\$ 73,875</u>
Percentage Change	-4.2%	17.8%	-4.4%	2.2%	3.0%
<i>All statistics based on actual wage information provided by the Hamilton County Sheriff's Department.</i>					
<i>(1) All wages include service allowances, overtime, vacation, sick pay, and holiday pay.</i>					

As might be inferred from the exhibit below, the cost per corrections officer is above the national average for this occupation. The exhibit below compares wage amounts for 2013 with the mean annual wage for corrections officers nationally.

Position	2013 Average Wage	Mean Annual Wage (1)	Above or Below Average
Corrections Officer	\$ 51,560	\$ 46,660	Above
<i>(1) Data is obtained from the Bureau of Labor statistics</i>			

It is our understanding the officers assigned to the Woodburn Avenue Treatment Facility are more experienced and have more seniority than the average corrections officer.

■ **Principal Recommendations:**

Corrections department staffing is necessary for the Turning Point and 10-Day DUI programs to exist. Corrections staffing has remained constant at 8 FTE's while cost has fluctuated based on

the mix of officers assigned to the program. Due to the size of this program, staffing appears to be fixed at the minimum that is required to ensure the safety of the treatment staff and incarcerated residents.

Because total levy funding is fixed we suggest the County also set a cap on the reimbursement of Sheriff Department staffing at the Woodburn Avenue Treatment facility. We recommend a maximum reimbursement be set at the most recent 2013 staffing cost plus estimated internal inflation increases of 3%.

■ **Future Levy Cycle:**

With budgeted inflation of 3%, expenditures for the corrections department staffing at the Woodburn Avenue facility is expected to grow as indicated in the following exhibit.

Sheriff Department Corrections at Woodburn Avenue						
Budget Analysis						
	2015	2016	2017	2018	2019	Total Budget
	<u>Budget</u>	<u>Budget</u>	<u>Budget</u>	<u>Budget</u>	<u>Budget</u>	<u>2015-2019</u>
Total Program Expenditures	\$ 609,000	\$ 627,000	\$ 646,000	\$ 665,000	\$ 685,000	\$ 3,232,000
Budget Staffing Cost increases (1)	3%	3%	3%	3%	3%	
<i>(1) Estimated budgeted staffing cost increases was provided by Hamilton County.</i>						
<u>2015 Estimated Total Program Expenditures</u>						
2013 Actual expenditures	\$ 573,993					
Estimated 2014 inflation	<u>3%</u>					
Estimated 2014 cost	\$ 591,000					
Estimated 2015 inflation	<u>3%</u>					
Estimated 2015 budget	<u>\$ 609,000</u>					

3. Executive Summary Report: Turning Point and 10-Day DUI

FST Levy 2013 Actual \$964,346

2014 Levy Budget \$964,343

■ Principal Observations:

The Turning Point facility is located on Woodburn Avenue in a residential area of Cincinnati. The Woodburn Avenue facility is a licensed, minimum-security jail and has been accredited by the Ohio Department of Mental Health and Addiction Services.

The facility is owned by Talbert House, which operates a multiple DUI program (Turning Point Program) and a 10-Day DUI Program at the facility. Because the two programs are located at the same facility, and have overlap in terms of staffing and funding, we consider them together in this report.

The facility has a total capacity of 50 beds and houses only male inmates. The average population in the program over the period 2009 to 2013 has been just 46 persons, which is roughly the same or slightly increased over its average during the previous levy period: 42.

The 10-Day DUI portion of the spending pays for services for male DUI offenders through Turning Point, but also funds treatment for female DUI offenders. These services for females are provided at six beds located at 1617 Reading Road facility.

During the previous levy period, approximately one-half of the fees were incurred to place an individual into the Transitional Housing Program and the other half went toward direct-labor costs. During the period 2009 through 2013, this percentage has stayed steady or dropped slightly. The remainder covers the cost of housing, utilities, food costs, insurance, administration, and overhead.

Representing about 16% of the total FST levy, Turning Point and 10-Day DUI are certainly significant programs. The successful completion rate of the Residential Treatment Program, aka Turning Point during the period 2009 through 2013 has ranged from a low of 86.8% in 2012 to a high of 96.6% in 2013.

Principal Recommendations:

A question to consider for Talbert House, in the oversight and management of Turning Point and 10 Day DUI, is whether or not their current treatment models are working at optimal levels with opiate-related addictions. Data has shown that opiate-related treatment services are very costly compared to other treatment services and have a greater cost per individual served. Continued assessment of the programs offered and of the effectiveness of education and treatment protocols should remain a priority. Further, the question of whether the overall case management of individuals served is leading to decreased rates of recidivism should be raised on a frequent basis.

Another important item to consider is the continued leveraging of non-levy dollars for program operations, both currently and in the future. Revenue enhancements, such as grants or fundraising, or expense reductions, such as shared services (i.e., sharing administrative staff) or collaborative efforts with other service providers to reduce expenditures, should be considered. Any and all efforts to reduce the percentage of levy funding compared to overall funding is paramount, not only for continued program operations, but also out of consideration for the voters of Hamilton County.

■ **Future Levy Cycle:**

In his request for 2015 levy funding, Neil Tilow, President/CEO of Talbert House, notes that “in the past few years, there has been an increase in the number of referrals with convictions for theft, burglary, domestic violence, possession of a controlled substance, drug paraphernalia, drug use instruments, positive urine screen and drug-related OVI charges.” Inasmuch as this may represent an increase in the severity of crimes committed by those served in the program, one wonders whether there may be a connection between this data point and the consistent gap between the facility’s capacity of 50 beds and its average population of about 46. It is seen that the program will budget for a flat rate from 2015 through 2019.

Turning Point & 10-Day DUI Program						
Budget Analysis						
	2015	2016	2017	2018	2019	Total Budget
	<u>Budget</u>	<u>Budget</u>	<u>Budget</u>	<u>Budget</u>	<u>Budget</u>	<u>2015-2019</u>
Total Program Expenditure	964,000	964,000	964,000	964,000	964,000	4,820,000

4. Executive Summary Report: 10 Day DUI

See previous report.

5. Executive Summary Report: ADAPT/Drug Court

FST Levy 2013 Actual \$1,329,740

2014 Levy Budget \$1,388,461

■ Principal Observations:

The Hamilton County Drug Court was the first of its kind in the State of Ohio and is the largest Adult Drug Court program in Ohio. The ADAPT, or Drug Court Program was established in 1995 as a special docket within the Common Pleas Court for offenders willing to enter a rigorous drug treatment program in lieu of incarceration. Its 2014 FST levy budget is \$1,400,000, making it the second largest program after the Talbert House program that provides services at 1617 Reading Road.

This program enrolls male and female offenders with drug-related, non-violent fourth- and fifth-degree felonies who need treatment for substance abuse. ADAPT provides a comprehensive treatment program designed to serve drug- and alcohol-addicted men and women who have felony drug-driven offenses. The continuum includes assessment (two weeks), inpatient residential (up to 90 days), and intensive outpatient and continuing care. Services include: chemical dependency education and treatment, criminality/behavior modification, frequent and random drug testing, vocational/educational services, family counseling, and a variety of ancillary services.

The treatment portion of the Drug Court Program is administered by Mental Health and Recovery Services Board (MHR SB) and paid for by Federal, state, and county sources, including the FST Tax Levy. Outpatient services are co-ed and are also paid for by the FST Levy. The Men's Program, Women's Program and Co-ed Outpatient Services are located at 3009 Burnet Avenue, Cincinnati, Ohio.

Direct services for ADAPT are provided under contract with Talbert House, as are the services known as 1617 Reading Road, Turning Point, and 10-Day DUI. For ADAPT outpatient services, Talbert contracts with the CCHB. The total budgeted for salaries and benefits for outpatient services under ADAPT and facilitated by the CCHB in 2014 is \$388,211.

■ Principal Recommendations:

The number of inpatient bed days has increased each year since 2005, while the total number of outpatients served has decreased. The total funding provided by Hamilton County has fluctuated over the last ten years from a high in 2006 of \$1.8 million to a low in 2008 of \$1.2 million. During the 2009 to 2013 period, the levy funded an average of \$1,469,700, indicating that levy funding for the program has mostly remained steady over a considerably long period.

For the 2013 fiscal year, the County is budgeted to fund approximately 53% of the ADAPT Program, lower than the 2008/2009 percentage of 61%. The remainder of the program is funded by other levy, state, and Federal grants and other funds.

Drug Court (ADAPT) Tax Levy Funding					
	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014 Budget</u>
Total Tax Levy	\$ 6,632,078	\$ 6,820,070	\$ 6,713,719	\$ 6,130,777	\$ 6,764,135
Total Program Expenditures	<u>\$ 1,452,260</u>	<u>\$ 1,552,626</u>	<u>\$ 1,544,278</u>	<u>\$ 1,329,740</u>	<u>\$ 1,388,461</u>
As a Percentage of Total Levy	<u>21.9%</u>	<u>22.8%</u>	<u>23.0%</u>	<u>21.7%</u>	<u>20.5%</u>

A look at the statistics coming out of ADAPT show that its results are hampered by the critical opiate addiction problem we are seeing in Hamilton County and elsewhere.

The number of people in the program during the years 2009 through 2012 ranged between a low of 153 in 2009 to a high of 166 in 2012. During the same years, successful completion of the program stood at around 80%. However, 2013 saw a sharp change. The number of persons admitted to the program dropped from 166 in 2012 to 139 in 2013. Along with the drop in numbers of participants comes a severe drop in successful completions. 2012 saw a 76.4% completion rate, while in 2013 the completion rate dropped to 56.2%. A footnote in Talbert House’s request for funding states that “the decline in 2013 is attributed to the increase in opiate addiction.”

We commend the ADAPT program’s engagement with the opiate addiction crisis and encourage those who provide its services to develop methods that will address the special needs of opiate addicts, thereby increasing the measurable effectiveness of the ADAPT program for such persons. Data has shown that opiate-related treatment services are very costly compared to other treatment services and have a greater cost per individual served. Continued assessment of the programs offered and of the effectiveness of education and treatment protocols should remain a priority. Further, the question of whether the overall case management of individuals served is leading to decreased rates of recidivism should be raised on a frequent basis.

Another important item to consider is the continued leveraging of non-levy dollars for program operations, both currently and in the future. Revenue enhancements, such as grants or fundraising, or expense reductions, such as shared services (i.e., sharing administrative staff) or collaborative efforts with other service providers to reduce expenditures, should be considered. Any and all efforts to reduce the percentage of levy funding compared to overall funding is paramount, not only for continued program operations, but also out of consideration for the voters of Hamilton County.

■ **Future Levy Cycle:**

Because ADAPT/Drug Court funds programs that serve both inpatients, who are under the

jurisdiction of the Court, and outpatients, it is difficult to predict how the Affordable Care Act might impact ADAPT/Drug Court during the next levy cycle. As noted before, it can be reasonably imagined that a step up in efforts to enroll drug offenders in Medicaid or affordable healthcare, should they qualify, could eventually lead to cost reductions, but it is too soon to tell.

If we assume that the \$1,338,611 in substance abuse fees are to be paid from year to year from 2015 through 2019 and the salary of \$49,850 is to be inflated by three percent we can calculate the following budget analysis for the future levy cycle.

ADAPT / Drug Court Budget Analysis						
	Budget	Budget	Budget	Budget	Budget	Total Budget
	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2015-2019</u>
Total Program Expenditures(1)	1,390,000	1,391,000	1,393,000	1,395,000	1,396,000	6,965,000
<i>(1) This amount includes \$1,338,611 in substance abuse fees and a salary of \$49,850 that was inflated by 3% beginning in 2015</i>						

6. Executive Summary Report: ReEntry (Sheriff)

FST Levy 2013 Actual \$121,896

2014 Levy Budget \$125,000

■ Principal Observations:

Established in January 2008, the Sheriff's ReEntry Program is a joint effort between the Hamilton County Sheriff, Pretrial, Probation, the Court Clinic and various other community providers.

This system-wide Reentry Coordination Team designs tailored transition intervention that begins when an individual enters the criminal justice system and continues throughout the process of community reintegration.

The Levy presently pays for the staffing cost of a data entry operator and re-entry specialist. The staff for this program is located at the Justice Center which is considered a primary hub for entry into many of the programs being funded by the FST Levy and the HHIC Levy.

Given the direct connection between arrests and reentry, we would note that the collaboration between arresting officers (sheriff staff) and a reentry specialist represented by this program should be encouraged. Efficient reentry into society can be accomplished through the building of direct and simple connections between offenders and the programs, including expanded Medicaid, which can help them.

■ Principal Recommendations:

Close communication between the other two ReEntry programs funded by taxpayer dollars and this program and a coordination of efforts between programs is recommended. Overlap in populations served and in services provided should be minimized as much as possible. It should be noted that weekly meetings initiated by the Sheriffs Department are presently taking place between the ReEntry programs, treatment programs, homeless and off the streets programs. The purpose of these meetings is to identify, coordinate and better serve the individuals in need of services.

■ Future Levy Cycle

The Sheriff ReEntry program is not requesting an increase in funding for 2015, and it is a small piece of the overall levy. Our only remark with regard to the next levy cycle might be to challenge the Sheriff ReEntry staff persons to define how their role relates to the role of the other two levy-funded ReEntry Programs (Municipal Court ReEntry and the ReEntry office led by DeAnna Hoskins.) Below is what is expected to be budgeted for between 2015 and 2019.

	<u>2015</u> <u>Budget</u>	<u>2016</u> <u>Budget</u>	<u>2017</u> <u>Budget</u>	<u>2018</u> <u>Budget</u>	<u>2019</u> <u>Budget</u>
Total Program Expenditures	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000	\$ 125,000

7. Executive Summary Report: ReEntry (Municipal Court)

FST Levy 2013 Actual \$392,006

2014 Levy Budget \$417,737

■ Principal Observations:

Like the Sheriff’s ReEntry Program, this larger program designs reentry plans for offenders that begin when they enter the criminal justice system and continue through the full process of rehabilitation. Positions funded by the program are specialists and others who collaborate to make decisions on release from jail during pre-trial proceedings, release at the time of sentencing, or release after successfully completing court-ordered sanctions. This process is designed to help offenders transition to the appropriate service systems within the community.

The funding request provided combines two programs, as they are listed in the 2014 levy request, together into one request. That is, the request comes from both the Municipal Court ReEntry program itself and the Court Clinic, also known as Treatment Court or Specialized Dockets. The total requested by the two programs together appears to be \$600,000, an amount which roughly equates to the FST levy list amount of \$425,000 for Municipal Court ReEntry together with \$175,000 for Specialized Dockets/Treatment Court.

The material provided by the programs gives a clear picture of why the “ReEntry” process is presented as beginning at arrest. Programs within the category of ReEntry cover those who have not been sent to prison because incarceration is expensive and alternatives to it, especially during the pre-trial period, are financially necessary. Such alternatives are designed to reduce the risk of reoffending and of failure to appear during this pretrial stage. What is known as Treatment Court or Specialized Dockets is appropriately grouped into the ReEntry category because the Pretrial ReEntry process involves referrals to and from these courts. Close collaboration between the programs, the special courts, and the regular municipal court is clearly commendable.

Included within the Municipal Court ReEntry program is the Probation Department’s Reentry Program. Designed to review and examine the current jail population and work with pre-trial services to expedite the release of individuals housed within the jail system, Probation’s ReEntry Program conforms to the more intuitive image of what reentry is—a process that truly begins after incarceration has ended. The exhibit below indicates that, as a percentage of the FST levy, it is far from the largest program but, at 6.61%, does represent a meaningful part of the levy.

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014 Budget</u>
Total FST Tax Levy	\$6,632,078	\$6,820,070	\$6,713,719	\$6,130,777	\$6,764,135
Total Program Expenditures	\$ 325,966	\$ 383,303	\$ 422,303	\$ 392,006	\$ 417,737
As a Percentage of Total Levy	4.91%	5.62%	6.29%	6.39%	6.18%

Because of the way that the request for funding is written, it is not possible to separate out the \$425,000 indicated above. Instead, we need to take apart the total \$600,000 requested. This amount covers eight full-time employee equivalents, including four casework specialists at approximately \$40,000 each and the salary of the attorney who oversees the Treatment Court, which totals \$80,000.

■ **Comparisons and Benchmarking:**

The 2012 Annual Report of the Ohio Ex-Offender Reentry Coalition provides informative descriptions of reentry programs in several Ohio counties. The Report does not include cost-benefit analyses that could allow for robust financial benchmarking, but it does offer a good sense of which Ohio counties have reentry programs and of the kinds of programs they are offering. The Report includes information on the following 13 counties: Athens, Clark, Cuyahoga, Delaware, Fairfield, Franklin, Hamilton, Lake, Lorain, Montgomery, Muskingum, Summit, and Wood. It is important to note that of the counties reporting, three report that they received no funding for their programs in 2012, and one, Franklin County, notes that its program “will end” due to loss of funding, in 2013. Others, such as Athens and Lorain County report that staff for their programs consists of just one employee.

The Athens County full-time ReEntry Coordinator reported making face-to-face contact with 155 ex-offenders during 2012, as well as presenting 12 community workshops with over 130 persons attending. Clark County reports that it employs at least one “reentry services contact person” who helps to put together events such as Second Chance Thursday, a one-stop shop concept where a variety of community-service facilitators come together in a single location to engage ex-offenders, along with a project that offers moderate to high-risk offenders 200-300 hours of cognitive-behavioral interventions pre- and post-release.

Each of the counties that has a functioning reentry system engages in programming that, in one way or another, and usually through events, attempts to bring together potential employers, service providers such as social workers, housing advocates and the like with soon-to-be released or with recently released ex-offenders.

Innovations around this model can be found particularly in the Cuyahoga County system, which funds initiatives too numerous to list but which include, for example, an Adult Basic Education program offered in the Cuyahoga County Jail and a special housing initiative dedicated to housing for ex-offenders. The education initiative culminated in the administering of the GED exam within the jail for the first time in 2012. According to the Report, 11 of the 14 persons taking the test passed and received their GED.

Other County programs worth mentioning include that of the Montgomery County Reentry Center, a one-stop shop that averaged 145 contacts monthly during 2012 and which has helped to reduce the recidivism rate in that County from 43% in 2010 to 32.2% in 2012.

In light of the necessarily limited information we have on other counties reentry systems, the Hamilton County system may appear somewhat disjointed, since there is not one but three different reentry offices seeking funding from the FST or the HHIC Levy. Coordination and communication to minimize the possibility of overlap and duplication should be goals to keep in mind. In terms of its programming and reach, the Hamilton County system is most comparable to that of Cuyahoga County.

■ **Principal Recommendations:**

As part of its funding request, the Office of ReEntry lays out some 4-year outcomes for the programs. The goal of increasing the number of “jail diversions” at arraignment court above the FY2010 baseline of 52% appears to have been met, with a jail diversion 2013 outcome of 68% achieved. Because “jail diversions” is not a concretely defined term it is difficult to draw conclusions from this number. The materials provided point to about \$19 million in “jail bed savings to Hamilton County.” However it is not clear that a cost-benefit analysis has been performed and it is therefore not possible to say with certainty that the costs of these reentry programs do not exceed the costs that would be paid without them.

One piece of the process engaged in by the reentry system would appear to afford the opportunity for considerable savings to Hamilton County. The office funds a system-wide effort to identify veterans who are offenders and to separate them out from non-Veterans, such that treatment can be tailored to their needs. As the request explains, “participants of the Veterans Court are linked to VA Healthcare which provides a federal payor source to divert the cost of treatment away from Hamilton County to the Federal system of care.” It is reasonable to assume that this process of information-gathering and sharing provides cost savings to Hamilton County.

As a final note, it should be acknowledged that the funding request represents an increase of \$100,000 over the 2014 funding for both the Municipal Court ReEntry proper and the Treatment Courts. The background justification for the increase is that the programs have been funded by a SAMSHA grant which is nonrenewable and will run out in September 2014. The extra \$100,000 requested will help to close this gap. The grant was used as blended funding along with the 75,000 FSTL money. With the ending of this grant, previously funded portions such as the Peer Mentor Coordinator, Administrative Assistant, Pretrial Caseworker, and supplies/expenditures, are no longer funded from grant money. The grant is called “Jail Diversion & Trauma Recovery Priority for Veterans” and is a non-renewable implementation and start-up grant awarded to the Ohio Department of Mental Health. Hamilton County was chosen as the primary pilot site from the state. The attached budget lays out how the total requested would be spent.

Hamilton County MC FSTL Revenue Request				
Personnel/Benefits				\$307,556
Purchase Service				\$ 38,703
Contractual (Court Clinic)				\$248,012
Total Request				\$594,277
A. Hamilton County Pretrial Transition from Jail to the Community Budget Narrative (Reentry/Early Intervention Collaborative)				
Entity	Product/Service	Cost/Unit	Quantity	Cost
Project Coordinator	S. Ellis	\$54,000	.5 FTE	\$27,000
Casework Specialist	P. Lampert, A. Bakes D. Rampersad, J. Hunt High/Risk High Need Supervision/Intervention	\$40,849	4 FTE	\$163,396
Fringe		x 5 includes pretrial liaison	.33	\$76,311
Triage/Assessments	Court Clinic	\$545.50	275	\$150,012
Total				\$416,719
B. Hamilton County Specialized Dockets Budget Narrative				
Entity	Product/Service	Cost/Unit	Quantity	Cost
Local Project Director for Veterans Courts and Mental Health Courts	Kieran Hurley, Esq. Court Clinic	\$80,000	1 FTE	\$80,000
Administrative Support for Data Collection and Record Keeping	Court Clinic Administrative Support	36,000	.5 FTE	\$ 18,000
Local Project Support Pretrial Liason	Coordinator of Early Identification for High Risk/ High Need Populations for PVIP Program and MHC Program/ Greg Street	\$40,849	1 FTE	\$40,849
Peer Mentor Coordinator Veterans Court	Mentoring coordination Part Time Veteran Treatment Courts / Pat Coburn	\$22,533	1 (Part time .5 FTE)	\$22,553
Training	National Drug Court Conference and Annual Specialized Docket Trainings	\$1,450 per treatment team member per year for training, travel and expenses	7	\$10,150
Supplies	Paper, supplies, computer software update	\$3,000	1	\$3,000
Vet and MHC Participant Expenditures	Vet , Mentor Transportation, Parking, Bus Vouchers, Court Participation Incentives, Graduation Expenses	\$50	80 – Veterans/ Peer Mentors/Families/MHC Participants	\$3,000
Total				\$177,552
Total MC FSTL Request				\$594,281

■ **Future Levy Cycle**

The Municipal Court has requested fixed funding for years 2015 to 2019 of \$425,000.

Municipal Court Re-Entry Program						
Budget Analysis						
	2015	2016	2017	2018	2019	Total
	<u>Budget</u>	<u>Budget</u>	<u>Budget</u>	<u>Budget</u>	<u>Budget</u>	<u>Budget</u>
						<u>2015-2019</u>
Total Program Expenditures	\$ 425,000	\$ 425,000	\$ 425,000	\$ 425,000	\$ 425,000	\$2,125,000

8. Executive Summary Report: Treatment Court (Specialized Dockets)

FST Levy 2013 Actual \$64,363

2014 Levy Budget \$75,900

■ Principal Observations:

There are four courts that are known collectively as “Treatment Court,” aka Specialized Dockets. Each of them represents a pathway through which drug offenders are provided with full alternatives to incarceration or with combinations of incarceration and drug abuse treatment programs tailored to their needs. The four specialized dockets are:

1. Hamilton County Municipal Veterans Treatment Court for Misdemeanors (Judge Powers)
2. Hamilton County Common Pleas Court Mental Health Court (Judge West)
3. Hamilton County Common Pleas Mental Health Court (Judge Luebbers)
4. Hamilton County Common Pleas Veterans Treatment Court (Judge Cooper)

The 2015 levy request for Treatment Court is incorporated within the levy funding request for Municipal Court ReEntry. Since there is overlap between the programs, i.e. offenders often “reenter” the community via referrals to Treatment Court, the combined funding request is appropriate.

■ Principal Recommendations:

The partnership between the Sheriff’s Office of ReEntry and Treatment Court involves a sharing of information that appears to be cost-effective, especially given that the reentry process is understood to begin at the moment when an offender appears in court. Referrals to Treatment Court at this stage, and the savings on incarceration that Treatment programs can represent, give an overall favorable impression. However, what might be called for in future analysis is a true cost-benefit analysis over time. The materials that we have thus far collected on Treatment Court in combination with ReEntry do point to savings on incarceration costs, but they do not always rigorously compare these savings with the costs to taxpayers of the Treatment Programs and the Courts that send offenders into them.

It is certainly reasonable to assume that the two Veterans specialized dockets listed above function to divert treatment costs for offenders who are also veterans from the local Hamilton County system to the federal VA system, leading to cost savings, as treatment for these Veterans is then paid for by Federal funds.

■ Future Levy Cycle:

According the 2014 Levy Review Funding Request list, Treatment Court is asking for an additional \$100,000 for 2015. As previously noted, the actual funding request for Treatment

Court is incorporated within the Municipal Court ReEntry request. The levy request makes note of the ending of a grant from SAMSHA which will “entail the need for administrative support to collect data, provide filing, and assist with the duties of certification and reporting to the Supreme Court of Ohio,” and the hiring of a peer mentor coordinator within the Veterans Court—a part-time position for which the funding would be \$25,000. This person would be a Veteran and would facilitate Veteran offenders’ passage through the program.

The projected future levy cycle expenditures, assuming approval of the requested increase to \$175,000, are below:

Treatment Court / Specialized Dockets						
Budget Analysis						
	2015	2016	2017	2018	2019	Total Budget/ Estimate
	<u>Budget</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>2014-2018</u>
Existing Program	\$ 75,000	\$ 75,000	\$ 75,000	\$ 75,000	\$ 75,000	\$ 375,000
Requested Increase (1)	<u>100,000</u>	<u>100,000</u>	<u>100,000</u>	<u>100,000</u>	<u>100,000</u>	<u>500,000</u>
Total Program Expenditures	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 875,000

(1) A portion of this increase relates to the Municipal Court ReEntry programs.

9. Executive Summary Report: Drug-Free Communities

FST Levy 2013 Actual \$69,313

-

2014 Levy Budget \$64,337

■ Principal Observations:

The Coalition for a Drug-Free Greater Cincinnati (CDFGC), established in 1996, serves communities throughout the ten-county, tri-state region in promoting drug-free environments for youth by enhancing partnerships to educate, advocate, and support locally-based community mobilization.

This program is intended to empower Hamilton County communities by investing in grassroots efforts to help ordinary people solve problems related to drugs and violence in their own neighborhoods through the support and enhancement of the network of community-based coalitions that already exist throughout the County and by building new engagement groups where none exist. According to the Coalition, supporting strong local neighborhood organizations throughout Hamilton County will promote long-term positive change in youth drug and alcohol use.

■ Principal Recommendations:

A look at summary financial information for the fiscal years 2010 through 2013 yields the following exhibit, which breaks down funding sources by category.

Four Year Financial History (Fiscal Year July 1 to June 30)										
	<u>2010</u>	<u>%</u>	<u>2011</u>	<u>%</u>	<u>2012</u>	<u>%</u>	<u>2013</u>	<u>%</u>	<u>Total</u>	<u>%</u>
Revenue										
Government Grants	\$ 161,261	34%	\$ 124,655	28%	\$ 212,843	33%	\$ 178,241	32%	\$ 677,000	32%
County Levy Funds	-	0%	102,159	23%	70,710	11%	53,619	10%	226,488	11%
Other Income	<u>313,476</u>	66%	<u>224,738</u>	50%	<u>355,672</u>	56%	<u>330,362</u>	59%	<u>1,224,248</u>	58%
Total Revenue	474,737	100%	451,552	100%	639,225	100%	562,222	100%	2,127,736	100%
Operating Expenses										
Salaries & Related Benefits	302,210	53%	248,739	55%	306,644	48%	296,805	53%	1,154,398	52%
Program Costs	<u>269,314</u>	47%	<u>201,526</u>	45%	<u>328,340</u>	52%	<u>264,769</u>	47%	<u>1,063,949</u>	48%
Total Expenses	571,524	100%	450,265	100%	634,984	100%	561,574	100%	2,218,347	100%
Net Income / (Loss)	<u>\$ (96,787)</u>		<u>\$ 1,287</u>		<u>\$ 4,241</u>		<u>\$ 648</u>		<u>\$ (90,611)</u>	

Note that the fiscal year for the Coalition does not coincide with the calendar year and this explains the apparent lack of levy funding in 2010. It might also be remarked that costs for salaries and benefits have exceeded program costs in each of the years displayed.

The salaries portion of the expenditures summarized above can be benchmarked as follows:

Benchmarking of Wages			
<u>Position</u>	<u>Average Salary Paid 2010 - 2013</u>	<u>Annual Salary Benchmark (1)</u>	<u>Above / Below Benchmark</u>
Director	\$ 67,270	\$ 73,580	Below
Administrative Assistant	28,035	35,330	Below
Manager	40,599	59,970	Below
Community Coordinator	36,376	n/a	n/a

(1) Information obtained from the Bureau of Labor Statistics, which was as of May 2013.

■ Future Levy Cycle

The following exhibit displays projected expenditures over the next several years.

Drug Free Communities Budget Analysis						
	<u>2015 Budget</u>	<u>2016 Budget</u>	<u>2017 Budget</u>	<u>2018 Budget</u>	<u>2019 Budget</u>	<u>Total Budget 2015-2019</u>
Total Program Expenditures	\$ 70,000	\$ 70,000	\$ 70,000	\$ 70,000	\$ 70,000	\$ 350,000

In its funding request, the Coalition is asking for \$70,000 annually for the 2015 budget cycle. Because it is the only program of its type (i.e. educational, preventative and focused on youth) funded by the levy, and because it represents such a small portion of the total levy, its worth appears sound at face value. Spreading the word on the deadliness of addiction to prescription drugs to young people who may not have formed opinions on the subject is surely a valuable service to the county. In addition, there is some evidence that efforts such as the Coalition may be helping to bring down rates of drug abuse among youth. According to a survey partially funded by the Coalition and carried out in 2012 and in 2014, Hamilton County has seen a “decrease in 30 day substance abuse, an increase in student perception of substance use harm, an increase in age of first use, and an increase in parental and peer disapproval of use.” All of these are indicators that the Coalition’s education project serves a worthwhile purpose.

10. Executive Summary Report: Off the Streets

FST Levy 2013 Actual \$68,690

2014 Levy Budget \$64,337

■ Principal Observations:

Off the Streets (OTS) is an inter-system community collaborative involving representatives from the government, substance abuse, and mental health treatment providers, criminal justice system, social service agencies, communities, and survivors of prostitution throughout Cincinnati and Hamilton County. OTS assists women involved in prostitution move towards safety, recovery, empowerment, and community reintegration.

Along with offering women a safe, welcoming, and non-judgmental environment OTS helps them explore positive life changes. Focus areas include emergency needs, housing, medical care, mental health, substance abuse, education, and employment.

Women participate in daily education and support groups that assist them in their recovery and empowerment process and address topics such as life skills, health and well-being, relationships, and self-esteem. Referrals are also made to community resources as needed. Off the Streets gives women involved in prostitution a safe place to stay and a series of programs designed to help women cope with drug problems, health problems and the need for employment and permanent housing.

Cincinnati Union Bethel, the lead agency for this program, has been awarded the Mutual of America Foundation's Community Partnership Program as one of the top three programs of its kind in the nation.

As seen below the program has historically expended around one percent of the total levy.

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u> <u>Budget</u>
Total Levy Funds	\$ 6,632,078	\$ 6,820,070	\$ 6,713,719	\$ 6,130,777	\$ 6,764,135
Program Expenditures	43,654	88,849	63,835	68,690	64,337
Percentage of Levy	0.66%	1.30%	0.95%	1.12%	0.95%

Additionally, the levy has historically provided funding for about 19 percent of the program's expenses as seen below:

Historical Financial Information								
	<u>2010</u>	<u>%</u>	<u>2011</u>	<u>%</u>	<u>2012</u>	<u>%</u>	<u>2013</u>	<u>%</u>
Revenues								
Contributions	\$ 9,235	2%	\$ 17,192	5%	\$ 10,781	3%	\$ 12,893	4%
In-Kind Rent from CUB	11,440	3%	26,520	8%	40,560	13%	52,260	17%
Foundations & Trusts	161,160	40%	118,341	34%	74,500	24%	51,000	16%
Special Events	63,963	16%	55,205	16%	63,405	20%	66,722	22%
Grants - Gov't. Agency - Levy	66,354	17%	70,000	20%	64,337	21%	64,337	21%
Grants - Gov't. Agency - City	53,746	13%	36,890	11%	40,000	13%	46,295	15%
Grants - Other	6,880	2%	7,620	2%	6,350	2%	4,650	2%
Program Service Fees	20,000	5%	13,865	4%	7,487	2%	7,050	2%
Miscellaneous Income	<u>6,427</u>	2%	<u>4,398</u>	1%	<u>2,466</u>	1%	<u>4,248</u>	1%
Total	399,205	100%	350,031	100%	309,886	100%	309,455	100%
Expenses								
	<u>356,728</u>		<u>360,702</u>		<u>362,304</u>		<u>327,192</u>	
Net Income / (Loss)	<u>\$ 42,477</u>		<u>\$ (10,671)</u>		<u>\$ (52,418)</u>		<u>\$ (17,737)</u>	
Percentage of Expenses Paid by Levy	19%		19%		18%		20%	

A look at the historical information in the exhibit above shows that overall revenue for Off the Streets has dropped between 2010 and 2013, by about 22%, from \$399,205 to \$309,455. The decreases have been seen in several different areas but are especially notable in the category of funding from Foundations and Trusts, which in 2013 is less than 1/3 of what it was in 2010. The percentage of funding coming from the levy has stayed steady over this period, at about 19%.

Off the Streets has been located in a historic building in Lytle Park since it began providing services in 2006. As far back as 1909, however, the building has been devoted to housing women who wish to improve their lives. The Charles P. Taft family was the principal benefactor of the institution, which was founded as a home for working young women. Recent negotiations, however, have resulted in anticipated changes both to the location and to the overall setting of the Off the Streets program. The Anna Louise Inn has been largely devoted to housing for low-income women and servicing women seeking an alternative to prostitution. Its total capacity is 110, of which 85 are low-income female residents not participating in Off the Streets. In spring 2015, a new building, located on Reading Road and featuring improved Off the Streets dormitory-style units will open. A groundbreaking ceremony attended by more than 200 people took place in January 2014.

Capacity in the new building will remain about the same at 110, with approximately the same mix of Off the Streets participants to other women. Residing in the new studio apartments, the other women will consist of 43 who are eligible for the housing because they are both homeless and disabled, and 42 who are eligible strictly according to income level. The building project is estimated to cost \$14 million, \$4 million of which will be provided by the buyers of the original Anna Louise Inn in Lytle Park.

■ Principal Recommendations:

Actual funding from the Family Services and Treatment Levy for 2012 was \$63,835 and showed a modest increase in 2013, to \$68,690. The 2014 budget for the levy's funding of Off the Streets is \$64,337, while the 2015 proposal asks for \$125,430, almost double the amount from 2014

In its funding proposal, the Director of Off the Streets, Mary Carol Melton, states that "levy funding will ensure that OTS will reach more women and expand the base of services available to the women, including housing. Levy funding will also be leveraged grant funding and receive support from the City of Cincinnati and the Cincinnati Police Department to ensure continuation of this vital program."

A look at the budget for the program as a whole indicates that the increase is not requested because the organization anticipates losing funding from another source, but rather intends to grow the program so that more women can be served.

Results from its own survey of women participants during the years 2006-2013 show meaningful success. Of the 384 women who stayed with the program for 30 days or longer during those years, "61% obtained stable housing, 88% reported no use of drugs and/or alcohol, 91% reported no involvement in prostitution, and 84% did not have a conviction one year after leaving the program."

These positive results are clouded somewhat by the fact that the program saw its attendance drop significantly in recent years. As stated in the Budget Request, "the program has seen a drop in the average number of total women entering the program each year: in the last three years (2011, 2012, 2013), 76 women on average sought services versus an average of 97 women in the prior three years (2008, 2009, 2010)." Like so much of the current landscape in urban crime, the reasons for this decline have to do with opiate addiction. Women need to be stable and non-opiate addicted in order to participate in the program. There is therefore an increase in the number of women who may seek the services but are not eligible for them because they require a detox experience first. Detox programs, however, such as the one administered by the Center for Chemical Addictions Treatment (CCAT) are often full to capacity. As the funding request explains, "the ability to 'strike' while the woman is motivated to get off the streets is significantly hindered by a detox bed not being available when she is ready ... Given that CCAT is often full to capacity, a woman may have to wait up to a month to be admitted for detox, which only prolongs her entry into OTS [Off the Streets] and significantly increases the chances that she may not return [to Off the Streets] for services."

In light of the above background information on the decrease in women admitted to the program, we recommend that a focus on cost-effective ways to treat women coming out of opiate addiction and entering the program be maintained. Given the challenge represented by the opiate addiction, it is easier to commend in an unqualified way the increase in the program's 30-day retention rate. Whereas in 2011 this rate was 58%, it rose to 80% in 2013.

■ **Future Levy Cycle:**

Off the Streets can be proud of its history of helping women believe in the possibilities of life outside of prostitution. The organization’s survey of its 384 participants during the years 2006-2013 yields the finding that of the women who stayed with the program for 30 days or longer, a majority found stable housing and reported no use of drugs, and, one year after leaving the program, a large majority (84%) did not have a conviction during that year. In the future levy cycle, during which Off the Streets is requesting an additional amount from the levy, recent data showing that the prescription drug abuse epidemic may have peaked could mean that more women who want to take part in Off the Streets will have an opportunity. This in turn will result in a greater amount of funding needed, which Off the Streets has requested as seen below:

Budgeted Financial Information										
	Budget		Budget		Budget		Budget		Budget	
	2015	%	2016	%	2017	%	2018	%	2019	%
Revenue										
Contributions	\$ 51,000	13%	\$ 52,000	13%	\$ 53,000	13%	\$ 54,000	13%	\$ 55,000	13%
Foundations & Trusts	40,000	10%	41,000	10%	42,000	10%	42,000	10%	43,000	10%
Special Events	68,000	18%	69,000	18%	71,000	18%	72,000	18%	73,000	18%
Grants - Gov't. Agency - Levy	125,000	32%	128,000	33%	130,000	32%	133,000	33%	136,000	33%
Grants - Gov't. Agency - City	34,000	9%	34,000	9%	35,000	9%	36,000	9%	36,000	9%
Grants - Other	60,000	16%	61,000	16%	62,000	15%	64,000	16%	65,000	16%
Program Service Fees	<u>8,000</u>	2%	<u>8,000</u>	2%	<u>8,000</u>	2%	<u>8,000</u>	2%	<u>9,000</u>	2%
Total	386,000	100%	393,000	100%	401,000	100%	409,000	100%	417,000	100%
Expenses										
	<u>386,000</u>		<u>394,000</u>		<u>402,000</u>		<u>410,000</u>		<u>418,000</u>	
Net Income / (Loss)	<u>\$ -</u>		<u>\$ (1,000)</u>		<u>\$ (1,000)</u>		<u>\$ (1,000)</u>		<u>\$ (1,000)</u>	
Percentage of Expenses Paid by Levy	32%		32%		32%		32%		33%	

Under the budget shown above, the percentage of the program funded by the levy rises to 32%. It should also be noted that under this scenario Foundation and Trust funding is expected to drop even further than 2013 amounts.

Due to the uncertainty regarding the amount of future levy funding for Off the Streets, we show two projections of future levy amounts below, one based on current funding levels, and the second assuming approval of the new funding request.

**Off the Streets
Budget Analysis**

	2015	2016	2017	2018	2019	Total Budget
	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Estimate</u> <u>2015-2019</u>
Program Expenditures if funding remains at current level	\$ 65,000	\$ 65,000	\$ 65,000	\$ 65,000	\$ 65,000	\$ 325,000
Additional Program Expenditures if request for increased funding granted	<u>60,000</u>	<u>60,000</u>	<u>60,000</u>	<u>60,000</u>	<u>60,000</u>	<u>300,000</u>
Total Funding Request	<u>\$125,000</u>	<u>\$125,000</u>	<u>\$125,000</u>	<u>\$125,000</u>	<u>\$125,000</u>	<u>\$ 625,000</u>

11. Executive Summary Report: ReEntry County Program - HCBC

FST Levy 2013 Actual \$0

2014 Levy Budget \$232,067

■ Principal Observations:

Director of ReEntry for Hamilton County, DeAnna Hoskins, has the long-term goal of establishing a self-sustaining reentry community. The work of the Office of ReEntry is broadly conceived and operates to meet the needs of not only those returning from County detention centers but also the needs of ex-offenders released from Ohio state prisons, some of whom have been convicted of serious offenses and may have recidivated before. We would encourage the program to facilitate the inclusion of ex-offenders returning from County detention at every opportunity, when appropriate.

