

Hamilton County Board of County Commissioners Report

Hamilton County Indigent Care Levy: Indigent Care Programs

Final Report
May 12, 2011

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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 the Board of Commissioners. This report presents the work we have performed to-date in our review of the following eight services and programs funded by the Hamilton County Indigent Care Levy, plus one additional program under consideration for 2012:

1. Inmate Medical (Sheriff's Department)
2. Extended Detoxification Program (Mental Health and Recovery Services Board)
3. Bureau of Children with Medical Handicaps (Job and Family Services)
4. Juvenile Court Medical Expenses: Youth Detention Facility and Hillcrest Training School (Juvenile Court)
5. Tuberculosis Control (Hamilton County Health District)
6. Alternative Interventions for Women (Probation)
7. 1617 Reading Road additional beds (Municipal Court)
8. Probate Court medical
9. St. Vincent de Paul

The general objectives of the review include the following:

- Compliance with Tax Levy Review Committee (TLRC) recommendations for the current levy cycle
- Comprehensive financial analysis
- Review of levy requests and prioritization of requested services at different funding levels
- Comparison of indigent care funding with comparable Ohio counties
- Recommendations for tax levy potential cost savings, revenue enhancements organization or program improvements assuming successful passage of the proposed levy

In addition, we will address specific tasks and analysis requested by the TLRC on a program-by-program basis throughout this report.

● Summary Historical Scope

Historically, the programs within the scope of this report have accounted for approximately 27% to 35% of Indigent Care Levy expenditures. The exhibit below provides a summary of the historical Indigent Care Levy expenditures and current budget by department totals, sorted by the 2011 budget totals.

	<u>2007</u>	<u>%</u>	<u>2008</u>	<u>%</u>	<u>2009</u>	<u>%</u>	<u>2010</u>	<u>%</u>	<u>2011</u> <u>Budget</u>	<u>%</u>	<u>Total</u>	<u>%</u>
Total Levy Expenditures	\$44,764,546	100%	\$44,153,719	100%	\$50,069,129	100%	\$50,133,250	100%	\$54,614,914	100%	\$243,735,558	100%
Less:												
University / Children's Hospital	(32,000,000)	-71%	(28,800,000)	-65%	(32,000,000)	-64%	(35,200,000)	-70%	(32,000,000)	-59%	(160,000,000)	-66%
Auditor & Treasurer Fees	(833,417)	-2%	(655,788)	-1%	(784,195)	-2%	(613,053)	-1%	(733,476)	-1%	(3,619,929)	-1%
Task Force - Infant Mortality Reduction			(25,000)								(25,000)	
Medicaid Maximization Project			(95,000)								(95,000)	
Administrative Expenses							(25,000)		(120,000)		(145,000)	0%
Sub-total - Funds used for Indigent Care Programs	<u>11,931,129</u>	27%	<u>14,577,931</u>	33%	<u>17,284,934</u>	35%	<u>14,295,197</u>	29%	<u>21,761,438</u>	40%	<u>79,850,629</u>	33%
Inmate Medical (Sheriff's Department)	7,245,750	16%	7,359,394	17%	9,428,843	19%	7,893,460	16%	13,117,214	24%	45,044,661	18%
Extended Detoxification Programs (Mental Health and Recovery Services Board)	1,727,254	4%	2,632,850	6%	2,407,919	5%	2,576,234	5%	2,484,549	5%	11,828,806	5%
Bureau of Children with Medical Handicaps	332,372	1%	1,364,676	3%	2,117,412	4%	1,444,692	3%	2,065,431	4%	7,324,583	3%
Tuberculosis Control	1,239,342	3%	1,773,271	4%	1,273,160	3%		0%	1,419,997	3%	5,705,770	2%
Juvenile Court Medical Expenses	1,386,411	3%	1,447,740	3%	1,447,740	3%	1,447,740	3%	1,447,740	3%	7,177,371	3%
Alternative Interventions for Women		0%		0%	359,921	1%	291,349	1%	425,000	1%	1,076,270	0%
Probate Court medical		0%		0%		0%	391,783	1%	480,000	1%	871,783	0%
Residential Treatment Program - 22 beds					249,939	0%	249,939	0%	321,507	1%	821,385	0%
Historical and budgeted expenditures	<u>\$11,931,129</u>	27%	<u>\$14,577,931</u>	33%	<u>\$17,284,934</u>	35%	<u>\$14,295,197</u>	29%	<u>\$21,761,438</u>	40%	<u>\$79,850,629</u>	33%

● Summary Future Levy Considerations:

Throughout our report, we have included an analysis of the hypothetical cost to continue to fund the programs that are the focus of our report at 2011 service levels. Our analysis presents our opinions and is not meant to represent actual budget requests unless stated. This analysis does not include potential cost savings that may be realized from recommendations presented in this report.

	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>Total</u>
Inmate Medical (Sheriff's Department)	\$ 9,805,600	\$ 10,127,600	\$ 10,461,000	\$ 10,806,300	\$ 11,163,900	\$ 52,364,400
Extended Detoxification Programs (Mental Health and Recovery Services Board)	2,559,085	2,635,858	2,714,934	2,796,382	2,880,273	13,586,532
Bureau of Children with Medical Handicaps	1,816,670	1,853,000	1,890,060	1,927,860	1,966,420	9,454,010
Tuberculosis Control	1,203,562	1,149,518	1,184,004	1,219,524	1,256,109	6,012,717
Juvenile Court Medical Expenses	1,645,377	1,718,398	1,782,240	1,848,314	1,917,014	8,911,343
Alternative Interventions for Women	433,500	442,170	451,013	460,034	469,234	2,255,951
Probate Court medical	602,043	622,276	643,098	664,529	686,585	3,218,531
Residential Treatment Program - 22 beds	388,620	396,392	404,320	412,406	420,654	2,022,392
St. Vincent de Paul Charitable Pharmacy	<u>175,000</u>	<u>175,000</u>	<u>175,000</u>	<u>175,000</u>	<u>175,000</u>	<u>875,000</u>
Hypothetical and budgeted expenditures	<u>\$ 18,629,457</u>	<u>\$ 19,120,212</u>	<u>\$ 19,705,669</u>	<u>\$ 20,310,349</u>	<u>\$ 20,935,189</u>	<u>\$ 98,700,876</u>

1. Inmate Medical (Sheriff’s Department)

2010 Actual \$7,893,460;

2011 Budget Request \$13,117,214

● Principal Observations:

At the beginning of the current Levy cycle, Hamilton County operated four jails with a 2,286-bed capacity. In December 2008, the 822-bed capacity Queensgate facility was closed. Today, the County operates three jails with approximately 1,464 beds.

	2007 Total Bed Capacity	2008 Total Bed Capacity	December 2008 Closure	2009 - Present Total Bed Capacity
Hamilton County Justice Center	1,240	1,240		1,240
Queensgate	822	822	(822)	-
Reading Road	172	172		172
Turning point	52	52		52
Total Capacity	2,286	2,286	(822)	1,464
	<u>2007</u>	<u>2008</u>		<u>2,009</u>
Average Daily Census	2,337	1,998		1,433
Percentage of Capacity	102%	87%		98%

Over the same period, Corrections Department staffing, paid for by the Levy, has been increased from 32 full-time equivalent employees (FTEs) who provide all required staffing at the Reading Road facility to include 33.7 Corrections Department FTEs who provide security for the Admissions Section, Health Services Section, and the Psychiatric Unit which is located at the Hamilton County Justice Center (HCJC). Reimbursement for the 33.7 FTEs at the HCJC was first requested and paid for in 2009. An additional request to reimburse these costs for 2007 and 2008 has been included in the 2011 budget. The following exhibit illustrates Corrections Department staffing as charged to the Levy and as actually incurred.