When first established in 2011, the Office of ReEntry set forth three tangible goals to be reached in 2014: to reduce the recidivism rate in Hamilton County by 50%; to develop a comprehensive reentry system; and to advocate for policy and legislative changes that help ex-offenders transition back into society.

In a document titled "Snapshot of Hamilton County's Office of ReEntry Goals, Objectives, Strategies, Measures and Outcomes," the Office clearly lays out the progress that has been made towards the goals to be reached by 2014. The document names specific employers that the Office is working with to provide pathways to employment for ex-offenders. Namely, Hamilton County Public Works, Parks and Stadiums, City of Cincinnati Parks and Sanitation Departments and the Metropolitan Sewer District are identified as possible employers. On the goal of creating a comprehensive reentry system for offenders, progress has also been made: a "ReEntry community/office transition center, in which individuals can receive multiple on-site reentry services" was completed in May 2013. Part of the necessary comprehensive infrastructure was also identified to be the development of an evidence-based common needs assessment tool. First implemented in 2012 and created by the University of Cincinnati, the "Ohio Risk Assessment Tool" is now used in all relevant settings.

In collaboration with other Ohio ReEntry Coalitions, the Office of ReEntry has also been successful in influencing State law on the issues of sentencing reform and hiring policies for ex-offenders. House Bill 86, which concerned sentencing, and Senate Bill 337, which dealt with policies around the hiring of ex-offenders (including the "ban-the box initiative") have both been implemented.

Based on the documentation provided, we cannot conclude that the goal of reducing the recidivism rate by 50% in 2014 has been reached. Data on recidivism specifically in Hamilton County during the last levy cycle does not appear to be available, but recidivism in Ohio overall has apparently hit an all-time low, according to Gary Mohr of the Ohio Department of Rehabilitation and Correction. Defined as the rate at which former inmates return to prison within three years of being released, it was at 28.7% in 2012 and dropped to 27.1% in 2013, "a four point dip from the rate three years ago and well below the national rate of 44%".

Interestingly, Mohr credits not only reentry programs such as those in Hamilton County but also programs located within detention centers, known as “reintegration units” which train inmates in specific jobs and create “a community of inmates expected to go about their daily activities just as if they were living outside the prison walls”. Within the context of the success attained in the challenge to reduce recidivism, programs such as the Office of ReEntry build on the momentum created by the drop in this rate in Ohio.

■ **Principal Recommendations:**

Because there are two other reentry programs funded by the levy (the Sheriff’s ReEntry and the Municipal Court Office of ReEntry) it is recommended that coordination between these three programs be maximized and inefficiencies potentially caused by overlap in services be minimized.

■ **Future Levy Cycle:**

The following represents a projection of future budgetary expenditures:

ReEntry County Program Budget Projection						
	Budget	Budget	Budget	Budget	Budget	Total Budget
	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2015-2019</u>
Total Program Expenditures	287,000	295,700	304,600	313,800	323,300	1,524,400

Note: Used 3% inflationary increase from year to year.

12. Executive Summary Report: Sheriff Inmate Medical Contract

HHIC Levy—Indigent Care 2013 Actual \$6,458,328

2014 Levy Budget \$6,503,000

■ Principal Observations:

The majority of direct inmate medical services take place at the Hamilton County Justice Center (HCJC). Approximately 51 contracted full-time health care employees provide services in the Admissions Section where individuals are screened prior to admission into jail; the Health Services Section, where physicians, nurses, and other health care providers administer health care services and medications; and, the Psychiatric Unit, where mental health services are provided to mentally ill offenders. Currently, contracted nurses go to the Reading Road and Turning Point facilities twice each day to distribute medications, but all sick calls are handled at the HCJC.

The largest medical cost incurred by the Sheriff's Department is for contracted health care services provided by NaphCare, Inc., a large national company specializing in running medical units in correctional facilities. A new contract with Naphcare was entered into on December 29, 2012, which is now primarily a fixed fee contract. Presently all services are provided for a fixed fee, unless the number of inmates exceeds 1,500. Naphcare was awarded the contract as a result of bidding \$12,863,000 for a two year term which was \$1.1 million lower (\$569K on an annual basis) than their only competitor's bid to provide medical services to the HCJC. The county has the option to renew the contract with Naphcare for three additional one year terms at materially higher rates detailed in the program section of this report. By year five should the county elect to continue to renew with Naphcare the annual fee would be \$7,339,000 which is a annual increase of \$907,500 over the 2014 contracted amount.

The contracted services include physician and nursing services, dental care, mental health/psychiatric care, utilization management, pharmaceuticals, health education and training, and administrative support. It should be noted that the Sheriff's department has indicated that Naphcare has provided services to the county in a professional manner and has met its quality of service expectations.

The remaining medical costs charged to the HHIC LEVY are for payments to outside service providers, equipment purchases, x-ray services, and minor office and miscellaneous expenditures.

During 2010, 469 Hamilton County Justice Center inmates were sent to the University Hospital Emergency Room, and 150 inmates were admitted to either University Hospital or a local nursing home. University Hospital does not directly charge the Sheriff's Department for these hospital visits, but, instead, these costs are covered as part of the \$26 million provided to University Hospital from the Indigent Care Levy.

The following is a summary of the expenses for the last four years and the 2014 budget.

	<u>2010</u>	<u>2011</u>	<u>2012 (2)</u>	<u>2013</u>	<u>Budget 2014</u>	<u>5-Year Total</u>
Inmate Medical Services Contract						
Base Contract - Fixed	\$ 5,762,400	\$ 6,021,708	\$ 5,768,301	\$ 6,442,358	\$ 6,431,000	\$ 30,425,767
Allowance - Variable (1)					30,000	
Hospital Services	60,498	49,222	7,284	9,330	30,000	156,334
Lab & X-Rays			262			262
Medical Supplies		2,721	7,704	5,758	6,000	22,183
Office & Miscellaneous	4,339	1,130	677	881	1,000	8,026
Purchased Services						-
Equipment Purchases	-	-	24,993	-	-	24,993
Total Direct Medical Expenses	<u>\$ 5,827,237</u>	<u>\$ 6,074,780</u>	<u>\$ 5,809,220</u>	<u>\$ 6,458,328</u>	<u>\$ 6,498,000</u>	<u>\$ 30,667,565</u>
<i>(1) There is a \$70,000 allowance that occurs when the inmate population exceeds 1,500. It is estimated by Hamilton County this allowance will be incurred but not up to the contract maximum.</i>						
<i>(2) The base contract expense for 2012 appears to only represent 11 of 12 scheduled payments. Reconciliation of this difference is open at the time of this report, but appears to be related to a timing difference.</i>						

The 2014 budget includes a \$70,000 contingent allowance with Naphcare that could be incurred if either the jail population or prescription drug usage increases over levels specified in the current contract. Based on recent historical trends, it is unlikely that all of this \$70,000 contingent allowance will be paid out for 2014, but it is reasonable to expect that some portion of it will apply. For our analysis we used \$30,000 based on discussion with HCJC personnel.

■ Affordable Care Act Considerations:

As a result of the Patient Protection and Affordable Care Act (PPACA), states (including Ohio) that opted for Medicaid expansion will have a significant portion of the justice-involved population gain eligibility for Medicaid coverage for the first time. It is important to point out that the Act does nothing to change the fact that the Social Security Act (Section 1905) bans the use of Medicaid funding to pay for inmate care. However, it does mean that expanded Medicaid could “cover inpatient stays offsite or in a skilled nursing facility, which could provide some savings at the county level.

Industry experts believe that expanded Medicaid could bring cost savings because those released from detention will be eligible for Medicaid right away. Linking inmates who are soon to leave detention with Medicaid benefits that will start at the upon release could, it is hoped, yield cost savings because it will decrease recidivism, since the correlations between crime and poor quality healthcare, including a lack of treatment for drug addiction, are so strong in today’s environment.

■ Principal Recommendations:

If fundamental changes in planning are not made, the annual contracted cost of inmate medical care could increase by \$1.5 million or more by the end of the next 5 year levy cycle. During

2012, 3,056 inmate healthcare providers were asked to bid on the HCJC contract and only two proposals were received. This is a stark indication that the county should now be aggressively seeking new potential bidders but also prepare for the possibility that the existing scheduled contract cost increases may become reality.

Based on the volume of inmates being transported to University Hospital we believe the HCJC may be a good candidate to employ telemedicine. The decision should be based on a comparison of the cost of equipment to the potential savings to both the HCJC and its contractor Naphcare.

Inmate healthcare contractors are economically incentivized to employ telemedicine where possible and its implementation can save the county significant costs by reducing the need for medical transport and guarding inmates during transportation. A 2012 Legislative Analytics Office (LAO) Report stated that “medical guarding and transportation alone can cost about \$2,000 per inmate per day.” Further, telemedicine can bring medical professionals into the field of inmate care who otherwise would not consider it, thus potentially enhancing the quality of care. It is our understanding that Naphcare has experience implementing telemedicine in other locations and should be a willing partner in determining if it is a good fit for the HCJC.

■ **Future Levy Cycle:**

The following exhibit shows the future expected expenditures as well:

Sheriff Inmate Medical Contract Budget Analysis					
	2015 Budget	2016 Budget	2017 Budget	2018 Budget	2019 Budget
Total Program Expenditures (1)	\$ 6,826,400	\$ 7,167,700	\$ 7,526,100	\$ 7,902,400	\$ 8,297,500

(1) Future expenditures are based on NaphCare contract.

13. Executive Summary Report: Sheriff Inmate Medical Corrections Staff

HHIC Levy—Indigent Care 2013 Actual \$1,514,490

2014 Levy Budget \$5,959,644

■ Principal Observations:

The Sheriff Department provides 32 Corrections Department FTE's who maintain security at the 1617 Reading Road Facility as well as 33.7 Corrections Department FTEs who provide security for the Admissions Section, the Health Services Section, and the Psychiatric Unit (located at the HCJC). Corrections Department staffing at the Reading Road facility, and within the Admissions, Health Clinic, and Psychiatric Unit at HCJC, are fixed costs associated with the public need for these facilities. At the Reading Road facility, chemical dependency treatment is provided to adult misdemeanor and felony offenders. We found the Corrections Department staffing costs associated with the Reading Road facility and with the HCJC, (which functions as Hamilton County's primary jail), to be reasonably represented by the Sheriff's Department.

The Sheriff's department tracks the direct cost of the 32 FTEs assigned to 1617 Reading Road while the 33.7 Corrections Department FTEs at the HCJC are allocated based on department averages for correction officers. Reimbursement for the 33.7 FTEs at the HCJC was first requested and paid for in 2009. Since that time reimbursement of these costs has not been consistent. Levy funding for these 33.7 FTEs has been less than the actual costs in certain years because the Health and Hospitalization levy was not charged for all of the FTEs while in subsequent years the levy has reimbursed the sheriff's department for prior year funding shortfalls.

A detailed analysis of these costs is included in the program section of this report. The following exhibit summarizes the total Corrections Department costs incurred that can be attributable to health care related services. It also shows what has actually been paid for by the HHIC Levy from 2010 through 2013 as well as the projected budget for 2014.

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>Projected Budget 2014 (1)</u>	<u>5-Year Total</u>
FTEs:						
Correction Staffing at 1617 Reading Road	32.00	32.00	32.00	32.00	32.00	
Correction staffing at HCJC allocated to inmate medical	33.70	33.70	33.70	33.70	33.70	
Total Eligible FTEs	65.70	65.70	65.70	65.70	65.70	
Staffing Costs:						
Staffing Costs at 1617 Reading Road						
Wages, vacation and overtime:	\$ 1,567,444	\$ 1,644,294	\$ 1,644,055	\$ 1,701,419	\$ 1,752,000	\$ 8,309,212
Payroll taxes and employee benefits	498,779	414,159	776,432	606,375	625,000	2,920,745
	<u>2,066,223</u>	<u>2,058,453</u>	<u>2,420,487</u>	<u>2,307,795</u>	<u>2,377,000</u>	<u>11,229,958</u>
Staffing costs at HCJC allocated to inmate medical						
Wages, vacation and overtime:	1,159,000	1,190,000	1,190,000	1,226,000	1,263,000	6,028,000
Payroll taxes and employee benefits	469,000	464,000	444,000	450,000	465,000	2,292,000
	<u>1,628,000</u>	<u>1,654,000</u>	<u>1,634,000</u>	<u>1,676,000</u>	<u>1,728,000</u>	<u>8,320,000</u>
Total Staffing Cost at both locations	3,694,223	3,712,453	4,054,487	3,983,795	4,105,000	19,549,958
Less amount reimbursed by the HHIC Levy (2)	<u>2,066,223</u>	<u>6,620,666</u>	<u>2,723,048</u>	<u>1,514,490</u>	<u>5,959,644</u>	<u>18,884,071</u>
Costs in excess of Funding	<u>\$ 1,628,000</u>	<u>\$ (2,908,213)</u>	<u>\$ 1,331,439</u>	<u>\$ 2,469,305</u>	<u>\$ (1,854,644)</u>	<u>\$ 665,887</u>
(1) 2014 reflects projected 3% increase. Amount to be reimbursed based on a preliminary projection.						
(2) The 2011 reimbursement includes \$2,375,107 reimbursement related to 2007 and 2008)						

The exhibit above illustrates that during the current levy cycle the HHIC Levy has paid for slightly less than the actual cost to provide correction officers at the 1617 Reading Road Facility and at the Admissions Section, Health Services Section, and the Psychiatric Unit located at the Hamilton County Justice Center (HCJC). It also illustrates that the cost to staff 1617 Reading Road has been more expensive over the last five years as further shown in the following exhibit.

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>Budget 2014</u>
Sheriff Correction Staffing (FTEs)					
1617 Reading Road	32.00	32.00	32.00	32.00	32.00
HCJC allocated to inmate medical	33.70	33.70	33.70	33.70	33.70
Wages, Vacation and overtime per Officer					
1617 Reading Road	48,983	51,384	51,377	53,169	54,750
HCJC allocated to inmate medical	34,392	35,312	35,312	36,380	37,478
Payroll taxes and employee benefits					
1617 Reading Road	14,801	12,290	23,040	17,993	18,546
HCJC allocated to inmate medical	13,917	13,769	13,175	13,353	13,798
Total Staffing Cost					
1617 Reading Road	63,783	63,674	74,416	71,163	73,296
HCJC allocated to inmate medical	48,309	49,080	48,487	49,733	51,276

The exhibit above highlights the higher costs associated with the Officers assigned to 1617 Reading Road. There appears to be a number of reasons for the higher cost per Officer at 1617 Reading Road including the fact that Officers with longer seniority are being assigned to that location, overtime and lump sum vacations are being factored in as well as pension costs associated with a small population of only eight Officers is subject to more fluctuations than a average of a large population that is used to calculate the cost to provide medical related security at the HCJC.

■ **Principal Recommendations:**

Corrections department staffing is necessary to operate the 1617 Reading Road Facility and to provide security for the Admissions Section, Health Services Section, and the Psychiatric Unit at the HCJC. Corrections staffing attributable to health care has remained constant at 66.7 FTE's, however the funding has not been consistently provided by the HHIC Levy. While we believe the cost of the all 66.7 FTE's meets the definition of indigent health care expenditures, we do view the staffing at the two locations differently. The correction staffing at 1617 Reading road is required for the treatment programs at that facility to exist, while the staffing at the HCJC is mandated by Federal and State law as part of the cost to operate a jail.

For the Sheriff Department staffing at the 1617 Reading Road facility we suggest the County set a funding cap on the reimbursement of these costs. We recommend a maximum reimbursement be set at the most recent actual 2013 staffing cost plus estimated internal inflation increases of 3%. This will give the County the ability to better set budgets for the other programs paid for by the HHIC Levy.

We believe it is appropriate to use an allocation methodology to determine the appropriate cost of security at the HCJC attributable to medical costs. The methodology presented in this report appears conservative and would be a reasonable basis for future calculations. We recommend the percentage of these costs to be funded by the HHIC Levy be fixed for the next five year term using the same methodology presented in this report. We recommend that a cap of 3% be placed on future reimbursements (using 2013 as a base); however, based on historical results the cap may not be needed. This will also give the County the ability to better set budgets for the other programs paid for by the HHIC Levy.

14. Executive Summary Report: Mental Health and Recovery Services Treatment Programs

HHIC Levy—Indigent Care 2013 Actual \$2,352,179

2014 Levy Budget \$2,484,549

■ Principal Observations:

We have reviewed Hamilton County’s Mental Health and Recovery Services Board’s Alcohol and Drug Abuse Service costs funded by the HHIC Levy. The Board purchases services from and distributes payments to provider agencies via funds from the HHIC Levy, which are Medicaid and court-ordered.

We have analyzed data regarding total Board payments made to provider agencies for Alcohol and Drug Addiction Services, and we compared those funded by the HHIC Levy and those funded by other sources to ensure HHIC Levy dollars spent met eligibility and other criteria set forth in the contract. HHIC Levy funds amount to approximately 15% of total payments made for Alcohol and Other Drug (AOD) Services, with 85% of funding provided by Federal, state, and other sources. Board compliance reviews of contract agencies indicate the contracted agencies are in compliance with the Board for services paid via HHIC Levy funds.

The largest cost incurred by the Board is for contracted Alcohol and Drug Abuse Services provided by a comprehensive network of eight to ten prevention and treatment service provider agencies in Hamilton County. Contracted services provided to indigent residents paid for by the HHIC Levy include assessment, individual counseling, case management, crisis intervention, group counseling, intensive outpatient, laboratory urinalysis, medication, room and board, residential treatment, and detoxification. Some of these services are Medicaid-related, but not Medicaid-billable for the indigent residents. The Board also purchases services which are preventive in nature, with the goal of keeping individuals from entering into more expensive treatment services.

The Board also incurs costs for salaries, benefits, and taxes related to Board administration, as well as general operating expenses, building management costs, and capital expenditures. Only the costs of salaries, benefits, and taxes are billed to the HHIC Levy based upon an allocation methodology created by the Board to be representative of the time and resources incurred by Board personnel relating to Alcohol and Drug Abuse Treatment and Prevention Administration. Over the last five years, administration costs have ranged between 4.5% to 5.4% of total Mental Health and Recovery Services Board expenses, while administration costs charged to the HHIC Levy have averaged 5%.

The Board reviews its own administrative functions and associated expenses continually in an effort to reduce costs and maximize service dollars. The Board encourages merger and collaboration among its contract agencies in an effort to reduce administrative costs. However, according to the Ohio Department of Mental Health and Addiction Services (ODMHAS), the Board is prohibited from controlling administrative and support costs of its contract agencies due to Medicaid regulations.

Further, the Hamilton County Prosecutor's Office has advised the Board that it does not have legal authority to set salaries or administrative costs of its contract agencies.

We have also analyzed payments made to alcohol and drug treatment and prevention provider agencies and compared the costs to the number of individuals served. Based upon AOD clients served between 2009 and 2013, the total number of individuals funded by the Board within the top five addiction diagnoses (alcohol, poly-substance, opiates, cocaine and marijuana) has decreased.

Moreover, we have compared the average costs per individual served against the expected future services given trend data supplied by the Board. The average cost of treatment per individual has increased, with poly-substance and opiate addiction continuing to move upward. Over the next levy period, should the opiate addiction crisis worsen, the type of AOD client the Board will fund with HHIC Levy dollars may cost significantly more.

Our preliminary observations include:

- The Hamilton County Mental Health and Recovery Services Board is a well-functioning organization.
- The Board has complied with all of the recommendations included in the previous tax levy review.
- The Board has experienced, and will continue to experience, a high demand for its services while Federal, state, and local financial support has decreased. This is an issue the Board will have to confront over the next several years.
- At this report date, it is uncertain how the impact of Federal Health Care Reform (Affordable Care Act) changes will further impact Hamilton County.
- During the current levy cycle, the Board lost the ability to directly bill Medicaid for the programs it oversees. This "sea-change" in its funding process will require an innovative planning process in future years. To that end, Hamilton County has partnered with Cuyahoga and Franklin counties to jointly form a Council of Governments (COG) to implement and operate a data management system (SHARES) to replace their previous state-operated data system.

In our review of the Board, it is important to mention significant changes to the ways in which Medicaid funding is claimed for programs administered through the Board. As the Board's Chief Financial Officer has explained, "The State of Ohio has developed a new Medicaid claims

processing system called the Medicaid Information Technology System (MITS). Beginning July 1, 2012, all MH and AOD agencies began submitting claims directly to MITS and bypassing the local Boards. All statewide Medicaid claims processing is now done within the Office of Medicaid on MITS. This caused a \$52.0 million decrease in Revenues and Expenditures in FY 2013 for the HCMHRB.”

Before this change was made, the Board performed the function of billing Medicaid on behalf of many of the programs it oversees. Now that this is no longer the case, funds and expenditures have dropped, and the Board has responded through staff reductions. Of the 43 total positions staffing the Board in January 2011, 17 were eliminated between 2011 and 2013, leaving 26 total positions remaining.

■ **Principal Recommendations:**

Based upon our observations, comparative analysis, and financial analysis, our recommendations for financial and operational improvements include:

1. The Board will need to continue to quantify and confirm that the losses in state Medicaid funding implemented during the previous levy cycle will continue to be offset, to the extent possible, by revenues from other sources.
2. The Board needs to continue to aggressively monitor its contract providers to ensure they stay in compliance with stated eligibility requirements, seek out alternative funding sources to offset program costs, and only bill the Board for services as the payor of last resort. As evidenced by program reports, the Board thoroughly reviews all invoices and ensures only agreed-upon contracted amounts are paid; an average of \$794,306 in claims billed in excess of allocation were denied by the Board over the last three-year period.
3. Based upon trends in the average cost per client and type of client served, the Board should determine if future operating funds will be adequate to provide the necessary services to clients in need, or if potential waiting lists or deficit spending will occur.

A question to consider for MHRB, in the oversight of alcohol and drug treatment and prevention provider agencies, is whether or not their current treatment and prevention models are working at optimal levels with opiate-related addictions. Data has shown that opiate-related treatment services are very costly compared to other treatment services and have a greater cost per individual served. Continued assessment of the programs offered and of the effectiveness of education and treatment protocols should remain a priority. Further, the question of whether the overall case management of individuals served is leading to decreased rates of recidivism should be studied on a frequent basis.

Another important item to consider is the continued leveraging of non-levy dollars for program operations, both currently and in the future. Revenue enhancements, such as grants or

fundraising, or expense reductions, such as shared services (i.e., sharing administrative staff) or collaborative efforts with other service providers to reduce expenditures, should be considered. As stated above, any and all efforts to reduce the percentage of levy funding compared to overall funding is paramount, not only for continued program operations, but also out of consideration for the voters of Hamilton County.

■ **Future Levy Cycle:**

Based on our analysis of recent historical results, the following exhibit represents hypothetical future Board program expenses.

	Budget <u>2015</u>	Budget <u>2016</u>	Budget <u>2017</u>	Budget <u>2018</u>	Budget <u>2019</u>
Total Program Expenditures	\$ 2,484,500	\$ 2,484,500	\$ 2,484,500	\$ 2,484,500	\$ 2,484,500

Future program expenses are based on 2015 projected costs that are inflated at a blended rate of 3.0% each subsequent year based on historical average overall and health care service inflation.

15. Executive Summary Report: TB Control

HHIC Levy—Indigent Care 2013 Actual \$933,250

2014 Levy Budget \$933,250

■ Principal Observations:

The Hamilton County Tuberculosis Control Clinic is a free-standing, 12,320 square foot clinic dedicated to the treatment and control of tuberculosis. The Clinic is a professionally-run operation set up to treat patients, provide diagnostic testing, administer X-rays, collect lab specimens, process records, and comply with government-mandated reporting requirements.

In addition to the clinic operations, nursing staff travel outside the Clinic to perform directly-observed therapy (DOT) in order to ensure infected patients take their medicine (this is public policy in the State of Ohio). In addition, the nursing staff performs off-site testing for high-risk populations (foreign students, migrant workers, and county jail populations).

The main observations we would like to make at this point are that over the 2009 to 2013 period, not only has the number of confirmed TB cases remained very low, but the number of latent TB cases identified, which is a considerably larger number, has also decreased by a large percentage. In 2009, confirmed cases were at 22, while latent cases identified were 398. In 2013 confirmed cases had dropped to only 14, and the number of latent cases had dropped by 53%, to 186.

A second point to make is that when this data point was last investigated, in 2011, the large majority (over 75%) of persons who utilized the TB services had no health insurance at all. It is too early to say what the impact of the Affordable Care Act will be on this data point, but if it does not yield large changes, it may be because such a large percentage (over ½) of those who avail themselves of TB testing in Hamilton County are recent foreign immigrants, including refugees and asylees who may not be U.S. citizens, although they are residents of Hamilton County.

Total expenditures at the TB clinic have fluctuated somewhat over the last levy period, with the year of lowest expenses being 2009, at \$949,784 and the year of peak expenditures being 2010, at \$1,431,965. Since then expenses have leveled off or declined slightly—to \$1,032,279 in 2013. FTEs have stayed steady between 2009 and 2013, at approximately 6 FTEs. Wages per FTE have also stayed steady or declined slightly, averaging \$40,962 over the 2009 through 2013 period. We did not note any exorbitant or unreasonable costs with respect to the manner in which Hamilton County Tuberculosis Control Clinic operates the stand-alone Clinic.

■ Principal Recommendations:

1. As noted by the Tax Levy Review Committee for the 2007 HHIC Levy, the TB Control Program was engaged in a plan to expand its billing of third-party providers for certain covered services. Also, as noted in the Tax Levy Review in 2011, the Program was

working with an outside service provider to implement software necessary to maximize this expansion. The software has been implemented and third-party billing revenues totaled \$42,624 in 2011, \$47,670 in 2012 and \$50,849 in 2013. The capability to bill Medicaid for services is established and the program is expanding to bill private insurers, as well.

2. In our previous review of the TB Control program, we recommended that the County Commissioners consider establishing an outbreak disease contingency fund of 15% of TB program expenses as noted by Hamilton County Public Health. We advised that the contingency fund be escrowed by the Commissioner’s office and made available to the TB program should such a disease outbreak occur. Ultimately, the contingency fund was not established, the rationale being that, should an outbreak occur, resources of the Ohio Department of Health and the Federal Centers for Disease Control would be made available.

3. The TB Control Program is requesting a reduced amount of funds for the next level cycle, from \$933,000 to \$840,000. This reduction directly correlates to a new request for funding out of Hamilton County Public Health (HCPH). HCPH is asking for \$90,000 to fund syphilis and HIV testing—a request discussed later in this report.

■ **Future Levy Cycle:**

Based on our analysis of recent historical results, the following exhibit represents hypothetical future tuberculosis control program expenses.

	<u>2015</u> (1)	<u>2016</u> (1)	<u>2017</u> (1)	<u>2018</u> (1)	<u>2019</u>
Direct Expenses					
Employee Compensation	\$ 359,224	\$ 371,804	\$ 361,860	\$ 374,566	\$ 385,803 (2)
Contracted Staffing	176,000	168,000	167,000	164,000	160,212 (3)
Other Direct Expenses	<u>112,300</u>	<u>107,300</u>	<u>107,300</u>	<u>106,300</u>	<u>104,812</u> (4)
Total Direct Expenses	\$ 647,524	\$ 647,104	\$ 636,160	\$ 644,866	\$ 650,826
Indirect Expenses	239,069	242,369	245,719	249,119	249,173
Capital-Related Expenses	<u>25,000</u>	<u>25,000</u>	<u>25,000</u>	<u>20,000</u>	<u>20,000</u> (5)
Total Program Expenses	<u>\$ 911,593</u>	<u>\$ 914,473</u>	<u>\$ 906,879</u>	<u>\$ 913,985</u>	<u>\$ 919,999</u>

(1) Numbers provided by TB Control
(2) Used 3% increase in 2019 as that was the increase in 2018
(3) Used historical average of negative 2.31%
(4) Used historical average of negative 1.40%
(5) Used 2018 projected figure for 2019

The following assumptions were used in generating the above analysis:

- Direct and Indirect expenses are based on 2011 projected costs that are inflated at a blended rate of 3.0% each subsequent year based on historical four-year (2007-2010) average inflation.
- Capital-related expenditures, such as equipment and furniture purchases and EMR/billing software implementation fees and training expenses, are included in the levy request for 2012; however, these expenses are considered one-time expenses and were not inflated forward for 2013-2016.

16. Executive Summary Report: Juvenile Court Medical

HHIC Levy—Indigent Care 2013 Actual \$1,195,895

2014 Levy Projection \$1,184,600

■ Principal Observations:

Juvenile Justice Services in Ohio are provided by local governments and vary from location to location. Nine Ohio counties, including Hamilton County, have separate Juvenile Justice Divisions of their Courts of Common Pleas. In Hamilton County, the costs of medical services associated with the Juvenile Court are funded by proceeds from the HHIC Levy, as indicated below:

	Actual 2010	Actual 2011	Actual 2012	Actual 2013	Projected 2014
Total Tax Levy Expenditures	\$ 50,133,250	\$ 51,188,684	\$ 41,271,213	\$ 40,297,824	\$ 43,679,356
Juvenile Court Medical Service Expenses	1,447,740	1,447,740	1,447,740	1,195,895	1,347,977
As a Percent of Total Levy	2.89%	2.83%	3.51%	2.97%	3.09%

The exhibit above suggests that Juvenile Court medical has decreased over the last levy cycle. While the actual expense has indeed decreased the actual 2013 expense is not reflected by the HHIC Levy expenditures due to timing differences between when the Juvenile Court incurred the expenses, when they are paid and when they are reimbursed by the HHIC Levy.

The following exhibit represents expenditures as were recorded in the General Fund prior to reimbursement by the HHIC Levy.

	<u>2010</u>	<u>%</u>	<u>2011</u>	<u>%</u>	<u>2012</u>	<u>%</u>	<u>2013</u>	<u>%</u>
Youth Center Medical	786,991	54.9%	1,312,060	81.8%	1,316,073	100.0%	1,018,394	100.0%
Hillcrest Medical	<u>469,851</u>	32.8%	<u>470,000</u>	29.3%	(2)	0.0%	(2)	0.0%
Total Medical Expense, Reported	1,256,842	87.6%	1,782,060	111.1%	1,316,073	100.0%	1,018,394	100.0%
(1) 2010 invoices paid in 2011	<u>177,606</u>	12.4%	<u>(177,606)</u>	-11.1%	-	0.0%	-	0.0%
Adjusted Medical Expense	<u>1,434,448</u>	100.0%	<u>1,604,454</u>	100.0%	<u>1,316,073</u>	100.0%	<u>1,018,394</u>	100.0%
Amount Reimbursed	1,447,740		1,447,740		1,447,740		1,195,895	
Difference (3)	13,292		(156,714)		131,667		177,501	

(1) \$177,606 was paid and expensed in 2011 for 2010 contracted staffing. Historically December invoices are recorded in the preceding year, however due to a billing issue both the August and November 2010 contracted

(2) Rite of Passage assumed operations for the Hillcrest Academy during 2012.

(3) Differences appear to relate to timing however a final reconciliation should be concluded in 2014.

The overall decrease shown above is best understood within the context of the closing of one of two facilities that were providing services at the beginning of the levy cycle and in the years prior to it. In 2010, 2011, and earlier, medical services were provided at two separate locations: The Youth Center, a 200-youth capacity, short-term, juvenile detention center located in downtown Cincinnati; and Hillcrest Training School, which has capacity for 142 correctional/treatment beds on 88 acres in Springfield Township. During 2012, operational control of Hillcrest Training School was turned over to "Rite of Passage," a non-affiliated organization. As of 2013, the school is no longer operated by Hamilton County.

The expenditures for the Youth Center only (without Hillcrest) are presented below.

Youth Center Analysis of Medical Expenses					
	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Contracted Staffing	1,051,567	743,462	1,244,110	1,271,583	982,089
Dental Services	<u>16,429</u>	<u>14,954</u>	<u>11,332</u>	<u>12,543</u>	<u>6,615</u>
Total Contracted Staffing Expense	1,067,996	758,416	1,255,442	1,284,126	988,704
Drugs and Medical Supplies	18,837	19,625	24,387	23,242	23,703
Lab and X-Ray Services	6,343	5,063	29,708	7,407	4,637
Office, Training and Other	<u>5,205</u>	<u>3,887</u>	<u>2,523</u>	<u>1,298</u>	<u>1,350</u>
Total Medical Expenses	<u>1,098,381</u>	<u>786,991</u>	<u>1,312,060</u>	<u>1,316,073</u>	<u>1,018,394</u>

Since 2006, all on-site medical services have been contracted to Cincinnati Children’s Hospital (CCHMC). The Youth Center’s contract with CCHMC requires a reconciliation of actual costs with any savings to be credited to the Youth Center. This process appears to be working as planned, with credits for cost savings credited to the Youth Center each year. The following exhibit shows monthly invoice totals paid to CCHMC. Note that each October is reduced for the prior period’s credit.

Contracted Nursing Payment History:			
	2011	2012	2013
January	90,968.86	95,517.09	100,293.08
February	90,968.86	95,517.09	100,293.08
March	90,968.86	95,517.09	100,293.08
April	90,968.86	95,517.09	100,293.08
May	90,968.86	95,517.09	100,293.08
June	90,968.86	95,517.09	100,293.08
July	90,968.86	95,517.09	100,293.08
August	90,968.86	95,517.09	100,293.08
September	90,968.86	95,517.09	100,293.08
October (1)	81,918.46	41,405.09	25,009.51
November	95,517.09	100,293.08	100,293.08
December	95,517.09	100,293.08	100,293.08
	<u>1,091,672.38</u>	<u>1,101,645.06</u>	<u>1,128,233.39</u>

(1) reflects contractual credit related to cost savings.

Before 2014 OCA 400068 General Fund, reimbursed by OCA 400067, Fund 003-004 2014 all expenses charged to OCA 400067, Fund 003-004

The reduction in overall capacity caused by the removal of Hillcrest from the control of Hamilton County has meant a corresponding decrease in the number of admissions, medical screenings, and physical exams. As the exhibit below indicates, though, admissions between 2009 and 2012 are down not only in total but also at the Youth Center as a stand-alone entity.

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Youth Center					
Beds in service at year end	80	80	80	80	80
Average population	92	77	78	75	91
Admissions	3,326	2,767	2,328	2,261	2,340
Total days of care	33,689	28,088	17,429	27,450	33,215
Medical screenings	3,326	2,767	2,322	2,512	3,490
Full physical exams	1,529	1,429	1,420	835	819
Hillcrest Training					
Total Beds in Service	94	58	58	(1)	(1)
Admissions to HTS	128	84	99	(1)	(1)
Number of Youths Served	218	166	108	(1)	(1)
Physical Exams	128	105	102	(1)	(1)
<i>(1) Rite of Passage assumed operational control of Hillcrest through an agreement with the Juvenile Court and Hamilton County. This was done due to financial constraints that were on the Juvenile Court.</i>					

Further indicating the downward trend in admissions and in medical services necessary for a decreasing population of youth offenders, a look at the years between 2006 through 2012 also helps us to get a sense of the historical trend beyond just the current levy period

	<u>2006</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
# of Beds in use			140	140	80	80	80	80
Youths Arrested	11,137	11,137	9,950	8,902	7,216	6,819	5,989	5,813
Admitted to Detention	6,116	6,116	5,336	4,229	3,326	2,767	2,328	2,261
Diverted from Detention	5,021	5,021	4,614	4,673	3,871	4,032	3,646	3,513
					19	20	15	39
Average Daily Population	168	168	146	116	91	77	78	75
Average Length of Stay	10	10	10	10	10	10	13	13
Medical Screenings	5,690	5,690	5,334	6,442	3,317	2,919	2,322	2,512
Full Physical Examinations	1,626	1,626	3,035	1,941	1,529	1,496	1,420	835
Sick Call Examinations by nurse practitioner or physician	486	486	1,251	1,246	2,124	610	758	1,240

As the exhibit above demonstrates, there has been a 48% drop in arrests between 2006 and 2012, and, roughly correlating with this drop, medical screenings went down as well over this period (by 56%), as did full physical examinations (47%). On the other hand, sick call examinations saw a considerable uptick in 2012 as compared to most of the prior years. An inclusion of data from 2013 into the picture indicates an overall steadiness in the numbers of persons receiving medical attention, which is notable given the steady drop in arrests even over the 2009 to 2012 period.

The exhibit above suggests that the drop in average population in the middle years of the levy period may not extend beyond them, as 2013 saw an uptick. Further, the total days of care amount also increased though, as already mentioned, arrests have continued to slow down overall.

■ **Future Levy Cycle:**

The costs of maintaining around the clock health services are largely fixed. That is, fluctuation, and even long-term decrease, in the numbers of persons admitted to the Juvenile Justice Center do not necessarily bring immediate decreases in overall costs under the contract.

The last contract with Children’s Hospital expired in September 2013 and a renewal is presently being negotiated. We estimated future costs using the expired contract, as indicated in the exhibit below. The prior contract included a 5% annual increase, therefore we used that for our analysis.

Current Contracts with Children's Hospital Medical Center							
Twelve Months Ending September 30,							
	Actual <u>2013</u>	Projected <u>2014</u>	Projected <u>2015</u>	Projected <u>2016</u>	Projected <u>2017</u>	Projected <u>2018</u>	Projected <u>2019</u>
Nursing Services	\$ 928,422	\$ 974,800	\$ 1,023,500	\$ 1,074,700	\$ 1,128,400	\$ 1,184,800	\$ 1,244,000
Nurse Practitioners Services	<u>275,095</u>	<u>288,800</u>	<u>303,200</u>	<u>318,400</u>	<u>334,300</u>	<u>351,000</u>	<u>368,600</u>
	1,203,517	1,263,600	1,326,700	1,393,100	1,462,700	1,535,800	1,612,600
<i>Annual Increase</i>		5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Credit from CCHMC, 2013 actual	(75,283)						
Estimated at 5% increase over 2013		<u>(79,000)</u>	<u>(83,000)</u>	<u>(87,200)</u>	<u>(91,600)</u>	<u>(96,200)</u>	<u>(101,000)</u>
	<u>\$1,128,234</u>	<u>\$ 1,184,600</u>	<u>\$ 1,243,700</u>	<u>\$ 1,305,900</u>	<u>\$ 1,371,100</u>	<u>\$ 1,439,600</u>	<u>\$ 1,511,600</u>

The 5% increase budgeted into the contract represents an anticipation of medical inflation which is lower than the percentage expected in 2014 by experts at PWC’s Health Research Institute. According to this source, in 2014 healthcare inflation is projected to slow to 6.5%, 1 percent less than the 2013 medical inflation rate of 7.5%. From this perspective, the annual increase of 5% appears reasonable, though the foregoing indication that the numbers of arrests are on a multi-year downward trend suggests other cost reductions should be anticipated.

A look at expectations for future staffing levels from the contract indicates that the breakout and total number of FTEs are expected to remain the same throughout the next levy cycle at 12.4 FTEs each year from 2013 through 2017.

Staffing Analysis - Total Contracted FTE's					
	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Nurse Managers	0.6	0.6	0.6	0.6	0.6
Nurse Practitioners	1.6	1.6	1.6	1.6	1.6
Licensed Practical Nurses	<u>10.2</u>	<u>10.2</u>	<u>10.2</u>	<u>10.2</u>	<u>10.2</u>
Total	12.4	12.4	12.4	12.4	12.4

In the Program Report on Juvenile Medical, we offer details on the salaries behind these averages, resulting in the finding that the base salary for the Nurse Practitioner and Managers is approximately \$100,000, while the LPN base salary is about \$39,000, which appears reasonable.

The following exhibit represents our estimate of the future cost of this program based on the information available at the time of this report.

Youth Center Analysis of Future Medical Expenses					
	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Contracted Staffing, net	\$1,243,700	\$1,305,900	\$1,371,100	\$1,439,600	\$1,511,600
Dental Services	<u>7,300</u>	<u>7,700</u>	<u>8,100</u>	<u>8,500</u>	<u>8,900</u>
	1,251,000	1,313,600	1,379,200	1,448,100	1,520,500
Drugs and Medical Supplies	26,100	27,400	28,800	30,200	31,700
Lab and X-Ray Services	5,100	5,400	5,700	6,000	6,300
Office, Training and Other	<u>1,500</u>	<u>1,600</u>	<u>1,700</u>	<u>1,800</u>	<u>1,900</u>
Total Medical Expenses	<u>\$1,283,700</u>	<u>\$1,348,000</u>	<u>\$1,415,400</u>	<u>\$1,486,100</u>	<u>\$1,560,400</u>

17. Executive Summary Report: Alternative Interventions for Women

HHIC Levy—Indigent Care 2013 Actual \$411,061

2014 Levy Budget \$425,000

■ Principal Observations:

The Alternative Interventions for Women (AIW) Program, located at 909 Sycamore Street in Cincinnati, Ohio, is designed to assist women involved with the criminal justice system, who have co-occurring mental health and substance abuse disorders, to move toward recovery and reintegration into the community. The Program is a partnership of Central Clinic/Court Clinic, Department of Pretrial Services, Hamilton County Probation Department, and Hamilton County TASC. Prior to 2009, the Alternative Interventions for Women Program was funded by the Hamilton County General Revenue Fund.