	2007	2008	2009	2010	Budget 2011	5-Year Total
Staffing Costs as charged to Levy	\$ 1,783,420	\$ 1,824,401	\$ 3,203,750	\$ 2,066,223	\$ 6,308,404	\$ 15,186,198
FTEs as incurred:						
Security at Reading Road	32.0	32.0	32.0	32.0	32.0	160.0
Admissions, Clinic & Psyche Security (1)	33.7	33.7	33.7		33.7	134.8
	65.7	65.7	65.7	32.0	65.7	294.8
Staffing costs as incurred:						
Security at Reading Road	1,783,420	1,824,401	1,991,252	2,066,223	2,652,717	10,318,013
Admissions, Clinic & Psyche Security (1)	1,157,400	1,217,600	1,212,544	not requested	1,280,687	4,868,231
Staffing costs as incurred	\$ 2,940,820	\$ 3,042,001	\$ 3,203,796	\$ 2,066,223	\$ 3,933,404	\$ 15,186,244
(1) Security expenses for the Admissions, Clinic and Psyche units incurred in 2007 and 2008 were paid for by the general fund as incurred, however reimbursement of these costs from the Indigent care Levy is requested in 2011.						

I. Inmate Medical – Sheriff’s Department

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. We found the Corrections Department staffing costs associated with the Reading Road facility, where chemical dependency treatment is provided to adult misdemeanor and felony offenders, and HCJC, which functions as Hamilton County’s primary jail, to be reasonably represented by the Sheriff’s Department.

The majority of direct inmate medical services take place at the HCJC. Approximately 49 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.

When Queensgate was opened, a small number of nurses were staffed there; however, historically, the majority of health care services have been provided at the HCJC. Queensgate was a medium-security jail, and inmates in need of significant medical services were kept at the HCJC. These factors contribute to an overall absence of significant inmate medical cost savings resulting from the Queensgate closing.

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. The contracted services include physician and nursing services, dental care, mental health/psychiatric care, utilization management, pharmaceuticals (not to exceed \$350,000), and administrative support.

The second largest cost is for the Corrections Department security staffing at the Reading Road facility and the Admissions Section, Health Services Section, and the Psychiatric Units at the HCJC. These costs are billed to the Indigent Care Levy based on staffing hours needed to secure each section and includes salaries, wages, employee benefits, and retirement funding.

The remaining costs are for payments to outside service providers, equipment purchases, and minor office and miscellaneous expenditures.

I. Inmate Medical – Sheriff’s Department

The following is a summary of the expenses for the last four years and the 2011 budget.

	2007	2008	2009	2010	Budget 2011	5-Year Total
Total Sheriff department staffing costs	1,783,420	1,824,401	3,203,750	2,066,223	6,308,404	15,186,198
Inmate Medical Services Contract	5,326,906	5,395,692	6,179,395	5,762,400	6,521,710	29,186,103
Hospital Services	120,662	115,859	38,182	60,498	200,000	535,201
Lab & X rays		218	385		600	1,203
Medical Supplies	5,160			4,263	30,000	39,423
Office and Miscellaneous	9,602	6,509	3,030	76	1,700	20,917
Equipment purchases		16,715	4,101		54,800	75,616
Total direct medical expenses	5,462,330	5,534,993	6,225,093	5,827,237	6,808,810	29,858,463
Total Reimbursed Expenditures	<u>\$7,245,750</u>	<u>\$7,359,394</u>	<u>\$9,428,843</u>	<u>\$7,893,460</u>	<u>\$13,117,214</u>	<u>\$45,044,661</u>

The exhibit below represents an analysis of direct medical expense.

	2007	2008	2009	2010	Budget 2011
Total direct medical expenses	<u>\$5,462,330</u>	<u>\$5,534,993</u>	<u>\$6,225,093</u>	<u>\$5,827,237</u>	<u>\$6,808,810</u>
Average Daily Census	2,337	1,998	1,433	1,429	1,429
Total Inmate Days	853,005	729,270	523,045	521,585	521,585
Total Cost per Day:					
Inmate Medical Services Contract	\$ 6.24	\$ 7.40	\$ 11.81	\$ 11.05	\$ 12.50
Hospital Services	0.14	0.16	0.07	0.12	0.38
Lab & X rays	-	0.00	0.00	-	0.00
Medical Supplies	0.01	-	-	0.01	0.06
Office and Miscellaneous	0.01	0.01	0.01	0.00	0.00
Equipment Purchases	-	0.02	0.01	-	0.11
Total Direct Medical Expenses Per Day	<u>\$ 6.40</u>	<u>\$ 7.59</u>	<u>\$ 11.90</u>	<u>\$ 11.17</u>	<u>\$ 13.05</u>

The 2011 budget includes \$500,000 contingent allowance with Naphcare that could be incurred if either Jail population or prescription drug usage increases over levels specified in the current contract. Based on recent historical trends, it is unlikely this \$500,000 contingent allowance will be paid out for 2011. Without this allowance factored into the budgeted 2011 per day inmate medical services contract, the amount would be reduced from \$12.50 to \$11.54 per day (which is a 4.5% increase over 2010), and the total direct medical expenses per day is reduced from \$13.05 to \$12.10 per day.

The inmate medical service contract makes up approximately 98% of the cost of inmate medical expense for Hamilton County. When Queensgate closed, the contract with NaphCare was restructured in 2009 and reduced by approximately 20% from previously-negotiated and executed levels. With or without Queensgate, inmate medical expenses were scheduled to increase significantly from 2007 and 2008 levels.

I. Inmate Medical – Sheriff’s Department

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.

University Hospital has indicated the services they provided in 2010 totaled approximately \$3.8 million. However, it is our understanding that University Hospital has calculated this value based on their standard charges (list prices). Seldom is any service charged at the Hospital’s list price. Private insurance companies, Medicare, Medicaid, and other payers negotiate substantial discounts from Hospital list prices. Even self-pay patients often receive a discount. When analyzing hospital charges, it is important to understand that Medicare and Medicaid pay the Hospital on fixed charges that approximate cost with little if any profit.

The following exhibit represents the volume of cases reported by University Hospital for the last four years. *Note that the Hospital tracks data on a June 30 fiscal year-end, while the Sheriff’s Department tracks data on a calendar year-end.*

University Hospital Prisoner Cases by Custom Patient Type 12 Months Ended June 30,				
CUSTOM PATIENT TYPE DESC	2007	2008	2009	2010
Ambulatory Surgery	45	60	58	34
Clinic				4
Emergency Room Visits	429	375	461	439
Inpatient Admissions	191	126	96	96
Observation	11	13	18	10
Outpatient	352	376	485	395
Series	152	182	185	118
	1,180	1,132	1,303	1,096

This exhibit represents University Hospital’s “list price,” or standard charge, for the services provided to the Sheriff’s Department for inmate medical services.