We reviewed the Alternative Interventions for Women Program's service costs funded by the HHIC Levy. All services are court-ordered, and women referred by the court or probation department receive in-depth assessments by specialists and forensic clinical psychologists to determine if mental health and substance abuse disorders meet criteria for entrance to the treatment Program. Based upon treatment recommendations, court judges dictate participation in the Program.

The largest cost incurred by this Program is for clinician and staff wages, benefits, and payroll taxes and contracted services. Personnel costs as a percentage of total expenses averaged about 73% over the 2009 through 2013 period. Clinicians employed by the Program are all highly-credentialed and degreed.

The second largest cost is rent and occupancy of the building used for services by the Program. All services provided to approximately 60 women each year take place within this space, including assessments, individual- and group-counseling, and aftercare activities. The building is owned by Central Court Clinic and leased to the AIW program.

We analyzed information regarding the costs of services provided compared to the number of individuals served by the Program. Based upon this information, the average cost per client has decreased over the last levy cycle from a high of about \$12,000 per client to a low, in 2013, of \$7,335. The staff at AIW has done a commendable job in lowering costs per client while still offering excellent care. Not surprisingly, this decrease in cost per client is associated with a gradual increase in the number of clients served; 2009 saw 51 clients served, while 2013 saw 85 clients served, a meaningful difference and a reflection of the ability of the staff to flexibly address the needs of a fragile population of women.

The Alternative Interventions for Women Program provides a needed service to a vulnerable population of female criminal offenders in Hamilton County. The need for services such as these is underscored by the rising rates of opiate addicted pregnant or parenting women in Hamilton County. According to a 2013 study by the ODADAS, Hamilton County is one of the top 20 counties in Ohio for rates of opiate addiction among pregnant or parenting women. In 2011,

492 of each 100,000 women admitted into medical treatment were found to suffer from opiate addiction, an increase of more than 180% since 2004. Especially in the context of the opioid crisis, the AIW Program appears successful to-date, as evidenced by its consistently low recidivism rates. As expressed in the program's request for levy funding, "the recidivism rate for the AIW program is 24%, which is based on a running three-year measure ... the typical female in our program has been in jail 4 to 5 times and has failed multiple treatment programs by the time they are referred to AIW."

■ **Principal Recommendations:**

1. The Alternative Interventions for Women Program may want to find more innovative methods to secure funding sources outside of the HHIC Levy. In 2013, approximately 68% of all current funding was derived from the HHIC Levy. The Program may seek leverage its relationships with the Central Court Clinic, Hamilton County Probation Department, and the Hamilton County Court System to secure Federal and state grants, as available, to supplement its revenue stream. Revenue enhancements, such as grants or fundraising, or expense reductions, such as shared services (i.e., sharing administrative staff) or collaborative efforts with other service providers to reduce expenditures, should be considered. Any and all efforts to reduce the percentage of levy funding compared to overall funding are paramount, not only for continued program operations, but also out of consideration for the voters of Hamilton County.
2. A question to consider for AIW is whether or not their current treatment models are working at optimal levels with opiate-related addictions. Data has shown that opiate-related treatment services are very costly compared to other treatment services and have a greater cost per individual served. Continued assessment of the programs offered and of the effectiveness of education and treatment protocols should be priorities. Further, the question of whether overall case management of individuals served is leading to decreased rates of recidivism should be studied on a frequent basis.
3. AIW must continue to be diligent in decreasing its overall reliance on the HHIC Levy as a major contributor to its revenue stream. While the percentage of HHIC Levy dollars versus total operating revenue has decreased from 70% in 2009 to 68% in 2013, the reliance is still high. Also, as noted above, the number of persons served has increased significantly from 2009 to 2013 (51 to 85). Should the program continue to operate from the same location in the future, its capacity for future growth will be stunted. We strongly suggest that AIW, in concert with Central Court Clinic, review options to purchase another building, buy land or otherwise invest in order to continue to meet the needs of increased population in the future. This suggestion is also voiced in the program's strategic plan.

■ **Future Levy Cycle:**

Based on our analysis of recent historical results, the following exhibit represents hypothetical future program expenses.

	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Alternative Interventions for Women	<u>\$438,000</u>	<u>\$451,000</u>	<u>\$465,000</u>	<u>\$479,000</u>	<u>\$493,000</u>
<i>Note: Used 3% inflationary increase from year to year.</i>					

Given that the women served by AIW are not incarcerated, as a rule, when they participate in the program, it is reasonable to assume that more of their healthcare costs, including costs for substance abuse treatment, may be covered under the expansion of Medicaid linked to the Affordable Care Act. Informational data-tracking and coordination of efforts between agencies should improve the environment of support available to these women in the future.

18. Executive Summary Report: Probate Hearings

HHIC Levy—Indigent Care 2013 Actual \$685,000

2014 HHIC Levy Budget \$650,000

■ Principal Observations:

The Hamilton County Probate Court conducts civil commitment hearings for mentally ill and developmentally disabled persons pursuant to Ohio Revised Code Chapter 5122. The purpose of these hearings is to determine whether these individuals are mentally ill or developmentally disabled and subject to hospitalization by court order for treatment. The hearings are conducted after a case has been opened for the individual through the filing of an affidavit, which can be completed by family, friends, business associates, police, social workers, doctors, or others who have information concerning the individual's actions or statements leading them to believe they are mentally ill or developmentally disabled and in need of hospitalization. As the exhibit below indicates, these expenses were primarily funded by the Mental Health Levy in 2012.

2012 Financial Information		
		<u>Percentage</u>
Revenue		
Reimbursement from State	100,000	13%
Mental Health Levy Reimbursement	<u>646,990</u>	87%
Revenue Appropriation	746,990	100%
Program Cost		
Attorneys, Doctors, Sheriff (Dec 11-Nov 12)	488,142	82%
Deputy Clerks and Magistrates	187,948	32%
Filing Fees	68,780	12%
Docketing and Indexing	16,005	3%
Forms	<u>10,670</u>	2%
Total Program Costs	771,545 (1)	130%
Less 2012 State Reimbursement	<u>(176,413) (2)</u>	-30%
Cost Available for Reimbursement from Mental Health Levy	595,132 (3)	100%
Revenue Reconciliation		
Reimbursement from State (Jan. 12-Dec. 12)	176,413 (2)	
Mental Health Levy Reimbursement	595,132 (3)	
Total Program Costs	<u>771,545 (1)</u>	
Variance	<u><u>24,555</u></u>	

The Court prefers to use experienced professionals for its civil commitments hearings, and the majority of doctors and attorneys currently on the Court’s panel were appointed by the previous administration. Any replacement appointments are interviewed and selected by the Probate Judge.

In 2012, the Mental Health Levy reimbursed the Hamilton County Probate Court when it incurred expenses related to mental health and developmental disability evaluation hearings for those who are indigent and alleged to have incompetency issues. Examples of those expenditures include attorney, doctor, and sheriff’s fees, deputy clerk and magistrate fees, court filing, docketing and indexing fees, and the costs of forms prepared for those hearings. The Probate Court receives reimbursement from the Ohio Department of Mental Health, as well. However, those reimbursements have been diminishing in recent years, and the Court expects this trend to continue.

We have been able to benchmark the salary paid to the magistrates and administration to 2013 figures provided by the Bureau of Labor Statistics. The first step in this process is calculating the number of full time employees, which are 2012 numbers, and then figuring the amount of salary paid to these employees during that time period. This information is below:

Position	FTE	Paid Salary	Annual Salary
Magistrate	0.35	\$ 30,746	\$ 89,118
Administration	<u>4.00</u>	<u>157,203</u>	39,301
Total	<u>4.35</u>	<u>187,948</u>	

The breakdown shows that magistrates and administration have annual salaries of \$89,118 and \$39,301, respectively. We compared these wages to the average wages of employees with the same position/title during 2013. This exhibit is seen below:

Benchmarking of Wages			
<u>Position</u>	<u>Annual Salary Paid</u>	<u>Annual Salary Benchmark (1)</u>	<u>Above / Below Benchmark</u>
Magistrate	\$ 89,118	\$ 73,580	Above
Administration	39,301	32,530 (2)	Above
<i>(1) Information obtained from the Bureau of Labor Statistics, which was as of May 2013.</i>			
<i>(2) Comparative position used was information and record clerks, as there was not a directly comparable position on the Bureau of Labor Statistics website.</i>			

Although the benchmark figures are from 2013, they are lower than what was paid in 2012 for magistrates and administration out of this program.

■ **Principal Recommendations:**

Based upon the nature of the civil commitment hearings appearing before the Hamilton County Probate Court, Hamilton County considered the reasonableness and appropriateness of consistently funding the Probate Court Program via funds from the Mental Health and Development Disabilities levies of Hamilton County, rather than the HHIC Levy. In 2012, Probate Court was funded by the Mental Health Levy; however, the MHR SB only approved funding for a one-year period. Probate Court was returned to funding from the HHIC Levy in 2013. The Development Disabilities Levy is not an appropriate funding mechanism either, as a large percentage of probate hearings involve mental health individuals.

■ **Future Levy Cycle:**

Given recent historical results, the following exhibit represents hypothetical future probate court mental health and developmental disability health evaluation expenses.

Probate Hearings Budget Analysis					
	<u>Budget 2015</u>	<u>Budget 2016</u>	<u>Budget 2017</u>	<u>Budget 2018</u>	<u>Budget 2019</u>
Total Program Expenditures	<u>\$ 650,000</u>				

19. Executive Summary Report: Homeless Medical

HHIC Levy—Indigent Care 2013 Actual \$300,000

2014 Levy Budget \$2,300,000

■ Principal Observations:

Strategies to End Homelessness (STEH), an organization that coordinates the work of thirty or so agencies that shelter and service the homeless in Hamilton County, first received funding from the HHIC Levy in December 2013. The organization used this funding to fulfill its mission to coordinate services for the homeless offered by multiple different organizations and shelters. STEH is the leader of a coordinated system of care for the homeless in Cincinnati/Hamilton County. Through an integrated network of 30 homeless service organizations, it seeks to prevent as many people from becoming homeless as possible, to provide high-quality assistance to people who are homeless, and to offer solutions to homelessness through housing. STEH also created and runs the Central Access Point (CAP) which answers calls from people in need and connects them to programs and services in an efficient manner. CAP serves as the gateway for clients to participate in Homelessness Prevention services, which, according to STEH, has a 92% success rate of keeping people off the streets and out of shelters.

STEH authored and is leading the implementation of the Homeless to Homes (HTH) plan, which was adopted by Cincinnati City Council and the Hamilton County Commissioners in 2009. The HTH plan provides a framework for how Cincinnati's community's system of care for the homeless should be structured. Within the HTH plan, recommendations are made to improve services offered to homeless individuals in the emergency shelter system, and specifically within five planned facilities which will serve homeless men and women. The Homeless to Homes Shelter Collaborative (HTHSC), has worked to establish a coordinated funding and service structure and is improving the shelter-based services currently available, making more efficient use of shelter capacity, and targeting services toward the needs of various sub-populations. The members of the collaborative are: Lighthouse Youth Services – Sheakley Center for Youth, which serves men and women age 18-24; Talbert House – Parkway Center, which serves men with substance abuse issues; Drop Inn Center Men's facility serving homeless single men; Drop Inn Center Women's facility serving homeless single women and City Gospel Mission serving single homeless men in an expanded and improved faith based facility.

STEH uses tax levy funding to coordinate and support the incremental increased costs related to expanded services, on-site medical and behavioral health care, case management, and assisting residents in navigating systems and accessing mainstream resources (Medicaid, health and behavioral health services) when available in the community.

■ Principal Recommendations:

In 2012, the U.S. Department of Housing and Urban Development (HUD) awarded \$13 million to STEH to support successful housing programs in Hamilton County. With this resource, the

community has a steady stream of funding for housing post-homelessness. Meanwhile, the Emergency Shelter System is grossly underfunded. Only \$450,000 of HUD Emergency Solutions Grant (ESG) funding is allocated annually toward operating emergency shelters, and that amount is currently divided among nine shelter facilities. In 2013, 4,461 single adults were served by the emergency shelters in Cincinnati and Hamilton County. 59% of these adults suffer from at least one disabling condition, 34% suffer from a mental illness, and 28% have a chronic health condition. The HTH plan outlines the need for improved services and case management to connect this population with needed services, employment, and housing, but providing expanded services means increased operating costs. The shelters are already showing measurable results, as 37% of shelter residents find employment prior to exiting shelter, and 54% exit to permanent housing. Meanwhile, the number of people served in supportive housing programs has increased by 92% since 2009. (Population in Hamilton County over the period has been steady at approximately 800,000.)

In working with the philanthropic community, the HTH Shelter Collaborative has already raised \$29 million in capital funding to build the five new facilities and more than \$2 million in funding to support the increased costs of expanded services and case management. The group will continue to engage the philanthropic community but it predicts that it will not be able to support the increased incremental expenses, with all five facilities open and operating from 2015 onward, without assistance from tax levy funds.

■ **Future Levy Cycle:**

As its funding request to the County indicates, STEH is asking for almost eight times as much funding in 2015 as it is currently receiving from the Indigent Care Levy. The rationale behind this sizeable increase is that only two of the five facilities are currently open and operating: the Sheakley Center for Youth with 28 beds and Parkway Center with 60 beds. In 2015, three new facilities will open their doors: both of the Drop Inn Center's facilities, with 150 beds for men and 60 beds for women, and the City Gospel Mission with 74 beds. Therefore, 74% of the beds called for in the Homeless to Homes plan come online and begin offering expanded services in 2015. An increase in operating funds will be needed to extend services to this crucially underserved population.

Levy funds will be used to offset the funding gap created by the increased essential service and operating expenses in the new facilities. \$2.3 million will be spent in the following categories: 1. Essential Service Expenses- case management, day services (mental health services, outpatient health services, healthcare, education, employment assistance/job training, life skills training, substance abuse treatment), transportation, and direct client expenses; 2. Operating Expenses- maintenance, security, equipment, insurance, utilities, food, furnishings, supplies, real estate tax, shift coverage staff, on-site supervisory staff and indirect costs. In 2013, 58% of the tax levy funds were spent on case management, day services/programming and other essential service costs. 24% was spent on operating staff and 18% spent on other operating expenses.

In 2013, \$825,000 was allocated to three agencies in the Homeless to Homes Shelter Collaborative. \$300,000 of that allocation was from County levy funds and \$525,000 was private funds. The following exhibit breaks down how County levy funds were utilized in 2013:

Agency	Program	2013 Levy Funding	Percent
Talbert House	Parkway Center	\$126,680	42.2%
Lighthouse Youth Services	Sheakley Center for Youth	\$149,907	50.0%
Drop Inn Center	Women's Dorm	\$912.22	0.3%
STEH		\$22,500	7.5%

It is important to note that due to contracting timelines, Levy funding was not available to STEH until November of 2013. All private funding was used before the Levy funds were available and levy funds were used where needed for each program. In 2014, \$660,000 has been allocated to the same three facilities and as of this report, no county levy funds have been spent. STEH has decreased their administration costs on the levy funds from 7.5% to 5% in 2014.

While the current request constitutes a significant increase in levy funding, the total cost of operating the five facilities is \$8.7 million a year; \$5.3 million per year in revenue is being secured annually by the facility operators. That leaves a gap of almost \$3.4 million annually. If funded at \$2.3 million per year, tax levy funding will represent 26% of the total cost of operating the facilities annually and 18% of the community's total capital and operating investment in improving the emergency shelter system.

Experienced shelter finance teams, STEH and 3CDC worked to create approximate budgets for the facilities that have not yet opened. The 2015 cost projections are estimated at the following amounts:

Essential Services (including case management and program staff)	\$800,375	29%
Operating Staff	\$936,025	34%
Facility Operating	\$723,433	26%
Agency Indirect Costs	\$290,167	11%
Total Cost	\$2,750,000	

STEH reviews agency billings monthly, conducts on-site monitoring annually, and reviews budgets each year before allocations are determined. Levy funds will fund a portion of each line item necessary to implement the Homeless to Homes plan. In 2014 and in future years, facilities are responsible for maintaining and improving outcomes in order to secure additional funding.

STEH's system is designed to ensure that funding allocations are directly tied to outcomes. This linkage encourages program administrators to target funding resources toward activities that will help shelter residents move into permanent, stable housing. Unduplicated data is tracked in the community's Homeless Management Information System, VESTA®. Through this system, which, according to STEH, has a 100% participation rate among homeless service providers, STEH can access detailed and comprehensive data on Cincinnati's homeless population.

20. Executive Summary Report: Charitable Pharmacy

HHIC Levy—Indigent Care 2013 Actual \$150,000

2014 Levy Budget \$150,000

■ Principal Observations:

First opened in 2006, the St. Vincent de Paul Charitable Pharmacy (“SVDP”) is the only pharmacy in southwestern Ohio dedicated to the unique mission of providing free pharmaceutical care to individuals who do not have insurance coverage and cannot afford their medication. SVDP serves as the pharmacy of last resort for those who do not qualify for other programs or are unable to pay for discounted medication, helping to avoid unnecessary emergency room visits for prescription refills. Located at 1125 Bank Street, in Cincinnati’s West End, SVDP has increased its services each year since its opening.

The program serves a wide cross section of uninsured or underinsured Hamilton County residents who are not typically part of the University Hospital and Children’s Hospital medical systems. SVDP serves in the care of clients of behavioral health agencies currently funded by Hamilton County levies. Most of the referrals to the Pharmacy come from hospital systems (39%) and low cost medical clinics (26%).

Since opening in 2006, the pharmacy has filled 205,000 prescriptions valued at almost \$20 million. 87% of these prescriptions have served the needs of Hamilton County residents.

■ Principal Recommendations:

Organizational Data from the SVDP indicates that the levy funding is used to pay staff and to purchase medications. Hourly rates for degreed and certified pharmacists working at SVDP range from \$34 to \$36/hour, well below market rates for licensed pharmacists. In its request for funding, SVDP notes that the pharmacy does not simply dispense medication, but also meets with clients to perform medical screenings and to certify that the client is eligible for the program. Re-certification occurs every six months. Regarding patient outcomes, SVDP states that after six months of using the pharmacy, patients reporting emergency room visits and patients without a “medical home” decreased by 50%. The request also notes that 70% of the prescriptions are filled using donated medication, and that, in 2013, a total of 151 volunteers at the pharmacy, including rotation students from the Schools of Pharmacy at University of Cincinnati and University of Findlay, provided 8,661 hours of service. We would recommend a continued commitment to this emphasis on volunteer service and on the provision of donated medicine, since these factors can keep costs down.

Future Levy Cycle:

The Charitable Pharmacy was first funded by the HHIC Levy in 2013, at \$150,000, and is budgeted to receive the same amount in 2014. SVDP is asking for the same amount for each year during the next levy cycle. It justifies the request by pointing to a recent significant increase in the cost of generic drugs, and a shortage in donated insulin. It also maintains that funding at this level should ensure that the pharmacy can remain open 3 ½ days per week, and continue to provide not only prescriptions, but also basic wellness screenings and medication management services.

SVDP’s Statement of Activities for the years 2009 through 2013 indicates that the new provision of funding, in 2013, from the HHIC Levy does not replace a source of funding that has been lost, but rather adds to overall funding. Indeed, 2013 saw an increase in most other sources of revenue, including an increase in Foundation Grants from \$231,591 in 2012 to \$362,790 in 2013. Although SVDP has had success with start-up funding from private foundations and has generated increased support from individual donors, the pharmacy is asking for continued support from the HHIC Levy because start-up funding is ending, and additional funds are needed to meet existing and growing needs for its pharmacy services.

Based upon prescription origin documents, client referrals come from hospitals, behavioral health agencies, free and low-cost public health clinics, and physician offices through Hamilton County. While some low-cost prescription coverage is provided by University Hospital, Cincinnati Health Department and Crossroads, SVDP provides last resort coverage for those clients, as well.

SVDP’s request for funding addresses the potential impact of the Affordable Care Act in a direct way, noting that the Congressional Budget Office “estimates 29 million Americans will remain uninsured after implementation of ACA” that “about 630,000 Ohioans will not have insurance,” and that “prescription medication coverage remains uncertain” (Carter, 4).

The future expenses expected to be incurred in future periods are below:

Charitable Pharmacy Budget Analysis					
	Budget <u>2015</u>	Budget <u>2016</u>	Budget <u>2017</u>	Budget <u>2018</u>	Budget <u>2019</u>
Total Program Expenditures	<u>\$ 150,000</u>				

21. Executive Summary Report: Alternative Interventions for Men

HHIC Levy—Indigent Care 2013 Actual \$0

2015 Levy Budget Request \$250,000

■ Principal Observations:

Following the successful model of Alternative Interventions for Women, the Central Clinic of Cincinnati proposes the creation of a new program, Alternative Interventions for Men (AIM). Described as a jail diversion program in the 2015-2019 levy cycle funding request, the program is designed to provide substance abuse and mental health treatment for non-violent men involved in the County's adult criminal justice system. It is meant to engage men whose mental health issues are less severe than those whose issues are addressed within the specialized dockets of the county's mental health courts, but who are in need of treatment for mental health and/or substance abuse disorders, who are non-violent and are under the supervision of the county's probation department.

A collaboration with Pretrial Services, and the Hamilton County Probation Department, along with other stakeholders in the community, the program will provide extensive outpatient treatment with the ultimate goal of maintaining sobriety and mental health stability, along with successful reintegration into the community, effectuated according to the Treatment Alternatives for Safer Communities (TASC) model developed by the Court Clinic TASC program.

■ Principal Recommendations:

President and CEO of Central Clinic Walter Smitson, PhD, includes in the levy funding request information on other funding sources secured for the program, including \$137,550 from the Ohio Department of Mental Health and Addiction Services. In addition, he anticipates that the first-year of the program will see Medicaid revenue of about \$20,000. He notes that Medicaid expansion and the full implementation of the Affordable Care Act should provide additional funding in future years. Because the AIM program will be operated out of Central Clinic, which is also a Hamilton County access point in assisting residents to complete Medicaid applications and to find insurance through Healthcare.gov, our preliminary recommendation would be to optimize this collaborative advantage in order to contain levy costs in the future.

■ Future Levy Cycle:

This is a new program for the next levy cycle and comparisons with the previous levy cycle are therefore not possible. However, we would like to make note of the outcomes expected by Smitson for the program, measurable after 6 months of treatment: "a 30% recidivism rate ... a rate of 48% for both abstinence and treatment completion; 30% for securing housing and 20% for employment (or improved employment)." Attention to realization of these goals during the future levy cycle should help to inform future funding decisions.

Future expected expenditures can be seen in the exhibit below:

Alternative Interventions for Men					
Budget Analysis					
	Budget <u>2015</u>	Budget <u>2016</u>	Budget <u>2017</u>	Budget <u>2018</u>	Budget <u>2019</u>
Total Program Expenditures	<u>\$250,000</u>	<u>\$250,000</u>	<u>\$250,000</u>	<u>\$250,000</u>	<u>\$250,000</u>

22. Executive Summary Report: OSU Extension Programs

HHIC Levy—Indigent Care 2013 Actual \$0

2015 Budget Request \$69,500

■ Principal Observations:

The Ohio State Extension programs have a 100 year history of reaching out to Ohio communities with educational resources and an enrichment of our citizens' lifestyles through practical training and creative engagement. Hamilton County OSU Extension Director Christine Olinsky proposes to offer four such extension programs to the indigent population in the county using funding from the HHIC Levy. Programs offered would include Financial Education Programs for Indigent Care, 4-H Programs for Indigent Care, Health and Wellness Programs for Indigent Care and Horticulture Programs for Indigent Care.

■ Principal Recommendations:

Because the performance review we have undertaken in this report is meant to address the Health aspect of Indigent Care funded within the HHIC Levy, it is challenging to make a direct connection between the specifically financial education programs proposed by OSU and the intent of the portion of levy funding that we have endeavored to examine. For the same reason, the proposal to fund horticulture education programs through the health-oriented portion of the HHIC Levy poses the question of whether the program fits the definition prescribed. Director Olinsky makes the case for a connection between finances, horticulture and health in the following way: "we would argue that financial and horticultural education are components of an overall healthy individual. Financial health and well-being can lead to a less stressful individual who is able to make wiser food choices and not worry about housing. Horticulture education incorporates actual physical exercise and education about selecting/growing/harvesting and preserving fruits and vegetables, while teaching [indigent persons] the importance of the foods they eat."

The other two programs proposed, the 4-H programs for Indigent care and the Health and Wellness programs for Indigent care target the health of the poor in Hamilton County in a more direct way. The first would foreground presentations for young people up to the age of 18 on topics such as "The Truth about Tobacco," and "Alcohol and Drug Abuse." The second would bring guidance on issues such as diabetes, pre-natal care, and stress-reduction to the adult poor of Hamilton County. The challenge here might be for the OSU Extension Program to diligently work in collaboration with organizations already deeply involved with the Indigent, such as Talbert House and the Central Clinic. Through such collaborations, the OSU Extension might find ways to engage with these organizations, bringing a fresh approach to addressing the health needs of the poor.

■ Future Levy Cycle:

This is a new program under consideration for the next levy cycle and comparisons with the previous levy cycle are therefore not possible. We would point out, though, that the OSU Extension Levy funding proposal clearly sets out how, within each program, funding would be spent on components such as personnel costs, mileage costs, and workshop materials and supplies. See the Program Report section on the OSU Extension program for detail on workshop budgets.

23. Executive Summary Report: Center for Respite Care

HHIC Levy—Indigent Care 2013 Actual \$0

2015 Budget Request \$250,000

■ Principal Observations:

Located in the Avondale neighborhood of Cincinnati, the Center for Respite Care has not previously received HHIC Levy Funding but is anticipating a decrease in other sources, including medical facility funding, and is therefore requesting \$250,000 annually in the future levy cycle. Unique among agencies providing care to the homeless, the Center for Respite Care houses homeless men and women who have been discharged from the hospital but who are in need of an interim care-giving environment. These services clearly fit the criteria of both the HHIC Levy and the FST levy. As the levy funding request explains, “before CRC was founded [in 2003], this population would be discharged from the hospital back to prior living environments—on the streets or in the shelters ... where the healing process could not be continued. Today, someone with no place to go can be admitted to our 14-bed, 24-hour facility in Avondale, staying not only until they are healed, but also until they have a stable place to live.” In order to achieve this goal of linking homeless people with medical conditions to housing options, the Center employs a medical team, headed by an MD and a social services staff who work to find secure housing situations for patients once they are well.

■ Principal Recommendations:

The Center’s funding request includes information on the portion of its current operating budget met with government funds—38% (of which 85% comes from the US Department of Housing and Urban development (HUD) and 10% from the Ohio Department of Development). Financial information for years prior to 2014 is given in the exhibit below:

Four Year Financial History										
	2010	%	2011	%	2012	%	2013	%	Total	%
Revenue										
Government Grants	339,952	36%	366,902	34%	305,652	27%	441,796	40%	1,114,350	34%
Health Care Organizations	250,000	26%	270,000	25%	296,250	26%	235,000	21%	801,250	24%
Foundation Grants	156,805	16%	238,876	22%	240,592	21%	127,455	11%	606,923	18%
Contributions	139,570	15%	126,772	12%	182,843	16%	233,339	21%	542,954	16%
Others	<u>67,831</u>	<u>7%</u>	<u>69,020</u>	<u>6%</u>	<u>110,521</u>	<u>10%</u>	<u>79,660</u>	<u>7%</u>	<u>259,201</u>	<u>8%</u>
	954,158	100%	1,071,570	100%	1,135,858	100%	1,117,250	100%	3,324,678	100%
Operating Expenses										
Salaries	408,245	44%	499,983	47%	483,400	47%	517,877	45%	1,501,260	46%
Lease / Other	<u>516,691</u>	<u>56%</u>	<u>560,429</u>	<u>53%</u>	<u>548,996</u>	<u>53%</u>	<u>624,058</u>	<u>55%</u>	<u>1,733,483</u>	<u>54%</u>
	924,936	100%	1,060,412	100%	1,032,396	100%	1,141,935	100%	3,234,743	100%
Net Income	<u>29,222</u>		<u>11,158</u>		<u>103,462</u>		<u>(24,685)</u>		<u>89,935</u>	

As the exhibit above demonstrates, funding from healthcare organizations and funding from Foundation Grants decreased in 2013. More detail on the healthcare organizations (i.e. hospital) funding can be found in the exhibit below:

Hospital Funding Since 2006										
Hospital	Commitment (Years)	Year Ended June 30,								
		2006	2007	2008	2009	2010	2011	2012	2013	2014
UC Medical Center	1	140,000	140,000	140,000	140,000	140,000	100,000	100,000	50,000	50,000
Christ Hospital	2	-	-	100,000	100,000	100,000	100,000	100,000	100,000	100,000
Tri-Health	3	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000
Mercy	1	50,000	-	-	-	10,000	10,000	10,000	-	-
St. Elizabeth	4	-	-	-	-	-	-	20,000	20,000	20,000
Evendale Medical Center	3	-	-	-	-	-	15,000	15,000	15,000	40,250
		240,000	190,000	290,000	290,000	300,000	275,000	295,000	235,000	260,250
% Increase / (Decrease)			-21%	53%	0%	3%	-8%	7%	-20%	11%

As indicated above, Hospital funding for the Center for Respite Care peaked in 2010.

■ **Future Levy Cycle:**

This program has not been funded by the HHIC Levy (or the FST levy) in prior years and comparisons with prior levy cycles are not possible. The following exhibit displays expenditures projected to occur should the program, which does fit the criteria for both the HHIC Levy and the FST Levy, be funded by one of these sources.

Center for Respite Care Budget Analysis					
	Budget <u>2015</u>	Budget <u>2016</u>	Budget <u>2017</u>	Budget <u>2018</u>	Budget <u>2019</u>
Center for Respite Care	<u>\$ 250,000</u>				

24. Executive Summary Report: Health District – Syphilis and HIV Prevention Program

HHIC Levy—Indigent Care 2013 Actual \$0

2014 Levy Budget \$90,000

■ Principal Observations:

In a communication dated March 6, 2012, Tim Ingram, Health Commissioner of Hamilton County, and H. Stephen Bjornson, MD, Medical Director of Hamilton County Public Health, declared a “syphilis epidemic” in Hamilton County. Research had shown that Hamilton County had the highest rates of syphilis and other STDs among all counties, urban and rural, in Ohio. As reported by Ingram, “the 2011 rate for syphilis in Hamilton County was 47.6 per 100,000 persons which was six times higher than the provisional state rate of 8.0 per 100,000 persons.”

Rates for HIV are also higher in Hamilton County than in Ohio as a whole; indeed, according to Ingram, “the case rate for HIV is twice that of the State of Ohio.”

The need for attention to these concerning statistics is made all the more critical given that congenital syphilis, i.e. syphilis passed to infants in utero, is part of the problem, and, if untreated, can lead to much larger disease issues in the future. 2011 data showed that 40% of all women with syphilis were among women of child-bearing age, making the ability to target potential congenital syphilis cases more attainable, and intensifying the need for testing and treatment of these women.

■ Principal Recommendations:

Given that the \$90,000 in funding requested represents about 1.4% of the total HHIC Levy, the requested funding does not appear to require intensive scrutiny. In addition, Hamilton County Public Health has provided a detailed explanation of how these funds would be spent, if appropriated. The following is an excerpt from the levy funding proposal:

“HCPH would like to add an additional approach in its efforts to lower our current rate of syphilis to pre epidemic levels by 2016. Specifically HCPH would like to expand testing and treatment to the individuals incarcerated in the Hamilton County Jail and Detention Center (HCJDC). Currently syphilis and HIV testing is ordered by the prosecutor’s office based on the directive of the Ohio Rev. Code Ann. §§ 2907.27; 3701.242-243 when an individual is convicted of certain crimes (rape, sexual battery etc). Reviewing data obtained from the HCJDC, it appears that 485 tests were ordered between 2010 and 2013. While that is a high risk group it is a small number of individuals.

We propose to provide both HIV screening and syphilis testing to inmates at HCJDC intake and at the county reentry program. Opt-out HIV screening will be provided to all individuals, opt-out syphilis screening will be provided to a targeted group of individuals during intake. We will work with ODH to determine if the Justice Center would qualify to be an Expanded Testing Site for HIV. If approved, there would be no cost for initial and confirmatory testing. The budget below outlines the cost for the Syphilis testing program only. The budget would cover the cost of contractual phlebotomist who would work 5 hours per week at the Justice Center to conduct testing. The cost of gloves and tests are also included.”

■ **Future Levy Cycle:**

The projected future expenditures can be seen below:

Health District - Syphilis and HIV Prevention Program					
Budget Analysis					
	Budget <u>2015</u>	Budget <u>2016</u>	Budget <u>2017</u>	Budget <u>2018</u>	Budget <u>2019</u>
Total Program Expenditures	\$ <u>90,000</u>	\$ <u>90,000</u>	\$ <u>90,000</u>	\$ <u>-</u>	\$ <u>-</u>

25. Medical Enrollment—County Program

HHIC Levy—Indigent Care 2013 Actual \$0

2014 Levy Budget \$50,300

■ **Principal Observations:**

The above program represents funding for the hiring of one medical enrollment specialist who would be dedicated to efficiently facilitating the enrollment of indigent persons living in Hamilton County in Medicaid or other programs through the Affordable Care Act. The total shown for 2014 represents salary and benefits. The cost for this position in future years is projected in the exhibit below.

Medical Enrollment--County Program Budget Analysis						Cumulative
	2015	2016	2017	2018	2019	Increase
	<u>Budget</u>	<u>Budget</u>	<u>Budget</u>	<u>Budget</u>	<u>Budget</u>	<u>2015-2019</u>
Total Program Expenses	<u>51,800</u>	<u>53,400</u>	<u>55,100</u>	<u>56,800</u>	<u>58,600</u>	<u>6,800</u>
Budget Inflation (1)	3.0%	3.0%	3.0%	3.0%	3.0%	

(1) Inflation factor provided by Hamilton County

II. Program Reports

The remainder of our report will be divided into 24 sections, one for each of the programs we have reviewed.

Additional consideration - Inflation:

Throughout our report, we refer to historical and estimated future inflation.

Over the first four years of the current levy cycle, inflation has averaged approximately 1.5% while inflation for medical services has been measured at consistently over 3%.

Currently, the Congressional Budget Office estimates that the inflation rate experienced during 2012, 1.9%, will increase only slightly over the next 10 year period. The CBO predicts inflation of 1.8% in 2013, 2% in 2014, 2.2% in the 2015 to 2018 period and just 2.3% in the years 2019 to 2023. Following the CBO predictions, we have used 2% inflation as our best estimate for future overall inflation and 3% for inflation related to medical care.

The differential between overall inflation and medical inflation has shrunk considerably since our previous report, in 2011. According to the Wall Street Journal, prices paid for medical care in the U.S. in July 2013 rose just 1% from a year earlier. Indeed, 2013 saw the “slowest annual rate of growth [in medical spending] since the early 1960s” (WSJ 9/17/13).

Increases in healthcare costs that we are actually seeing are found in prices paid by non-government payers: “prices reimbursed to hospitals for Medicare patients are trending slightly below year-ago (i.e. mid 2012) levels”, according to the U.S. Labor Department. Prices for non-governmental patients, on the other hand, were up 4.5% nationally in August 2013 from the year before. The takeaway for this in the context of our project is that we should not be expecting and/or we should be questioning budget increases for medical care for inmates and for those residing in community housing. Increases in such price levels may be avoidable.

Program Report:

1. Residential Treatment Program for Incarcerated Offenders

The first step in an analysis of the programs administered by Talbert House and taking place at 1617 Reading Road is understanding how much money taxpayers are actually expending for these services. Support for the programs known by this name comes mainly from the Family Services Treatment levy. The amount budgeted for these programs for 2014 and for 2015 is \$2,500,000 annually.

Since Talbert House administers these programs, and since it receives about \$800,000 annually from a different levy, the HHIC Levy, it is first key to determine what portion, if any of that \$800,000 goes to the programs known as 1617 Reading Road.

Our data shows that in the years 2009, 2010, 2011 and 2012, none of the money allocated to Talbert House from the HHIC Levy went to 1617 Reading Road. In 2013, exceptionally, \$173,240 was allocated from the HHIC Levy to this program (via HHIC Levy funding of Talbert House). This allocation of funds from the HHIC Levy coincided, in 2013, with an increase of funds coming from the FST levy and a removal of all funding coming from "Hamilton County Expanded DUI."

The programs known as 1617 Reading Road are gender specific. All are residential, meaning that they take place within the jail at that address, and all treat persons who have been incarcerated for primarily misdemeanor drug or alcohol related offenses. The services offered to assist in the individuals' treatments include continuing care, chemical dependency/AOD assessment, substance abuse education, individual, group and family counseling, self-help recovery groups, vocational/employment assistance, GED preparation assistance, case management, assaultive and criminality behavioral modification, life skills development, relapse prevention, and nutrition and health services.

Successful completion of the program can lead to a shortened sentence, but motions to mitigate are filed by Pretrial Services, never filed by Talbert House directly.

The program for men, known as "Extended Treatment," has served an average of 292 persons annually over the period of 2009 to 2013 (inclusive). Its successful completion rate has mainly gone upward during that period, although without a clear understanding of how successful completion correlates to recidivism rates, we cannot use only these rates to judge the long-term effectiveness of the program. The lowest successful completion rate over this period was 53.8%, in 2010, while the highest rate is the 2013 rate of 81.3%.

The women’s program which is part of “1617 Reading Road” is known as the Rewards Jail Intervention Program. It serves more persons than does the men’s program, with an average of 495 persons served annually between 2009 and 2013, inclusive. The number of women in the program peaked in 2010, at 645, and saw the smallest number in 2012, at 360. This is considerable fluctuation, the cause of which should be investigated.

The successful completion rate of the program has ranged between a low of 65.3% in 2010 (when, interestingly, the number of participants was at its highest) and a high of 82.1% in 2011. 2013 saw an increase of almost 100 women into the program and little change in the rate of successful completion, which stood at 81.5% in 2013.

The total number of persons served in the two 1617 Reading Road programs was 787 persons per year in the years 2009 to 2013. At a yearly total budget of \$2.5M, that is a price tag per person of about \$3,100 annually.

Since this is a program for persons who have already committed crimes severe enough to land them in jail for at least some period of time, the main statistic needed in order to judge its effectiveness would be the rate of recidivism in Hamilton County. The rate of crime in general would not help much in judging its effects, nor would rates of drug use, per se.

In 2007 the “Hamilton County Criminal Justice Review and Comprehensive Safety Plan”, stated that “one of the biggest reasons that the county’s recidivism rate is 70% and the average inmate has been in the county’s jail 7 times before, is that there are insufficient treatment programs available to inmates in the facilities.” Unfortunately, it has been impossible so far to find rates of recidivism in Hamilton County during the years 2009 through 2013. It is therefore impossible to authoritatively express an opinion on the success of the Talbert House programs for inmates.

■ **Financial History:**

As indicated in the exhibit below, the Residential Treatment Program at 1617 Reading Road is the largest program being paid for by the FST Levy.

Family Services and Treatment Levy					2014
	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>Budget</u>
Total Levy	\$ 6,632,078	\$ 6,820,070	\$ 6,713,719	\$ 6,130,777	\$ 6,764,135
Total Program Expenditures	<u>2,415,023</u>	<u>2,523,521</u>	<u>2,719,884</u>	<u>2,332,229</u>	<u>2,546,652</u>
Expenses as Percentage of Levy	<u>36.4%</u>	<u>37.0%</u>	<u>40.5%</u>	<u>38.0%</u>	<u>37.6%</u>

At about 40% of the FST levy, the programs that Talbert House runs at 1617 Reading Road deserve close examination.

Additionally, this program has historically consumed about 1/2 percent of the HHIC Levy, as seen below.