University Hospital Prisoner Charges by Custom Patient Type - List Price 12 Months Ended June 30,				
CUSTOM PATIENT TYPE DESC	2007	2008	2009	2010
Ambulatory Surgery	\$243,920	\$318,303	\$424,762	\$305,772
Clinic				1,266
Emergency Room Visits	631,173	604,889	759,314	887,967
Inpatient Admissions	3,712,446	2,583,533	2,595,620	2,202,984
Observation	64,643	190,951	173,916	75,800
Outpatient	151,082	197,237	231,951	258,666
Series	185,228	207,139	169,026	107,241
	\$4,988,492	\$4,102,052	\$4,354,588	\$3,839,696

I. Inmate Medical – Sheriff’s Department

Next, we reviewed University Hospital’s Medicare cost report. A Medicare Cost Report is a required report that a hospital submits to Medicare on an annual basis. This report contains data on total gross charges (list price), gross and net revenues, expenses, patient visits, and payer mix (how many patients have Medicare, Medicaid or private insurance). We used cost-to-charge ratios contained in the Medicare cost reports for this preliminary analysis. We believe this methodology is appropriate for analysis purposes, but we recognize that cost-to-charge ratios included in the Medicare cost report are not service-specific and can vary based on the actual mix of services being provided. Based on this preliminary analysis, we estimated University Hospital’s hypothetical cost to provide services to Hamilton County in the following exhibit.

This exhibit calculates the Hospital’s hypothetical costs based on average cost-to-charge ratios derived from University Hospital’s Medicare Cost reports for services provided to the Sheriff’s Department for inmate medical services.

University Hospital Preliminary Cost Estimate of Prisoner Cases by Custom Patient Type Using Cost to Charge Ratios Derived for Medicare Cost Reports 12 Months Ended June 30,				
CUSTOM PATIENT TYPE DESC	2007	2008	2009	2010
Ambulatory Surgery	\$142,900	\$171,900	\$220,400	\$158,600
Clinic	-	-	-	800
Emergency Room Visits	243,400	205,500	243,600	284,900
Inpatient Admissions	2,174,300	1,395,600	1,346,500	1,142,800
Observation	61,900	185,700	150,300	65,500
Outpatient	76,900	124,500	148,700	165,800
Series	49,700	53,000	41,600	26,400
	\$2,749,100	\$2,136,200	\$2,151,100	\$1,844,800

The analysis above reveals that the overall volume and cost of care being provided by University Hospital is decreasing. It is possible that the reduction is due to the overall decrease in inmate population resulting from the December 2008 closure of the Queensgate jail. It is also possible the hospital cost of providing care to inmates is haphazard depending on random patient mix.

This analysis also provides some insight into what the County could reasonably expect to pay for these services if billed directly. 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).

Summary of our principal observations:

- The Sheriff’s Department correction personnel funding has increased from 32 Corrections Officers at the beginning of the Levy cycle to approximately 66 Corrections Officers being budgeted for 2011.
- The closure of Queensgate (822 beds) has not resulted in a reduction in contracted inmate medical costs. This is due in large part to the fact that inmates at HCJC have historically used the majority of medical services, while Queensgate inmates generally required much less in medical services.
- The 2011 budget for contracted inmate medical services includes an allowance for \$500,000 that relates to expenses that will only be incurred if either jail census increases or drug costs exceed \$350,000. Recent trends indicate it is unlikely this \$500,000 potential expenditure will have to be made.
- The benefit that Hamilton County receives from University Hospital for emergency and inpatient care has decreased in the last four years. The estimated cost to University Hospital to provide these services has ranged from approximately \$2.7 million in 2007 to \$1.8 million for the Hospital’s last fiscal year ending June 2010.
- There were 1,007 inmate visits to outside clinics during 2010. Over the last four years, visits to outside clinics ranged from 1,194 in 2008 to a low of 795 in 2009. The most common outside treatments relate to opiate addiction services and dialysis treatments that cannot be done in-house.
- Health care reform (The Patient Protection and Affordable Care Act) promises to expand health coverage to all U.S. citizens and will likely have long-term benefits regarding overall inmate health care costs. However, we do not think there will be significant financial benefits to inmate medical costs during the next five-year levy cycle.
- All inmate medical expenses paid for by the indigent care levy are mandated by law.

● **Our Principal Recommendations:**

The contract with Naphcare for in-house medical services accounts for 98% of direct medical expenses and represents the largest opportunity for future cost savings. The contract was last put out for competitive bid on July 11, 2007 and is currently in an optional renewal period ending on December 29, 2011. This contract should be put out for competitive bid for a period of three years with county options that will continue through the next five years.

I. Inmate Medical – Sheriff’s Department

The current contract with Naphcare is subject to annual increases of 4.5%. In 2007, when this contract was negotiated at 4.5%, it was in-line with 2007 inflation for medical services; however, medical service inflation has been less than 4.5% every year since 2007. We suggest future contracts include a cap of no more than actual medical service inflation measured by the annual increase in Consumer Price Index for Medical Services as published by the United States Department of Labor.

We also recommend the County explore outsourcing in-house inmate medical services and staffing to University Hospital. Under the current system, services are provided by University Hospital on an as-needed basis, determined in large part by the current in-house medical contractor. This system does not provide any incentive to the contractor to provide care on-site. In general, on-site care eliminates transportation and off-site security costs and is more cost-efficient than emergency room visits, specialty appointments, and hospitalizations. We acknowledge that this recommendation would require a significant commitment from University Hospital, as it likely does not currently have personnel on staff with the experience and skills required for on-site inmate medical care.

As an alternative to the above recommendation, we suggest the next contract with Naphcare (or other third-party contractor) include a provision shifting a minimum of two million dollars (calculated at Medicaid rates) from the current tax levy funds provided to University Hospital to the HCJC budget. The contractor would then share in a portion of these costs providing an incentive for the contractor to control costs. University Hospital would remain responsible for hospital fees above two million dollars. We believe both the County and University Hospital would benefit from this arrangement if structured correctly. This recommendation is similar to a proposal outlined by the *Jacqueline Moore and Associates 2006 report*.

The County should consider outsourcing the medical records portion of its inmate medical contract to a provider separate from its in-house inmate health care contractor. This will reduce the County’s reliance on the current or future contractor.

The County should begin to track the number of inmates sent to the Hospital vs. the number of inmates who are ultimately admitted. This information can be used as a gauge of the effectiveness of the inmate health care contractors’ utilization management team in reviewing cases.

● Future Levy Cycle Considerations:

Based on discussion with HCJC finance personnel and our analysis of recent historical results, the following exhibit represents hypothetical future inmate medical levy usage.

	2012	2013	2014	2015	2016
Total direct medical expenses					
Naphcare contract - Base	\$6,292,700	\$ 6,544,400	\$ 6,806,200	\$ 7,078,400	\$ 7,361,500
Naphcare contract - Allowance	500,000	500,000	500,000	500,000	500,000
Correction staffing at Reading Road	2,168,700	2,212,100	2,256,300	2,301,400	2,347,400
Correction staffing at HCJC allocated to inmate medical	1,344,200	1,371,100	1,398,500	1,426,500	1,455,000
Budget with Naphcare allowance	<u>10,305,600</u>	<u>10,627,600</u>	<u>10,961,000</u>	<u>11,306,300</u>	<u>11,663,900</u>
Naphcare Contract - Allowance	(500,000)	(500,000)	(500,000)	(500,000)	(500,000)
Budget without Naphcare allowance	<u>\$9,805,600</u>	<u>\$10,127,600</u>	<u>\$10,461,000</u>	<u>\$10,806,300</u>	<u>\$11,163,900</u>

The following assumptions were used in generating the above analysis:

- The 2012 Naphcare contract is based on an optional one-year extension that is part of the current contract. While the competitive bidding process may lower this estimate, we believe this is the best data currently available.
- Four percent was used as the future inflation factor for medical services. This is based on the historical four-year (2007-2010) average medical service inflation.
- We included a \$500,000 contractual allowance for analysis purposes.
- Corrections Department staffing is based on 2010 actual personnel costs that are first inflated by 2.9% for 2011 scheduled wage increases, and then further inflated 2.0% each subsequent year based on historical four-year (2007-2010) average inflation.