Health and Hospitalization Levy - Indigent Care Programs					
	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014 Budget</u>
Total Levy	\$50,133,250	\$51,188,684	\$41,271,213	\$40,297,824	\$43,679,356
Total Program Expenditures	<u>249,939</u>	<u>481,012</u>	<u>-</u>	<u>387,670</u>	<u>165,000</u>
Expenses as Percentage of Levy	<u>0.5%</u>	<u>0.9%</u>	<u>0.0%</u>	<u>1.0%</u>	<u>0.4%</u>

■ **Financial Analysis:**

As noted in the Summary Section of the Report, Hamilton County no longer pays Talbert House for services at the facility on a sliding pay schedule. The current contract schedule uses a “maximum” amount that is paid to Talbert House for the services provided without regard to fluctuations in the numbers of inmates. For more specific information on the current contract, see the Summary Section of this Report.

Usage statistics and average contract rates paid over the last five contract periods are as follows:

	Contract Periods Ending September 30,			
	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Bed Days	55,282	55,560	53,839	54,175
Average Population	151	152	147	148
Average Per Diem Rate	\$ 53.45	\$ 54.53	\$ 52.85	\$ 50.56
Total Contract Cost to County	\$ 2,954,899	\$ 3,029,457	\$ 2,845,511	\$ 2,739,028
			(1)	(1)

(1) This includes funds for both the Family Services and Treatment Levy and the Health and Hospitalization Levy - Indigent Care Programs

The largest service cost incurred by Talbert House is for Direct-Contract Staffing. Additional significant Talbert House expenditures include: housing expenses such as rent, utilities, property insurance and maintenance, and overhead costs such as indirect labor, administration

costs, liability insurance, employee benefits and supplies. Expenses related to security, meals, and medical expenses are paid for by the Sheriff's Department and are not part of this HHIC Levy.

The Exhibit below represents a five-year analysis of the estimated Talbert House direct- staffing costs for the 1617 Residential Treatment Program. Information has been provided by Talbert House.

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	Budgeted <u>2014</u>
Contracted Staffing					
Administrative Specialist	88,165	103,599	105,236	98,440	100,972
Clinical Service Provider	909,396	837,354	872,282	802,077	812,031
Director	76,818	88,118	37,173	83,948	28,065
Manager / Assoc. Director	109,906	125,107	114,413	-	58,493
Supervisor	45,077	23,599	-	87,836	84,291
Total Contracted Staffing	<u>1,229,362</u>	<u>1,177,777</u>	<u>1,129,104</u>	<u>1,072,301</u>	<u>1,083,852</u>
<i>All statistics based on average hourly wage multiplied by number of hours for the positions provided by the Talbert House, Inc.</i>					

Based on a review of Talbert House's financial statements, we estimate employee benefit and payroll taxes are approximately 27% of wages, providing a total direct labor cost as follows:

	Contract Periods Ending September 30,			
	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Contracted Staffing	1,229,362	1,177,777	1,129,104	1,072,301
Employee Benefits and Taxes	308,756	285,901	271,821	215,110
Sub-Total	<u>1,538,118</u>	<u>1,463,678</u>	<u>1,400,925</u>	<u>1,287,411</u>
Bed Days	<u>55,282</u>	<u>55,560</u>	<u>53,839</u>	<u>54,175</u>
Labor Cost per day	<u><u>27.82</u></u>	<u><u>26.34</u></u>	<u><u>26.02</u></u>	<u><u>23.76</u></u>

A calculation of the estimated direct-labor cost per day from the total per diem rate paid by the County gives us an estimate of the County's daily cost of housing and overhead for the individuals at the 1617 Reading Road facility.

	<u>Contract Periods Ending September 30,</u>			
	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Average Per Diem Rate Paid	53.45	54.53	52.85	50.56
Labor Cost Per day	(27.82)	(26.34)	(26.02)	(23.76)
Total Paid for Housing and Overhead	25.63	28.18	26.83	26.79
Average Per Diem Rate Paid	100.0%	100.0%	100.0%	100.0%
Labor Cost Per Day	52.1%	48.3%	49.2%	47.0%
Total Paid for Housing and Overhead	47.9%	51.7%	50.8%	53.0%

In 2012, approximately 49% of the fees incurred to place an individual into the Residential Treatment Program could be attributed to direct labor costs. The remainder covered the cost of housing, utilities, insurance, administration, and overhead. The percentage attributable to direct labor is decreasing slightly because wage expenses being incurred by the vendor, Talbert House, are not increasing as fast as the contracted per diem rates.

■ Comparisons and Benchmarking:

We have split our benchmarking analysis into the following sections:

- Family Services and Treatment Tax Levy Program services vs. service levels provided in comparable Ohio Counties, including Cuyahoga and Franklin Counties.
- Analysis of number of FTEs and compensation levels to similar organizations and/or available regional or national averages based on job description.

In our comparison of services at 1617 Reading Road to comparable services in other Ohio counties, we find that, as reported in our earlier report, programs in other counties are not funded at the County level. We identified one facility in Franklin County and one in Cuyahoga County that represent comparable data points. Both facilities offer similar programs to those offered by Talbert House, but both are also significantly larger in scale than the programs in Hamilton County.

The following exhibit presents benchmarking data available.

Residential/Non-Residential Treatment Programs Benchmarking				
		(1)	(1)	(1)
County	<u>Hamilton</u>	<u>Franklin</u>	<u>Cuyahoga</u>	<u>Montgomery</u>
Paid for by	HHS Tax Levy	State of Ohio	State of Ohio	State of Ohio
Accredited	Yes: ODADAS	Yes	Yes	Yes
Average Population (2014 data)	179	473	408	326 (2)
FY2013 Budget	5,985,374	45,011,968	13,583,654	9,816,084
Total Cost Per Day	95.37	Not Available	69.04	84.1
Minimum Security	Yes	Yes	Yes	Yes
Security Staff	-	372	80	73
Non Security Staff	68	186	69	49
Provider	Talbert House	Medical Center	Release Center	Education Pre-Release

(1) From Ohio Department of Rehabilitation and Correction's web site
(2) As of 10/09

Hamilton County's cost per day is higher than that of Cuyahoga and Montgomery Counties. The larger populations treated may be important here, as economies of scale undoubtedly play a role in keeping cost per day lower at these facilities.

The second piece of our benchmarking is an analysis of wages paid by Talbert House for the services at 1617 Reading Road. Current staffing levels, with wages based on December 31, 2013 average wage data, are displayed in the following exhibit.

FY 2013 Analysis	<u>Number of FTEs</u>	<u>2013 Wage Expenditures</u>	<u>Average Annual Wages</u>
Administrative Specialist	3.4	98,440	28,784
Clinical Service Provider	21.7	802,077	36,996
Director	1.3	83,948	64,575
Supervisor	<u>2.0</u>	<u>87,836</u>	43,918
Total	<u>28.4</u>	<u>1,072,301</u>	

All statistics on FTEs and Wages based on information from Talbert House, Inc

The following exhibit compares wages paid by Talbert House to the state averages selected for benchmarking purposes. As the exhibit shows, wages paid by Talbert House are below Ohio averages.

Position	Average Annual Wage	Average Wage Index (1)	Above or Below Average
Administrative Specialist	28,784	40,722	Below
Clinical Service Provider	36,996	39,736	Below
Supervisor	43,918	39,580	Below

(1) Base data are obtained from the Occupational Employment Statistics (OES) survey, a semi-annual voluntary mail survey of approximately 17,500 (per year) Ohio employers. The data presented above reflects the 2005 survey data inflated 2008 by applying a 2.5% Cost Index to the 2005 database.

Budget Analysis:

Measured on a calendar-year-basis, the expenditures associated with this program fluctuate significantly from year to year. In order to get a sense of the trend in funding these programs, we compared the average actual cost of this Program from 2011 through 2013 to the 2014 budget request. Based on this analysis, the 2014 budget is slightly lower than the three year average of \$2,525,200.

Residential Treatment Program for Incarcerated Offenders								
Budget Analysis								
	2013 Actual	2014 Budget	2015 Budget	2016 Budget	2017 Budget	2018 Budget	2019 Budget	Cumulative Increase 2015-2019
Total Program Expenses	2,332,229	2,500,000	2,550,000	2,601,000	2,653,020	2,706,080	2,760,202	210,202
Budget Inflation (1)			2.0%	2.0%	2.0%	2.0%	2.0%	

(1) Inflation factor provided by Hamilton County

If we perform the same analysis on the 2010-2013 period and compare it to the 2015 budget, the difference in funding requested versus funding used in the past is shown.

Comparison of Four Year Average vs. 2015 Request		
Average Expenditures 2010-2014 (1)	Request 2015	Shortfall of Funds Under Historical
2,507,461.62	2,500,000.00	7,461.62

(1) Average based on actual HHS levy funds expended from 2011 through 2013, plus the 2014 budget.

■ Summary of Principal Observations and Recommendations:

The average population at 1617 Reading Road has stayed steady during the 2009 through 2013 period at about 150 persons. Total expenses for the programs have ranged from a low of \$2,676,628 in 2009 to a high of \$3,029,457 in 2011. The fluctuation has mainly been due to changes in the figure for “Occupancy, Office, Training and Other Expense.” It is important to note that these programs are directed at inmates who suffer from addictions to drugs and alcohol only. Within the programs, alcohol addiction has actually decreased over the 2009 to 2013 period, while addiction to opiates has greatly increased. 2009 saw only 178 persons with opiate addictions served, while 2013 saw a staggering increase to 444 persons. It is commendable that Talbert House has faced the crisis posed by increased opiate addiction among prisoners without a corresponding increase in levy funding.

Program Report:

2. Woodburn Avenue Sheriff Staff

See Summary Report section for analysis.

Program Report:

3. Turning Point and 10-Day DUI

Turning Point is a residential treatment program for adult males convicted of multiple DUI’s and other alcohol and/or drug-related offenses. Men are referred to Turning Point after convictions for theft, burglary, domestic violence, and/or possession of a controlled substance or drug paraphernalia. Services include a residential treatment program to provide chemical dependency treatment. Treatment is progress-based, with an average stay of 7 to 11 weeks, followed by a six-month continuing care program and other ancillary services. To become a part of this program, the requirements include meeting the Sheriff Department’s security classification of “Multiple DUI” or other misdemeanor alcohol or drug-related charges. Additionally, the individual must be sentenced and committed with a preference toward a minimum of 180 days with no work detail as the base sentence. Located on Woodburn Avenue, in a residential area of Cincinnati, the facility has a total capacity of 50 beds and houses only male inmates. It is considered a licensed, minimum-security jail and has been accredited by the Ohio Department of Mental Health and Addiction Services.

The 10-Day DUI Program includes a 10-Day and 20-Day Driver Intervention Program which provides substance abuse and addiction education and assessment services in a residential setting to adults convicted of a second DUI or high-tier test. The ten-day treatment also pays for services for female DUI offenders. These services for females are provided at six beds located at 1617 Reading Road facility.

The data that we have gathered on Turning Point and 10-Day DUI indicate that Talbert House views them as a group and funding earmarked for 10-Day DUI is captured within the Turning Point program.

■ **Financial History:**

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014 Budget</u>
Total FST Tax Levy	\$ 6,632,078	\$ 6,820,070	\$ 6,713,719	\$ 6,130,777	\$ 6,764,135
Turning Point & 10-Day DUI	<u>\$ 979,485</u>	<u>\$ 1,103,279</u>	<u>\$ 964,338</u>	<u>\$ 964,346</u>	<u>\$ 964,343</u>
As a Percentage of Total Levy	<u>14.77%</u>	<u>16.18%</u>	<u>14.36%</u>	<u>15.73%</u>	<u>14.26%</u>

As the chart above indicates, funding allocated to Turning Point has been slightly decreasing over the past five years. The average population has remained in the 45 to 50 persons range, and the average length of care has decreased from a high of 79 days in 2010 to 70 days in 2013.

■ **Financial Analysis:**

The contract between Talbert House and the County for the years 2012, 2013 and 2014 encompasses not only Turning Point but also 10-Day DUI and the residential treatment program known in this report as 1617 Reading Road. We discuss this contract in more detail in the Summary Section that covers 1617 Reading Road. However, we would like to call attention to a few aspects of the contract that relate to Turning Point and 10-Day DUI. First of all, the contract that covered years previous to 2012 included language that specified that payments would be made on a sliding scale based on the number of beds occupied. Due to the fact that overall funding for these programs has dropped, the sliding scale structure has been eliminated and each program is funded based on a “maximum” amount based on 32 beds for the Turning Point program and 18 beds for 10-Day DUI. For each of 2012, 2013, and 2014, this maximum annual amount is \$787,236 for Turning Point and \$177,107 for 10-Day DUI. The next exhibit offers financial analysis that is based around actual bed days.

	Fiscal Year Analysis				
	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Bed Days - Actual					
Turning Point	12,476	12,976	11,673	11,575	12,752
10-Day DUI Programs - Men	4,915	4,782	3,311	2,497	2,949
10-Day DUI Programs - Women	<u>933</u>	<u>1,652</u>	<u>1,166</u>	<u>1,003</u>	<u>726</u>
Total Bed Days	5,848	6,434	4,477	3,500	3,675
Average Population - Turning Point	34.18	35.55	31.98	31.63	34.94
Average Population - 10-Day DUI	16.02	17.63	12.27	9.56	10.07
Average Per Diem Rate - Turning Point	71.95	70.98	79.42	74.32	65.74
Total Contract Cost - Turing Point	897,705	921,058	927,122	860,207	838,256
Average Per Diem Rate - 10-Day DUI	22.80	20.05	27.06	33.63	34.14
Total Contract Cost - 10-Day DUI	133,336	128,980	121,130	117,717	125,454
Average Per Diem Rate - Combined	56.27	54.10	64.91	64.87	58.67
Total Combined Cost	1,031,041	1,050,038	1,048,252	977,924	963,710
Annual Percentage Change		1.84%	-0.17%	-6.71%	-1.45%

Based on this information, it appears that in the years 2012 and 2013 funds nominally allocated for 10-Day DUI may have been moved over to Turning Point. This observation is based on a comparison of the maximum amount per the contract for Turning Point and 10-Day DUI and the actual amounts in the exhibit. 10-Day DUI tends to come in lower than the contract maximum, while Turning Point comes in higher.

The largest service cost incurred by Talbert House is for Direct-Contract Staffing. Additional significant Talbert House expenditures include: housing expenses such as rent, utilities, property insurance, and maintenance; and, overhead costs such as indirect labor, administration costs, liability insurance, employee benefits and supplies. Expenses related to security, meals, and medical expenses are paid for by the Sheriff’s Department and are not part of this HHIC Levy.

The following exhibit represents a two-year analysis of the estimated Talbert House direct-staffing costs for the Turning Point Facility from information provided by Talbert House.

	<u>2013</u>	<u>Budget 2014</u>
Contracted Staffing		
Administrative Specialist	41,590	40,171
Clinical Service Provider	270,046	284,058
Director	13,553	14,032
Manager/Assoc. Director	81,916	21,216
Supervisor	<u>-</u>	<u>57,517</u>
Total Contracted Staffing	407,105	416,994

All statistics are supplied by the Talbert House.

Based on a review of Talbert House’s financial statements, we estimate employee benefit and payroll taxes are approximately 24% of wages, providing a total direct-labor cost as follows:

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Estimated Labor Staffing	438,792	450,553	460,774	452,135	386,533
Estimated Employee Benefit and Taxes	<u>116,881</u>	<u>105,169</u>	<u>102,703</u>	<u>99,251</u>	<u>95,292</u>
Sub-Total	555,673	555,722	563,477	551,386	481,825
Days of Care	<u>18,324</u>	<u>19,410</u>	<u>16,150</u>	<u>15,075</u>	<u>16,427</u>
Labor Cost Per Day (1)	30.32	28.63	34.89	36.58	29.33

(1) Cost per day in Talbert House Facility

Subtracting the derived direct-labor cost per day from the total per diem rate paid by the County yields an estimate of the County’s daily cost of housing and overhead for the individuals being served by the Turning Point Programs.

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Average Per Diem Rate Paid	71.95	70.98	79.42	74.32	65.74
Labor Cost Per Day	<u>(30.32)</u>	<u>(28.63)</u>	<u>(34.89)</u>	<u>(36.58)</u>	<u>(29.33)</u>
Total Paid for Housing and Overhead	<u>41.63</u>	<u>42.35</u>	<u>44.53</u>	<u>37.74</u>	<u>36.40</u>
Average Per Diem Rate Paid	100%	100%	100%	100%	100%
Labor Cost Per Day	<u>42%</u>	<u>40%</u>	<u>44%</u>	<u>49%</u>	<u>45%</u>
Total Paid for Housing and Overhead	<u>58%</u>	<u>60%</u>	<u>56%</u>	<u>51%</u>	<u>55%</u>

■ **Revenues from Inmates and Third-Party Payors:**

The Turning Point Program has a sliding-cost scale for those individuals who are served by the program. The scale ranges from \$75 – \$825, based upon ability to pay for the service. Additionally, if the individual receiving services from the Turning Point Program has a fee of less than \$795, there is also a community service component the individual must meet. There is a \$260 fee for the 26 weeks (six months) of the Continuing Care Program. These revenues go directly to Talbert House and offset overhead costs in the analysis above.

■ **Conclusion:**

Approximately one-half of the fees incurred to place an individual into Turning Point go toward direct-labor costs. The remainder covers the cost of housing, utilities, food costs, insurance, administration, and overhead.

■ **Comparisons and Benchmarking:**

We have split our benchmarking analysis into the following sections:

- HHIC Levy Programs services vs. service levels provided in comparable Ohio Counties, including Cuyahoga and Franklin Counties.
- Analysis of number of FTEs and compensation levels to similar organizations and/or available regional or national averages based on job description.

■ **Benchmarking Analysis – Comparable Ohio Counties:**

Each of our target benchmark counties has similar programs in place for DUI offenders. Each county requires an offender to pay for his/her stay; however, we could not determine the amount of county or local government support being provided to subsidize these programs.

■ **Wage Analysis:**

Current staffing levels, with wages based on 2013 average wage data, are displayed in the following exhibit.

	Number of <u>FTEs</u>	2013 Wage <u>Expenditures</u>	Average <u>Annual Wage</u>	Average <u>Wage (1)</u>	Below / <u>Above</u>
Administrative Specialist	1.19	\$ 41,590	\$ 34,950	\$ 34,900	Above
Clinical Service Provider	6.45	270,046	41,868	72,710	Below
Manager / Assoc. Director / Director	<u>1.70</u>	<u>95,469</u>	<u>56,158</u>	<u>101,340</u>	Below
Total	9.34	\$ 407,105	\$ 132,975	\$ 208,950	

(1) Information obtained from the Bureau of Labor Statistics website

The exhibit above illustrates comparisons between wages paid by Talbert House to the state averages selected for benchmarking purposes.

■ **Budget Projection:**

The following exhibit represents a projection that assumes a 2% inflation increase starting in 2015, followed by an exhibit comparing average expenditures to the 2015 budget.

Turning Point & 10-Day DUI Program								
Budget Analysis								
	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>Total Budget</u>
	<u>Budget</u>	<u>2015-2019</u>						
Total Program Expenditure	963,710	964,343	983,630	1,003,302	1,023,369	1,043,836	1,064,713	5,118,849
Budget Inflation (1)		0.07%	2.00%	2.00%	2.00%	2.00%	2.00%	

(1) Inflation factor provided by Hamilton County

Comparison of Five Year Average vs. 2014 Budget		
Average Expenditures <u>2010-2014 (1)</u>	<u>Budget 2015</u>	Decrease Over Historical <u>Average</u>
<u>1,002,290</u>	<u>1,000,000</u>	<u>2,290</u>

(1) Average based on actual HHIC Levy funds expended from 2010 through 2013 plus the 2014 budget.

■ **Summary of Principal Observations and Recommendations:**

An overview of the Turning Point program and of the 10-Day DUI which should be considered as part of it tells a similar story to the 1617 Reading Road narrative. Funding for the programs in question has stayed steady or has decreased slightly, as has the numbers of persons served. The difference between the most recent levy period and the period before it lies mainly in the types of addictions seen and treated. While in 2009 just 5% of persons served at Turning Point were addicted to opiates, this number increases drastically in the period studied—to 23% in 2013. Data from Talbert House points to a steady successful completion rate averaging around 90% in these programs. These outcomes are not linked to recidivism rates and are therefore of limited usefulness in judging the actual outcomes of the programs. However, overall we would concur with Neil Tilow, President of Talbert House when he states, in his funding request, “we all recognize the strain the growing heroin/opiate use is having on the criminal justice system. While costs have increased, there has been no increase in the allocation for these services for ten years.” Given the crisis in opiate addiction, programs that address the problem inherently justify their usefulness.

Program Report:

4. 10 Day DUI

See previous report.

Program Report:

5. ADAPT/Drug Court

■ Financial History:

ADAPT is a program that has historically been funded through the Health and Human Services levy and which is now funded primarily through the Family Services and Treatment levy and partially via the HHIC levy.

Its 2014 budget, under that levy, is \$1,400,000, making it the second largest program after the Talbert House program that provides services at 1617 Reading Road.

ADAPT is administered by Talbert House, as are several other programs under the FST levy, including 1617 Reading Road, Turning Point and 10-Day DUI. Talbert House contracts with the Central Community Health Board (CCHB) for the outpatient services provided; that is, whereas Talbert House is the lead agency and contractor under the MHR SB, the CCHB is the subcontractor under Talbert House for outpatient services. A look at the contract with the CCHB for the outpatient portion of the program indicates that wages account for 75% of the total expenses under the 2014 contract (\$388,211), while if benefits and payroll taxes are added to the wage number the percentage becomes 94%. Wages appear to be average or below average for the types of positions represented.

As noted above, the outpatient services provided under ADAPT will cost about \$388,000 in 2014. This means that the inpatient portion of the program accounts for almost 80% of the levy funding. Because ADAPT is a program for both inmates and outpatients, it is difficult to compare it to programs that exclusively deal with one or the other. Its specificity lies in its treatment of violators who are, typically, non-violent drug offenders with 4th or 5th degree felony convictions.

Established in 1996, it has a long history of addressing the problems of chemically-dependent felony offenders. Clients must attend a specified number of sessions in order to graduate from the program. For first-time offenders, a felony conviction is expunged if they successfully complete the program. To some extent, ADAPT represents an alternative to jail time. A clear and consistent distinction in program reports between expenditures for outpatients versus for inpatients (or residential) would be helpful in considering ADAPT's cost effectiveness. Such information could allow us to estimate the degree to which it is actually saving taxpayers money by diverting offenders away from jail.

Talbert House, the lead agency, also receives funding from the HHIC Levy. The total it received in 2013 was 32% of the 2.5 million allocated to the levy, or about \$800,000.

The number of people in the program during the years 2009 through 2012 ranged between a low of 153 in 2009 to a high of 166 in 2012. During the same years, successful completion of the program stood at around 80%. However, 2013 saw a sharp change. The number of persons admitted to the program dropped from 166 in 2012 to 139 in 2013. Along with a drop in numbers of participants comes a severe drop in successful completions. 2012 saw a 76.4% completion rate, while in 2013 the completion rate dropped to 56.2%. A footnote in Talbert House’s request for funding states that “the decline in 2013 is attributed to the increase in opiate addiction.

ADAPT has been funded as follows over the 2010 through 2013 period:

Drug Court (ADAPT) Tax Levy Funding						2014
	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>Budget</u>	
Total Tax Levy	\$6,632,078	\$6,820,070	\$6,713,719	\$6,130,777	\$6,764,135	
Total Program Expenditures	<u>\$1,452,260</u>	<u>\$1,552,626</u>	<u>\$1,544,278</u>	<u>\$1,329,740</u>	<u>\$1,388,461</u>	
As a Percentage of Total Levy	<u>21.9%</u>	<u>22.8%</u>	<u>23.0%</u>	<u>21.7%</u>	<u>20.5%</u>	

As the exhibit indicates, like other Talbert House programs we have looked at, its funding has stayed steady or decreased slightly over the last 4-5 years. Despite an inflation rate of approximately 2%, money allocated to ADAPT in the 2014 budget is less than it received in 2010.

■ **Financial Analysis:**

All funds earmarked for the ADAPT Program are paid to Talbert House on the following Fee Schedule. This analysis is based on contract estimates for the entire ADAPT Program.

ADAPT PROGRAM - Talbert House Contract Fee Schedule
 July 1, 2013 through June 30, 2014

Service	Rate	Estimated Units (1)	Gross Fee
Assessment	\$ 78.37	2,472	\$ 193,693
Individual Counseling	\$ 22.33	12,538	\$ 279,965
Group Counseling - Per Client	\$ 6.09	124,201	\$ 756,384
Case Management	\$ 78.00	757	\$ 59,080
Crisis Intervention	\$ -	-	\$ -
Non-Medical Residential Treatment Per Day (2)	\$ 61.38	14,892	\$ 914,071
AOD Not Otherwise Classified	\$ 78.00	4,260	\$ 332,280
		159,120	2,535,473
Other Reimbursable			238,962
Total ADAPT Fees and Revenues			\$ 2,774,435
To be paid by			
HHS Tax Levy		50.7%	\$ 1,338,613
HHIC Tax Levy		4.3%	\$ 112,504
State Grants		4.8%	\$ 126,418
Federal Drug Court Grants		17.7%	\$ 465,149
State Funds and Medicaid		<u>22.5%</u>	<u>\$ 592,582</u>
		100.0%	\$ 2,635,266

(1) For fiscal year ended June 30, 2014 allocated to the Tax Levy

(2) Fee per day of inpatient residential care, other services fees are charged based on usages and apply to both inpatients and outpatients.

Revenue	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Fees - Self Pay, Direction Card	85,096	125,773	96,793	125,222	109,918
Hamilton County ADAS Medicaid	-	-	88,636	93,897	75,512
Department of Rehabilitation & Corrections	482,681	517,870	498,455	572,755	621,617
DRC/CCA Grant	53,001	53,001	66,501	68,901	53,001
ODADAS Early Intervention Grant	269,500	269,500	269,500	202,125	126,418
Hamilton County Drug Court	224,756	120,046	112,504	112,504	66,950
Family Services & Treatment Levy	1,463,356	1,506,658	1,383,784	1,414,590	1,338,613
Department of Justice	-	-	-	-	27,172
SAMHSA Grant	<u>111,255</u>	<u>276,843</u>	<u>278,505</u>	<u>125,974</u>	<u>155,888</u>
Total Revenue	2,689,645	2,869,691	2,794,678	2,715,968	2,575,089
Medical and Mental Health Services Provided					
Alcohol Addiction	75	67	44	54	38
Opiate Addictions	95	106	143	207	218
Other Addictions	<u>122</u>	<u>116</u>	<u>97</u>	<u>93</u>	<u>55</u>
Total Services Provided	292	289	284	354	311
Revenue Per Service Provided	<u>9,211</u>	<u>9,930</u>	<u>9,840</u>	<u>7,672</u>	<u>8,280</u>
Percent Increase / Decrease		7%	-1%	-28%	7%

Our review of the contract budget indicates that the FST Levy currently pays for 60.9% of the total ADAPT Program.

For the current contract period, the FST Levy budget estimates 8,908 residential treatment bed days out of a total budget of 11,702 days, or 76% of the total Residential Treatment Program.

A four-year analysis of the contracted staffing for the Drug Court Program is presented below.

Wages Attributable to the ADAPT Program for Men and Co-ed Outpatient Services					
	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Contracted Staffing					
Counselor, Clinical Service Provider	\$ 275,343	\$ 361,314	\$ 331,726	\$ 265,317	\$ 216,806
Other Professional	<u>104,873</u>	<u>100,693</u>	<u>116,354</u>	<u>115,123</u>	<u>104,315</u>
Total Contracted Staffing	<u>380,216</u>	<u>462,007</u>	<u>448,080</u>	<u>380,440</u>	<u>321,121</u>

The total FST Levy costs attributable to direct-staffing costs are as follows:

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Total FST Levy Expenditures for ADAPT Programs	1,452,260	1,552,626	1,544,278	1,329,740	1,329,740
Salary	783,570	791,151	806,791	780,241	773,827
Fringe Benefits and Taxes	<u>217,541</u>	<u>213,442</u>	<u>207,940</u>	<u>200,042</u>	<u>187,270</u>
Total	1,001,111	1,004,593	1,014,731	980,283	961,097
Percentage of FST Levy Expenditures Attributable to Direct Staffing Costs	<u>68.93%</u>	<u>64.70%</u>	<u>65.71%</u>	<u>73.72%</u>	<u>72.28%</u>

As can be seen above, the percentage of expenditures that fund staffing has slightly risen over the last several years.

■ **Selected usage statistics:**

ADAPT Program - Inpatient Selected usage statistics from Talbert House					
	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Admissions to program					
Total Days of Care	15,862	15,345	13,949	15,724	16,100
Total number of individuals served	292	289	284	354	311
Average Population	43	42	38	43	44
Utilization	80.48%	77.85%	70.77%	79.78%	81.68%
Average Length of Care (Days)	75	72	62	65	77
Cost Savings to Hamilton County	(1) \$1,031,030	\$ 997,425	\$ 906,685	\$1,022,060	\$1,046,500
<i>All statistics were provided by Talbert House, Inc.</i>					
<i>(1) Cost savings is calculated based on the Sheriff's department per diem rate of \$65.00 per day in jail multiplied by jail days saved. Note that this per diem rate is reasonable for use and to test further would be beyond the scope of the engagement as it would require reviewing jail overpopulation statistics, consideration to early releases that may have been made with or without the treatment program and other unknown conditions.</i>					

■ **Comparisons and Benchmarking:**

At this point in our research we have not been able to gather statistics that allow us to compare Ohio drug courts in different counties to the Drug Courts in Hamilton County. The chart below provides historical information.

■ **Comparison with other Ohio Counties**

Comparison - Ohio Adult Drug Courts			
	<u>Hamilton</u>	<u>Cuyahoga</u>	<u>Summit</u>
Year Started	1995	2009	1995
Total Enrolled in 2013	311	172	(1)
2013 Graduates	Open	54	(1)
Funded by	Indigent Levy		(1)

(1) As of July 1, 2013, the Drug Court has been changed to the Turning Point Program.

■ **Wage Analysis:**

Analysis of the FTEs paid within the program allows us to benchmark their salaries against regional and national averages. We can also make observations regarding research on Drug Court efficacy in general, which should help the Board in its consideration of the Drug Court funding request.

	<u>Number of FTEs</u>	<u>2013 Budgeted Wage Expenditures</u>	<u>Average Annual Wage</u>
Activity and Security Monitor	10.80	240,007	22,223
Administrative Specialist	2.38	64,765	27,212
Clinical Service Provider	6.62	241,396	36,465
Food Service Specialist	0.39	10,899	27,946
Manager / Assoc. Director	0.60	28,508	47,513
Supervisor	<u>2.25</u>	<u>103,990</u>	46,218
Total	23.0	\$ 689,565	

All statistics on FTEs and Wages based on information from Talbert House, Inc

The following exhibit compares wages paid by Talbert House to the state averages selected for benchmarking purposes.

	Average <u>Annual Wage</u>	Average Wage <u>Index (1)</u>	Above / Below <u>Average</u>
Activity and Security Monitor	\$ 22,223	\$ 27,550	Below
Administrative Specialist	27,212	38,250	Below
Clinical Service Provider	36,465	43,700	Below
Food Service Specialist	27,946	33,640	Below
Manager / Assoc. Director	47,513	39,540	Above
Supervisor	\$ 46,218	\$ 39,540	Above

(1) Average wages were obtained from Bureau of Labor Statistics and are as of May 2013.

■ **Budget Projection:**

Measured on a calendar-year-basis, the expenditures associated with this program fluctuate from year to year. Therefore we compared the average cost of this program from 2010 through 2013 to the 2014 budget of \$1,388,461. Based on this analysis, the 2014 budget is lower than the historical average by 6%. The budget request for 2015 is \$1,400,000, which is lower than the average by 5%.

ADAPT / Drug Court Budget Analysis						
	Budget <u>2015</u>	Budget <u>2016</u>	Budget <u>2017</u>	Budget <u>2018</u>	Budget <u>2019</u>	Total Budget <u>2015-2019</u>
Total Program Expenditures(1)	1,390,000	1,391,000	1,393,000	1,395,000	1,396,000	6,965,000

(1) This amount includes \$1,338,611 in substance abuse fees and a salary of \$49,850 that was inflated by 3% beginning in 2015

Comparison of Five Year Average vs. 2014 Budget		
Average Expenditures		
<u>2010-2014 (1)</u>	<u>2015 Request</u>	<u>Decrease</u>
<u>1,469,726</u>	<u>1,390,000</u>	<u>(79,726)</u>
<i>(1) Average 2010 through 2013 actual expenditures plus 2014 budget</i>		

■ **Conclusion:**

Drug courts allow judges, in collaboration with treatment providers, to design individualized plans to treat offenders as part of their sentence.

Research conducted by the University of Cincinnati (UC) in 2002 asserted the effectiveness of this judicial treatment model, finding that 68% of drug court participants in common pleas courts did not re-offend in two years, a 19% decrease compared to offenders receiving conventional sentences. The UC study noted a similar result for drug courts in municipal courts with more than 50% of those drug court participants remaining crime-free in two years.

Another study by UC, using a cost-benefit model, documented the cost-saving advantage of utilizing drug courts to treat felony drug offenders. In this study, UC researchers concluded that every one dollar spent on drug courts yielded a net savings of \$4.73. The cost savings varied with the type of sanction with the greater cost savings found when drug courts were compared to residential programs.

Research done in more recent years has yielded a more nuanced picture. A study funded by the Urban Institute and presented at the National Institute for Justice conference in 2010 found evidence that participants in drug courts versus in control groups did show lower recidivistic drug use six months after intervention and also showed somewhat lower rates of criminal activity in that six-month period. The study showed that whereas 40% of those who attended Drug Court-ordered therapy programs engaged in criminal activity 6 months after the initial arrest, the control group percentage was higher, at 53%. The percent of those groups “using drugs” was 56% for those sent to Drug Court, and 76% for those in the Control Group. The differentials were not huge, though, and this study did not include a cost-benefit analysis.

Another study, also affiliated with the Urban Institute and presented at the American Society of Criminology Annual Meeting in 2010, did perform a cost-benefit analysis. The study looked at those served in Drug Courts versus a control group and analyzed the net benefits or net costs of one versus the other across several categories of measurable outcomes, such as time spent with a probation officer, residential drug treatment, group counseling, crime 18 months after

the arrest, days incarcerated over the 18 months after the arrest, and less direct outcomes, such as earnings of those sent to Drug Court versus those in the control group, time spent in homeless shelters and in public housing. The overall findings were that total “net benefits” of Drug Courts studies versus the control group amounted to \$5,680 per person, which sounds like a significantly positive finding. However, the authors put the findings into perspective when they state that the “total benefits were not statistically significantly different between groups.” According to the study, Drug Court cannot be affirmed to be “cost beneficial” although, on the other hand, the study shows that it does appear to “pay for itself”: “Drug Court does not appear to cost the criminal justice system more.”

Program Report:

6. ReEntry (Sheriff)

■ Overview of Program Services and Background:

The Sheriff's Reentry Program was established in January 2008 and is a joint effort between the Hamilton County Sheriff, Pretrial, Probation, the Court Clinic and various other community providers. This system-wide Reentry Coordination Team designs interventions for offenders that focus on the outcome of reintegrating the offender into society. The concept of reentry engaged by this and the other reentry programs funded by the two levies studied in this report is rather general. All of the programs view reentry as a process that begins as soon as the offender enters the criminal justice system. Based on a concept of the offender as a person capable of rehabilitation, the idea is commendable. But generalizing "reentry" as a process that starts when the offender is still part of the larger society makes it challenging to study outcomes. How does one study the impact of a "reentry" program on a person actually returning from, for example, a two year sentence in jail when the program also engages persons who never actually serve a prison sentence?

■ Financial History:

2008 was the first year for this program, though in that year its support did not come from the FST levy. Since 2009, the program has been funded by the FST levy and this funding has increased by about 55% since the inception of the program. Whereas the total cost of the program was \$78,703 in 2008, it was \$121,896 in 2013.

■ Financial Analysis:

As the exhibit below indicates, funds requested for the program for 2014 represent under 2% of the total levy.

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u> <u>Budget</u>
Total Tax Levy	\$6,632,078	\$6,820,070	\$6,713,719	\$6,130,777	\$6,764,135
Total Program Expenditures	97,326	108,787	114,035	121,896	125,000
As a Percentage of Total Levy	1.47%	1.60%	1.70%	1.99%	1.85%

All costs related to this program are wage costs, as indicated in the exhibit below:

<u>Staffing Costs</u>	<u>Number of FTEs</u>	<u>2014 Budget</u>		
		<u>2012</u>	<u>2013</u>	<u>2014 Budget</u>
Data Entry Operator and Re-Entry Specialist	2	\$ 114,035	\$ 95,389	\$ 122,725
Payroll taxes and benefits (estimated)		<u>33,946</u>	<u>28,395</u>	<u>36,533</u>
Total		<u>\$ 147,981</u>	<u>\$ 123,784</u>	<u>\$ 159,258</u>

■ **Comparisons and Benchmarking:**

Because of the small size of this program, it is not possible to compare its effectiveness to that of comparable programs in Ohio. We can, however, compare the wages shown above with those of similar positions. Doing so yields the tentative result that the wages paid through the levy for Sheriff's ReEntry are above the national average for these positions.

	<u>2013 Wages</u>	<u>Average Wage (1)</u>	<u>Above/Below Average</u>
Data Entry Operator and Re-Entry Specialist (2) Combined	\$ 95,389	\$ 75,070	Above

(1) Information is per Bureau of Labor Statistics
(2) Used Correctional Treatment Specialists as benchmark

■ **Budget Projection:**

	<u>2015 Budget</u>	<u>2016 Budget</u>	<u>2017 Budget</u>	<u>2018 Budget</u>	<u>2019 Budget</u>
Total Program Expenditures	\$ 129,000	\$ 133,000	\$ 137,000	\$ 141,000	\$ 145,000
Inflation	3%	3%	3%	3%	3%

(1) Used a 3% inflationary rate due to cost of living increase

The Budget Projection above indicates that the intent is neither to grow the program nor to shrink it, but to maintain funding at current levels, plus an adjustment for inflation.

■ **Summary of Principal Observations and Recommendations:**

As noted above, funding for the Sheriff's ReEntry program represents a very small portion (under 2%) of the total FST levy. This does not mean, however, that its efficacy should not be examined, and that its provision of salary and benefits should not be considered in a larger context. Wages paid by the levy for this program are above national averages in a community where the cost of living in 2012 was estimated to be 89.7 as compared to a national average of 100. The levy board could take into consideration this differential in its decision-making process.

Program Report:

7. ReEntry (Municipal Court)

What follows are excerpts from the funding request submitted by the Reentry program of the Municipal Court. For our observations on the program, please see the middle section of this Review.

“Like other medium-sized urban areas around the country, Hamilton County faced tremendous challenges related to managing its jail population. With the loss of 1100 local jail beds, Hamilton County needed to quickly find options that would manage its growing pretrial population (70% as of 2009, per Pretrial Jail Management System) while at the same time, *reduce the risk of reoffending and failure to appear* for those released during the pretrial stage of the proceedings. With that articulated goal, local stakeholders and the Hamilton County Community Corrections Board researched the growing body of science around risk assessment. Building upon earlier efforts from a 2007 pilot project funded by Hamilton County, a multi-disciplinary jail management team representing key decision-makers (sheriff, courts, Court Clinic, community providers) brought forth three key change targets for Hamilton County. The first change introduced a new validated assessment tool to assist decision-makers in their daily pretrial release decisions. Secondly, progressive intervention was incorporated wherein additional validated assessment tools were utilized very early on in the criminal justice process to quickly determine immediate risk. Lastly, supervision strategies were researched to prioritize, retool, and streamline specific interventions to stabilize targeted need(s) for high risk/high need defendants eligible to transition from jail to the community. In October of 2009, the Hamilton County Department of Pretrial and Community Transition Services (DPCTS) with partial support from the Family Services and Treatment Levy, embarked upon a mission to strengthen the Court's pretrial release decision making and release process. The pretrial assessment tool that was subsequently chosen and adopted by Hamilton County DPCTS was the Ohio Department of Rehabilitation's (ODRC) model, an Ohio-based assessment system designed for use at various points of the criminal justices system. Validated by the University of Cincinnati in 2009, the ORAS Pretrial Assessment Tool (PAT), is the cornerstone of Hamilton County's evidence based pretrial decision making process called Early Intervention and Community Transition from Jail services. The program designs individual release case plans for defendants and offenders detained or incarcerated in Hamilton County Justice Center. *If we see reentry only as a back-end process, we contribute to "jail bloating" within our local jails (Beck, 2006)*

Assessments for release begin the moment a person is arrested, targeting intervention planning for those identified and assessed as high risk and/or/high need. The intervention process incorporates eligibility from arrest and continues through community reintegration, including release from jail primarily at pretrial proceedings, however, release may occur at the time of sentence, or release after successfully completing court-ordered sanctions. This

process is designed to support transition efforts to the appropriate service systems within the community. The Pretrial Early Intervention and Transition from Jail to the Community collaborative (aka Reentry), has opened the door to new, innovative strategies and multiple gaps- in-service programs and has been the gateway to enhanced court supervision and intensive intervention services for high risk populations (aka Treatment Courts). Together, grants and the FSTL revenues supported four new specialized dockets for Veterans and seriously mentally ill felons during 2009-2014. In addition, the new Hamilton County Office of Reentry, created to better coordinate all types of community resources, remove barriers, and explore new models for reentry for convicted offenders leaving jail and prison, has moved the County toward a more comprehensive reentry public policy.”