2. Extended Detoxification Program

2010 Actual \$2,576,234;

2011 Budget Request \$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 Indigent Care Levy. The Board purchases services from and distributes payments to provider agencies via funds from the Indigent Care 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 Indigent Care Levy and those funded by other sources to ensure Indigent Care Levy dollars spent, met eligibility and other criteria set forth in the contract. Indigent Care 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 Indigent Care 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 Indigent Care Levy include assessment, individual counseling, case management, crisis intervention, group counseling, intensive outpatient, laboratory urinalysis, medication somatic, 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 Indigent Care 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 three years, administration costs have ranged between 5% to 8% of total Mental Health and Recovery Services Board expenses, while administration costs charged to the Indigent Care Levy have only been 4%.

I. Extended Detoxification Program

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 ODMH and ODADAS, the Board is prohibited from controlling administrative and support costs of its contract agencies due to Medicaid regulations.

Also, 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 2008 and 2010, 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 moving upward at a rapid pace. Over the next levy period, should this trend continue, the type of AOD client the Board will fund with Indigent Care Levy dollars may cost significantly more.

Our principal 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) and Ohio's 2012-2013 biennium budget funding will impact Hamilton County. While regulations have been written, or are in the process of being written, the rules have not been finalized.

● **Our Principal Recommendations:**

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

1. The Board will need to quantify and confirm that the potential losses in state funding for the 2012-2013 biennium budget will be offset by revenues from other sources.

I. Extended Detoxification Program

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.
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.

● Future Levy Cycle Considerations:

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

	2012	2013	2014	2015	2016
Total program expenses	\$2,559,085	\$2,635,858	\$2,714,934	\$2,796,382	\$2,880,273

The following assumptions were used in generating the above analysis:

- Future program 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 overall and health care service inflation.

1. Bureau of Children with Medical Handicaps

3. Bureau of Children with Medical Handicaps

2010 Actual \$1,444,692;

2011 Budget Request \$2,484,549

● Principal Observations:

The Bureau for Children with Medical Handicaps (BCMh) is a tax-supported health care program in the Ohio Department of Health that serves children with special health care needs. The mission of BCMh is to assure, through the development and support of high-quality, coordinated systems, that children with special health care needs and their families obtain comprehensive care and services that are family-centered, community-based, and culturally competent. Eligibility for the program is based on a percentage of Federal poverty guidelines discussed later in this report.

By state law (ORC 3701.024), BCMh can draw 0.1 mill of a county's real estate taxes to pay for treatment services provided to children residing in Hamilton county. This means that Hamilton County is billed for the cost of services provided to children residing in the County up to a maximum of 0.1 mill of the County's real estate tax value.

Historically, the maximum and actual payments for this program are as follows:

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>Budgeted 2011</u>
One Tenth of One Mill of Total Hamilton County Property Values					
Times .1 Mil Real Estate Value	0.1	0.1	0.1	0.1	0.1
Maximum Required Reimbursement	1,900,000	2,127,081	2,093,572	2,063,320	2,065,431
Actual Required Reimbursement	332,372	1,364,676	2,117,412	1,444,692	TBD

The funding of this program is mandated by state law. The future maximum contribution required by Hamilton County will be impacted by the value of Hamilton County's real estate. It is our understanding that a new valuation will be established in 2011, and the trend in Ohio has been one of decreasing values. The ability to project future property values for the next five years remains an open question at the time of this report.

I. Bureau of Children with Medical Handicaps

Our principal observations include:

- This program is mandated and administered by the State of Ohio. Hamilton County is invoiced based on actual program usage by Hamilton County Residents. Actual program usage varies from year to year and is not predictable.
- The maximum the County can be required to pay is .1 mill of County real estate value (\$2,065,431 in 2011). Only once, in 2009, has the County had to pay out the maximum.
- The State of Ohio has cut some of its funding of this program. It does not appear county assessments will be expanded to offset the state cuts.
- The recently-completed, reassessment (done every six years) indicated that Hamilton County property values have decreased by 7.7%. As of the date of this report, we have not determined if this will result in a reduction in the maximum required funding for this program.

● Our Principal Recommendations:

We do not have any recommendations with regards to this program. Currently the County does not have any control over the current and future requirements mandated by the State of Ohio.

● Future Levy Cycle

	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
Total Program Expenditures	<u>\$ 1,816,670</u>	<u>\$ 1,853,000</u>	<u>\$ 1,890,060</u>	<u>\$ 1,927,860</u>	<u>\$ 1,966,420</u>

- Future program expenses are based on a average of 2009 and 2010 actual expenditures inflated at 2.0% each subsequent year based on historical four-year (2007-2010) average overall inflation .

4. Juvenile Court Medical Expenses

2010 Actual \$1,447,740;

2011 Budget Request \$1,447,740

● 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 Indigent Care Levy. Annual funding for these services was \$1,447,740 for 2008 through 2010 and is budgeted at the same level for 2011.

Medical services are 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 the most recent levy cycle (2007 -2011), significant changes have taken place at both the Youth Center and the Hillcrest Training School. The Youth Center has gone from having 160 beds in service in 2007 to 80 beds in 2011. At the same time, the Hillcrest Training School has gone from having 142 beds in service to 58 beds in 2011.

The reduction in capacity has caused a corresponding decrease in the number of admissions, medical screenings, and physical exams.

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Youth Center					
Beds in Service at year end	160	140	140	80	80
Average Population	144	155	121	92	77
Admissions	6,116	5,336	4,229	3,326	2,767
Total Days of Care	52,421	56,609	44,085	33,689	28,088
Medical Screenings	5,690	5,374	4,229	3,326	2,767
Full Physical Exams	1,626	3,035	1,948	1,529	1,429
Hillcrest Training School					
Total Beds In Service	142	130	106	94	58
Admissions to HTS (a)	189	198	172	128	84
Number of Youths Served	317	332	299	218	166
Days of Care Provided (b)	37,968	38,396	35,548	27,890	21,189
Physical Exams	288	291	290	128	105

I. Juvenile Court Medical Expenses

In addition, beginning in 2006, all on-site medical services have been contracted to Cincinnati Children's Hospital (CCHMC). When we compared 2007 (the first full year of the contract) to 2005 (the last full year nursing staffing was paid for in-house), there was a cost savings to the Youth Center of approximately 16%. Since 2007, the contract with CCHMC has been subject to 5% annual increases, which have offset some of the initial savings, as medical service inflation has averaged approximately 4% over the same period.

The Youth Center's contract with CCHMC requires a reconciliation of actual costs with any savings to be credited to the Youth Center. During 2010, the Youth Center received credits totaling \$99,763 that related to cost savings. CCHMC has not provided detail of the cost reconciliation as of the date of this report.

The following is an overview of the last four years of expenses.

	<u>2007</u>	<u>%</u>	<u>2008</u>	<u>%</u>	<u>2009</u>	<u>%</u>	<u>2010</u>	<u>%</u>
Youth Center Medical	\$ 893,148	64.4%	\$ 942,593	64.9%	\$ 1,098,380	75.6%	\$ 786,991	54.90%
Hillcrest Medical	<u>493,265</u>	<u>35.6%</u>	<u>509,011</u>	<u>35.1%</u>	<u>353,851</u>	<u>24.4%</u>	<u>469,851</u>	32.80%
Total Medical Expense, reported	\$ 1,386,413	100.0%	\$ 1,451,604	100.0%	\$ 1,452,230	100.0%	\$ 1,256,843	
2010 invoices paid in 2011 (1)							<u>177,606</u>	<u>12.30%</u>
Adjusted Medical Expenses							<u><u>\$1,434,449</u></u>	100.0%
(1) \$177,606 was paid and expensed in 2011 for 2010 contracted staffing. Historically December invoices are recorded in the preceding year, however both the August and November 2010 contracted nursing invoices were recorded and paid in 2011.								

Our principal observations include:

- The contract with CCHMC has resulted in cost savings to Hamilton County.
- At the beginning of the current levy cycle, \$1,447,740 covered the cost of in-house medical at the Youth Center and nursing and prescription costs at Hillcrest Training School. For 2011, these costs will likely exceed scheduled funding of \$1,447,740.
- Funding of \$1,447,740 in 2010 exceeded direct medical expenditures for 2010 by \$13,291. Funding from 2007 to 2010 has exceeded medical expenditure by \$4,936. As scheduled, funding for 2011 is less than scheduled expenditures. Also, in 2009 one of the Hillcrest nurses was not charged to the Indigent Care Levy. Had that nurse been charged in 2009, actual costs would have exceeded funding provided.

I. Juvenile Court Medical Expenses

- Youth Center admissions have decreased from 5,336 in 2007 to 2,767 in 2010. Over the same period, Youth Center medical expenses have increased from \$893,148 in 2007 to \$964,597 in 2010. Medical expenses have not decreased because only a small amount of staffing and prescription drugs are variable in nature. The cost maintaining around the clock health services are largely fixed.
- Costs per day have increased from \$15.78 in 2007 to \$28.02 in 2010 in large part due to the fixed cost of maintaining around the clock health services.
- Hillcrest Training School admissions have decreased from 198 in 2007 to 84 in 2010. Over the same period, Hillcrest medical expenses have decreased from \$493,265 in 2007 to \$469,851 in 2010. Nurse staffing at Hillcrest has decreased from 3.5 FTEs in 2007 to 3 in 2010.
- The viability of Hillcrest Training School as a standalone institution is outside the scope of our review. However, if the School were to be moved to available space at the Youth Center, there would be cost savings associated with medical services. The current contract with CCHMC appears sufficient to also cover the population at Hillcrest if they were moved to the Youth Center, and current census trends remain constant. It is likely that additional drug costs would be incurred at the Youth Center with respect to the Hillcrest population; however, the elimination of staffing costs at Hillcrest for medical services would greatly out way the increase in drug expenditures.
- During 2010, 54 Youth Center and eleven Hillcrest juveniles were sent for emergency room or hospital visits. The cost of these hospital visits was indirectly paid for by funding provided to CCHMC by the Indigent Care Levy. Actual cost data related to these hospital visits was not provided by CCHMC.
- Overall census at the Youth Center and Hillcrest has been reduced by approximately 45% from 2007 levels. This reduction in census has resulted in only minor savings at the Youth Center and Hillcrest due to the significant fixed costs associated with providing around the clock care. However, CCHMC has likely saved money over the same period due to a decrease in emergency room and hospital admissions.
- Health Care Reform (The Patient Protection and Affordable Care Act) promises to expand health coverage to all United States citizens and will likely have long-term benefits regarding overall inmate health care costs. However, we do not think there will be significant financial benefits to inmate medical costs during the next five-year Levy cycle.
- All youth medical expenses paid for by the indigent care levy are mandated by law.

I. Juvenile Court Medical Expenses

● Our Principal Recommendations:

The current medical services contract with CCHMC is subject to annual increases of 5%. In 2006, when this contract was negotiated 5%, it was in-line with 2005 inflation for medical services; however, medical service inflation has been less than 5% every year since 2006. We suggest future contracts include a cap of no more than actual medical service inflation measured by the annual increase in Consumer Price Index for Medical Services as published by the United States Department of Labor.

As required by contract, we suggest the reconciliation of CCHMC actual costs be reviewed on an annual basis internally by Juvenile Court personnel. This could also present an opportunity to discuss future cost savings opportunities as they arise.

If the current reduced census trends at the Youth Center and Hillcrest continue, we suggest a portion of the savings being realized by CCHMC (from reduced hospital visits) be credited to the Youth Center.

● Future Levy Cycle Considerations:

	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
Youth Center Medical					
CCHMC Contracted Medical Staffing	\$ 1,214,377	\$ 1,275,098	\$ 1,326,100	\$ 1,379,100	\$ 1,434,300
Less Estimated Credit (1)	(100,000)	(104,000)	(108,160)	(112,486)	(116,986)
Dental Services	16,200	16,800	17,500	18,200	18,900
Drugs, Lab & Other	30,900	32,100	33,400	34,700	36,100
Total Youth Center	1,161,477	1,219,998	1,268,840	1,319,514	1,372,314
Hillcrest Medical	483,900	498,400	513,400	528,800	544,700
	<u>\$ 1,645,377</u>	<u>\$ 1,718,398</u>	<u>\$ 1,782,240</u>	<u>\$ 1,848,314</u>	<u>\$ 1,917,014</u>

"(1) assumes detention center census and drug usage will remain in-line with 2010 results.

I. Juvenile Court Medical Expenses

The following assumptions were used in generating the above analysis:

- Future service levels and census will be in line with 2010 actual historical data. Hillcrest Training School will remain in place at its current location.
- The 2012 and 2013 CCHMC contracted medical staffing is based on the current contract in place. 2014 through 2016 includes estimated four percent (4%) inflation factor.
- Four percent was used as the future inflation factor for medical services. This is based on the historical four-year (2007 through 2010) average medical service inflation.
- We included a \$100,000 estimated credit in 2012 based on the credit received in 2010.
- Youth Center dental services, drugs, lab, and other have been inflated 2.0% over the next levy cycle.
- Hillcrest Medical has been inflated 3% each year based on an average of overall and medical service inflation.

5. Tuberculosis Control

2010 Actual none;

2011 Budget Request \$1,419,997

● 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 administer to patients, provide diagnostic testing, administer X-rays, collect lab specimen, 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).

In April 2008, the Hamilton County Commissioners contracted with the Hamilton County Public Health Department to administer Tuberculosis Control Services for the County. The new clinic operator has since implemented significant changes, which have resulted in cost savings. The lab has been outsourced, staffing has been reduced, physician contracts have been restructured, and staffing for the on-site pharmacy is now contracted on a part-time basis to an outside service provider. In addition, the Hamilton County Public Health Department is exploring the concept of combining Tuberculosis treatment with neighboring counties.