Program Report:

8. Treatment Court

The 2015 levy request for Treatment Court is integrated into the larger levy request for the Municipal Court ReEntry program. For this reason, we discuss Treatment Court at some length in the section that mainly discusses the Municipal Court ReEntry program.

The idea behind Treatment Court is to efficiently identify, engage and connect high risk and high need defendants and offenders to evidence-based treatment programs within the community. "Treatment Court" is also referred to as "Specialized Dockets" and as "Pretrial Services" by the Court of Common Pleas. The program is administered by this Court. Treatment Court is a "front-end" intervention process, which works by addressing criminal behavior problems early on in the criminal justice process. According to its proposal for 2015 funding, the program provides services that "target family reunification, access to income, education, employment training, housing and behavioral health care services."

The program diverts offenders from the costly system of state incarceration and into effective evidence-based community treatment with intensive supervision. Because the program partners with the Veterans Administration, it functions to divert treatment costs for offenders who are also veterans from the local Hamilton County system to the federal VA system, leading to cost savings, as treatment for these Veterans is paid for by Federal funds.

As mentioned earlier in this report, there are four courts within the program:

- Hamilton County Municipal Veterans Treatment Court for Misdemeanors (Judge Powers)
- Hamilton County Common Pleas Court Mental Health Court (Judge West)
- Hamilton County Common Pleas Mental Health Court (Judge Luebbers)
- Hamilton County Common Pleas Veterans Treatment Court (Judge Cooper)

The 2014 budget for Treatment Court" was \$75,000, and the program is asking for an increase to \$175,000 for 2015. As discussed in the Section on Municipal Court ReEntry, reasons given for the increase requested include the intention to create a new Administrative Support position, the ending of a significant grant from SAMSHA, and the hiring of a peer mentor coordinator within the Veterans Court—a part-time position for which the funding would be \$25,000. This person would be a Veteran and would facilitate Veteran offenders' passage through the program.

Descriptions of the positions to be paid for with levy dollars follow. For more extensive information on Treatment Court, see the Municipal Court ReEntry program section.

"Program Director -- \$80,000 – Manages all 4 dockets.

Administrative Assistant – \$18,000-- Would be a new part-time position staffed at Court Clinic to assist with data collection, reporting, file management, and clerical support. With the end of the SAMSHA grant, these functions will no longer be funded or staffed by a contractor of Ohio Department of Mental Health.

Pretrial Caseworker – \$40,489-- Work in the office of Pretrial Services. Primary function is to identify Veterans entering the criminal justice system, connect with them and their attorney's regarding options for treatment connection and connect the individual to the VA Hospital for connection, assessment, and placement in appropriate services. With over 2000 veterans coming through the Hamilton County Justice system per year, this position allows the county to effectively connect Veterans to the best services through a system paid for by the Federal Government, therefore diverting cost directly from the Hamilton County System. This position was paid for through a blending of FSTL and SAMSHA funding in the past. The SAMSHA grant expires this September.

Peer Mentor Coordinator – \$22,533 – This is a part time position staffed by a Veteran with lived experience of recovery. Pat Coburn has been serving in this function for nearly 4 years. Has been funded through a SAMSHA grant that expires in September of this year. The Coordinator recruits, manages, and operates as a key member of the treatment team. He attends both Municipal and Common Pleas weekly dockets, and provides oversight to a peer driven mentoring program of over 12 volunteers.

Training -- \$10,150 – This would allow for ongoing training of treatment team staff. It is important that everyone is provided an opportunity to learn best practices through participation in National Drug Court Conferences and Annual Specialized Docket Practitioner network trainings. This allow up to 7 members of the Treatment Court staff to attend every year – allowing everyone training opportunities over the next three year period.

Supplies -- \$3,000 – The Specialized Dockets will need to maintain software upgrades for reporting data. In addition, basic supplies such as paper, ink cartridges, files, etc. are needed to maintain the administrative functions of the court. In addition, the Courts provide public graduation ceremonies which require some financial support to print certificates, provide phase advancement coins, and issue incentives.

Expenditures -- \$3,000 – Transportation is a major impediment to treatment compliance for the Mental Health Court and Veterans Treatment Court. Despite access to top level care, our participants must be able to attend. Most do not have their own mode of transportation, and many come to the court without employment, housing, or means to travel. This allows all of the courts to provide bus tickets to those in need. This is only used for transportation to court ordered treatment activities.”

Program Report:

9. Drug-Free Communities

■ Overview of Program Services and Background:

Drug-Free Communities is another name for the Coalition for a Drug-Free Greater Cincinnati, an agency that provides educational outreach to communities in the Cincinnati area. Founded in 1996, the Coalition “is an effort to mobilize multiple sectors of the community to address adolescent substance abuse.” Targeting youth in a ten county area, it is different from the other programs in the levy both in its objective and in its reach.

Because it represents such a small portion of the levy, it is not our intention to discuss the program at length, but to touch on its key features.

According to the funding request, the levy has “supported the Student Drug Use Survey in 2012 and 2014, increased awareness about youth substance abuse through media messaging, provided seed funding for local coalition development, and supported a total of one full-time staff prevention specialist dedicated to Hamilton County.” The request points to a “decrease in 30 day substance use, an increase in student perception of substance use harm, an increase in age of first use, and an increase in parental and peer disapproval of use.”

■ Financial History:

The Family Services levy funded this program at \$61,884 for 2012 and at \$69,313 for 2013. The 2014 budget is \$64,337, while for 2015 the Coalition is asking for an additional \$5,000, making its total levy request \$70,000.

■ Summary of Principal Observations and Recommendations:

The Ohio Department of Health’s 2013 Youth Risk Behavior Survey provides data on drug and alcohol use by teenagers in Ohio overall. The information is therefore of limited, but still meaningful, significance to Hamilton County. The study shows a significant drop in the use of alcohol among teens during the period 2003 to 2013. Whereas in 2003 42% of teens reported having used alcohol, the 2013 number is just 30%. Use of heroin and of hallucinogenic drugs between 2003 and 2013 stayed steady, though, and it is well-known that between 2000 and 2011 Ohio’s death rate due to unintentional drug poisoning has increased more than 350%, largely due to prescription drug overdoses. Between 2011 and 2013 there is encouraging data showing that overall, in Ohio, the percentage of students using prescription painkillers has decreased significantly. Inasmuch as the program under consideration is a collaborative effort throughout several counties, and the data show overall decrease in teen drug use in recent years, we can tentatively conclude that the levy funding for Drug Free Communities is at least correlated with positive outcomes in teen drug and alcohol abuse.

Program Report:

10. Off the Streets

Off the Streets (OTS) is an inter-system community collaborative involving representatives from the government, substance abuse, and mental health treatment providers, the criminal justice system, social service agencies, communities, and survivors of prostitution throughout Cincinnati and Hamilton County. Cincinnati Union Bethel is the lead agency for this program.

Off the Streets addresses the health and well-being of women involved in prostitution and attempts to provide them with alternatives to the lifestyle. The program coordinates services to assist women involved in prostitution move toward safety, recovery, empowerment, and community reintegration.

As our summary report explains, Off the Streets has been located in a historic building in Lytle Park since it began providing services in 2006. Recent negotiations, however, have resulted in anticipated changes both to the location and to the overall setting of the Off the Streets program. In spring 2015, a new building, located on Reading Road and featuring improved Off the Streets dormitory-style units and 85 studio apartments, will open. One half of these studio apartments will house women who are certified to be both homeless and suffering from a disabling condition, while the other half will be set aside for women who are certified to be low-income only. The building project is estimated to cost \$14 million, \$4 million of which will be provided by the buyers of the original Anna Louise Inn in Lytle Park.

In addition to providing housing, the program offers non-traditional group services to assist women through the recovery and empowerment process. Groups are facilitated by volunteers and staff and provide opportunities for women to learn new life skills, as well as to address the trauma they have experienced. Groups include budgeting, life skills, relapse prevention, health and nutrition, relationships, creative writing/journaling, stress management, exercise, women's issues, as well as others. Staff also works with women to identify their individual needs and to connect participants to appropriate services within the community to address their needs. Focus areas include housing, medical care, substance abuse and mental health treatment, education, and employment. The information provided by Off the Streets in response to our request tells a clear and persuasive story about the needs met by this program. By offering women engaged in prostitution a comfortable and safe place to live until they can find stable housing, and by offering supportive services and counseling to these women at this site, Off the Streets provides a tangible community benefit.

In addition, in response to requests from the community and from the Cincinnati Police Department, Off the Streets is working with Municipal Court Judge Heather Russell to explore the establishment of a Specialized Docket to serve the needs of prostituted women. This will only increase the number of women requiring services. Thus, OTS expects to serve more women in the future and would arrange to utilize staff to assist with coordination of this Docket.

Program Report:

11. ReEntry County Program (HCBC)

The first item of background information we would like to offer on the Office of ReEntry is that its origins lie in a serious attempt to acknowledge that the Hamilton County reentry system has been beleaguered by a “splintered” approach to the problem of reentry and that a direct confrontation of the risk of duplication of efforts is necessary.

As a direct response to the lack of consolidation in the reentry system, the Program’s Director, DeAnna Hoskins, initiated a community-wide planning process in 2011 as a way to move toward coordination and consolidation. A kick-off event in August 2011 brought together 250 individuals from multiple agencies as well as including people who had experienced reentry themselves. Subsequent community planning meetings were held in December 2011, with 129 participants, in early 2012, when participants totaled 51, and in March 2012, with 19 persons attending. The gradual decrease in numbers of participants does not in itself indicate a decline in community-wide investment, but it is worth noting, nonetheless.

Two of the more concrete goals established in these sessions were to open a centrally-located Resource Center where services and training would be always available to ex-offenders, and to hire a clerical specialist, a development and contract compliance officer and a community liaison. The Resource Center is functioning and the Office has provided data on each of the types of services offered, including Basic Needs (e.g. Birth Certificate and Ohio State Identification), Housing (encompassing temporary shelter, transitional housing and service-enriched permanent housing), Medical (including counseling on Medicaid and the Affordable Care Act), Transportation services, Lifelink (a government program that provides free cell phone service), Child Support counseling, Certificate of Qualifications (a process by which ex-offenders can obtain an order of limited relief from certain bars on employment caused by their criminal record), and finally the Ohio Benefit Bank (a program that screens applicants for eligibility for programs such as food assistance, WIC, and Veterans Education programs).

Staffing information from the inception of the Office until 2014 is displayed in the exhibit below:

	<u>Base Salary</u>	<u>Total Cost</u>
Staffing at Hamilton County Office of Reentry		
2011:		
Director (grant funded)	60,000	87,544
2012		
Director (grant funded until May, FST-Levy funded June through December)	60,000	87,544
2013		
Director (FST-Levy funded)	61,797	89,341
ReEntry Coordinator (PSN Grant) May 2013	38,000	52,029
ReEntry Specialist--Open--(FST Levy) May 2013	32,365	54,799
Contractor (Downtown Cincinnati) October 2013	n/a	60,000
2014		
Director (FST-Levy funded)	61,797	89,341
ReEntry Coordinator (Indigent Care Levy) April 2014	40,000	63,760
ReEntry Coordinator (PSN Grant) May 2013	38,000	52,029
ReEntry Specialist -- Open-- (FST Levy) May 2013	32,365	54,799
Contractor (Downtown Cincinnati) October 2013	n/a	60,000

To get a more specific and comprehensive sense of how reentry services are defined by the Office, we would like to include the following excerpt from the “ReEntry Services Definition” provided by the Office of ReEntry.

“Reentry Services Definition

Defines the various services available through the Office of Reentry for individuals with criminal backgrounds as they transition into a pro-social lifestyle

Reentry Intake/Assessment – process of collecting pertinent demographics that provides the information needed to assess individual needs and risk to be address to reduce recidivism.

Birth Certificate – is vital in obtaining an Ohio State Identification/Driver’s License in order to assess basic human needs and various community resources.

Social Security Card or Print-Out – is a necessary to obtain employment, and receive other government services.

Ohio State Identification - state issued verification of identification necessary for obtaining housing, employment and various other needs in the community.

Ohio Benefit Bank - The Ohio Benefit Bank can connect you to programs and resources that can stabilize your household, AND benefit your community as a whole. Consist of the following benefits:

Food and Nutrition Programs:

- ❑ Food Assistance - It is a federal program that can help you to purchase groceries, and it boosts your local economy when you buy food at grocery stores in your community
- ❑ Women Infants and Children (WIC) is a nutrition program for pregnant women and children age 5 years and younger, providing access to nutritious foods, information and breastfeeding education
- ❑ USDA Child Nutrition Programs this program connects children from low-income households with free or affordable school meals

Healthcare Assistance Programs:

- ❑ Health Care Programs for Families and Children these programs are designed to assist pregnant women, children and/or their parents/guardians in need of health insurance
- ❑ Medicaid for the Aged, Blind and Disabled is a healthcare program available for Ohioans who are aged 65 years or older, legally blind or qualified as disabled by the Social Security Administration
- ❑ Medicare Premium Assistance is a set of Medicare programs designed to assist low-income Medicare recipients with the cost of their Part A and/or Part B premiums, as well as potentially helping with their cost sharing with Medicare.
- ❑ Child and Family Health Services (CFHS) is a network of health care resources available throughout Ohio. The network gives families the ability to access health services, such as physicals, laboratory tests, health and diet counseling, pregnancy-related care and more.
- ❑ Bureau for Children with Medical Handicaps (BCMH) is a healthcare program designed to link children with a variety of health care needs to a network of providers and services.
- ❑ Extra Help for Medicare Part D Also called the Low Income Subsidy (LIS), Medicare Rx Extra Help helps low-income Medicare recipients pay for prescription drug costs.

☐ Ohio's Best Rx is a prescription drug discount card designed to lower the cost of prescriptions for Ohio residents. This program assistance Ohioans who are 60 years of age or older with any income, as well other families lacking prescription coverage.

Taxes and Student Aid Programs:

- File Your Federal and State Tax Returns Most households that make under \$60,000 can file their state and federal taxes for free with The Benefit Bank. Everyone who files with The Benefit Bank is screened for various credits, including the Earned Income Tax Credit-- credits which are often missed by Ohioans filing their taxes otherwise. By e-filing, Ohioans can maximize their refunds, while receiving their refunds in 14 days or less.
- ☐ Earned Income Tax Credit (EITC) is a refundable federal tax credit for low- to moderate-income working individuals and families.
- ☐ Free Application for Federal Student Aid FAFSA is used to apply for federal financial aid to cover the cost of college and other post-secondary programs.
- ☐ Veterans Education and Training Veterans can apply for the tuition assistance and training that they have earned, including resources like the
- ☐ Home Energy Assistance Program (HEAP) offers utility assistance through the use of a one-time payment on a heating bill during the program season, September through May.
- ☐ Child Care Assistance also known as Title XX, helps low-income working families pay for child care. Families are responsible for a co-payment and the Ohio Department of Job and Family Services subsidizes the remaining amount.
- ☐ Ohio Works First Cash Assistance (OWF) provides financial assistance and work supports such as education, training and help finding a job for low-income families.
- ☐ Golden Buckeye Program connects Ohio's elderly and disabled residents to information about resources in their community and discounts on goods and services, like prescription drugs, banking services and state park admission fees.
- ☐ Senior Community Service Employment Program (SCSEP) helps seniors develop job skills through training and community service opportunities. SCSEP participants are employed part-time at minimum wage and receive valuable on-the-job training.
- ☐ Big Brothers / Big Sisters "Amachi" Youth Mentoring Program connects children between the ages of 4 and 18 with incarcerated parents to adult mentors.
- ☐ Voter Registration is for first-time voters as well as registered voters who need to change registration information, like name, address, or political party affiliation.

Affordable Ohio Healthcare – to determined eligibility in the Qualified Health Plan (QHP) and insurance affordability programs.

Clothing – for those being reintegrated into the community without the essential clothing, (winter coat/clothing) basic hygiene (toothbrush/tooth paste, soap) emergency and work- related clothing.

Dental – provides proper dental and treatment that can lead to other health concerns.

Health – addresses medical diagnosis or specific medical needs that must be fulfilled post incarceration.

Mental Health (MH) – is a service that addresses the mental health needs of offenders who may be released with prescribed psychotropic medication and diagnose mental illness.

Substance Abuse (SA) – service that address individuals with history of dependence and/or addiction to any mood altering substance (i.e., heroin, methamphetamine, opioids, alcohol, etc.)

Transportation Recipients –those being reintegrated into the community who need assistance with transportation to and from appointments.

- ❑ Transportation Voucher - public transit and bus service for offenders who need assistance with transportation to and from appointments and employment.

Life Link Cell Phone - a government benefit program that provides free cell phone and monthly service that is essential for making appointments, seeking employment and various other communication needs.

Legislation Education-community informational sessions on new and changing state laws in Ohio

- ❑ CQE - Creates a process by which an individual, who is subject to a "civil impact" or "collateral sanction", may obtain an order of limited relief from a court that will provide relief from certain bars on employment or occupational licensing in the state of Ohio.
 - ❑ Collateral sanction - is a penalty, disability, or disadvantage that is related to employment or occupational licensing as a result of a conviction of or plea of guilty to an offense and that applies by operation of law in this state regardless if the penalty, disability, or disadvantage is included in the sentence or judgment.

Child Sup/DL Suspension- driver license suspension as a result of a default on a child support order, or the person has failed to comply with a warrant or subpoena regarding child support issues

Training- helps job seekers with felony convictions and other criminal charges know their work options, set goals, get training, and be successful in their job search.”

In the Office of ReEntry funding request, specific and detailed information on the scope of the challenge of reentry and on the goals of the ambitious program launched in 2011 are available. The following excerpt from the materials provided by the Office lays out the problems faced and how the Office of ReEntry is seeking to address them:

“The magnitude of the number of individuals returning to communities from incarceration and the complexities of successful reentry has been a nationwide issue for approximately 30 years. The following selected "Reentry Facts" listed by the National Reentry Resource Center help to understand the issue today:

- Federal and state corrections facilities held over 1.6 million prisoners at the end of 2010— approximately one of every 201 U.S. residents
- During 2010, 708,677 sentenced prisoners were released from state and federal prisons, an increase of nearly 20% from 2000
- At least 95% of state prisoners will be released back to their communities
- In a study that looked at recidivism in over 40 states, more than four in 10 offenders returned to state prison within three years of their release
- The incidence of serious mental illnesses is two to four times higher among prisoners than it is in the general population
- Three quarters of those returning from prison have a history of substance use disorders
- More than 10 percent of those entering prisons and jails are homeless in the months before their incarceration
- The prevalence of chronic illnesses and communicable diseases is far greater among people in jails and prisons
- less than half of released prisoners had secured a job upon their return to the community
- Of parents held in the nation's prisons —52% of state inmates and 63% of federal inmates- reported having an estimated 1,706,600 minor children, accounting for 2.3% of the U.S. resident population under age 18

The Ohio prison system alone houses approximately 50,000 individuals on any given day, the size of a medium Ohio city. In July 2011, 4905 individuals committed by Hamilton County were in Ohio Department of Rehabilitation and Correction (ODRC) prisons constituting 9.7% of the entire population. Hamilton County committed 2067 individuals to the ODRC in Fiscal Year 2011, second only to Cuyahoga County, and representing 9.3% of the total statewide commitments. Based on the Calendar Year 2011 ODRC Population Summary report:

- Almost half of individuals committed from Hamilton County serve more than 365 days in prison (49.7%); 25% serve 6 months or less, while the remaining 25% serve between 6 and 12 months

- Almost one third (31.3%) of Hamilton County individuals are 24 years old or younger at the time of commitment
- The 3-year return to prison rate for Hamilton County commitments is 32.1%

In November 2011, the Ohio Adult Parole Authority had 2210 individuals residing in Hamilton County under supervision as follows:

- 182 under Intensive supervision (8.2%)
- 642 under Basic supervision (29%)
- 923 under Basic low supervision (41.8%)
- 131 in residential (5.9%)
- 286 on a Monitored caseload (12.9%)
- 241 sex offenders (10.9%)

In addition, approximately half of the individuals released from Ohio prisons have no ongoing supervision requirements and are left to navigate a variety of barriers that pose challenges to successful reentry.

Besides understanding the magnitude and nature of individuals returning to communities from incarceration, it is also important to obtain insight on effective approaches. A few examples follow:

- A meta-analysis consisting of 374 effect sizes from 225 studies found that cognitive-behavioral/social learning programs had a greater positive impact on recidivism reduction for higher risk offenders than for lower risk offenders
- A meta-analysis of 69 studies on the effectiveness of behavioral and cognitive-behavioral programs found that cognitive-behavioral programs demonstrated the largest reductions in recidivism; the specific types of programs yielding the most impact were cognitive-behavioral skills development programs and cognitive skills programs
- A meta-analysis of 33 evaluations of education, vocation, and work programs for adult offenders found that program participants were employed at a higher rate and recidivated at a lower rate than non-participants

- Research indicates that employment is associated with lower rates of reoffending, higher wages are associated with lower rates of reoffending, and increases in employment are associated with reductions in all types of crimes (violent, drug, property); research also indicates that practitioners cannot address employment in a vacuum and need to understand the impact of other criminogenic risk/needs on both sustained employment and recidivism
- A meta-analysis of 58 studies examined the relationship between 74 potential predictors and two types of recidivism for mentally ill offenders – general and violent; the most common diagnoses for the participants were schizophrenia (70%) and antisocial personality disorder; overall, having a mental illness was associated with less recidivism (both general and violent); the exception was for those with antisocial personality disorder
- Studies consistently find that family support during and after incarceration is correlated to reduced recidivism; studies also find that family members are often key in providing housing and employment support to those returning to prison; family support has also been linked to better outcomes for those involved in substance abuse treatment

...

In March 2011, based on the recommendation of the CJC, the Hamilton County Board of Commissioners established the Office of Reentry and hired its first Director, DeAnna Hoskins. The Office of Reentry provides a point of coordination, knowledge sharing, and advocacy for successful reentry. Given the splintering of reentry services among multiple agencies, the Office of Reentry initiated "Building Bridges to Break Barriers" to create a community-wide, focused, and collaborative response. The kick-off event occurred on August 26, 2011, included over 250 individuals featuring Senator Robert Portman as guest speaker. Subsequently, the Office of Reentry hired a consultant, Elsie Day, to assist with a community planning process that included:

- Fifteen individual interviews to understand/incorporate community views on reentry
- Five community meetings to reach consensus on direction
- Seven Workgroups to review information and develop detailed recommendations
- Five meetings of Workgroup Chairpersons to integrate and prioritize recommendations

The planning process was designed to be inclusive, transparent, efficient, effective, and build consensus; resulting in a comprehensive reentry plan that focuses and guides community-wide efforts to promote successful reentry. In total 469 individuals participated in some aspect of the planning process including wide-ranging perspectives from representatives of faith-based, criminal justice, social service, health care, and business entities, as well as volunteers and individuals who had personally experienced reentry to the community.

The first community planning session was held on December 6, 2011, including 129 participants addressing:

- The primary barriers to successful reentry
- Strategies to address the basic needs of the reentry population
- Organizations or individuals essential to development of the Reentry Action Plan

The second community planning session was held on January 18, 2012, including 51 participants addressing:

- The target population for the Reentry Action Plan
- The primary concepts to be incorporated into a vision statement
- The principles or underlying values that should guide reentry activities
- Strategies to support successful reentry

The following workgroups were established to develop detailed recommendations:

- Basic Needs
- Workforce & Business Development
- Family & Community Support
- Community Awareness & Training
- Policy Development & Advocacy
- Data & Evaluation
- Sustainability

The third community planning session was held on March 21, 2012, including 19 participants addressing:

- The magnitude and nature of the reentry population and research on the most effective practices conducted by the Data & Evaluation Workgroup
- Draft vision statement and guiding principles
- Draft recommendations from the seven workgroups

Prior to finalizing the plan, it was deemed essential to "test" the ideas with a new audience of individuals who had experienced reentry. Though all sessions included individuals who had personally experienced reentry, the fourth community planning session specifically targeted these individuals to attend the session on April 30, 2012, with participants addressing target population, vision, guiding principles, and strategies that had been developed through the previous community and workgroup meetings. The fifth community planning session was held on May 16, 2012, with participants reaching

consensus on the content and wording of the key components of the final plan. Throughout the planning process, Workgroup Chairpersons, the Director of the Office of Reentry, and the consultant met to integrate the recommendations and set priorities. In addition, the Director of the Office of Reentry and the consultant worked closely together to oversee the entire planning process.

Strategy 1: Establish the Hamilton County Reentry Resource Center

- A. Place matters
 - 1. A safe, central, and accessible downtown location that is close to public transportation and has free parking
 - 2. A facility that is comfortable and conducive to a range of individual and group activities
- B. A coordinating agency that employs returning citizens and other staff and volunteers that are welcoming, knowledgeable about community resources, and committed to obtaining the assistance requested by the visitor
 - 1. Electronic connection to 211 and a Reentry Resource Guide
 - 2. Focus on basic needs such as food, clothing, housing, and financial resources
 - 3. Assistance with obtaining identification and transportation, legal issues, medical needs, telephone/computer use, and employment
 - 4. Socialization opportunities
- C. A range of agencies offering key services on a scheduled basis eliminating the need to travel to multiple providers at various locations in the county
- D. Opportunities for visitors to join the center and becoming involved on an ongoing basis, including joining a mentorship program
- E. Outreach efforts to publicize the center to returning citizens and their family members; agencies that serve the reentry population so that they refer their clients and utilize the center to provide their services; and neighboring businesses to create a sense of community

Strategy 2: Strengthen Pre-Release Services

- A. Expand, coordinate, and leverage faith and community-based programming to increase accessibility to those in prison that address a range of needs such as job readiness/ housing, cognitive behavior interventions/ etc.
- B. Strengthen families
 - 1. Create children of incarcerated programming
 - 2. Provide training to incarcerated parents such as Fathers Matter & Every Mother has a Child
 - 3. Offer family reunification activities

4. Promote visitation in family-friendly settings and through video visitation at no or nominal cost
5. Modify child support orders to prevent arrearages
- C. Establish a Pre-Release checklist to be completed by ODRC prior to release
 1. Apply for birth certificates and social security cards
 2. Identification exchange between ODRC and BMV
 3. Drivers license testing
 4. Medications and follow-up appointments
 5. Video court hearings to address warrants (Child Support & others), old charges/drivers license suspension, etc.
 6. Provide health, mental health, and program participation record
 7. Circulate Hamilton County Reentry Resource Guide

Strategy 3: Develop Workforce and Expand Employment Opportunities

- A. Establish Business leadership Council
 1. Develop and implement hiring practices that promote inclusiveness
 2. Provide on-going support and advice
- B. Improve employee/employer relations
 1. Increase employer participation in existing hiring incentive programs through education and strengthening current hiring incentive programs promoting ease of use for employers and clients
 2. Provide education, training, and support for businesses so that they readily see the value in hiring returning citizens
 - a. Access to trained, motivated, work-ready labor pool
 - b. Recognize companies (i.e. a special designation, positive public relations campaign through United Way focusing on how inclusive employers strengthen families and communities)
 - c. Clarify risk/liability (protection from discrimination lawsuits)
 3. Support employers in employee retention
 4. Develop relationships with unions-open shops, help with dues, apprenticeships
- C. Create additional alternative and transitional work and training opportunities
 1. Develop paid and unpaid co-ops, internships, and volunteer opportunities with local businesses, allowing individuals opportunities to develop work skills and broaden knowledge base of careers
 2. Promote social enterprise ventures which create jobs for returning citizens; support entrepreneurial micro businesses started by returning citizens; create a tool kit with resources and training
- D. Enhance job readiness programming

1. Raise awareness of validated assessment instruments; develop a "tool kit" of appropriate assessments based on the relevant population
 2. Develop an evidence based, best practice tool kit for job readiness classroom curriculum
 - a. Basic work skills (attendance, punctuality, appearance, work relationships)
 - b. Job search skills (networking, resume development, applications, interviewing, answering questions about background)
 - c. Computer skills
 - d. Criminal thinking/behaviors and impact on employability
 3. Create on-going support system
 - a. Implement a system of rewards/positive reinforcement for participants, including certificates of completion
 - b. Create opportunities for coaching through transitions and regular alumni activities
 - c. Create a funded position with Super Jobs Center
- E. Institute a quarterly provider forum to enhance collaboration and communicate new information, address challenges, promote cross-referrals, and build trust

STRATEGY DEVELOPMENT

There are several other areas that were identified as components of a comprehensive approach to reentry, but require further development and a community discussion that allows for input and consensus. Preliminary ideas in each area are as follows.

- A. Housing
 1. Create a range of appropriate and affordable housing options
 2. Develop a support system for private landlords
- B. Health and Wellness
 1. Understand and prioritize mental health, substance abuse, and health services
 2. Conduct thorough and accurate assessments of need, especially mental health
 3. Make existing resources more accessible
- C. Community Awareness and Support
 1. Develop positive messages and use varied methods to communicate these messages
 2. Develop a peer mentoring network, providing training, awareness and character development, as well as support group meetings for individuals affected by the criminal justice system
 3. Establish four Citizens Circles
 4. Create a system of support for the children and other family members of individuals returning to the community from incarceration

It is a significant achievement to have developed the Reentry Action Plan through a community planning process and a public release of the plan is merited to recognize the efforts of those who participated and inform the larger community. Moving to implementation quickly with immediate accomplishments is essential to sustain the investment of those already involved and to engage others to obtain their participation and contributions. Immediate actions areas to be completed by the end of 2012 are as follows.

Action Area 1: Create an infrastructure to implement Hamilton County Reentry Action Plan to achieve a focused and coordinated approach that marshals all of the necessary assets and resources in an effective and efficient manner

- A. Supplement staff of Office of Reentry
 - 1. Clerical Specialist
 - 2. Development & Contract Compliance Officer
 - 3. Community Liaison

- B. Create community partnership structure
 - 1. Leadership Council, which oversees all of the following committees
 - 2. Policy & Legislative Advocacy Committee
 - 3. Workforce & Business Development Committee
 - 4. Service Planning & Development Committee
 - a. Pre-Release Services Workgroup
 - b. Reentry Resource Center Workgroup
 - c. Housing Workgroup
 - d. Health & Wellness Workgroup
 - e. Community Awareness & Support Workgroup
 - 5. Funding & Sustainability Committee
 - 6. Quality Improvement & Evaluation Committee

Action Area 2: Establish Hamilton County Reentry Resource Center

- A. Identify and renovate facility
- B. Finalize detailed program design
- C. Select a coordinating agency

Action Area 3: Strengthen Pre-Release Services

- A. Identify ODRC staff member and Hamilton County representative to take lead
- B. Obtain all relevant ODRC policies and procedures

Action Area 4: Develop Workforce and Enhance Employment Opportunities

- A. Establish Business Leadership Council

- B. Conduct research on model hiring practices that promote inclusiveness

Action Area 5: Create Reentry Resource Guide

- A. Engage 211 in development of guide
- B. Gather and review other guides

Action Area 6: Raise funding to begin implementation of priority strategies

- A. Develop budget
 - B. Identify funding currently available
 - C. Obtain preliminary commitment of funds by June 2012 release of plan
- As progress is made on implementing the Reentry Action Plan, a structured system of reporting and refinement will be instituted. With the public release of the plan occurring in June 2012, an open community session will be held in January 2013, and annually thereafter, to update stakeholders on progress and provide an opportunity for input.”

Program Report:

12. Sheriff Inmate Medical Contract

- The following is a summary of 2010 through 2013 actual and 2014 budgeted Sheriff Department inmate medical expenses.

	<u>2010</u>	<u>2011</u>	<u>2012 (2)</u>	<u>2013</u>	<u>Budget 2014</u>	<u>5-Year Total</u>
Inmate Medical Services Contract						
Base Contract - Fixed	\$ 5,762,400	\$ 6,021,708	\$ 5,768,301	\$ 6,442,358	\$ 6,431,000	\$30,425,767
Allowance - Variable (1)					30,000	
Hospital Services	60,498	49,222	7,284	9,330	30,000	156,334
Lab & X-Rays			262			262
Medical Supplies		2,720	7,704	5,758	6,000	22,182
Office & Miscellaneous	4,339	1,130	677	881	1,000	8,026
Purchased Services						-
Equipment Purchases	-	-	24,993	-	-	24,993
Total Direct Medical Expenses	<u>\$ 5,827,237</u>	<u>\$ 6,074,779</u>	<u>\$ 5,809,220</u>	<u>\$ 6,458,328</u>	<u>\$ 6,498,000</u>	<u>\$30,667,564</u>

(1) There is a \$70,000 allowance that occurs when the inmate population exceeds 1,500. It is estimated by Hamilton County this allowance will be incurred but not up to the contract maximum.

(2) The base contract expense for 2012 appears to only represent 11 of 12 scheduled payments. Reconciliation of this difference is open at the time of this report, but appears to be related to a timing difference.

The largest medical cost incurred by the Sheriff's Department is for contracted health care services provided by NaphCare, Inc., a national company that specializes in running medical units in correctional facilities. The contracted services include physician and nursing services, dental care, mental health/psychiatric care, utilization management, pharmaceuticals, and administrative support (see Appendix A for detailed description of services). The largest portion of the contract with NaphCare is for staffing.

The following exhibit summarizes the contracted staffing as required by the medical services contract.

Positions	Effective 12/30/2012
Health Services Administrator	1.0
Director of Nursing	1.0
RN Manager	1.0
Administrative Assistant	1.0
Medical Records Clerks	3.0
Physician	1.0
Nurse Practitioner	1.4
Dentist	0.8
Dental Assistant	0.8
Psychiatrist	1.0
MH Clerk	1.0
Licensed Social Worker	6.0
Medical Assistant	1.0
LPNs	26.7
RNs	4.5
Required FTEs	51.2

The current terms of the NaphCare contract are as follows:

	2010	2011	2012	2013 (1)	2014 (1)	2015 (2)	2016 (3)	2017 (4)
Base compensation	\$ 5,762,400	\$ 6,021,708	\$ 6,292,692	\$ 6,431,284	\$ 6,431,284	\$ 6,720,692	\$ 7,023,123	\$ 7,339,164
Prescription medication cost in excess of	350,000	350,000	350,000					
Allowance (5)				35,000	35,000	35,000	35,000	35,000
Additional fee if average daily inmate population exceeds 1,500	\$1.31 per inmate day	\$1.37 per inmate day	\$1.43 per inmate day	\$2.25 per inmate day	\$2.25 per inmate day	\$2.35 per inmate day	\$2.46 per inmate day	\$2.57 per inmate day
County credit average daily inmate population is less than 1,200	\$1.31 per inmate day	\$1.37 per inmate day	\$1.43 per inmate day	\$2.25 per inmate day	\$2.25 per inmate day	\$2.35 per inmate day	\$2.46 per inmate day	\$2.57 per inmate day
<p>(1) This is the initial contract term, which is from 12/30/2012-12/29/2014, for the contract dated 12/30/2012 (2) This is the renewal period #1, which is from 12/30/2014-12/29/2015, for the contract dated 12/30/2012 (3) This is the renewal period #2, which is from 12/30/2015-12/29/2016, for the contract dated 12/30/2012 (4) This is the renewal period #3, which is from 12/30/2016-12/29/2017, for the contract dated 12/30/2012 (5) This is based of the new NaphCare contract which states there is a \$70,000 allowance, but Hamilton County believes that only \$35,000 will be used</p>								

As the exhibit shows, there are three renewal periods after the initial contract term of 12/30/2012-12/29/2014. Each renewal term is a year long in length and the base fee of the contract is as seen above. Additionally, if expenses increase by 25% of the contract the base compensation will be increased proportionally to the increase in expenses. The renewal periods end 12/29/2017, when a new contract will be required.

Direct Medical Expense Per Inmate Day Analysis					
	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	Budget <u>2014</u>
Total Direct Medical Expenses	<u>\$5,827,237</u>	<u>\$6,074,780</u>	<u>\$5,809,221</u>	<u>\$4,307,764</u>	<u>\$8,062,290</u>
Average Daily Census	1,429	1,418	1,423	1,520	1,520
Total Inmate Days	<u>521,585</u>	<u>517,570</u>	<u>520,818</u>	<u>554,800</u>	<u>554,800</u>
Inmate medical services contract	11.05	11.63	11.08	7.75	11.72
Hospital services	0.12	0.10	0.01	0.01	0.18
Lab and x-rays	-	-	0.00	-	-
Medical supplies	-	0.01	0.01	0.00	0.04
Office and miscellaneous	0.01	0.00	0.00	0.00	0.00
Purchased services	-	-	-	-	2.59
Total Direct Medical Expenses Per Day	<u><u>11.17</u></u>	<u><u>11.74</u></u>	<u><u>11.11</u></u>	<u><u>7.76</u></u>	<u><u>14.53</u></u>

<u>Bed Capacity</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Hamilton County Justice Center	1,240	1,240	1,240	1,240
Reading Road	172	172	172	172
Turning Point	<u>52</u>	<u>52</u>	<u>50</u>	<u>50</u>
Total Available Capacity	1,464	1,464	1,462	1,462
Average Daily Census (1)	<u>1,429</u>	<u>1,418</u>	<u>1,423</u>	<u>1,520</u>
Percentage of Capacity	<u>97.61%</u>	<u>96.86%</u>	<u>97.33%</u>	<u>103.97%</u>
<i>(1) Provided by Hamilton County</i>				

The following exhibit represents the number of inmates sent to off-site clinics.

Clinic Vists	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Central Community Health Board and Opiate Addiction Recovery Services	51	190	358	103	16
Dailysis - Off Site	95	155	49	22	41
Ortho / Hand	133	148	152	102	62
Radiology / Diagnostics (MRI / CAT, etc.)	59	64	58	12	13
OB/GYN and OB High Risk	83	63	97	56	46
Holmes / Infectious Disease	55	58	49	43	25
Dental / Oral Surgery	64	57	25	11	3
Other	60	52	35	8	4
Ophthalmology	42	50	66	35	10
Ent	29	42	30	13	25
Same Day Surgery	19	20	25	14	21
Trauma	18	14	26	17	14
Neurology	9	13	12	4	3
Urology / Renal / Nephrologist	13	12	13	5	5
Vascular / Heart	4	10	13	5	2
Hematology / Sickel Cell	-	9	6	1	19
Barrett - Breast	13	8	7	-	3
Cancer / Chemo	-	8	24	3	1
Burn	1	7	1	-	-
GI	11	7	9	7	2
Off Site Hospitals / Planned Parenthood	3	6	10	5	3
Surgery Clinic	-	4	8	5	8
Plastics	8	4	17	15	17
Dermatology	10	2	6	3	-
Pre Op	-	1	1	-	1
Pulmonary	5	1	1	-	-
Hoxworth	-	1	-	-	-
Spectrum / Rehab	-	1	4	-	2
Nephrologist	-	-	13	5	5
Total Clinics	<u>785</u>	<u>1,007</u>	<u>1,115</u>	<u>494</u>	<u>351</u>

Chronic Care Clinic	2009	2010	2011	2012	2013
Pulmonary - asthma	1,126	1,302	844	1,119	1,620
Cardiac	297	429	194	328	362
Endocrine (e.g. diabetics)	436	607	375	492	682
Hepatitis	513	382	301	638	614
Hypertension	1,386	1,765	1,314	1,881	2,117
Neurological - seizure	321	444	290	402	490
Tuberculosis	155	155	887	257	143
INF disease(HIV, INH)	819	993	701	1,059	523
OB / GYN	656	612	73	784	636
Totals	5,709	6,689	4,979	6,960	7,187

The following exhibit represents a four-year analysis of inmate prescription and psychotropic medication usage:

Pharmacy Analysis													
2013	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Median
Inmates on prescription meds	602	636	620	616	598	579	597	603	624	612	602	589	603
Percentage of population on meds	42%	43%	42%	41%	39%	38%	38%	38%	40%	40%	40%	40%	40%
Inmates on pshychotropic meds	325	319	332	318	433	498	572	575	549	569	534	512	505
Percentage on psychotropic meds	22%	21%	22%	21%	28%	32%	36%	36%	35%	37%	35%	3%	30%
2012	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Median
Inmates on prescription meds	628	599	579	560	545	546	537	532	532	531	539	561	546
Percentage of population on meds	44%	43%	41%	39%	38%	38%	38%	37%	37%	37%	38%	39%	38%
Inmates on pshychotropic meds	319	334	347	318	310	318	307	329	283	305	284	295	314
Percentage on psychotropic meds	22%	24%	24%	22%	22%	22%	22%	23%	19%	21%	20%	20%	22%
2011	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Median
Inmates on prescription meds	619	616	613	627	603	580	557	544	577	587	584	616	595
Percentage of population on meds	44%	43%	44%	44%	42%	41%	39%	38%	40%	40%	42%	43%	42%
Inmates on pshychotropic meds	184	166	197	168	170	166	161	261	300	343	330	332	191
Percentage on psychotropic meds	13%	12%	14%	12%	12%	12%	11%	18%	21%	24%	24%	23%	14%
2010	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Median
Inmates on prescription meds	738	738	761	758	572	577	574	554	594	572	575	585	581
Percentage of population on meds	50%	51%	52%	52%	40%	40%	40%	39%	41%	40%	40%	43%	41%
Inmates on pshychotropic meds	223	226	306	309	209	190	180	172	182	187	164	177	189
Percentage on psychotropic meds	15%	16%	21%	21%	15%	13%	12%	12%	13%	13%	11%	13%	13%
2009	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Median
Inmates on prescription meds	680	679	680	683	735	709	726	771	782	804	744	750	731
Percentage of population on meds	49%	46%	47%	48%	49%	49%	49%	53%	54%	57%	51%	52%	49%
Inmates on pshychotropic meds	188	186	169	182	187	203	198	218	125	242	225	226	193
Percentage on psychotropic meds	13%	13%	12%	14%	12%	14%	13%	15%	9%	17%	16%	16%	14%

Prescription and psychotropic medication usage varies greatly from month-to-month; however, the data above suggests that the median number of inmates on prescription drugs has decreased over the past four years. The number of inmates taking psychotropic drugs has increased at the same time the population has decreased.