Based on our review of detailed financial data, interviews with clinic staff and management, and the review of available benchmark data, we have provided the financial data and benchmarking information in our report. 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.

Our principal observations are:

1. Costs have been reduced significantly at the Clinic, from \$1,218,953 in 2005 to \$933,250 in 2010. Additionally, FTEs have been reduced from 11.0 to 5.8, and wages per FTE have decreased from \$44,972 to \$43,235 during this period.
2. Along with outsourcing personnel-related expenses, changes in public policy have also enabled the Clinic to reduce costs. In mid-2008, the Ohio legislature rescinded the TB screening requirements for public school personnel and required TB control programs to only make TB screening recommendations to schools that reflected the local risks of TB exposure. This, in part, caused the number of skin tests administered to decrease from 6,001 in 2005 to 4,203 in 2010.

3. Due to funding surpluses from 2008 and 2009, the TB Program was able to cover 2010 expenses without funding from the Indigent Care Levy. The surplus is, however, fully depleted.
4. At the date of this report, the TB Clinic building is in the process of being sold. While a potential sale may impact the future operating expenses of the TB Program, it is uncertain at this time.
5. Through discussions with Hamilton County Public Health staff, they are concerned with the possibility of a TB outbreak occurring in Hamilton County. Subsequent research shows an individual(s) having a drug-resistant strain of TB could cause a large outbreak to occur rapidly. While not budgeted by the TB program, they are seeking to establish an outbreak disease contingency fund of 15% of program expenses in the event of such an occurrence.

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

1. As noted by the Tax Levy Review Committee for the 2007 Indigent Care Levy, the TB Control Program should implement a system to bill third-party providers for certain covered services, similar to Franklin County, to augment its existing program revenue. Currently, they are contracted with an outside service provider to obtain the needed software and are on-track to have the capability by the end of 2011.
2. The County Commissioners should consider establishing an outbreak disease contingency fund of 15% of TB program expenses as noted by Hamilton County Public Health. However, it is our recommendation that the contingency fund be escrowed by the Commissioner's office and made available to the TB program should such a disease outbreak occur.

● Future Levy Cycle Considerations:

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

	2012	2013	2014	2015	2016
Total direct expenses					
Employee compensation	\$519,450	\$535,034	\$551,085	\$567,617	\$584,646
Contracted staffing	\$180,175	\$185,580	\$191,148	\$196,882	\$202,789
Other direct expenses	\$85,980	\$88,559	\$91,216	\$93,953	\$96,771
Indirect expenses	\$330,432	\$340,345	\$350,555	\$361,072	\$371,904
Capital-related expenses	\$87,525	\$0	\$0	\$0	\$0
Total program expenses	<u>\$1,203,562</u>	<u>\$1,149,518</u>	<u>\$1,184,004</u>	<u>\$1,219,524</u>	<u>\$1,256,109</u>

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.

6. Alternative Interventions for Women

2010 Actual \$291,349;

2011 Budget Request \$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 Indigent Care 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. Staff-related expenses account for 95% of all Program costs. 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 past two years to approximately \$8,500. Using trend data supplied by the Program, we also compared the current average costs per individual served against the services expected to be needed in the future.

I. Alternative Interventions for Women

Our principal observations include:

1. The Alternative Interventions for Women Program provides a needed service to a vulnerable population of female criminal offenders in Hamilton County. The Program appears successful to-date, as evidenced by its low recidivism rates.
2. AIW is very conscientious about its Program costs, in light of the increase in clients using the Program over the last two years.
3. Indigent Care Levy funding has accounted for 66% to 70% of overall Program funding the last three years.

● **Based upon our observations and financial analysis, our principal recommendations for financial and operational improvements include:**

- The Alternative Interventions for Women Program needs to be more aggressive in seeking alternative funding sources. Approximately 70% of all current funding is derived from the Indigent Care Levy. The Program should 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.
- Based upon the increasing number of clients to the Program, and upon observation of the Program during a site visit, the AIW Program should develop a plan to increase existing program space to accommodate its programs. Again, the Program should leverage its existing relationships to ensure it provides the space necessary to conduct its operations.

● **Future levy cycle considerations:**

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

	2012	2013	2014	2015	2016
Alternative Interventions for Women	\$433,500	\$442,170	\$451,013	\$460,034	\$469,234

The following assumptions were used in generating the above analysis:

- Program expenses are based on 2011 projected costs that are inflated 2.0% each subsequent year based on historical four-year (2007-2010) average inflation.

7. Residential Treatment Program . 22 beds

2010 Actual \$249,939;

2011 Budget Request \$321,507

● Principal Observations:

The Residential Treatment Program, which is located at 1617 Reading Road in Cincinnati, Ohio, is designed to assist up to 172 individuals by providing chemical dependency treatment to adult misdemeanor and felony offenders. Services include programming for up to 116 sentenced women, known as the Rewards Jail Intervention Program, and 56 beds 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 2011 contract is \$2,490,523.

Prior to 2009, all 172 beds were primarily funded by the Hamilton County Health and Hospitalization Services Levy. Beginning with 2009, twenty-two (22) of the 172 beds are being funded by the Indigent Care Levy.

An extensive analysis of the 172-bed program was prepared in 2009 as part of the Health and Hospitalization Levy review. This analysis is presented in the Program report section for purposes of this report.

Our principal observations include:

1. The contract with Talbert House was restructured in September 2009, and the agreement runs through October, 2011.
2. The annual cost of this contract is currently set at \$2,980,000. The annual cost for 22 beds is approximately \$381,000. The 2011 budget funds this Program through the completion of the current contract (October 31, 2011).
3. Current (2010) average daily population is 168 out of 172 beds.
4. The current contract amount is in line with the prior contract with Talbert.
5. Future Levy Cycle Considerations

Based on our analysis of recent historical results, the following exhibit represents hypothetical future cost of funding 22 out of 172 residential treatment beds.

	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
Total Program Expenditures	<u>\$ 388,620</u>	<u>\$ 396,392</u>	<u>\$ 404,320</u>	<u>\$ 412,406</u>	<u>\$ 420,654</u>

8. Probate Court Medical

2010 Actual \$391,783:

2011 Budget Request \$480,000

● **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.

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.

The Hamilton County Probate Court incurs expenses related to mental health and developmental disability evaluation hearings for those who are indigent and alleged to have incompetency issues which are funded by the Indigent Care Levy. 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 analyzed the number of new cases filed with the Court and civil commitment hearings conducted by the Court over the last five years. Based upon this information, the total number of new cases filed has increased approximately 8%, and the total number of civil commitment hearings has increased approximately 15% during this period.

We analyzed information regarding the costs of services provided, compared to the number of new cases filed and commitment hearings conducted by the Court. Based upon review of this information, the addition of Sheriff's security, clerks, and Magistrate costs to the Program beginning in 2008, has significantly increased the Court's cost structure. Cost per new case filed and cost per commitment hearing each increased 8% from 2008 to 2010.

Our principal observations include:

- The number of civil commitment cases and hearings has grown steadily since 2003.
- The inclusion of Deputy Clerks and Magistrate expenses, beginning in 2008, in addition to Sheriff's security expenses beginning in 2010, have significantly increased the overall cost structure of the Program.
- As annual appropriation of state dollars to the Ohio Department of Mental Health's court costs, line item 334-506 has dwindled in recent years; the Hamilton County Probate Court has experienced decreasing state reimbursement support. Regarding the budgets set forth by the Court, the expectation is for this to continue in the future, which presents the need for increased financial support from Indigent Care Levy funds.