The following exhibit illustrates x-ray and lab volume over the last five years:

<u>Lab / X-Ray</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Number of x-rays taken	834	1,190	1,439	952	986
Number of inmates x-rayed	771	1,096	1,281	876	884
Number of lab studies done	3,756	4,688	5,085	5,438	4,851
Number of inmates had lab ordered	1,882	2,436	2,654	2,769	2,829

The number of x-rays and lab studies has declined at a greater rate than the inmate population.

The exhibit below illustrates dental volume over the last five years:

<u>Dental</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Dentist visits	1,403	1,481	1,485	1,351	1,382
Annual exams	200	152	74	78	58
Fillings	154	165	96	93	69
Extractions	240	253	284	232	206
X-rays	614	564	513	469	370

When analyzing hospital charges, it is important to understand that in the State of Ohio, hospitals are required to bill county jails at the same level as Medicaid (which is often at or below actual cost). Therefore, we believe the County would reasonably expect to pay rates at or below Hospital list prices.

Benchmarking Analysis

We determined that for benchmarking purposes, Franklin and Cuyahoga Counties are the two most appropriate benchmarking subjects due to their similar population size and the presence of large urban areas. We received information directly from Franklin County regarding both operational and cost structure of their program. While similar to Hamilton County in many ways there are also differences that need to be noted. Hamilton County maintains only one traditional jail, while Franklin currently has two facilities. Hamilton also houses more maximum security inmates than Franklin. Another difference is that Franklin County pays for hospital services directly as they are used, while Hamilton County provides funds to University Hospital through an HHIC Levy. University Hospital provides inmate hospital care as one of many services it returns to the community but does not directly bill HCJC. We included an estimate of what Hamilton County would pay to University Hospital under a traditional arrangement for comparison purposes. Both Franklin and Cuyahoga Counties are facing budget constraints with regards to inmate medical care. At the end of 2010, Franklin County contracted out on-site nursing care for the first time. Cuyahoga County has engaged MetroHealth for the outsourcing of medical services in an attempt to reduce costs, however detailed information was not available.

	Hamilton 2013 Actual	Franklin 2014 Budget
Inmate days	554,800	(1)
Jail beds		
Maximum security	1,240	245
Minimum security	222	2,073
	<u>1,462</u>	<u>2,318</u>
How staffed		
Administration	Contracted	Contracted
Physicians	Contracted	Contracted
Nurse practitioners	Contracted	Contracted
Nursing	Contracted	Contracted
Medical records	Contracted	Contracted
Physchiatric services	Contracted	Contracted
Dentistry	Contracted	Contracted
Current FTEs (in-house and contracted):		
Physicians / medical director	1.0	(2)
Nurse practitioners	1.4	(2)
Administrator	1.0	(2)
RN / nurse manager	6.5	(2)
Licensed practical nurses	23.6	(2)
Administrative	1.0	(2)
Medical records	3.0	(2)
Mental health	3.1	(2)
Pharmacy	1.0	(2)
Dental	1.6	(2)
Other	8.0	(2)
	<u>51.2</u>	-
Hospital statistics		
ER visits	467	605
Admissions	170	157
Medical costs (contracted)	6,458,328	5,140,893
Medical costs / per inmate day	\$ 11.64	(2)
How funded	Indigent Levy	General Fund
<i>(1) Per Franklin County, this information is not available.</i>		
<i>(2) Per Franklin county, Information is not available due to this program being contracted</i>		

Addendum A.

NAPHCARE CONTRACT SCOPE OF SERVICES

In accordance with the terms and conditions of the Contract and as described in the attached Exhibits, Contractor shall provide all personnel, management, medical supplies, prescription medications, over-the-counter medications, equipment, medical records, administration, insurance and supervision necessary to provide professional medical, mental health and related healthcare and administrative services ("Services") for the inmates under the custody and control of the Hamilton County Sheriff's Office (HCSO). Unless otherwise stated, the Services will be provided at each of the facilities. The Services include, but are not limited to, the following:

3.1 Receiving Screening

A registered nurse shall be assigned to the Intake Area of the Hamilton County Justice Center, Tuesday through Saturday nights (hours to be determined by the Sheriff's Office). At all other times, a qualified medical staff shall be available to respond to the Intake Area, located in the South Building of the Justice Center, 24 hours per day, seven days per week, within ten (10) minutes of being notified that an arrestee appears to have a condition which would prohibit him/her from being admitted to the facility or is currently under a doctor's care for a serious medical condition as designated on the Preliminary Health Screening Form.

1. Licensed Practical Nurses (LPNs) shall be assigned to the Intake Area on a 24/7 basis and are responsible for conducting all initial screenings. Screenings will include physical health, mental health, and potential substance abuse issues.
2. Contractor shall be responsible for training Corrections Officers in the correct sequence of events that must occur at intake. With each arrestee's arrival, he/she must participate in a health assessment through the receiving screening. This process is the responsibility of the Contractor. The results of the medical disposition of the inmate must be indicated on the Receiving Screen. Healthcare staff must sign and date each Receiving Screen.
2. The parties agree that no unconscious person or an arrestee who appears to be seriously injured shall be admitted to the Justice Center. Such person shall be referred immediately for emergency medical attention and admission or return to the jail shall be predicated upon written medical clearance. It is the responsibility of the arresting agency to provide transportation to an outside medical facility.

3.2 Health Appraisal/Physical

Each inmate shall be given a comprehensive health appraisal including a physical examination by a registered nurse within fourteen (14) days of admission to the facility. Inmates assigned to work details shall receive their physical within one (1) day of being identified as such. The health assessment record must be reviewed and signed by a physician within forty-eight (48) hours and entered in the patient's permanent medical record. The Contractor must record the number of inmates who refuse a physical and note the reason. The extent of the health appraisal, including the physical examination, is defined

3.3 Nursing Services

Routine nursing services will be provided on a 24 hour per day, 7 days per week basis for the Justice Center. A nurse shall be on duty at the Reading Road and Turning Point facilities a sufficient number of hours per day to triage daily sick complaints and pass out medications.

3.4 Daily Triage of Medical Complaints

All medical complaints shall be recorded and maintained on file. All complaints shall indicate a recommended intervention with referrals to appropriate health care staff as required. The Medical Director physician shall determine the appropriate triage mechanism to be utilized for specific categories of complaints.

3.5 Sick Call

Diagnosis and treatment of health problems recommended to physician care by triage nursing staff will be accomplished by a sick call procedure 7 days a week. Sick call services and timeliness of response to sick call requests must comply with NCCHC standards. Health services must be provided in a manner that complies with state and federal privacy mandates.

A physician sick call must be conducted in accordance with a schedule agreed upon by the Contractor and HCSO. At a minimum, physician sick call shall be held at least daily, Monday through Friday, excluding holidays, for all inmates. Nursing personnel, however, shall be available seven days a week, including holidays, to handle inmate health care complaints. If an inmate's custody status precludes attendance at a sick call session, arrangements must be made to provide sick call services at the place of the inmate's confinement. All inmates in "lock-in" status shall be seen in their cell by a nurse on a weekly basis.

Correctional facilities of the HCSO have implemented a fee schedule for medical and dental Services provided to inmates. HSCO will provide such fee schedule to the Contractor. Contractor medical staff will be expected to work cooperatively with Corrections personnel in its commitment to this policy.

3.6 Medical Housing

Contractor will be expected to utilize medical housing to its fullest extent. The intention of the medical unit is to provide to those inmates who require convalescent, chronic or skilled level of care but who do not require hospitalization in an acute care setting. In operating the medical housing unit, the following guidelines must be followed:

1. A physician must be on call 24 hours per day, seven days per week;
2. The medical housing unit shall be supervised by a registered nurse and on-duty RN's must be assigned 24 hours per day;
3. A manual must be available outlining nursing care procedures; and
4. A separate, individual and complete medical record must be maintained for each inmate.

3.7 Hospital Care

Currently, the County has an arrangement with University Hospital to provide for the hospitalization of inmates who, in the opinion of the Medical Director, require an acute care setting. Hospitalization costs are paid for by the County through a tax levy. It will be the Contractor's responsibility to provide the County, through the HCSO, a daily report of inmates admitted to or released from University Hospital to include:

1. Name of patient (inmate) and identification number;
2. Dates of hospitalization/release; and
3. Reason for admission"- hospital diagnosis.

It is the Contractor's responsibility to provide as many on-site medical services as possible in order to limit the number of inmates who must be transported to University Hospital.

3.8 Specialty Services

If necessary, the Contractor may refer inmates to off-site specialty clinics. It is the Contractor's responsibility to provide as many on-site medical services as possible in order to limit the number of inmates who must be referred to specialty clinics.

3.9 Emergency Services

Contractor shall provide 24 hour emergency medical and dental care including, but not limited to 24 hour medical on-call services. The University Hospital Emergency Room may be utilized for life-threatening emergencies.

It will be the Contractor's responsibility to provide the County, through the Corrections Division of HCSO, a monthly report of inmate emergency trips to University Hospital to include:

1. Name of patient (inmate) and identification number;
2. Date of emergency service- disposition; and
3. Emergency treatment received.

3.10 Ancillary Services

To the extent possible, Contractor will perform routine laboratory and x-ray procedures on-site. Contractor is responsible for developing and implementing procedures to handle laboratory and x-ray services by an outside provider for those services which the Contractor cannot accommodate on-site.

The Contractor shall be responsible for the removal and disposal of all hazardous or contaminated medical supplies, waste, equipment, and any material or product contaminated with bodily fluids including inmate razors. Disposal of these items must be in accordance with all Federal, State and local laws.

3.11 Mental Health Services

Contractor will be expected to utilize the psychiatric unit to its fullest extent. Mental health services shall include at a minimum:

1. On-site mental health counselor on first and second shifts (usually 0800-2000), 7 days per week.
2. An assessment within 10 minutes for all individuals referred from Intake, Admissions, or security staff who report suicidal ideation or thoughts, are engaging in acts of self-abuse, or are exhibiting behavior which appears to be psychotic or which places them at immediate risk to themselves or others. A mental health assessment within 1 hour for all individuals referred who indicate they are depressed or are currently being treated for mental illness. Such assessment shall include securing pertinent information regarding inmate's psychiatric treatment history including current medication and assessing current mental health status.
3. Provide crisis intervention and crisis stabilization.
4. Prescribe psychotropic medication as necessary and monitor same.
5. Provide individual and group counseling.

6. Coordinate visits from local community mental health case managers and other collateral contacts within the community to insure continuity of care and prepare inmates for release back into the community.
7. Provide psychotropic medication prescriptions for inmates upon their release.
8. Method for conducting mental health screenings and evaluations must follow NCCHC standards for J-E-05 Mental Health Screenings and Evaluations.
9. Contractor must provide a suicide prevention plan, which must comply with NCCHC standards. The suicide prevention plan must include, at a minimum:
 - a. Staff training;
 - b. Screening and identification of high risk inmates;
 - c. Referral, evaluation, and housing;
 - d. Review of policies and procedures;
 - e. Effective communication;
 - f. Critical incident review; and
 - g. Critical incident debriefing.
10. Contractor must provide a discharge information package to each inmate receiving mental health services. The information should include medical and mental health, community resources.

The Contractor shall comply with Exhibit D, a referral procedure for involuntary commitment to an off-site mental health care facility for inmates whose mental health care needs are certified to be beyond the scope of service available in an ambulatory care mental health infirmary.

3.12 Dental Care

Dental services to inmates will include:

1. Provisions for .24 hour per day emergency services for all inmates;
2. Basic dental services including extractions, temporary fillings, and dental hygiene instructions;
3. Treatment will include temporary fillings, incisions and drainage, control of bleeding and routine surgical procedures;
4. Necessary pharmaceuticals;
5. Dental screening and oral hygiene instruction performed on each inmate with fourteen (14) days of admission;
6. Dental screening performed with the physical assessment at classification;
7. An annual dental exam performed by the dentist on any inmate incarcerated over one year; and
8. A dental record will be maintained as part of an inmate's medical record.

3.13 Pharmaceuticals

Contractor assumes full risk and liability for all pharmaceuticals, including HIV and psychotropic medications. HIV testing and medication treatment will continue to be

funded through the Hamilton County Infectious Disease Center with Contractor maintaining no financial responsibility for same. Contractor shall maintain a total pharmaceutical protocol beginning with the physician's prescribing of medication, the filling of the prescription, the administration of all medication and the necessary record keeping and includes the following:

1. All medications must be administered by a doctor or nurse.
2. All controlled substances, syringes, needles, and surgical instruments must be stored under a secure condition by Contractor.
3. The Contractor shall be responsible for the cost, procurement and management of all pharmacy and medical supplies.
4. The entire pharmaceutical procedure must meet the legal requirements and be subject to approval of the appropriate regulatory authority.
5. Contractor must make arrangements with a local 24-hour pharmacy to provide prescription medications not available from their on-site formulary.
6. Contractor must supply all medication for on-site inmates except when the contractor cannot obtain the medication from their formulary or a local pharmacy by the time the inmate's next dosage is required. In this circumstance only, Contractor is permitted to obtain prescription medication from the inmate's family. This must be documented on a form approved by the HCSO to include dosage received and dosage dispensed. Under no circumstances shall this arrangement exceed 72 hours. All remaining medication will be placed in the inmate's property;
7. Contractor shall maintain an inmate's current medication regime as established by a physician, local institution, or community treatment. More specifically, psychotropic drugs such as Remeron, Zyprexa, Risperidol and Depakot shall be available in the contractor's formulary.
8. Contractor must maintain accurate profiles of inmates, listing drug allergies and drug interaction alerts.
9. Contractor must develop and utilize Quality improvement tools to monitor psychotropic drug usage and poly-pharmacy issues.

3.14 Over-the-Counter Medications

Over-the-counter medications are currently available for purchase by inmates through the HSCO. In the event that HSCO changes its policies and procedures with regard to the availability of over-the-counter medications, Contractor agrees that it will comply with such policies and procedures without the need for an amendment to this Contract.

3.15 Electronic Medical Records (EMR)

All inmates must have a medical record which is kept up-to-date by Contractor at all times. Contractor must provide a correctional-developed, customizable Electronic Medical Record (EMR) system that meets all NCCHC, ACA, and Ohio Department of

Rehabilitation and Correctional Jail Standards. The EMR must include, at a minimum, the following requirements:

1. System must be fully integrated and must bridge with the current Jail Management System for all demographic information. This bridge, in combination with Contractor's EMR, must be operational on the contracted date of transition. Staff must be trained to use the selected EMR within 30 days of implementation.
2. Selected EMR must fully comply with Ohio's Board of Pharmacy and Board of Nursing prescription ordering and medication administration requirements. Proper electronic documentation and storage of applicable data must also fully comply with these requirements.
3. Intake must comply with NCCHC standards, with exceptions established to allow completion of the receiving screening, mental health screening, and the H&P with the EMR in a span of 24 hours.
4. Reporting capabilities must feature:
 - a. Daily health services statistics;
 - b. Daily, weekly, monthly and annual reporting;
 - c. Customizable reports; and
 - d. Documentation of all inmate charges via expenditure reporting.
5. The EMR should include the following mandatory electronic requirements:
 - a. Medication administration and reconciliation;
 - b. Utilization management and review;
 - c. Utilization of Clinical Institute of Withdrawal Assessment (CIWA) detoxification program;
 - d. Discharge planning;
 - e. Tracking of accountability of Inmate Grievance Process;
 - f. Tracking of off-site scheduling and appointments;
 - g. Ability to track inmate expenditures including sick-call, medications, and specialty requests;
 - h. Records of contract compliance of medical staff scheduling;
 - i. Monitoring and maintenance of employee certifications and credentials;
 - j. Full access to inmate medical records in a stand-alone digitalized form upon contract end or termination; and
 - k. Capability to track and document all annual dental screenings, mental health services, general health care services, and chronic care clinics.
6. Access to medical/dental records will be controlled by health care personnel at all times and all rights concerning the confidentiality of the medical records must be followed. The Director of Corrections shall have access to inmates' health status when there is an over-riding security concern. All transcribing and filing of information in the medical/dental record will be done by physicians, nurses or trained medical records clerks. Requests for copies of medical records for current or past inmates will be granted

according to Federal/State law. Under no circumstances will other inmates or County employees be allowed access to medical/dental records.

3.16 Special Medical Treatment Plans

All inmates must be screened, identified, and monitored in a manner consistent with national clinical guidelines established for the care and treatment of chronic illnesses (NCCHC, J-G-01, ACA, and Chronic Care).

Written individual treatment plans shall be developed by the responsible physician for inmates with special medical conditions requiring close medical supervision, including chronic and convalescent care. The plan should include directions to health care personnel regarding their roles in the care and supervision of the patient. Any special security concerns that the physician has should also be noted and forwarded to the Director of Corrections.

Special Medical Treatment Plans must include, at a minimum:

1. Type/frequency of diagnostic testing and therapeutic regimens;
2. When appropriate, instructions about diet, exercise, adaptation to correctional environment, medication, etc.;
3. Follow-up for medical/mental health evaluation and adjustment of treatment modality; and
4. Description of accommodations needed for inmates

3.17 Health Education /Training

Contractor shall provide the following health education and training:

1. In-service health education training shall be provided for both medical and security staff, including methods for diagnosing and treating diseases or illnesses which are recognized to have a particular impact upon inmates. Included will be annual training provided by Hamilton County Public Health regarding reportable illnesses, sexually transmitted diseases and tuberculosis. In addition to the provision of in-service training, the Contractor must provide CEUs for all staff members, including Medical Directors. All levels of staff in operational positions must be assessed on this information annually.
2. All Corrections Officer Recruits shall be trained by medical staff in the availability of medical/mental/dental services and specifically in: Suicide prevention (4 hours); Blood-borne pathogens (4 hours); First aid (8 hours); Preliminary Health Screening form (2 hours); Handling of medical problems (2 hours); and abnormal behavior (4 hours) and substance abuse (2 hours).

3. Medical and mental health staff instructors must apply for and receive certification as a "Special Topic Instructor" in the local Corrections basic training course administered by the Ohio Peace Officer Training Academy.
4. Corrections staff shall, receive in-service training in CPR, first aid, and in areas which have been identified as having particular impact on inmates. Corrections Officers assigned to the Mental Health Units shall receive appropriate training from Contractor.
5. Inmates shall receive patient education as required.

3.18 Detoxification

Contractor shall comply with Exhibit E, which provides for an in-house detoxification program for drug and/or alcohol addicted prisoners and outlines specific guidelines to be followed, including types of monitoring, drug therapy, and medical treatment.

Inmates who are at risk for withdrawal must receive a standardized screening questionnaire that is based on medical research and national clinical guidelines from organizations such as the American Society of Addiction Medicine (ASAM). Contractor's withdrawal protocol must be consistent with recommendations of the ASAM, ACA, and NCCHC.

Contractor must incorporate the Clinical Institute Withdrawal Assessment, Revised (CIWA-Ar) clinical guidelines into the monitoring of intoxicated inmates.

3.19 Health Care Services for HCSO Staff

Contractor shall provide emergency medical treatment to HCSO personnel who are injured or become ill while on the job, and provide routine blood pressure screenings and annual tuberculosis tests. Contractor shall also provide appropriate training and vaccination for all appropriate HCSO personnel for Hepatitis B or any other vaccine that the HCSO is required to provide as a result of a collective bargaining agreement.

3.20 Cavity Searches

The Contractor shall not be required to perform body cavity searches of inmates, unless there is a court order mandating the search of a particular individual inmate.

3.21 Disaster Plan

The Contractor shall assist Corrections security personnel in the formulation and execution of mock disaster drills and procedures. During an actual disaster, Contractor is required to provide 24-hour emergency medical, dental, and/or mental health services within the Facilities specified herein, to the extent reasonably possible. Contractor must develop and comply with a disaster plan to include consideration of the following:

1. Responsibilities of health care;
2. Procedures of triage;
3. Site(s) for care; and
4. Creation of an emergency response team.

3.22 X-Ray Equipment

Contractor shall be responsible routine maintenance of all x-ray equipment and for maintaining certification of such equipment through the State Department of Health. County will be responsible for repair and capital replacement costs of the equipment.

3.23 Other Medical/Dental Equipment

Contractor shall be responsible for repair and maintenance of equipment purchased by the Contractor, and the County is responsible for repair and maintenance of equipment purchased by the County.

ARTICLE 6: REPORTS AND RECORDS

6.1 Medical Records

Contractor will maintain a medical record for each inmate who has received health care services. Inmate medical records will be maintained pursuant to applicable law, including but not limited to the Health Insurance Portability and Accountability Act (hereinafter "HIPPA") and will be kept separate from the inmate's confinement record. Medical records will be kept confidential, and Contractor will follow the HCSO's policy with regard to access by inmates and HCSO staff to medical records, subject to applicable law regarding confidentiality of such records. No information contained in the medical records will be released by Contractor except as provided by HCSO's policy, by a court order, or otherwise in accordance with applicable law, including HIPPA.

6.2 Inmate Health Insurance

Contractor shall request from inmates information concerning any health insurance the inmate might have that would cover Services provided to the inmate. Such information shall be shared by Contractor with the off-site provider and the HCSO. Contractor shall assist as requested by HCSO in the development of a plan to collect third party health care payments, but Contractor shall not be responsible to collect any such third party health care payments.

6.3 Inmate Information

In order to assist Contractor in providing the best possible health care services to inmates, HCSO will provide Contractor with information pertaining to inmates that Contractor identifies as reasonable and necessary for Contractor to adequately perform its obligations hereunder in accordance with applicable law.

6.4 Contractor Records Available to HCSO with Limitations on Disclosure

Subject to Article 6.1 above, Contractor will make available to HCSO, at HCSO's request, all records, documents and other papers relating to the direct delivery of health care services to inmates hereunder. However, the HCSO understands that the systems, methods, procedures, written materials and other controls employed by Contractor in the performance of its obligations hereunder are proprietary in nature and will remain the property of Contractor and may not, at any time, be used, distributed, copied or otherwise utilized by HCSO, except in connection with the delivery of health care services hereunder, unless such disclosure is approved in advance in writing by Contractor or required by law. Contractor acknowledges and agrees that the HCSO must comply with applicable public records laws, including but not limited to the provisions of R.C. 149.43.

6.5 HCSO Records Available to Contractor with Limitations on Disclosure

During the term of this Contract and for a reasonable time thereafter, HCSO will provide to the extent permitted by law and at Contractor's request, HCSO's records relating to the provision of health care services to inmates or other records which are pertinent to the investigation or defense of any claim related to Contractor's conduct. HCSO will make available to Contractor such records as are maintained by HCSO, hospitals, and other outside health care providers involved in the care or treatment of inmates (to the extent HCSO has any claim to those records) as Contractor may reasonably request consistent with applicable law; provided, however, that any such information released by HCSO to Contractor that HCSO considers confidential will be kept confidential by Contractor and will not, except as may be required by law, be distributed to any third party without prior written approval by HCSO.

Program Report:

13. Sheriff Inmate Medical Corrections Staff

The correction staff at 1617 Reading Road remained fixed during the last levy cycle at 32 FTE's. The exhibit below highlights the correction staffing positions at the Reading Road facility.

Reading Road Staffing	
	FTE's
Clerk 2	1.0
Correction Captain	1.0
Correction Class Specialist	1.0
Correction Lieutenant	1.0
Correction Officers	23.0
Correction Sergeants	<u>5.0</u>
Total FTE's	<u><u>32.0</u></u>

The HHIC Levy has not been consistently charged for all 32 however the average cost per officer at 1617 Reading Road has been estimated as follows based on actual staffing costs provided by the HCJC.

Year	2010	2011	2012	2013
Actual Costs Salary per officer	\$48,982.63	\$51,384.18	\$51,376.72	\$53,169.36
Actual Costs Fringe per officer	\$15,586.84	\$12,942.47	\$24,263.50	\$18,949.23
Actual Costs Total per officer	\$64,569.47	\$64,326.65	\$75,640.22	\$72,118.59

The staffing at the HCJC for security personnel assigned to the Admissions Section, Health Services Section, and the Psychiatric Units is calculated as follows:

Number of Posts Needed	24 posts
Length of Shift (Hours)	8 hours
Days in Year	<u>365</u> days
Posts X Hours X Days = Total Hours Required	70,080 hours
Divid by Number of Full-Time Hours Per Year	<u>2,080</u> hours
Total Full Time Equivalentents	<u><u>33.7</u></u> FTEs

We estimated the Sheriff's Department cost for the 33.7 correction officers by first estimating the average hourly rate per correction officer. For that calculation we used a average of entry level officer, three to four year officer's and Officers with five plus years experience. Our estimate is as follows:

Correction Officers Hourly Pay Rates	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>Budget 2014</u>
Entry - Year 2	\$ 13.72	\$ 14.11	\$ 14.11	\$ 14.54	\$ 14.97
Year 3 - Year 4	15.68	16.14	16.14	16.62	17.12
Year 5 and Above (2010-2013) Year 5-7 (2014)	20.19	20.70	20.70	21.32	21.96
Average	<u>\$ 16.53</u>	<u>\$ 16.98</u>	<u>\$ 16.98</u>	<u>\$ 17.49</u>	<u>\$ 18.02</u>

It should be noted that the above rates do not include overtime or supervisor/administrative overhead.

In addition, we used department wide averages to determine an additional percentage add-on for fringe benefits. The total result of our estimated calculation is as follows:

Correction staffing at HCJC allocated to inmate medical						
Average hourly rate per corrections officer	\$ 16.53	\$ 16.98	\$ 16.98	\$ 17.49	\$ 18.02	
Total Hours for one full time position	<u>2,080</u>	<u>2,080</u>	<u>2,080</u>	<u>2,080</u>	<u>2,080</u>	
Salary for one full-time position	34,382	35,325	35,325	36,386	37,475	
Total FTEs attributable to HCJC medical	33.70	33.70	33.70	33.70	33.70	
Total wages attributable to HCJC medical	1,159,000	1,190,000	1,190,000	1,226,000	1,263,000	\$ 6,028,000
Percentage add-on to cover benefits and taxes	<u>40.50%</u>	<u>39.01%</u>	<u>37.30%</u>	<u>36.74%</u>	<u>36.82%</u>	
Estimated benefits and taxes	469,000	464,000	444,000	450,000	465,000	2,292,000
Total Staffing Cost (wages, benefits and taxes)	<u>\$ 1,628,000</u>	<u>\$ 1,654,000</u>	<u>\$ 1,634,000</u>	<u>\$ 1,676,000</u>	<u>\$ 1,728,000</u>	<u>\$ 8,320,000</u>

Program Report:

14. Mental Health and Recovery Services Treatment Programs

The Hamilton County Mental Health and Recovery Services Board (“The Board”), located at 2350 Auburn Avenue, Cincinnati, Ohio, is the County’s planning agency for mental health, alcohol and drug treatment, prevention and education services for the citizens of Hamilton County. The mission of the Board is to develop and manage a system of high-quality, cost-effective, alcohol, drug and mental health services responsive to individual and family needs and differences.

The Board, in partnership with the Ohio Department of Mental Health and Addiction Services (ODMHAS) and the Hamilton County Commissioners, administers funds for local programming. The Board is prohibited from directly providing services to the citizens of Hamilton County. Federal, state, and local funds are distributed on a fiscal year basis through contracts with a comprehensive network of 36 provider agencies in Hamilton County.

The monies labeled as going to the MHR SB programs and funded by the HHIC Levy total \$2,500,000 for the 2014 budget and for the 2015 budget. A long list of programs lies underneath this number but it is important to note that three of the programs listed as funded directly by the FST levy are also MHR SB programs. Because we are following the structure of the levy listing in this report, we discuss these programs separately. But an assessment of the MHR SB itself and its programs is incomplete without an inclusion therein of an assessment of these programs.

The FST levy funds three MHR SB programs which we discuss separately in this report. They are Hamilton County Drug Court, also known as ADAPT (see Program Report #5, above), Off the Streets (a program intended to reduce prostitution in Hamilton County, see Program Report #9, above) and Coalition for a Drug-Free Cincinnati (aka Drug Free Communities, see Program Report #8, above). While Off the Streets and Drug Free Communities are each allotted only about \$65,000 per year from the FST levy via the MHR SB, ADAPT is a much more costly program, at approximately \$1,400,000 annually.

As noted above, the list of levy items indicates that the MHR SB receives approximately \$2,500,000 in funding from the HHIC Levy annually. The money is spent on several different programs, at different locations and with some overlap in populations served and in types of treatments.

Delving into the programs behind the HHIC Levy’s funding of MHR SB at \$2.5m annually yields the following recipient programs:

- The Alcoholism Council of Cincinnati Area, or NCADD, which is budgeted to receive 17% of the MHR SB’s \$2.5m, or about \$425,000;

- The Center for Chemical Addictions Treatment, or CCAT, budgeted to receive 21% of the \$2.5m, or \$525,000;
- The Central Community Health Board, or CCHB, which is budgeted to receive 5%, or \$125,000;
- First Step Home, which receives \$225,000 through the MHR SB;
- Prospect House, which is budgeted to receive about \$86,800 through the MHR SB;
- The Crossroads Center, budgeted to get 4%, or about \$100,000;
- The United Minority Alcoholism and Drug Abuse Outreach Program, or UMADAOP, which receives a very small portion, at just \$24,800;
- Court Clinic, budgeted to receive 4% of the funding, or about \$100,000;
- Board Administration, budgeted to receive 3.5% of the funding, or \$87,500;
- Talbert House, the largest recipient of funding, at 32%, or about \$800,000

Before looking at each program separately, it is important to note that two of the programs above overlap with programs that also receive funding directly from the FST levy. These programs are “Court Clinic,” which administers Alternative Interventions for Women, and Alternative Interventions for Men, and Talbert House, the administrator of several programs listed as receiving funds from the MHR SB.

Court Clinic, which comprises Alternative Interventions for Women and Alternative Interventions for Men, receives not only direct funding of \$425,000 (for AIW) from the levy for 2014 but also receives 4% of the \$2,500,000 going to the MHR SB, or about \$100,000. This means that the total funding, by taxpayers, of Court Clinic may be in the \$525,000 range, rather than the \$425,000 range. (We can assume that the funds overseen by the MHR SB and going to Court Clinic fund other aspects of the AIW program, or fund other services within Court Clinic.)

Below is a recap of the HHIC Levy funds paid to providers for the fiscal years ending June 30, 2008 through June 30, 2013, the total payments (i.e., Federal, state and local) made to those providers for alcohol and drug addiction services, and the percentage of total payments that represent HHIC Levy payments.

Hamilton County MHRS Board Contract Provider Funding Analysis							
	HHIC 2009	HHIC 2010	HHIC 2011	HHIC 2012	HHIC 2013	Total Payments	HHIC % of Total
Talbert House	724,394	452,612	801,156	550,189	637,865	3,166,216	27.4%
Crossroads Center	106,755	169,087	64,434	101,729	117,672	559,677	4.8%
Alcoholism Council	597,119	582,271	538,321	476,170	435,665	2,629,546	22.8%
Prospect House	91,791	86,885	84,558	82,013	82,308	427,555	3.7%
CCAT	540,692	527,292	582,789	445,068	560,305	2,656,146	23.0%
First Step Home	207,766	234,956	195,497	160,267	275,741	1,074,227	9.3%
Court Clinic	85,915	154,198	105,783	119,482	89,267	554,645	4.8%
Urban Minority A&D	-	40,285	10,492	11,581	26,758	89,116	0.8%
Central Comm. Health Board	-	-	157,949	200,881	38,497	397,327	3.4%
	2,354,432	2,247,586	2,540,979	2,147,380	2,264,078	11,554,455	100.0%

Ohio Revised Code (ORC) Chapter 340 mandates that each county have a local authority for alcohol and drug services. Three counties in Ohio (Butler, Lorain and Mahoning) have separate county boards for mental health and alcohol and drug addiction services. The other counties have joint mental health and alcohol and drug boards, including Hamilton County which merged its separate boards on October 19, 2006.

ORC Chapter 340 also provides rules and regulations governing Alcohol and Drug Addiction and Mental Health Services in Ohio. Under the guidelines, local boards are required to submit a "Community Plan" to ODMHAS no later than six months prior to the conclusion of the fiscal year in which the Board's current plan is scheduled to expire. The plan provides an assessment of community service needs, the facilities, and community services that will be providing the services, and constitutes an application for funds to be distributed by ODMHAS. This Department reviews the plans and determines the funding to be allocated to local boards during the coming fiscal year.

Section 340.09 of the ORC details the following services in the ODMHAS system that shall be provided from funds appropriated for that purpose by the general assembly:

A.	Outpatient
B.	Inpatient
C.	Partial hospitalization
D.	Rehabilitation
E.	Consultation
F.	Mental health education and other preventative services
G.	Emergency
H.	Crisis Intervention
I.	Research
J.	Administrative
K.	Referral and information
L.	Residential
M.	Training
N.	Substance abuse
O.	Service and program evaluation
P.	Community support system
Q.	Case Management
R.	Residential housing
S.	Other services approved by the Board and the Director of Mental Health

In November 2011, the voters of Hamilton County approved a three-year tax levy to provide health and hospitalization services. The County Commissioners appropriate funds from the HHIC Levy for the Board on a calendar year basis.

The following represents the actual HHIC Levy expenditures by the Board for the calendar years 2009 through 2013 (the 2014 amount is a budget estimate):

<u>Year</u>	<u>Expenditures</u>	
2009	\$	2,407,919
2010		2,575,234
2011		2,484,661
2012		2,234,984
2013		2,352,179
2014 (budget estimate)		2,484,549

Prior to the merger of the Mental Health Services and Alcohol and Drug Addiction Services Boards, amounts were appropriated and provided annually with a formal contract. In 2005, the Board of County Commissioners of Hamilton County entered into a Memorandum of

Agreement with Alcohol and Drug Addiction Services for the term January 1, 2005 through December 31, 2009.

Subsequent to the merger and creation of the Board, a new agreement was entered into on November 26, 2008 and extended through December 31, 2009, effectively terminating the prior Memorandum Agreement.

The contract provides guidelines on the scope of services, including eligibility criteria and allowable services, selection of services providers, availability of funds, reporting and spending requirements, restrictions on use of funds, compliance testing requirements, and various miscellaneous provisions. The contract also requires levy funds to be used as a payor of last resort.

The allowable services detailed in the contract are consistent with those detailed in the ODMHAS service categories, as follows:

Assessment (M)	Individual Counseling (M)
Case Management (M)	Crisis Intervention (M)
Group Counseling (M)	Intensive Outpatient (M)
Laboratory Urinalysis (M)	Medication Somatic (M)
Residential Treatment (C)	Room & Board (C)
Detoxification (C)	Prevention Alternatives
Prevention/Education Services	Consultation
Information & Referral	

The Board purchases services from, and distributes payments to, provider agencies via funds from the HHIC Levy which are Medicaid (M) and Court-ordered (C). The Board also purchases services which are preventive in nature, with the goal of keeping individuals from entering into more expensive treatment services.

Community services (i.e., Consultation and Information & Referral) provide care coordination and communication among all persons (i.e., family, employers, and court personnel) involved with getting individuals into treatment.

In review of the Board’s contracts with provider agencies, the following guidelines and parameters were noted to ensure compliance with Board and HHIC Levy funding requirements:

- Eligibility criteria for those requiring service were firmly established, including Hamilton County residency status and those who qualify as indigent.
- Established expectations that each contracted agency seek out to the best of their ability, with Board involvement as necessary, all available alternative funding sources (i.e., Federal and state grants, local capital, etc.) to assist in offsetting program costs.

- Set applicable standards for allowable costs to be reimbursed via the HHIC Levy, rates to be billed to the Board and the duty of the contracted agencies to bill other payors, if applicable, prior to the Board for member services. Provisions within the contract require the contracted agency to bill the Board the lowest contracted rate the agency offered to other payors and sets forth the requirement that the Board will not pay contracted agencies for services rendered to members, which are covered by other third-party payors.
- Reporting requirements are required by Federal, state, and local authorities, which the contracted agencies must provide, along with due dates and contract reference.
- Contracted services, associated rates, and budgeted contract amounts are provided as “Attachment A – Allocation Summary” for each contracted provider.
- Sets forth HHIC Levy funding requirements and Monitoring and Compliance standards, which contract providers must adhere to throughout the term of the contract.

Analysis of Compliance with TLRC Recommendations:

We have been advised there are no prior TLRC recommendations, consulting reports, commissioner directives, or strategy plans specifically related to the HHIC Levy funding for the Mental Health and Recovery Services Board.

Based upon a prior recommendation, the Mental Health and Recovery Services Board is audited annually by an independent public accountant, and GAAP financial statements are issued, including a balance sheet. Additionally, for each contract provider, the Board maintains on an annual basis, an allocation and payment reconciliation worksheets (referred to internally as “monitoring sheets”) which track all allocations and payments made to the individual contractors, by date and amount, to account for all expended funds per contract guidelines.

Benchmarking

Given that HHIC Levy funding accounts for approximately 2% of the total Mental Health and Recovery Services Board Program expenditures and the lack of other comparable HHIC Levy funding programs for county mental health and drug addiction service boards, we did not prepare benchmarking data in our report.

Financial Analysis:

The first exhibit presents a five-year financial analysis of the Mental Health and Recovery Services Program revenues and expenses, including administration costs as a percentage of total program costs.

Hamilton County MHRS Board 5 Year Financial						
	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>Total</u>
Operating revenue	\$ 110,411,596	\$ 111,846,268	\$125,770,923	\$ 115,196,284	\$ 69,323,233	\$ 532,548,304
Operating expense	<u>104,462,493</u>	<u>108,824,498</u>	<u>112,152,769</u>	<u>111,267,237</u>	<u>66,350,728</u>	<u>503,057,725</u>
Operating excess	5,949,103	3,021,770	13,618,154	3,929,047	2,972,505	29,490,579
Administration expenses						
Personnel	3,445,497	3,641,657	3,716,356	3,498,361	3,261,093	17,562,964
Capital	244,435	121,500	232,170	-	4,533	602,638
Other	<u>1,874,505</u>	<u>1,679,286</u>	<u>1,648,088</u>	<u>1,652,726</u>	<u>1,551,619</u>	<u>8,406,224</u>
Total Administration Expenses	5,564,437	5,442,443	5,596,614	5,151,087	4,817,245	26,571,826
Total excess (deficit)	\$ 384,666	\$ (2,420,673)	\$ 8,021,540	\$ (1,222,040)	\$ (1,844,740)	\$ 2,918,753
Administration expense analysis						
Personnel as a % of total administration expenses	61.9%	66.9%	68.3%	64.3%	67.7%	66.1%
Capital as a % of total administration expenses	4.4%	2.2%	4.3%	0.0%	0.1%	2.3%
Other as a % of total administration expenses	<u>33.7%</u>	<u>30.9%</u>	<u>30.3%</u>	<u>30.4%</u>	<u>32.2%</u>	<u>31.6%</u>
	100.0%	100.0%	102.8%	94.6%	100.0%	100.0%
Administration expense as a % of total costs	5.3%	5.2%	5.4%	4.9%	4.6%	5.3%
Administration expense as a % of Indigent Care funding	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

The second exhibit presents the top five addiction-related service average treatment costs funded by the Board for the period 2009-2013 and their respective percentage changes for the period.