● **Based upon our observations and financial analysis, our principal recommendations for financial and operational improvements include:**

1. Based upon the nature of the civil commitment hearings appearing before the Hamilton County Probate Court, Hamilton County should investigate the reasonableness and appropriateness of funding the Probate Court Program via funds from the Mental Health and Development Disabilities levies of Hamilton County, rather than the Indigent Care Levy.

● **Future Levy Cycle Considerations:**

Based on our analysis of recent historical results, the following exhibit represents hypothetical future probate court mental health and mental retardation health evaluation expenses.

	2012	2013	2014	2015	2016
Total program expenses	\$602,043	\$622,276	\$643,098	\$664,529	\$686,585

The following assumptions were used in generating the above analysis:

- Program expenses are based on projected costs that are inflated 3.3% each subsequent year based on the Probate Court's assumption that its partial reimbursement from the Ohio Department of Mental Health will continue to decline from \$191,828 in 2010 and expected \$150,000 in 2011 to \$100,000 for each year from 2012-2016.

9. St. Vincent de Paul Charitable Pharmacy

2010 & 2011 Actual \$ 0;

2012 Budget Request \$ 175,0000

● Principal Observations:

- 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 payor 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.
- The program would like to increase its services to provide more than \$3.5 million worth of prescriptions annually during the next levy cycle.
- The program serves a wide cross section of uninsured or underinsured Hamilton County residents who are not 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, and most of its referrals come from mental health agencies (25%). Hospital systems account for 15% of the referrals and low cost clinics accounts for about 16%. The remaining 44% of referrals come from community physician practices and other public and private health providers throughout Hamilton County.
- Requested Levy funds will assist the program to increase its FTEs from 2.5 to 4.0 and allow operations to be open four days per week, rather than its current 3.5 days per week

- **Recommendations:**

- We have no recommendations regarding this Program.

- **Future Levy Cycle:**

- Based data supplied by St. Vincent de Paul Charitable Pharmacy, the following represents their levy request for 2012-2016.

	2012	2013	2014	2015	2016
Total program expenses	\$175,000	\$175,000	\$175,000	\$175,000	\$175,000

II. Program Reports

The remainder of our report will be divided into nine sections, one for each program, and each section will be organized as follows:

- Recent history and overview of current indigent care levy programs
- Analysis of compliance with TLRC recommendations
- Financial analysis
- Analysis of future impact to indigent care in Hamilton County
- Comparative data and analysis
- Review of levy request for the next levy cycle at levels identified by the TLRC

In addition, we will address the following tasks as requested by the TLRC:

- Task 1:** Review levy requirements, including intended usage and populations served for current levy programs and new levy requests for the future levy cycle. Identify which services are mandated by law and which are discretionary.
- Task 2:** Research indigent care funding for comparable counties in Ohio. How does Hamilton County compare to other Ohio Counties (major and neighboring) in terms of care provided to indigent residents through these programs (criteria could include state mandates, alternate indigent care programming models, alternative funding sources, and need for services).
- Task 3:** Review prior recommendations from the Health Care Review Commission, TLRC, prior consultant reports, commissioner directives, and current and prior levy agency contracts. These reports are available on line at www.hamilton-co.org.
- Task 4:** Review and analyze strategic plans.
- Task 5:** Determine systems in place for receipt of levy dollars and usage for intended purposes.
- Task 6:** Determine if levy requirements and recommendations are being, or have been followed or implemented.

Task 7: Determine if the most recent levy resulted in over- or under-funding of services. If over-funded, what happened with excess funding?

Task 8: Review all levy requests and prioritize requested programming at different funding levels as determined by the TLRC during the review process.

Task 9: Provide recommendations for tax levy potential cost savings, revenue enhancements, and organization or program improvements within the hospitals and Hamilton County, assuming successful passage of the proposed tax levy.

Task 10: Based on the results of Tasks 1-9, make recommendations for future contractual conditions or requirements for County programs upon passage of the levy.

Task 11: Prepare drafts and final reports.

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 2% while inflation for medical services has averaged approximately 4%. Currently, the Federal Reserve Bank of Cleveland reports that its latest estimate of ten-year expected inflation is 1.94 %. While it is impossible to predict future inflation, it is necessary for budgeting purposes to attempt to do so. We have used throughout our report 2% inflation as our best estimate for future overall inflation and 4% for inflation related to medical care.

	2007	2008	2009	2010	Four year Average (2)
Annual Inflation rates (1)					
All items	2.8	3.8	(0.4)	1.6	2.0
Medical care	4.4	3.7	3.2	3.4	4.0
Difference medial vs. all	1.6	(0.1)	3.6	1.8	2.0
(1) Used average CPI-U (CPI for All Urban Consumers)					
(2) Rounded					

Program Report:

1. Inmate Medical (Sheriff's Department);

2010 Actual \$7,893,460;

2011 Budget Request \$13,117,214

Recent history and overview of current Indigent Care Levy programs

At the beginning of the current levy cycle (January 1, 2007), Hamilton County operated four jail facilities, the main jail known as the Hamilton County Justice Center (HCJC) with an inmate capacity of 1,240; the Queensgate Facility which had capacity for 822 medium security inmates; Reading Road, a three-story facility designed to assist up to 172 individuals by providing chemical dependency treatment to adult misdemeanor and felony offenders; and, Turning Point, a 52-bed facility which operated a multiple DUI program (Turning Point Program) and a 10-Day DUI Program. All in-house medical services are provided at the HCJC.

During the current levy cycle, there have been a number of operational changes. Beginning December 29, 2007, the County contracted with NaphCare Inc. for medical services at the HCJC, Queensgate, Turning Point, and Reading Road. The County previously contracted with Correctional Medical Services (CMS) for Medical services. On December 31, 2008, the County vacated the Queensgate Facility, leaving the HCJC as the only traditional jail for the County.

Medical services at the HCJC take place 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.

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. The contracted services include physician and nursing services, dental care, mental health/psychiatric care, utilization management, pharmaceuticals (not to exceed \$350,000), and administrative support.

The second largest cost is for Correction's Department security staffing at the Reading Road Facility and the Admissions Section, Health Services Section and the Psychiatric Units. These costs are billed to the Indigent Care Levy based on staffing hours needed to secure each section and include salaries, wages, employee benefits, and retirement funding.

The remaining costs are for payments to outside service providers, equipment purchases and minor office and miscellaneous expenditures.

In addition, inmates in need of emergency or hospital care are sent to University Hospital. The Sheriff's Department is not directly billed for the Hospital services provided, but instead these services are paid indirectly as part of indigent care funding provided to University Hospital by the Indigent Care Levy. We will also address what these services could potentially cost in the event the Sheriff's Department had to pay for them directly.

Analysis of compliance with prior TLRC recommendations:

On July 18, 2006, the Tax Levy Review Committee made the following recommendations regarding Sheriff Department inmate medical services funded by the Indigent Care Levy. Their recommendations were based on a report prepared by Jacqueline Moore & Associates and feedback from the HCJC management.

Recommendation 1:

Provide on-site utilization management with either CMS or another vendor. The consultant estimates that better utilization review would result in a reduction of 20% of outside trips. In addition to the medical savings, there will be a reduction in officer time required for transport. Some of these savings may accrue to University Hospital and should be considered in the contract with them under the Hospital and Health Care Levy.