Drug Category	Average Treatment Cost					% Increase / (Decrease)			
	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Alcohol	2,234	2,075	1,981	1,629	1,607	-7.09%	-4.54%	-17.78%	-1.33%
Polysubstance	2,846	3,571	3,957	3,729	4,254	25.50%	10.82%	-5.77%	14.08%
Opioid	4,490	4,945	4,117	3,602	3,497	10.15%	-16.75%	-12.52%	-2.91%
Cocaine	3,574	3,596	2,948	2,628	2,583	0.60%	-18.02%	-10.86%	-1.69%
Marijuana	<u>2,930</u>	<u>2,781</u>	<u>2,692</u>	<u>1,931</u>	<u>2,004</u>	<u>-5.08%</u>	<u>-3.21%</u>	<u>-28.29%</u>	<u>3.80%</u>
	16,073	16,968	15,695	13,517	13,945	5.57%	-7.50%	-13.88%	3.16%

The next exhibit presents the number of unique clients in the top-five addiction-related services funded by the Board for the period 2009-2013 and their respective percentage changes for the period.

Drug Category	Number of Unique Clients					% Increase / (Decrease)			
	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Alcohol	1,715	1,552	1,623	1,590	1,199	-9.50%	4.57%	-2.03%	-24.59%
Polysubstance	305	262	336	198	117	-14.10%	28.24%	-41.07%	-40.91%
Opioid	829	968	1,339	1,357	1,055	16.77%	38.33%	1.34%	-22.25%
Cocaine	635	491	544	406	268	-22.68%	10.79%	-25.37%	-33.99%
Marijuana	<u>1,498</u>	<u>1,384</u>	<u>1,789</u>	<u>1,570</u>	<u>836</u>	<u>-7.61%</u>	<u>29.26%</u>	<u>-12.24%</u>	<u>-46.75%</u>
	4,982	4,657	5,631	5,121	3,475	-6.52%	20.91%	-9.06%	-32.14%

The final exhibit presents the total treatment cost of the top-five addiction-related services funded by the Board for the period 2009-2013 and their respective percentage changes for the period.

Drug Category	Total Treatment Cost					% Increase / (Decrease)			
	2009	2010	2011	2012	2013	2010	2011	2012	2013
Alcohol	3,830,573	3,220,602	3,215,077	2,589,558	1,926,793	-15.9%	-0.2%	-19.5%	-25.6%
Polysubstance	867,881	935,618	1,329,668	738,327	497,718	7.8%	42.1%	-44.5%	-32.6%
Opioid	3,721,799	4,786,925	5,512,755	4,887,494	3,689,335	28.6%	15.2%	-11.3%	-24.5%
Cocaine	2,269,439	1,765,395	1,603,538	1,066,768	692,244	-22.2%	-9.2%	-33.5%	-35.1%
Marijuana	4,389,185	3,849,347	4,816,165	3,031,020	1,675,344	-12.3%	25.1%	-37.1%	-44.7%
	15,078,877	14,557,887	16,477,203	12,313,167	8,481,434	-3.5%	13.2%	-25.3%	-31.1%

Program Report:

15. TB Control

County Commissioners in Ohio have an unfunded mandate that requires the counties to pay for TB control and treatment. County Commissioners are, by Ohio law, the payors of last resort; however, a large percentage of those infected with TB are indigent, and many of the public health duties associated with TB are neither reimbursed by Medicaid nor covered by private third-party insurance benefits. In addition, the minimal funding, that has been historically provided by the state was reduced to zero for the 2006-2007 Ohio budget.

The Ohio Revised Code requires each Board of County Commissioners to provide for a Tuberculosis Control Unit by either designating a county tuberculosis control unit, or by entering into an agreement with one or more other counties under which a district control unit is designated. Ohio law specifies that the entity designated as a county or district tuberculosis control unit must fulfill its duties of preventing and controlling TB within the County. In designating the unit, the Board may select any of the following:

1. A communicable disease control program operated by a board of health of a city or general health district.
2. A tuberculosis program operated by a county that receives existing state funding for the treatment of tuberculosis.
3. A tuberculosis clinic established by a board of county commissioners.
4. A hospital that provides tuberculosis clinic services under contract with a board of county commissioners.

Since April 2008, the Hamilton County Commissioners have contracted with Hamilton County Public Health, Division of Disease Prevention, to administer the TB Control and the Communicable Disease Program services for County residents. The TB Control Program's purpose is to provide comprehensive services to identify, treat, control, report and eliminate TB in Hamilton County. To understand the nature of what is done at the Hamilton County TB Control Program, it is important to have a basic understanding of TB and the related treatments and issues.

Tuberculosis is an infectious disease that usually attacks the lungs but can attack almost any part of the body. Tuberculosis is spread from person to person through the air. If another person breathes in these germs, there is a chance they will become infected with tuberculosis. Repeated contact is usually required for infection.

TB was once the leading cause of death in the United States; however, in the 1940s, drugs for the treatment of TB were discovered and subsequently, the United States made significant progress eliminating TB as a public health threat. Currently, there are about 10 million Americans infected with the TB bacteria who have the potential to develop active TB in the future.

It is important to understand that there is a difference between being infected with TB and having TB disease. Someone who is infected with TB has tuberculosis bacteria in their body. However, the body's defenses are protecting them from the germs, and they are not sick. Someone with TB disease, on the other hand, is sick and can spread the disease to other people. It is not easy to become infected with tuberculosis. Usually a person has to be close to someone with TB disease for an extended period of time. TB is usually spread between family members, close friends, and people who work or live together.

Even if someone becomes infected with tuberculosis, that does not mean they will get TB disease. Most people who become infected do not develop TB disease because their body's defenses protect them. Most active cases of TB disease result from activating an old infection in people with impaired immune systems.

Experts believe that more than 10 million Americans are infected with TB germs. Only about 10% of these people will develop TB disease in their lifetime. The other 90% will never get sick from the TB germs or be capable of spreading them to other people.

Anyone can get TB; however, some groups are at higher risk to get active TB disease. The groups at high risk include:

- People with HIV infection (the AIDS virus)
- People in close contact with those known to be infected with TB
- People with medical conditions that make the body less able to protect itself from disease
- Foreign-born people from countries with high TB rates
- Some racial or ethnic minorities
- People who work in or are residents of long-term care facilities (nursing homes, prisons, some hospitals)
- Health care workers and others, such as prison guards
- People who are malnourished
- Alcoholics, IV drug users, and people who are homeless

The TB skin test is a way to detect if a person has TB infection. Although there is more than one TB skin test, the preferred method of testing is to use the Mantoux test.

For this test, a small amount of testing material is placed just below the top layers of skin, usually on the arm. Two to three days later, a health care worker checks the arm to see if a bump has developed and measures the size of the bump. The significance of the size of the bump is determined in conjunction with risk factors for TB.

Once the doctor knows that a person has TB infection, he or she will want to determine if the person has TB disease. This is done by using several other tests including a chest X-ray and a test of a person's mucus.

Treatment for TB depends on whether a person has TB disease or only TB infection.

A person who has become infected with TB but does not have TB disease may be given preventive therapy. Preventive therapy aims to kill germs that are not doing damage right now but could break out later.

If a doctor decides a person should have preventive therapy, the usual prescription is a daily dose of isoniazid (also called "INH"), an inexpensive TB medicine. The person takes INH for six to nine months (up to a year for some patients); with periodic checkups to make sure the medicine is being taken as prescribed.

If a person has TB disease, the treatment consists of a combination of several drugs (most frequently INH, plus two to three others including rifampin, pyrazinamide and ethambutol), usually for nine months. The patient will probably begin to feel better only a few weeks after starting to take the drugs.

It is very important, however, that the patient continue to take the medicine correctly for the full length of treatment. If the medicine is taken incorrectly or stopped, the patient may become sick again and will infect others with TB. As a result, many public health authorities (this is public policy in Ohio) recommend Directly Observed Therapy (DOT), in which a health care worker ensures the patient takes his/her medicine.

If the medicine is taken incorrectly, and the patient becomes sick with TB a second time, the TB may be harder to treat because it has become drug resistant. This means the TB germs in the body are unaffected by some drugs used to treat TB. This is referred to as Multi-drug Resistant TB. These resistant germs can then cause TB disease. The TB disease they cause is much harder to treat because the drugs do not kill the germs. MDR TB can be spread to others, just like regular TB.

Available Funding for TB Treatment and Control

The Ohio Revised Code requires individuals who receive TB treatment to disclose the identity of any third-party (insurance, Medicaid or Medicare) whom the individual has or may have a right of recovery for the treatment provided. The Code specifies that the County Commissioners are to be the payor of last resort for TB treatment and shall pay for treatment only to the extent that payment is not made through third-party benefits.

For indigent patients, Medicaid will reimburse certain costs associated with treatment, such as TB testing and medications. However, many of the public health duties associated with controlling TB outbreaks required by Ohio law, such as tracking down the people who have come into contact with an active TB patient, making sure active TB patients are taking their medications, reporting requirements, etc., are neither reimbursed by Medicaid nor private third-party insurance benefits. These program and treatment costs will continue to remain a funding liability for counties under current Ohio law. The State of Ohio previously funded a TB treatment budget line item. This was not a significant source of funding for Hamilton County to

help offset the cost of indigent patient treatment, but since 2006, the funding has been eliminated from the state budget.

■ Expenses for Detention

Under Ohio law, an individual diagnosed with active TB must complete the entire treatment regimen and must not be in any public place in order to protect against spread of the disease. If an individual fails to comply, the TB Control Unit may apply to the Probate Court for an injunction. If an individual fails to comply with the injunction, the TB Control Unit may request the Probate Court issue an order granting the unit authority to detain the individual.

Expenses for the detention are to be paid by the individual unless the individual is indigent. Expenses for indigent individuals are to be paid by the Board of County Commissioners of the county from which the individual was removed. To-date, this has not been an issue in Hamilton County.

■ **History and Background of Levy Requirements**

The Hamilton County TB Control Program is funded by proceeds from the HHIC Levy. The TB Control Program has been funded by the levy in recent years as follows:

TB Control - Indigent Care Levy Funding					
	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014 Budget</u>
Total Program Expenditures	<u>\$ -</u>	<u>\$ 900,000</u>	<u>\$ 933,250</u>	<u>\$ 933,250</u>	<u>\$ 933,250</u>

Five-Year Financial Analysis

The first exhibit presents including a breakdown of administrative expenses and a presentation of excess or deficit revenue compared to expenses.

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014 Budget</u>
Total Levy Funding Appropriation and Revenues					
Levy Funding	\$ -	\$ 900,000	\$ 933,250	\$ 933,250	\$ 933,250
Skin Test & X-Ray Fees	<u>46,734</u>	<u>42,624</u>	<u>47,670</u>	<u>51,370</u>	<u>75,000</u>
Total Appropriation and Revenues	<u>\$ 46,734</u>	<u>\$ 942,624</u>	<u>\$ 980,920</u>	<u>\$ 984,620</u>	<u>\$ 1,008,250</u>
TB Control Expenses					
Direct Expenses					
Employee Compensation	326,383	289,572	335,972	305,856	327,164
Employee Benefits and Taxes	107,630	90,964	99,236	85,281	90,393
Contracted Staffing and Services	154,730	182,603	160,299	147,322	196,988
Drugs, Medical Supplies and Program Expenses	59,739	67,765	45,154	32,866	77,612
Capital Equipment	1,444	123,887	23,125	28,137	80,356
Office, Travel, Training, and Other	<u>10,880</u>	<u>14,978</u>	<u>20,691</u>	<u>28,214</u>	<u>43,464</u>
Direct Expenses	<u>660,806</u>	<u>769,769</u>	<u>684,477</u>	<u>627,676</u>	<u>815,977</u>
Indirect Expenses					
Office Rent	157,813	157,813	213,232	213,232	217,000
Indirect Cost to BOCC (3)	86,897	94,878	16,746	18,069	18,069
Other	<u>36,592</u>	<u>11,163</u>	<u>949</u>	<u>950</u>	<u>850</u>
Total Indirect Expenses	<u>281,302</u>	<u>263,854</u>	<u>230,927</u>	<u>232,251</u>	<u>235,919</u>
Total TB Control Expenses	<u>942,108</u>	<u>1,033,623</u>	<u>915,404</u>	<u>859,927</u>	<u>1,051,896</u>
Appropriation and Revenue in Excess (Deficit) of					
Expenditures	<u>\$ (895,374)</u>	<u>\$ (90,999)</u>	<u>\$ 65,516</u>	<u>\$ 124,693</u>	<u>\$ (43,646)</u>
<i>(1) All figures are budgeted figures provided by Hamilton County Public Health</i>					

The next two exhibits present an analysis of hours worked and full-time equivalent FTEs, wages paid and average wages for the TB Control Program.

	2010	2011	2012	2013	2014
	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Budget</u>
	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>
Program Director R.N.	1,456	229	1,456	1,456	790
Clinic Coordinator	2,080	2,080	2,080	2,080	832
Nurses (LPN)	4,160	4,160	4,160	3,536	4,160
X-Ray Technician	1,664	1,664	1,664	1,664	1,664
Receptionist	2,080	2,080	2,080	2,080	2,080
Medical Records Clerk	2,080	2,080	2,080	2,080	2,080
Billing / Data Collection	-	-	-	-	1,539
Totals	13,520	12,293	13,520	12,896	13,146
FTEs	6.50	5.91	6.50	6.20	6.32

(1) 2,080 hours equals one full time equivalent employee (FTE)

	2010	2011	2012	2013	2014
	<u></u>	<u></u>	<u></u>	<u></u>	<u>Budget</u>
Program Director R.N.	\$ 44,706	\$ 7,250	\$ 49,030	\$ 51,561	\$ 31,714
Clinic Coordinator	47,895	50,523	50,831	51,448	23,094
Nurses (LPN)	67,975	64,474	72,877	50,567	73,938
X-Ray Technician	34,529	36,077	28,301	32,353	36,186
Receptionist	37,705	38,691	37,586	37,908	38,397
Medical Records Clerk	33,926	34,425	34,973	35,897	37,251
Billing / Data Collection	-	-	-	-	38,190
Totals	\$ 266,736	\$ 231,440	\$ 273,598	\$ 259,734	\$ 278,770
Average Wage per FTE	\$ 41,036	\$ 39,161	\$ 42,092	\$ 41,893	\$ 44,109

The third exhibit offers an analysis of key TB Control Program statistics and associated expense trend analysis.

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Cases of TB Confirmed	27	13	13	14
Clinic Stats				
Skin Tests Given	4,586	4,397	3,182	2,871
Radiology Services				
Total X-Rays Given	874	864	599	671
Pharmacy Services				
Total RX Filled	2,897	2,493	1,659	1,166
Clinic Appointments Kept				
Adult & Pediatric Doctors	1,335	1,228	872	715
Nurse Clinic	1,029	742	536	348
Outreach Visits	1,299	1,113	831	773
Trend Analysis				
X-Ray Technician - Staff	\$ 44,888	\$ 46,900	\$ 36,791	\$ 42,059
Radiology Reading - Contract	<u>15,945</u>	<u>19,312</u>	<u>16,940</u>	<u>13,952</u>
Direct Radiology Expense	60,833	66,212	53,731	56,011
Direct Expense per X-Ray Given	<u>\$ 69.60</u>	<u>\$ 76.63</u>	<u>\$ 89.70</u>	<u>\$ 83.47</u>
Pharmacist Expense	42,656	41,594	45,203	41,441
Pharmacist Expense per RX Filled	<u>\$ 14.72</u>	<u>\$ 16.68</u>	<u>\$ 27.25</u>	<u>\$ 35.54</u>
Adult & Pediatric Drs - Cost	57,640	56,595	59,812	51,749
Adult & Pediatric Drs Cost per Appt.	<u>\$ 43.18</u>	<u>\$ 46.09</u>	<u>\$ 68.59</u>	<u>\$ 72.38</u>
Nurses (LPN) - Staff	150,631	149,496	160,820	132,620
Nursing Cost per Clinic/Outreach Visit	<u>\$ 64.70</u>	<u>\$ 80.59</u>	<u>\$ 117.64</u>	<u>\$ 118.31</u>
<i>The purpose of this analysis is to present a trend analysis only. This analysis does not take into account shared duties within the clinic or all costs associated with each statistic analyzed.</i>				

A five-year comparison of the number of confirmed cases of TB in Hamilton County is displayed in the exhibit below.

Cases of TB Diseases Confirmed				
<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
22	27	13	13	14

■ Comparisons, Modeling, and Benchmarking

In terms of service, five counties are identified as potentially comparable for benchmarking purposes. County populations and reported TB cases are presented in the next exhibit.

	<u>Hamilton County</u>	<u>Franklin County</u>	<u>Cuyahoga County</u>	<u>Montgomery County</u>	<u>Summit County</u>	<u>Lucas County</u>
Count Population:						
2013 Est.	804,520	1,212,263	1,263,154	535,846	541,824	436,393
Total TB Cases						
2013	13	50	29	12	3	4
2012	12	42	29	8	7	4
2011	10	50	38	8	2	2
2010	27	66	36	6	3	2
2009	22	41	34	10	9	3

Each county administers its requirement to provide a TB Control Unit in a different fashion; the following is a summary of each program based on public data and calls to each county's program representative.

■ Franklin County:

Franklin County operates the Ben Franklin TB Control Program as a walk-in, full-service Clinic. Franklin County has approximately 30% of Ohio's active TB patients due in large part to the influx of foreign-born patients. The Ben Franklin Clinic operates in a similar manner as Hamilton County's TB clinic, except on a larger scale. One difference includes how care is provided for children (defined as 15 years of age or younger). In Franklin County, children testing positive for TB are sent to a children's hospital for care. In Hamilton County, children are treated at the TB clinic by contracted pediatricians. Franklin County has implemented a billing function in order to submit bills to Medicare, Medicaid and private insurance companies for charges related to physician services, pharmacy, and lab charges. The Franklin TB Program began this process during 2006. See exhibit H for a detailed comparison of Franklin County and Hamilton County's programs.

■ Cuyahoga County:

Cuyahoga County funds the MetroHealth Center Tuberculosis Clinic, which is a county hospital-based TB clinic. The clinic operates on an approximately \$500,000 budget for nursing and pharmacy costs. Physician, lab, and x-ray costs are incurred by the hospital. The hospital bills patients and third-party providers separately based upon which services are provided. Because of this operating structure, benchmarking data would not be comparable.

Some of the benefits of this hospital-based model include:

- The ability to bill third-party providers (Medicaid, Medicare and Private Insurance) for testing, lab fees, pharmacy, and physician services utilizing the billing system that is in place.
- Pharmacy, x-ray, and lab services can be provided by existing hospital-based departments; however, this does not necessarily mean cost-saving would be realized depending on the systems and cost structure within the hospital.
- Care provided to indigent patients in a hospital setting could be eligible to be funded by other indigent care programs and funding.

■ Montgomery County:

Montgomery County's TB program is part of the Montgomery County Health Department. The program has one full-time nurse and two part-time nurses who provide direct, observed therapy. In addition, this Program has one x-ray technician. The Program does not have a pharmacy and shares space and resources with other communicable disease programs. Detailed benchmarking data was not available and would not be comparable.

■ Summit County:

Summit County's TB program is administered by the Akron Health Department and is housed as part of the Adult Clinic at the Morley Heath Center. The TB program is one of a number of programs run out of the clinic, and costs are shared with various other communicable disease control programs housed there. This Program has two in-house nurses and one outreach nurse for directly-observed therapies. In addition, there is a doctor and pharmacist who provide services to the TB program. The clinic does not bill patients for the services provided but is exploring possibly billing third-party payers in the future. Detailed benchmarking data was not available and would not be comparable.

■ Lucas County:

Lucas County's TB program is part of the Lucas County Health Department. The staff and resources of the Heath Department are used for various communicable diseases. No employees are dedicated 100% to TB. Detailed benchmarking data was not available and would not be comparable.

Based on our analysis so far, we believe Franklin County is closest to Hamilton County for benchmarking services. We were able to find significant benchmarking data from Franklin County that is presented in the next series of exhibits.

	<u>Hamilton County</u>	<u>Franklin County</u>
Program Structure	Walk-in Clinic	Walk-in Clinic
2013 Actual Expenses		
Personnel	\$ 259,734	\$ 1,597,909
Services and Other	<u>46,122</u>	<u>178,475</u>
Total	305,856	1,776,384
2013 Staffing		
Full-Time	6.20	15.00
Part-Time	<u>-</u>	<u>4.00</u>
Total	6.20	19.00
Average Personnel Cost per FTE	\$ 41,893	\$ 84,100

	2013 Actual	
	<u>Hamilton County</u>	<u>Franklin County</u>
Personnel Costs	\$ 259,734	\$ 1,597,909
Services & Other	<u>46,122</u>	<u>178,475</u>
Total Direct Costs (1)	\$ 305,856	\$ 1,776,384
Trend Analysis		
Total Direct Cost per TB Cases	\$ 21,847	\$ 35,528
Total Direct Cost per # of Skin Tests	\$ 107	\$ 440
Total Direct Cost / # of RX Filled	\$ 262	\$ 87
<i>(1) The indirect costs for utilities, building related costs and other indirect costs are not included above for either program.</i>		

	<u>Hamilton County</u>	<u>Franklin County</u>
Statistical Comparison		
Total 2013 Cases	14	50
Clinic Stats 2013		
Skin Tests Given	2871	530
Radiology Services		
Total X-Rays Provided	671	164
Pharmacy Services		
Total RX Filled	1166	20,455
Services Provided		
Physician Services - Adults	Yes	Yes
Physician Services - Children	Yes	Sent Off Site
Pharmacy	Contracted	Contracted
Sputum Induction	Yes: In-House	Yes: In-House
Lab Testing	Contracted	Contracted
Microbiologist	No	No
Directly Observed Therapy	Yes	Yes
X-Rays	Contracted	Sent Off Site
Epidemiologist	No	No

Program Report:

16. Juvenile Court Medical

● History and Background of Hamilton County Juvenile Court Medical Services

Twelve Ohio counties, including Hamilton County, have stand-alone Juvenile Justice Divisions of their Courts of Common Pleas. In Hamilton County, the cost of medical services associated with the Juvenile Court is funded by proceeds from the HHIC Levy. The purpose of the levy is to supplement the general fund appropriations of Hamilton County, Ohio, and to provide health and hospitalization services for youth in County detention centers. Up until 2012, medical services were provided at two separate locations: The Youth Center, a 200-youth capacity, short-term juvenile detention center located in downtown Cincinnati; and Hillcrest Training School, which has a capacity of 142 correctional/treatment beds on 88 acres in Springfield Township. As described earlier in this report, in May 2012 Rite of Passage, a non-governmental entity, assumed operational control of Hillcrest through an agreement with the Juvenile Court and Hamilton County.

● Youth Center Medical Department Overview

The Youth Center is defined as a juvenile detention and confinement facility, or what would commonly be referred to as a juvenile jail. As a direct result of County budget cuts, the facility has undergone significant changes during the last ten years, including reduced staffing and reductions in capacity. In 2006 (the year before the current Levy cycle), there were approximately 6,000 youth entering the facility each year. This number has decreased each year and was at 2,261 admissions in 2013.

The majority of juvenile court medical expenses are incurred at the Youth Center since this is where juvenile defendants enter the court system and are first held in secure custody pending court hearings or imposition of detention. Juveniles entering the Youth Center are screened for medical issues at the time of booking by health staff. Arrestees with acute injury or illness are sent to Cincinnati Children's Hospital (CCHMC) or University Hospital until they are medically-cleared to enter the facility. Once admitted, juveniles receive a health assessment (physical) within the first seven days by either a certified nurse practitioner or physician. Laboratory specimens are collected for the diagnosis and treatment of sexually transmitted infections, and Tuberculin skin tests are performed. Licensed Practical Nurses (LPN) handle non-emergency medical requests, conduct sick calls in the housing areas twice per day, and administer medications and treatments. Juveniles requiring hospital and specialized ambulatory care for acute emergency care are sent to CCHMC or University Hospital.

When a juvenile is sent to the hospital as part of the screening process, the Juvenile Court takes the position that these costs relate to pre-existing conditions and are not the court's responsibility. The Youth Center only takes responsibility for off-site or hospital medical costs that are the result of conditions (such as an injury) that arise while in custody. In general, when the Youth Center pays for off-site medical services, it is the payer of last resort after insurance and Medicaid. Medical services provided by CCHMC are not charged to Youth Center but are instead paid for indirectly by funding provided by the HHIC Levy. Medical services provided while in custody at the Youth Center are borne by the Juvenile Court with no provision for reimbursement or financial restitution in place.

The Medical Department at the Youth Center is staffed by the Health Center Administrator, an LPN supervisor, LPNs, a medical clerk, and the Corrections Officer. All medical staffing is contracted from CCHMC. The correction officer is not charged to the medical department. In addition, dental services are also provided by contract. See the financial analysis section for a detailed analysis of Youth Center Medical Department staffing and expenses.

The Youth Center also has a psychology department providing mental health evaluations and counseling. The cost of operating this program is recorded in the psychology department and paid for with funds from a separate mental health program levy. The cost of drugs relating to the treatment of psychological disorders is recorded as medical expenses.

- **Analysis of compliance with TLRC recommendations**

In 2006, the Tax Levy Review Committee recommended that the Juvenile Court seek outside quotes relative to contracting staffing and physician services. This recommendation was supported by a levy review report prepared by Howard, Wershbae & Co. The 2012 outsourcing of all Hillcrest operations to a private contractor, Rite of Passage, indicates a readiness to explore an array of funding possibilities, including comparisons between different contractor quotes for services.

- **Financial Analysis**

The following exhibit represents a four-year analysis of Youth Center expenses to coincide with the levy period being analyzed.

	<u>2010</u>	<u>%</u>	<u>2011</u>	<u>%</u>	<u>2012</u>	<u>%</u>	<u>2013</u>	<u>%</u>
Youth Center Medical	786,991	54.9%	1,312,060	81.8%	1,316,073	100.0%	1,018,394	100.0%
Hillcrest Medical	<u>469,851</u>	32.8%	<u>470,000</u>	29.3%	(2)	0.0%	(2)	0.0%
Total Medical Expense, Reported	1,256,842	87.6%	1,782,060	111.1%	1,316,073	100.0%	1,018,394	100.0%
(1) 2010 invoices paid in 2011	<u>177,606</u>	12.4%	<u>(177,606)</u>	-11.1%	-	0.0%	-	0.0%
Adjusted Medical Expense	<u>1,434,448</u>	100.0%	<u>1,604,454</u>	100.0%	<u>1,316,073</u>	100.0%	<u>1,018,394</u>	100.0%
Amount Reimbursed	1,447,740		1,447,740		1,447,740		1,195,895	
Difference (3)	13,292		(156,714)		131,667		177,501	

(1) \$177,606 was paid and expensed in 2011 for 2010 contracted staffing. Historically December invoices are recorded in the preceding year, however due to a billing issue both the August and November 2010 contracted

(2) Rite of Passage assumed operations for the Hillcrest Academy during 2012.

(3) Differences appear to relate to timing however a final reconciliation should be concluded in 2014.

As indicated above, contracted staffing has decreased slightly since 2009 and has averaged about \$1.1 million annually during this period. It's important to note that this flat pattern occurred in a period when medical inflation was consistently over 5%. To some extent this may be reflected in the overall increase in drugs and medical supplies, which are up 26% if we compare 2009 to 2013. On the other hand, the number of arrests has dropped more than the contracted staffing amount. Between 2009 and 2012, arrests dropped 19%. Interestingly, the decrease in arrests does not correspond highly to the data regarding medical services at the Youth Center. An analysis of costs per admission and costs per day of care shows that these measures have dropped only slightly during these years, and, in the case of drugs & supplies, costs have risen.

<u>Youth Center</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Admissions to secure housing	3,326	2,767	2,328	2,261	2,340
Total days of care	33,689	28,088	28,470	27,450	33,215
Staffing cost per admission	\$321.11	\$338.28	\$539.28	\$567.95	\$ 422.52
Staffing cost per day of care	\$ 31.70	\$ 33.32	\$ 44.10	\$ 46.78	\$ 29.77
Drugs / supplies per admission	\$ 5.66	\$ 7.09	\$ 10.48	\$ 10.28	\$ 10.13
Drugs / supplies per day of care	\$ 0.56	\$ 0.70	\$ 0.86	\$ 0.85	\$ 0.71
Total expense per admission	\$330.24	\$348.61	\$563.44	\$582.08	\$ 435.21
Total expense per day of care	\$ 32.60	\$ 34.34	\$ 46.07	\$ 47.94	\$ 30.66

- **Benchmarking**

For benchmarking purposes, Franklin and Cuyahoga Counties are the two most appropriate benchmarking subjects due to their similar population size and the presence of large urban areas. The medical services provided in Franklin and Cuyahoga are also comparable to Hamilton County. Both Franklin and Cuyahoga pay for medical services in their juvenile detention centers from the County general funds. Our benchmarking analysis for the Youth Center is presented in the following exhibit.

	<u>Hamilton County</u>	<u>Franklin County</u>	<u>Cuyahoga County</u>
Accreditations	ACA/ODYS/NCCHC	ACA/ODYS	ACA/ODYS
Annual Admissions	2,340	1,036	3,279
How Staffed			
Physicians	Contracted	Contracted	Contracted
Nurse Practitioners	Contracted	Contracted	Contracted
Nursing	Contracted	Contracted	Contracted
Medical Records	Contracted	Contracted	Contracted
Psychiatric Services	Contracted	Contracted	Contracted
Current FTEs (in-house)			
Physicians / Medical Director	-	(1)	-
Nurse Practitioners	1.60	(1)	-
RN / Nurse Manager	0.60	(1)	2.00
Licensed Practical Nurses	10.20	(1)	6.00
Dedicated Correction Officer (3)	-	(1)	-
Total	12.40	-	8.00
Services Provided			
Screening	Yes	Yes	Yes
Sick Call	Yes	Yes	Yes
STD Testing	Yes	Yes	Yes
TB Testing	Yes	Yes	Yes
Physicals	Yes	Yes	Yes
Dental	Yes	Yes	No
<i>(1) Information is not available as these services are contracted to a third party.</i>			

Regarding the exhibit above, we can make the tentative remark that annual admissions for Cuyahoga County are well above those of Hamilton, yet the number of FTE's, according to this analysis, is only 8, as compared to Hamilton's 12.4.

- **Service Delivery and Efficiency**

A budget is established by the Hamilton County Juvenile Court for medical services as part of the Juvenile Court overall budget. The Juvenile Court system receives funds from the Health and Hospitalization Levy (Indigent Health Care levy) based on actual expenditures. The medical programs do not receive funds directly and do not maintain checking accounts; rather, approved invoices are sent to the Hamilton County Juvenile Court Finance Department for payment through the County Auditor. Based on expenses, an inter-fund transfer is made from the Levy to a revenue account in the General Fund.

The following exhibit provides an overview of the differential between funds received and actual expenses.

	<u>2010</u>	<u>%</u>	<u>2011</u>	<u>%</u>	<u>2012</u>	<u>%</u>	<u>2013</u>	<u>%</u>
Youth Center Medical	786,991	54.9%	1,312,060	81.8%	1,316,073	100.0%	1,018,394	100.0%
Hillcrest Medical	<u>469,851</u>	32.8%	<u>470,000</u>	29.3%	(2)	0.0%	(2)	0.0%
Total Medical Expense, Reported	1,256,842	87.6%	1,782,060	111.1%	1,316,073	100.0%	1,018,394	100.0%
(1) 2010 invoices paid in 2011	<u>177,606</u>	12.4%	<u>(177,606)</u>	-11.1%	-	0.0%	-	0.0%
Adjusted Medical Expense	<u>1,434,448</u>	100.0%	<u>1,604,454</u>	100.0%	<u>1,316,073</u>	100.0%	<u>1,018,394</u>	100.0%
Amount Reimbursed	1,447,740		1,447,740		1,447,740		1,195,895	
Difference (3)	13,292		(156,714)		131,667		177,501	
<i>(1) \$177,606 was paid and expensed in 2011 for 2010 contracted staffing. Historically December invoices are recorded in the preceding year, however due to a billing issue both the August and November 2010 contracted</i>								
<i>(2) Rite of Passage assumed operations for the Hillcrest Academy during 2012.</i>								
<i>(3) Differences appear to relate to timing however a final reconciliation should be concluded in 2014.</i>								

As the exhibit indicates, the trend appears to favor higher expectations for costs than what is actually incurred, although the differences tended to flatten out in 2011 and 2012.

- **Contracted Nursing Salary Analysis**

Information received from the CCHMC on the 10/1/2012 to 9/30/13 fiscal year allows us to break out the total contact amount into component salary pieces. The salary information provided yields the following exhibit, which indicates the important data point represented by base salary more clearly.

Nurse Practitioner Services	FTE	Base Salary	Total Salary	28.0% Fringe Benefits	10/1/2012-9/30/2013 Total
Employee 1	0.7	99,083	69,358	19,420	
Employee 2	0.5	99,083	49,542	13,872	
Employee 3	<u>0.4</u>	104,600	<u>41,840</u>	<u>11,715</u>	
	1.6		160,740	45,007	205,747
Nursing Services					
Employee 3	0.6	104,600	62,760	17,573	
LPN (18.75 hourly)	<u>10.2</u>	39,000	<u>397,800</u>	<u>111,384</u>	
	10.8		460,560	128,957	589,517
Uniforms	\$200 year allowance per FTE				2,480
Training					
Clinical Manager				1,519	
LPN				<u>2,431</u>	
				3,950	<u>3,950</u>
Total Direct					801,693
Indirect (10%)					<u>80,169</u>
Grand total					<u><u>881,863</u></u>

As is indicated in the exhibit above, three of the total 12.4 FTEs stipulated in the contract earn a base salary in the \$100,000 range.

Program Report:

17. Alternative Interventions for Women

The Alternative Interventions for Women Program, located at 909 Sycamore Street in Cincinnati, Ohio, is designed to assist women involved with the criminal justice system who have co-occurring mental health and substance abuse disorders move toward recovery and reintegration into the community. This Program is a partnership of Central Clinic/Court Clinic, Department of Pretrial Services, Hamilton County Probation Department and Hamilton County TASC.

Members of the criminal justice system and community mental health leaders worked together in the late 1990s, with the support of the National Institute of Corrections (NIC) to learn about and plan alternative sanctions for women offenders. One outgrowth of that intersystem collaboration was the request for an in-depth assessment of a group of women coming through the criminal justice system, specifically to establish rates of psychiatric and substance abuse disorders, extent of traumatic life events and overall levels of cognitive function. This type of data could serve as a needs assessment for deciding the best kinds of alternative treatment strategies.

The Women's Assessment Pilot Project, funded by the Hamilton County Department of Probation, was established to determine rates of psychiatric and substance abuse disorders, traumatic events, and cognitive functioning in a small sample of women arraigned through the Hamilton County Municipal Court in October through December, 1999. Results of the Women's Assessment Pilot Project suggested an intersystem collaborative effort of early identification, assessment, and treatment which could serve as alternatives to current sanctions by the courts for a high-risk and underserved population of women offenders in Hamilton County.

The Alternative Intervention for Women (AIW) Program grew out of this Pilot Project and opened in 2001 to provide treatment for female, criminal offenders with co-occurring psychiatric illness and substance abuse issues. The AIW Program is a unique, collaborative effort that forms a network including the criminal justice, mental health, and substance abuse systems

This Program is gender-specific and melds several evidence-based models: Stephanie Covington's "Helping Women Recover", New Hampshire/Dartmouth Integrated Dual Disorder Treatment (IDDT) and The Trauma Recovery and Empowerment Model (TREM) to meet the unique needs of women involved in the criminal justice system. These models use a strengths-based focus to help clients rebuild their lives. The Program focus is to engage the person in the change process, to use a collaborative partnership with probation officers to achieve pro-social behavior, and to stabilize the person into a model of recovery that prevents relapse, and improves their chances for long-term success in the community. This Program is a partnership with the court system, the Probation Department, and community providers.

All referrals to AIW are initiated by Judges of the Hamilton County Municipal Court, Common Pleas Court or felony Probation Officers. AIW clients must be females 18 years or older with criminal charges, normally with a history of substance abuse, residents of Hamilton County or under the supervision of Hamilton County, and who currently meet the criteria of a co-occurring disorder of a major mental illness and substance use as diagnosed by an Independently Licensed Mental Health Professional.

The intent of the AIW Program is to provide a viable alternative to incarcerating women for long periods of time, while providing a treatment program designed to help them recover and reintegrate into the community. Each woman involved in the Program is accountable for making necessary changes in her life through a combination of self-determination and a willingness to change. Program staff and peer supports provide the necessary tools to assist participants in moving toward a fulfilling life experience. There is a strong collaborative component with probation that helps the women develop a positive partnership with their probation officer for maximum benefit to all involved.

Women deemed eligible for the Program are oriented into it and receive information that includes the following: mission and purpose of the program; consent to treatment and to collaboration with Probation; introduction to basic elements of the program, including available clinical services, program schedule, staff and their roles; expectations for the participants; an assessment of a participant's practical needs, such as child care and transportation; and expected program outcomes.

The curriculum is detailed below. Each woman sets personal goals for the Program and develops, with staff guidance, an individual treatment plan. It is expected that the average woman will participate in the program from 9:00 a.m. to 3:00 p.m. daily, five days per week, for three to four months, with aftercare available after completion of the Program for a period of up to two years.

The services offered to assist in the individuals' treatments are as follows: individual and group counseling, medical/somatic services, case management services to provide housing, community linkage and basic life supports, prevention/education, collaboration with probation officers, drug screens, GED, and relapse prevention. Aftercare and community integration services are also offered for those who successfully complete treatment plans.

Stephanie Covington's Helping Women Recover is a strength-based model that is specific to the female criminal justice population. It stresses safety and re-parenting, using a holistic approach that features group work focused on assisting women as they rediscover Self, Relationships, Sexuality, and Spirituality.

The New Hampshire/Dartmouth IDDT Model integrates substance abuse and mental health treatment using motivational interviewing, a multi-disciplinary team approach, comprehensive services, outreach, group and individual treatment without a time limit on

service provision. Ongoing assessment, individual and group therapies, medical somatic services, and case management are used throughout the IDDT phases. The frequency of service provision and the types of services provided are based on individual needs. IDDT emphasizes five stages of recovery: stabilization, engagement, persuasion, treatment and relapse prevention.

The Trauma Recovery and Empowerment Model (TREM) is designed to address issues of sexual, physical, and emotional abuse in the lives of women. It was developed by Dr. Maxine Harris and Community Connections. TREM utilizes a psycho-educational and skill-building approach, emphasizes client empowerment, and teaches techniques for self-soothing, boundary maintenance, and current problem solving. Each TREM session focuses on a separate topic and includes questions to be used as prompts to guide and facilitate the discussion. Each topic also includes an experiential exercise which promotes group cohesiveness and allows for the inclusion of less verbal members.

In addition to the curriculum above, AIW utilizes recovery coaches, an added component since 2003, as an outgrowth of the strong alumni group of the program. These are graduates of the program who want to give back to the program and to the community by providing peer mentor services to the women in the program. Currently staffed as three part-time coaches, these women have been sober for a minimum of 18 months, have a strong sober support system, have a desire to develop work skills, and have the capacity to be a positive role model for others. It is a time- limited position, with an expectation the recovery coaches will develop a personal community transition plan with educational/vocational goals over a course of 12 - 18 months.

Successful completion of this Program is defined as: completion of the core program and aftercare, clean urine/drug screens, no behavioral or attendance contracts, and completion of all treatment goals. Readiness for successful re-entry into the community without intensive support is also collaboratively decided with the client, her probation officer, their judge, as needed, the Court Clinic treatment team and other involved community providers.

Analysis of Compliance with TLRC Recommendations:

We have been advised the TLRC recommendations from the previous levy cycle included submitting invoices within 30 days to help improve record keeping. As well, it was recommended that a detailed review of annual expenses to ensure improved business practices within the program. Also, it was the recommendation of the TLRC to the Hamilton County Commissioners to potentially move this program from the HHIC Levy to the next cycle of the Mental Health Levy, potentially allowing this program to be more closely aligned with related services for related individuals.

Financial Analysis:

The following exhibit represents a five-year analysis, including a breakdown of administrative expenses and a presentation of excess or deficit revenue compared to expenses.

Five Year Financial Analysis						
	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>Total</u>
Operating Revenue	607,023	612,401	554,397	633,557	620,390	3,027,768
Operating Expenses	<u>130,674</u>	<u>131,163</u>	<u>120,333</u>	<u>144,208</u>	<u>149,874</u>	<u>676,252</u>
Operating Excess (Deficit)	<u>476,349</u>	<u>481,238</u>	<u>434,064</u>	<u>489,349</u>	<u>470,516</u>	<u>2,351,516</u>
Admin. Expenses						
Personnel	452,404	455,034	413,336	466,579	444,371	2,231,724
Administrative Allocation	<u>26,581</u>	<u>27,339</u>	<u>21,750</u>	<u>27,974</u>	<u>29,230</u>	<u>132,874</u>
Total Admin. Expenses	478,985	482,373	435,086	494,553	473,601	2,364,598
Total Excess (Deficit)	<u>(2,636)</u>	<u>(1,135)</u>	<u>(1,022)</u>	<u>(5,204)</u>	<u>(3,085)</u>	<u>(10,446)</u>
Admin. Expense Analysis						
Personnel as a % of Total Admin. Expense	94%	94%	95%	94%	94%	94%
Other as a % of Total Admin.	6%	6%	5%	6%	6%	6%
Admin. Expense as a % of Total Cost	79%	79%	78%	77%	76%	78%

The next exhibit presents a three-year analysis of funding provided by the HHIC Levy to the Alternative Interventions for Women program. Prior to 2009, the Program was primarily funded by GRF.

Indigent Levy Funding Analysis						
	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>Total</u>
Operating revenue:						
Indigent Levy funding	425,000	425,000	364,444	425,000	423,610	2,063,054
Other funding	<u>182,023</u>	<u>187,401</u>	<u>189,953</u>	<u>208,557</u>	<u>196,780</u>	<u>964,714</u>
Total operating revenue	607,023	612,401	554,397	633,557	620,390	3,027,768
Indigent Levy as % of total operating revenue	70%	69%	66%	67%	68%	68%

Our next exhibit presents a five-year analysis of personnel costs, average costs per FTE, and personnel costs as a percentage of total program expenditures.

Personnel Cost Analysis					
	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Personnel Cost	452,404	455,034	413,336	466,579	444,371
Annual Increase / (Decrease)		2,630	(41,698)	53,243	(22,208)
% Increase / (Decrease)		1%	-9%	13%	-5%
Average Number of FTE's	9.4	9.2	8.7	9.9	9.2
Average Cost per FTE	48,128	49,460	47,376	47,329	48,314
Annual Increase / (Decrease)		1,332	(2,084)	(47)	985
% Increase / (Decrease)		2.8%	-4.2%	-0.1%	2.1%
AIW Total Expenses	609,659	613,536	555,419	638,761	623,475
Personnel Costs as a % of Expenses	74%	74%	74%	73%	71%
Program Expense per FTE	64,857	66,689	63,662	64,795	67,787
Annual Increase / (Decrease)		1,831	(3,027)	1,133	2,992
% Increase / (Decrease)		3%	-5%	2%	5%

The final exhibit represents a five-year analysis of average program cost per unique client served by the Alternative Interventions for Women program.

Program Cost per Client Served Analysis				
	Totals			
	Cost	Unique Clients	Cost per Unique	Percentage Change
2013	623,475	85	7,335	-9.3%
2012	638,761	79	8,086	-5.4%
2011	555,419	65	8,545	-16.4%
2010	613,536	60	10,226	-14.5%
2009	609,659	51	11,954	
Total	3,040,850	340	46,145	

Program Report:

18. Probate Hearings

The Hamilton County Probate Court incurs expenses related to mental illness or developmental disability hearings for those who are indigent and alleged to have incompetency issues. The large majority of the expenditures go towards fees for attorneys, doctors and sheriff staff. Another large portion is allocated to deputy clerk and magistrate fees, and the rest pays for court filing, docketing and indexing fees, and the forms prepared for those hearings. The Probate Court receives partial reimbursement from the Ohio Department of Mental Health, as well.

Ohio law provides a procedure for the involuntary treatment of persons who are mentally ill and subject to hospitalization by court order. These procedures are used to obtain treatment for an individual who refuses to seek psychiatric treatment voluntarily. These procedures apply only to those who meet the statutory definition of “mental illness” or “developmental disabilities” and who also meet the criteria for being subject to “hospitalization by court order.” Although persons who are committed are held against their will in a medical facility for treatment, they are not being detained simply for being mentally ill or developmentally disabled. The purpose of the civil commitment is to provide treatment which the person needs for his or her mental illness or developmental disability(s). Note that persons who are suffering solely from alcoholism are generally not subject to civil commitments.

The statutory definition of “mental illness” states that a mentally ill person is one who has a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs his or her judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life. Usually, a psychiatrist or physician makes a diagnosis as to whether an individual is mentally ill. Lay persons, however, may provide information about the symptoms a mentally ill person displays.

In addition to meeting the definition of mental illness, a person can be subject to civil commitment only if he or she is “subject to hospitalization by court order.” This requires that the mentally ill person:

- (1.) Represents a substantial risk of physical harm or his or her own self, as indicated by threats of or attempts at suicide or serious self-inflicted bodily harm; or
- (2.) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior, or other evidence of present danger;
or

- (3.) Represents a substantial and immediate risk of serious physical impairment or injury to self as indicated by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness, and that appropriate provision of those needs cannot be made immediately available in the community; or
- (4.) Would benefit from treatment in a hospital for the person's mental illness and is in need of such treatment as evidenced by behavior that creates a grave and imminent risk to the substantial rights of others or the person.

One method of initiating a civil commitment is via an emergency hospitalization. In this method, the involuntary civil commitment may be started when a psychiatrist, licensed clinical psychologist, licensed physician, health officer, or officer of the court/law who has reason to believe that the person is mentally ill and subject to hospitalization by court order takes the mentally ill person into custody and transfers the person to a hospital for treatment. The person hospitalized must be examined within 24 hours of arrival, and after examination, if the Chief Clinical Officer believes the person is not mentally ill and subject to hospitalization by court order, the person must be discharged. However, if the person is found to be mentally ill and subject to hospitalization by court order, the person can be detained no longer than seventy-two (72) hours following examination, unless they are admitted on a voluntary basis; if not, an affidavit is filed with the probate court.

A second method of initiating the civil commitment process is via an affidavit filed with the Probate Court alleging the person is mentally ill and in need of hospitalization by court order. Anyone with actual knowledge of the person's actions and statements within the past thirty days that indicate the person is mentally ill and subject to hospitalization by court order may file the affidavit. Upon receipt of the affidavit, a magistrate will review and issue a temporary order of detention if there is probable cause to believe the person named is mentally ill and subject to hospitalization by court order. The police or sheriff is then ordered to locate and transport the person to the hospital pending hearing.

A person who is detained involuntarily in a hospital under a Temporary Order of Detention is entitled to a court hearing. The hearing is scheduled within five court days and may be continued no later than ten days from the date the person is detained or the affidavit is filed, whichever occurred first. Civil commitments hearings in Hamilton County are currently conducted at Summit Behavioral Health Care in Cincinnati, Ohio.

The person detained has the right to attend the hearing if she or she desires, with transportation supplied by the Sheriff's Department. The person detained also has the right to an attorney, whom the court will normally appoint to represent the person. The court will also appoint an independent expert to conduct a mental status examination of the detained person and that expert will be available to testify at the hearing. Subpoenas may be issued to

witnesses to attend the hearing, as requested by counsel for the Board of Mental Health or the person detained. The individual who completes the affidavit is always subpoenaed to testify at the hearing.

If the court finds the person is not mentally ill and subject to hospitalization, it shall order his or her immediate release and expunge all records of the proceedings. If the person is found by the court to be mentally ill, subject to hospitalization, it will issue an order of detention ordering the person to be held in an appropriate facility for further treatment. A second hearing must be held within 90 days to consider the continued need for hospitalization. If at any time the patient's treating physician determines there is no longer a need for inpatient hospitalization, the physician may release the patient from the hospital without further court order or order outpatient probate treatment subject to court order.

Program Report:

19. Homeless Medical

As explained earlier in the report, Homeless Medical is the term applied to the funding request submitted by the Homeless to Homes Shelter Collaborative. Strategies to End Homelessness is the administrative arm of the group, and the entity which authored the ambitious plan to improve outcomes for the homeless in Hamilton County.

The plan encompasses the improvement and/or construction of five Homeless to Homes Shelters in which services such as case management, education and access to Medicaid and behavioral health services would be ramped up and enriched. The plan also calls for a ratio of case manager to client of no more than 10:1, intended to make high quality of care more of a certainty.

Financial history for this program can be seen below for the years 2010 through 2012.

Financial History								
	<u>2010</u>	<u>%</u>	<u>2011</u>	<u>%</u>	<u>% Increase</u>	<u>2012</u>	<u>%</u>	<u>% Increase</u>
Revenues								
Government Grants	\$ 3,050,337	80%	\$ 3,750,982	90%	23%	\$ 5,370,877	93%	43%
Foundation Grants	522,104	14%	249,921	6%	-52%	17,410	0%	-93%
Contributions	65,050	2%	81,936	2%	26%	121,655	2%	48%
Agency Fees	86,913	2%	72,054	2%	-17%	251,514	4%	249%
In-Kind Income	85,850	2%	27,427	1%	-68%	27,033	0%	-1%
Other Income	978	0%	1,642	0%	68%	46	0%	-97%
Interest Income	<u>1,193</u>	0%	<u>662</u>	0%	-45%	<u>1,765</u>	0%	167%
	3,812,425	100%	4,184,624	100%	10%	5,790,300	100%	38%
Expenses								
Program	3,455,082	96%	4,078,565	96%	18%	5,616,698	97%	38%
Administrative	88,818	2%	121,581	3%	37%	138,838	2%	14%
Development	<u>41,598</u>	1%	<u>48,680</u>	1%	17%	<u>42,098</u>	1%	-14%
	3,585,498	100%	4,248,826	100%	19%	5,797,634	100%	36%
Change in Net Assets	<u>\$ 226,927</u>		<u>\$ (64,202)</u>			<u>\$ (7,334)</u>		

It is worth noting that STEH received minimal foundation grants in 2012, and this was a trend that was first noticed in 2011, when funding reduced by 52 percent due to the expiration of federal stimulus funding for homelessness prevention. During 2010, STEH was receiving funding by the government that equaled 80 percent of their total revenue and in 2012 they were funded about 93 percent by government grants. Agency fees have also increased by

about \$175,000 in 2012. STEH oversees many programs in addition to the Homeless to Homes project and the financial history shows the larger scope of the organization, , not only the Homeless to Homes collaborative which is requesting County levy funds.

The chart below represents funding that was allocated to the HTHSC in 2013 and 2014 as well as 3 grants that have been committed to the program from the philanthropic community for 2015. In 2013 and 2014, only two of the five facilities were open and operating and the decrease in funding from 2013 to 2014 represents the difficulty that the HTHSC has had in raising facility operating dollars from our regional philanthropic community. After five years of fundraising for Homeless to Homes and raising more than \$29 million for capital improvements, experienced members of the fundraising, operating and business community have found that the foundations and private donors of this community are not able to support on-going expenses associated with improving these necessary services.

Funder	2013	2014	2015
Carol Ann and Ralph V. Haile Jr./US Bank Foundation	100,000	100,000	100,000
Anthem (Wellpoint)		50,000	
Interact for Health	100,000		
United Way of Greater Cincinnati	100,000	100,000	100,000
Catholic Health Partners	100,000	100,000	100,000
PNC Charitable Trust	125,000		
Helen Steiner Rice Fund of The Greater Cincinnati Foundation		10,000	
Hamilton County Indigent Care Levy	300,000	300,000	2,300,000
TOTAL	825,000	660,000	2,600,000(1)

(1) An Additional 284 “service-enriched” shelter beds will come online in 2015 in five fully functional new facilities.

In researching counties against which we might benchmark Hamilton, we find that the most comparable county is Franklin. The next exhibit indicates that in 2013 Hamilton County saw a significantly lower cost per homeless person than did Franklin County. The difference was \$1,734, or about 20% lower in Hamilton County than in Franklin County.

Funding	Community Shelter	
	Hamilton County	Board (Franklin)
	<u>2013</u>	<u>2013</u>
City of Columbus		\$ 5,054,110
Franklin County		3,500,202
State of Ohio		488,441
HUD		484,480
United Way	\$ 320,000	1,471,376
Foundation Grants	470,000	
Private Contributions		2,161,862
Federal	7,673,650	
Other	406,960	114,704
	<u>\$ 8,870,610</u>	<u>\$ 13,275,175</u>
<u>Expenses</u>	<u>2013</u>	<u>2013</u>
Programs	\$ 8,919,780	\$ 11,460,167
Administration	-	661,566
Fundraising	-	467,670
	<u>\$ 8,919,780</u>	<u>\$ 12,589,403</u>
Number of Homeless	1,326	1,488
Price per Homeless person	\$ 6,727	\$ 8,461

To put these numbers in context for the entire state of Ohio, we can cite the 2013 Annual Homeless Assessment Report (AHAR) to Congress, prepared by the U.S. Department of Housing and Urban Development. This report provides a point-in-time count of sheltered and unsheltered homeless persons. In 2013, the AHAR reports that there were 12,325 homeless persons on a single night in Ohio. Just over 1300 of these people were in Hamilton County. Annually, Cincinnati and Hamilton County served 6,412 unduplicated persons in the shelter system over the course of 2013. This is a 3% decrease in the number of persons served in the emergency shelters in 2012.

We would like to complete this report by offering the reader an excerpt from the materials provided by Strategies to End Homelessness supporting its levy request.

“Strategies to End Homelessness, the members of the Homeless to Homes Shelter Collaborative, and the Homeless to Homes Funding Advisory Committee (FAC) have committed to reaching a fundraising goal of \$2.75 million per year in operating funds to support the implementation of the shelter improvements and increased services and called for in the Homeless to Homes Plan.

These partners also recognize that as the new shelter facilities are opened and operating, the individual agencies will need to continue their own development efforts and grow their financial support from the community. The anticipated total cost of running the five new HTH facilities is \$8.7 million of which the agencies have currently secured \$5.3 million from non-tax levy, private and federal revenue sources. The initially identified amount of funding needed to bridge this gap was \$3.4 million, but through cost savings efforts and a budget standardization process, detailed below, the amount has been reduced to a fundraising goal of \$2.75 million per year.

HTH Operating Budget Standardization

Strategies to End Homelessness formed a committee to analyze the anticipated budgets of the five HTH programs requesting operating funds in 2015-2019. This committee, led by Jillian Brown, Strategies to End Homelessness Board Member and Senior Manager in Audit and Risk Advisory Services at KPMG, collected proposed budgets, current revenues and facility/program descriptions in a standardized format from each facility. The committee analyzed these budgets and outliers were addressed to ensure accuracy. When the budgets were considered complete, the committee began a process of calculating a standard cost per bed or square foot (where appropriate) for each budget category. Standard costs were calculated based on the average of all locations, excluding the high and low values. All agencies were assumed to be working towards a 1:10 homeless case manager to client ratio. No agency was assigned more dollars than were listed in its proposed budget. Therefore, if an agency's budget reflected that they could provide a service for a cost that was less than the average, they were capped at the lower amount. The calculated standard costs for each budget category were added, defining the standard budget for each facility, and a 5% contingency was added to this standardization. 2012 revenues were then subtracted from these standardized budgets to arrive at the incremental gap funding total.

This process was completed for each facility and the totals were added to arrive at the funding level needed to support the operations of the Homeless to Homes Shelter Collaborative facilities. 5% administrative fees for STEH were added to the total.

2015 Tax Levy Request

In 2015, Strategies to End Homelessness is requesting an increase in levy funding from \$300,000 per year to \$2.3 million per year. There are several reasons for the significant increase in funding requested in 2015:

1. Increased Capacity- the vast majority of the shelter facilities and corresponding services will come online during 2015. Of the five improved facilities being developed, only two have been open and operational in their new facilities during 2013 and 2014. During 2015, three more facilities will open, and a total of 284 additional service-enriched shelter beds will come online.
2. Homelessness is a health care issue: Hamilton County was the first community in the nation to have 100% of its homeless services agencies connected to a single Homeless Management

Information System (HMIS), and this level of participation gives our community a very powerful tool for identifying what the issues are effecting unduplicated homeless people in Hamilton County. As a result, we know the following regarding Hamilton County emergency shelter residents:

- ☒ 32% have a mental health condition
- ☒ 22% have an alcohol abuse issue
- ☒ 24% have a drug abuse issue
- ☒ 25% have a chronic health condition (e.g. high blood pressure, diabetes)
- ☒ 19% have at least two such conditions

Due to the prevalence of such health and behavioral health issues among the population served within the emergency shelter system, Strategies to End Homelessness (STEH), shelter operators, members of the FAC and 3CDC, are requesting \$2.3 million in annual operating funds from the 2015 Tax Levy funding cycle. This significant increase in public support is necessary to complete the implementation of the Homeless to Homes plan and its recommendations for emergency shelters and services improvements. The increased levy funding will help cover the incremental increase related to expanded services, case management, and assisting people in navigating systems and accessing mainstream resources (Medicaid, health and behavioral health services). This request does not encompass the entire incremental need because the collaborative believes that the community of local private funders will continue to support these necessary expenses at the \$400,000-500,000 per year level. .

After many years of fundraising for this project and with the expertise of the members of the FAC, which is made up of several of the most significant private funders in the community, it is apparent that it is not feasible to fund the shelter improvements without the support of public funding.”

Program Report:

20. Charitable Pharmacy

St. Vincent de Paul Charitable Pharmacy (“SVDP”) is the only pharmacy in southwestern Ohio dedicated to the unique mission of providing free pharmaceutical care to individuals who do not have insurance coverage and cannot afford their medication. SVDP serves as the pharmacy of last resort for those who do not qualify for other programs or are unable to pay for discounted medication, helping to avoid unnecessary emergency room visits for prescription refills. SVDP provides basic wellness screenings such as blood pressure and blood sugar tests, in addition to filling prescriptions for its clients, many of whom have chronic medical conditions such as heart disease or diabetes. This allows their clients to better manage their health and avoid requiring extensive acute care.

SVDP is funded primarily by individual donors and private foundations and has included the Greater Cincinnati Foundation Weathering the Economic Storm Fund, Carl H. Lindner Foundation, Keeler Foundation, the Academy of Medicine of Greater Cincinnati, Clement and Ann Buenger Foundation and many others, as well as, more than 900 individual donors.

Average Value Per Prescription				
	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Value of Prescriptions	\$ 3,210,000	\$ 4,040,000	\$ 5,362,724	\$ 5,600,000
Prescriptions	<u>30,986</u>	<u>39,615</u>	<u>45,130</u>	<u>47,043</u>
Average	<u>\$ 103.60</u>	<u>\$ 101.98</u>	<u>\$ 118.83</u>	<u>\$ 119.04</u>

As the exhibit below indicates, between the years 2007 to 2013, SVDP has increased the numbers of prescriptions it fills from 7,720 per years in 2007 to 47,043 per year in 2013. It has succeeded in getting medication into the hands of those who cannot acquire it through other means.

The value of the prescriptions provided has increased considerably over the 2010 through 2013 period, while, it should be noted, levy funding has remained static.

The pharmacy drug formulary is quite extensive and the vast majority of medicine is donated or procured free of charge through donated generics and physician samples, the Ohio Drug Repository Program, bulk replenishment from name-brand pharmaceutical companies and very limited purchase. SVDP works with a third-party company to properly dispose expired drugs according to code in a safe and environmentally-friendly manner.

SVDP serves a wide cross-section of uninsured or underinsured Hamilton County residents

who are not typically part of the University Hospital and Children’s Hospital medical systems. To be admitted to the program, clients undergo a review of their income and residency. As the funding request explains, “clients are referred from local hospitals, free, and low cost clinics, mental health providers, physician’s offices and other local partners. Referrals are not necessary, however, and certification is available to eligible clients on both a walk-in and appointment basis. During certification, the Patient Advocate verifies the client’s residency, income and expenses and other needs. Client’s income must fall below 200% of the poverty line, and they must demonstrate that they are unable to afford their prescription medication.”

Eligibility for a comparable charitable pharmacy located in Franklin County conforms to the 200% above the poverty line model. More information on this pharmacy, known as the Charitable Pharmacy of Central Ohio is offered in the exhibit below.

	2012	2013
	Charitable Pharmacy of Central Ohio, Inc.	St. Vincent de Paul Charitable Pharmacy
Total Patients	1,632	1,661
New Patients	544	620
Requalified Patients	1,088	1,041
Unique Patients	624	649
Number of Prescriptions Dispensed	49,825	47,043
Estimated Retail Value	\$3,986,000	\$5,600,000
New Patients/Day	3.5	3.4
Prescriptions/Day	319.40	258.48
Days Open	3	3.5 / 4 days if receiving funding
Funded	County / Donors	Levy / Donors
Volunteer Hours	2,403	8,661
ROI	~\$8 of medication for \$1 invested	\$8-9 of medication for \$1 invested
Opened	February, 2010	September, 2006
Estimated Retail Value since Opening	\$3,986,000	\$20,000,000

The pharmacy operates with a mix of paid personnel, including volunteers, and the efforts and services of three pharmacy students per month assigned to work at the pharmacy as an extension of their education. SVDP has reported that there are few other known charitable pharmacies in Ohio. Two others that have been identified include a charitable pharmacy located in Stark County (Akron), and one serving serving Northern Kentucky, known as the Faith Community Pharmacy.

There is no age limit for clients. Children and adults of all ages are served. Some minor patients whose medical treatment is funded using HHIC Levy dollars allocated to Cincinnati Children’s Hospital are directed to the SVDP pharmacy, if there is no other known program to support their prescription medicine needs. Prescriptions are only filled for a 30-day limit. If a patient has been directed to take the same medicine for a longer period, the patient must return to the pharmacy every thirty days to have the prescription refilled, with a six-month

limit. Patients are then required to re-qualify for services and progress on finding a medical home and avoiding ER visits is measured.

Many walk-in clients do not have a regular doctor and have been prescribed medication by a licensed person at a local public health clinic, emergency room physician or mental health provider, and who has directed them to SVDP. If a client is eligible for Medicare Part D, that person can qualify for extra assistance from SVDP. Approximately 87% of the clients have been determined by SVDP to be residents of Hamilton County, and 13% are from outside of Hamilton County. All clients must provide a social security number to be served.

Although SVDP is an extension of the Archdiocese of Cincinnati, SVDP is a separate and independent 501(c)(3) entity, and the pharmacy has not received any financial assistance from the archdiocese. The SVDP pharmacy does submit a regular report to the Archdiocese detailing their operation, including revenues and expenses. Other ministries associated with SVDP do have fundraising events, including collections after Sunday mass at local catholic churches; however, those monies are rarely applied to the pharmacy and are not typically commingled with any other SVDP funds.

SVDP is requesting funding of \$150,000 per year, to maintain and increase the number of prescriptions dispensed to the uninsured, under-insured and impoverished of Hamilton County. The exhibit below shows the small percentage of the total revenue that this \$150,000 request will make of their total revenue. When looking at their 2012 actual funding the request will fund less than one percent of the total St. Vincent de Paul program revenue that it received in 2012. Additionally, this request will be about one percent of the total expenses that were incurred in 2012, as seen from the exhibit showing the expenses.

Program Report:

21. Alternative Interventions for Men

The following is an excerpt from the levy funding proposal for Alternative Interventions for Men (AIM) presented by Walter Smitson, President and CEO of Central Clinic.

“Please accept this addendum to our letter sent on January 16, 2014 that requested consideration for continued HHIC Levy funding for Court Clinic's Alternative Intervention for Women (AIW) Program, for the 2015-2019 levy cycle.

We would also like to request consideration of new levy funds for our gender specific men's program, Alternative Interventions for Men (AIM). We are respectfully requesting an amount of \$200,000 to \$250,000 per year for the 2015-2019 levy cycle.

Project Summary: Alternative Interventions for Men (AIM) is a new jail diversion program that provides evidence based, substance abuse and mental health treatment to non-violent men who are involved in the county's adult criminal justice system. This program is modeled after Court Clinic's SAMHSA-recognized Alternative for Interventions for Women (AIW) program, which has been successfully diverting women from incarceration and reducing women's recidivism rates since 2001. AIM plans to provide services to 100 men in the first year of programming. AIM received \$137,550 from the Ohio Department of Mental Health and Addiction Services out of the Criminal Justice & Behavioral Health Linkage Grant for some of this year's programming.

Strategy and Intention: Years of stakeholder surveys continue to emphasize the need for a men's jail diversion program similar to AIW. The AIM program targets non-violent, court-involved men whose mental health needs and/or known diagnoses are not severe enough for the limited docket of the county's Mental Health Courts. AIM's target population has multiple annual arrests and incarcerations that contribute to overcrowding at the Hamilton County Justice Center. The AIM project reinforces collaborative relationships with existing stakeholders in the Hamilton County Criminal Justice System. Potential candidates for the program will be identified by Pretrial Services, Judges or the Hamilton County Probation Department. Upon identification, the person will be referred to the Court Clinic Diagnostic Unit for an assessment to determine eligibility for the program (mental health and substance abuse disorder, or substance abuse disorder, non-violent offense/history, a resident of Hamilton County and under the supervision of the Probation Department). Once admitted to the program, the client will participate in intensive outpatient treatment using evidenced based models of treatment, including a trauma informed model of care. AIM intends to improve men's coping and interpersonal skills so they are better equipped to address their personal and legal barriers successful community living. Examples of these barriers include use/abuse of substances, depression, anxiety, poor impulse control and inappropriate expressions of anger.

As the client attains and maintains sobriety and mental health stability, he will be provided the necessary supports for successful reintegration into the community using the Treatment Alternatives for Safer Communities (TASC) model provided by the Court Clinic TASC program. TASC provides care coordination, case management, assessment, and referral services for about 600 people annually. With the addition of AIM's on-site, same-day access to behavioral health services, AIM will make it easier for men to access needed services (which are limited due to lack of available community funding) and to become productive citizens.

Project Goals and Measurable Objectives: AIM will use National Outcome Measures (NOMs) to assess clients' progress. These NOMs include tracking abstinence from alcohol and/or drugs, as well as treatment completion and clients' ability to secure legal employment and stable housing. We anticipate the following outcomes: a 30% recidivism rate which will be tracked for 6 months after program completion; a rate of 48% for both abstinence and treatment completion; 30% for securing housing and 20% for employment (or improved employment). Since AIM is a pilot program, we expect client outcomes to improve in subsequent years and to be able to provide more specific outcomes results.

Program Sustainability: Given county stakeholders' expressed need for gender specific jail diversion programming, we are committed to sustaining the program beyond pilot funding. Medicaid revenue of \$20,000 is anticipated during the first year with an expected increase due to Medicaid expansion and full implementation of the Affordable Care Act. Central Clinic operates Hamilton County's access point for publically-funded behavioral health services, which also assists residents' to complete Medicaid applications and/or to find affordable health insurance through Healthcare.gov. We are also hopeful that future state funds will be available to support HB 86 diversion programs. As the client attains and maintains sobriety and mental health stability, he will be provided the necessary supports for successful reintegration into the community using the Treatment Alternatives for Safer Communities (TASC) model provided by the Court Clinic TASC program. TASC provides care coordination, case management, assessment, and referral services for about 600 people annually. With the addition of AIM's on-site, same-day access to behavioral health services, AIM will make it easier for men to access needed services (which are limited due to lack of available community funding) and to become productive citizens.”

Program Report:

22. OSU Extension

The following is an excerpt from the Ohio State University Extension Program request for levy funding. Final report is pending additional research and analysis.

“OSU Extension, Hamilton County submits this proposal for consideration as part of the HHIC Levy. Our mission is to engage people to strengthen their lives and communities through research-based educational programming.

As employees of The Ohio State University, we are community based with all county residents as potential recipients of our services. Education is targeted to people of all ages, education levels and incomes. Specific targets include those with limited incomes, with the goal of helping them improve their lives by gaining knowledge and life skills. Education is research based and non-biased and provided by highly trained staff. The national Extension program will celebrate our 100th anniversary in 2014.

Ohio State University Extension, Hamilton County

2014 HHIC Levy Funding Proposal

Financial Education programs for Indigent Care

Four 1-hour workshops for adults each month on the following topics:

1. Setting financial goals, stretching dollars, and saving money
2. Prioritizing expenses and creating a sustainable spending plan
3. Credit and Debt: Establishing credit, dealing with debt
4. Banking: using checking accounts, savings accounts, bank loans, etc.

Each workshop covers information and strategies that are immediately usable in an engaging, hands-on format.

Budget for each workshop:

Educator time: 2 hours x \$75 = \$150

Travel: 20 miles roundtrip x \$0.56/mile = \$11.20

Workshop materials: \$60 (estimated at \$3/person x 20 participants)

Participant Incentives: \$5 Kroger Card/participant x est. 20
participants= \$100

Estimated total per workshop: \$321.20

\$321.20 x 4 workshops/month= \$1284.80/month

Plus additional incentive of \$10 Kroger card/participant for completing all 4 sessions:20 participants x

\$10 = \$200

Monthly total: \$1484.80

Annual total:\$17,817.60

5 Year total:\$89,088

4-H Programs for Indigent Care:

Potential sessions twice a month for youth-one for youth 8-12 and the other for youth 13-18

Potential Healthy Living programs through 4-H

1. The Truth about Tobacco
2. Alcohol and Drug Abuse
3. First Aid In Action
4. Keeping Fit
5. Staying Healthy
6. Stand Up, Speak Out -lessons in bully prevention
7. Diversity-The source of our strength
8. Leadership-Who are you and where are you going?

Each session would focus on a topic from one of these programs (one topic per month).

The lessons would be hands on activity based as well as some small lecture if needed. Where possible, "take homes" would be part of the lessons as well Cost:

Materials: Estimated \$500 per program with take homes, activity equipment, etc.-
\$500x8 = \$4,000

Personnel: \$75.00 per hour at 6 hours per month= \$450 per month x 60 months= \$27,000

5 year total: \$31,000

Health and Wellness Programs for Indigent care

Weekly 1-hour workshops for adults for one-to-two months on the topics listed below:

1. The importance of pre-natal care
2. Managing coronary heart disease through Therapeutic Lifestyle Changes

3. Nutritional management of Hypertension, focusing on the DASH diet
4. Dining with Diabetes: counting carbohydrates, meal-planning, reading food labels, shopping and preparing foods
5. A Matter of Balance- Evidence based fall prevention program from the National Council on Aging
6. Weight management
7. Stretching the food dollar for optimal health
8. Healthy Eating for Successful Living"- evidence based program from the National Council on Aging
9. Take control of your mental health- reducing stressors, changing negative response to stress, mind-body connection
10. Health literacy- obtaining, reading, understanding and using healthcare information to make appropriate health decisions and follow instructions for treatment.

Each workshop includes instruction, educational materials, food (where appropriate) and supplies.

Workshop Budget:

Personnel costs: \$75.00 x 2 hrs. = \$150.00

Mileage costs: \$0.56 per mile x 25 miles est. = \$14.00

Workshop materials and supplies: \$100.00 class (includes food and incentives) Weekly total: \$264.00

Monthly total: \$1188.00

Annual total (50 weeks): \$14,256

5 year total: \$71,280

Horticulture Programs for Indigent Care

A. Potential Healthy Living Adult programs through horticulture:

- Grow Your Own Workshop Series- multi-session series for individuals interested in urban local food topics and issues
- Master Urban Farmers Workshop Series- multi-session series covering many food production and marketing topics Each workshop series would consist of a weekly one-hour class for a 6 week period. Each week would cover a different topic. Each workshops series would be offered twice a year (March and August).

Each workshop series includes instruction, educational, materials and supplies. Workshop

Budget:

Personnel costs: \$75.00 x 6 hrs. = \$450.00

Mileage costs: \$0.56 per mile x 25 miles est. = \$14.00

Workshop materials and supplies: \$200.00 class

Weekly total: \$664.00

Estimated total per workshop (\$664.00 x 6 weeks) \$3,984.00

Annual total: \$3,984 x 4 = \$15,936.00

5 year total: \$79,680.00

B. Potential Healthy Living youth program through horticulture:

- Growing Together Series-Garden-based science taught through fun, interactive activities for youth ages 9-18

Each workshop series would consist of a weekly one-hour class for a 10 week period. Each week would cover a different topic. Each workshop series would be offered twice a year.

Each workshop series includes instruction, educational materials and supplies (growing materials and garden tools).

Workshop Budget:

Personnel costs: \$75.00 x 6 hrs. = \$450.00

Mileage costs: \$0.56 per mile x 25 miles est. = \$14.00

Workshop materials and supplies: \$300.00 class

Weekly total: \$764.00

Estimated total per workshop (\$764.00 x 10 weeks) \$7,640.00

Annual total: \$7,640.00 x 2 = \$15,280.00

5 year total: \$76,400.00

Grand Total (5 years): \$347,448

Program Report:

23.Center for Respite Care

The following is an excerpt from the Center for Respite care 2015 HHIC Levy funding request.

“Who we are: Center for Respite Care (CRC), established in 2003, is a nonprofit agency providing medical care, social services, and housing placements to the most underserved population – men and women who are homeless, injured, and sick. Our mission is simple, yet powerful: To provide holistic medical care to homeless people who need a safe place to heal, while assisting them in breaking the cycle of homelessness.

What we do: While our mission is simple, what we do and how we do it is far from easy. Every year, approximately 3,000 homeless individuals will become seriously ill or injured, requiring intensive treatment, as well as hospitalization. Before CRC was founded, this population would be discharged from the hospital back to prior living environments – on the streets or in the shelters of our local community, places where the healing process could not be continued. Today, someone with no place to go can be admitted to our 14-bed, 24-hour facility in Avondale, staying not only until they are healed, but also until they have a stable place to live.

How we do it:

CRC partners with local homeless organizations, hospitals, and the countless social workers who make referrals. Once an individual is referred and admitted, our medical team, including Dr. Robert Donovan, whose services are provided by Cincinnati Health Network, and our nursing staff tend to the healing side of our mission. Concurrently, our social services staff is busy securing a safe and secure environment for our clients to be discharged to upon completion of their medical recovery so as not to end up back on the streets.

Why we do it:

Because it is the right thing to do. We meet a critical need in our community.

About us:

- The agency is led by Laurel Derks Nelson, chief executive officer. (March 17, 2014)
 - The governing board is led by Board Chair, Tom Tillar. 67% of board members live in Hamilton County.
-
- CRC is the ONLY agency that provides both healing AND housing to men and women who are homeless. A large majority of our clients are not re-admitted to a hospital or present at an emergency room once they have received our compassionate care.

CRC respectfully requests inclusion in the November 2014 Hamilton *County Indigent Care Levy* for two specific reasons:

- 1) We have been told that the health care institutions (who provide a significant portion of our funding) cannot commit to the funding levels of past years, and
- 2) since we provide both healing healthcare and shelter, we do not easily fit into the categories set by other funding sources. To illustrate this point, our current operating budget is established with government funding representing 38% of our total revenue sources. We enjoy the support of The City of Cincinnati (4%), Department of Housing and Urban Development (HUD) (85%), Housing Opportunities for People with HIV/AIDS (HOPWA) (1%), and the Ohio Department of Development (10%).

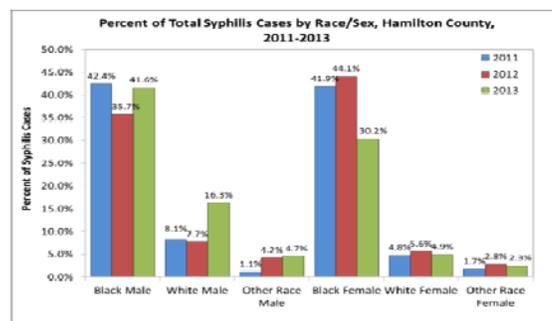
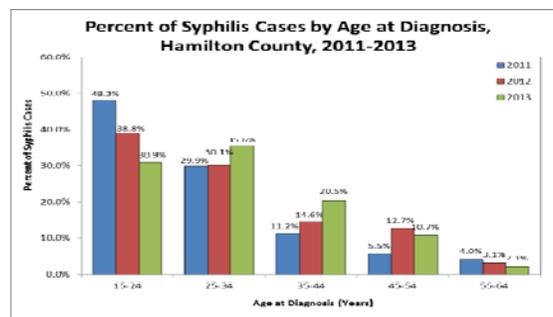
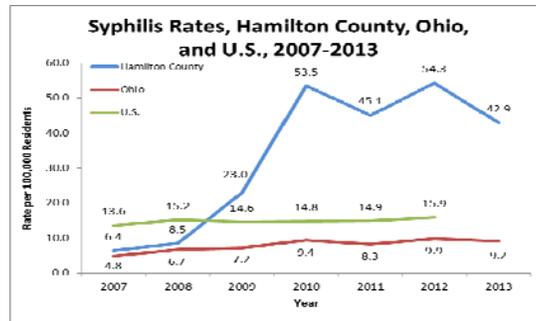
\$250,000 per year would impact our local community and help the most underserved population to heal and live in dignity.”

The excerpt above makes the argument that funding from the levy is needed because funders that the program has come to rely on “cannot commit to the funding levels of past years.” Analysis of the financial statements of the program suggests that 2013 did see a decrease in funding as compared to earlier years, especially from healthcare organizations.

Program Report:

24. Health District (Syphilis Prevention Program)

Officially launched in 2012, the Hamilton County Public Health (HCPH) Syphilis Prevention Program has not received funding from either the FST Levy or the HHIC Levy in previous years. In its funding request, the HCPH gives detailed information on the reasons behind the request, as indicated in the exhibits below, which are excerpted from the funding request.



The exhibits themselves do a good job of indicating the degree to which Hamilton County is an outlier in the U.S. as regards its syphilis rates, and of showing that the syphilis epidemic is mainly impacting black men and women between the ages of 15 and 34. Given this data, the proposal to expand testing and treatment for syphilis to more persons who are incarcerated in Hamilton County makes sense. It is this expansion of testing and treatment that the levy funding would pay for.

As the funding request explains: “Currently, syphilis and HIV testing is ordered by the prosecutor’s office based on the directive of the Ohio Rev. Code Ann. §§ 2907.27; 3701.242-243

when an individual is convicted of certain crimes (rape, sexual battery etc). Reviewing data obtained from the HCJDC, it appears that 485 tests were ordered between 2010 and 2013. While that is a high risk group it is a small number of individuals.

We propose to provide both HIV screening and syphilis testing to inmates at HCJDC intake and at the county reentry program.”

As part of its funding request, the HCPH attaches a proposed yearly budget, as follows.

Yearly Budget for Syphilis Screening Program								
Gloves		Tests				Total Program Cost		
		# Tests	# Reactive	Cost for RPR	Cost for FTA	Total Cost	Hrs./Day *	1,300/Yr. Cost
20.0	130.00	2,000.00	80.00	43,900.00	484.00	44,384.00	39,000.00	83,514.00
21.0	136.50	2,100.00	84.00	46,095.00	508.20	46,603.20	39,000.00	85,739.70
22.0	143.00	2,200.00	88.00	48,290.00	532.40	48,822.40	39,000.00	87,965.40
22.5	146.25	2,250.00	90.00	49,387.50	544.50	49,932.00	39,000.00	89,078.20
23.0	149.50	2,300.00	92.00	50,485.00	556.60	51,041.60	39,000.00	90,191.10
24.0	156.00	2,400.00	96.00	52,680.00	580.80	53,260.80	39,000.00	92,416.80
* Hrs/Day = 5 Year 1,300 \$30/hr								

To aid in deciphering the above exhibit, we offer the information that RPR stands for Rapid Plasma Reagin and FTA is also an acronym for a type of syphilis test. The “5 hrs/day” cost refers to payments for a contracted professional phlebotomist who would perform the testing.

Program Report:

25. Medical Enrollment—County Program

The above program represents funding for the hiring of one medical enrollment specialist who would be dedicated to efficiently facilitating the enrollment of indigent persons living in Hamilton County in Medicaid or other programs through the Affordable Care Act. The total shown for 2014 represents salary and benefits. The cost for this position in future years is projected in the exhibit below.

Medical Enrollment--County Program Budget Analysis						
	2015 Budget	2016 Budget	2017 Budget	2018 Budget	2019 Budget	Cumulative Increase <u>2015-2019</u>
Total Program Expenses	51,800	53,400	55,100	56,800	58,600	6,800
Budget Inflation (1)	3.0%	3.0%	3.0%	3.0%	3.0%	

(1) Inflation factor provided by Hamilton County