Action: A utilization management system has been initiated as part of the Naphcare contract.

Recommendation 2:

Provide for telemedicine services in place of hospital visits by inmates. There will be no net costs to the levy for providing these services, and savings will accrue as a result of reduced trips for outside services.

Action: There have been no recent discussions with University Hospital. In the past University Hospital has expressed little or no interest.

Recommendation 3:

Consider using an on-site clinic to reduce costs. A new jail facility of adequate size would allow an expanded clinic and an infirmary, which will further reduce costs.

Action: A new jail is no longer under consideration; therefore, a new clinic is not a feasible option.

Recommendation 4:

Build into next contract, with CMS or other vendor, an incentive to reduce hospital visits, including making inmate hospital services part of the inmate health care contract. University Hospital has indicated a willingness to discuss this issue.

Action: Contract with Naphcare does not address this issue; however, overall hospital visits has decreased.

Recommendation 5:

Redouble efforts to implement on-site dialysis treatment. Attempts to obtain bidders for this service to-date have not met with success.

Action: This has not been implemented but is still an open issue.

Recommendation 6:

Consider utilizing an on-site oral surgeon or on-site radiology services to reduce off-site oral surgery procedures.

Action: This has not been implemented but is still an open issue.

Recommendation 7:

The current contract with CMS increases at the rate of medical inflation, plus 2.5%. New contracts for inmate health services should be increased at a rate that is not greater than the medical inflation rate.

Action: Current contract has a flat 4.5% increase.

 **Financial analysis**

The following is a summary of 2007 through 2010 actual and 2011 budgeted Sheriff Department inmate medical expenses

	2007	2008	2009	2010	Budget 2011	5-Year Total
Sheriff Department Salary and Wages	\$ 1,304,371	\$ 1,361,852	\$ 2,731,549	\$ 1,567,444	\$ 3,095,715	\$ 10,060,931
Reimbursement for prior year costs (1)					2,375,000	2,375,000
Fringe benefits	471,359	424,430	435,858	455,074	734,423	2,521,144
Worker's compensation & other taxes	7,690	38,119	36,343	43,705	103,266	229,123
Total Sheriff department staffing costs	1,783,420	1,824,401	3,203,750	2,066,223	6,308,404	15,186,198
Inmate Medical Services Contract	5,326,906	5,395,692	6,179,395	5,762,400	6,521,710	29,186,103
Hospital Services	120,662	115,859	38,182	60,498	200,000	535,201
Lab & X rays		218	385		600	1,203
Medical Supplies	5,160			4,263	30,000	39,423
Office and Miscellaneous	9,602	6,509	3,030	76	1,700	20,917
Equipment purchases		16,715	4,101		54,800	75,616
Total direct medical expenses	5,462,330	5,534,993	6,225,093	5,827,237	6,808,810	29,858,463
Total Reimbursed Expenditures	\$ 7,245,750	\$ 7,359,394	\$ 9,428,843	\$ 7,893,460	\$ 13,117,214	\$ 45,044,661

(1) In 2009 the Sheriff's Department budgeted for reimbursement of the cost to provide security in the Justice Center's admissions, health service section and and psychiatric Unit. In addition the Sheriff's Department has requested reimbursement for these costs for the years 2007 and 2008 to be paid in 2011. A request for 2010 has not been made.

The expenses above can be categorized by Sheriff Department staffing costs and direct medical expenses. The following summarized these cost categories.

	2007	2008	2009	2010	Budget 2011	5-Year Total
Total Sheriff department staffing costs	\$ 1,783,420	\$ 1,824,401	\$ 3,203,750	\$ 2,066,223	\$ 6,308,404	\$ 15,186,198
Total direct medical expenses	5,462,330	5,534,993	6,225,093	5,827,237	6,808,810	29,858,463
Total Reimbursed Expenditures	\$ 7,245,750	\$ 7,359,394	\$ 9,428,843	\$ 7,893,460	\$ 13,117,214	\$ 45,044,661

	2007	2008	2009	2010	Budget 2011	5-Year Total
Total Sheriff department staffing costs	24.6%	24.8%	34.0%	26.2%	48.1%	33.7%
Total direct medical expenses	75.4%	75.2%	66.0%	73.8%	51.9%	66.3%
Total Reimbursed Expenditures	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Analysis of Sheriff Department Staffing related to Inmate Medical

Prior to 2009, the Indigent Care Levy provided funding for 100% of the Sheriff Department’s personnel at the Reading Road Facility. In 2009, the Sheriff’s Department requested and received reimbursement for the cost of security personnel assigned to the Admissions Section, Health Services Section, and the Psychiatric Units totaling \$1,079,358. This reimbursement was net of \$255,800 paid for by the Hamilton County Mental Health Board (MHB) for security staffing within the Psychiatric Unit.

In 2010, the Sheriff’s Department did not request reimbursement for security personnel assigned to the Admissions Section, Health Services Section, and the Psychiatric Units; however, 2011’s budget request includes 2011 Admissions, Health Services, and the Psychiatric Units’ personnel, as well as requested reimbursement of these costs for prior years, including 2007 and 2008. The following exhibit illustrates the request for prior year 2007 and 2008 costs.

	2007 Total Cost	2008 Total Cost	SubTotal	Less Prior Reimbursement By MHB (1)	2011 Total Request
Admissions, Clinic & Pysch Security					
Total Estimated Historical Costs	\$ 1,405,900	\$ 1,469,700	\$ 2,875,600	\$ (500,600)	\$ 2,375,000

(1) The Hamilton County Mental Health Recovery Services Board (MHB) reimburses the Sheriff’s Department for security staffing within the Psych Unit.

The following table illustrates security staffing paid by or budgeted from Levy funds and the year expenses were incurred.

	2007	2008	2009	2010	Budget 2011	5-Year Total
Staffing Costs as charged to levy	\$ 1,783,420	\$ 1,824,401	\$ 3,459,596	\$ 2,066,223	\$ 6,308,404	\$ 15,442,044
Allocate staffing costs to year incurred	1,405,900	1,469,700	-		(2,875,600)	-
Staffing Costs as incurred	3,189,320	3,294,101	3,459,596	2,066,223	3,432,804	15,442,044
Less reimbursement from MHB	(248,500)	(252,100)	(255,800)		500,600	(255,800)
Total paid by Indigent Care Levy	2,940,820	3,042,001	3,203,796	2,066,223	3,933,404	15,186,244
FTEs						
Security at Reading Road	32.0	32.0	32.0	32.0	32.0	160.0
Admissions, Clinic & Psyche Security	33.7	33.7	33.7		33.7	134.8
	65.7	65.7	65.7	32.0	65.7	294.8
Total staffing cost per FTE	\$ 44,761	\$ 46,301	\$ 48,764	\$ 64,569	\$ 59,869	\$ 51,514

The staffing at Reading Road consists of the following personnel:

Reading Road Staffing	
	FTEs
Clerk 2	1.0
Correction Captain	1.0
Correction Class Specialist	1.0
Correction Lieutenant	1.0
Correction Officer	23.0
Correction Sergeant	5.0
Total FTE's	32.0

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	365 days
Posts X hours X days = total hours required	70,080 hours
Divide by number of full-time hours per year (40 hours X 52 weeks)	2,080 hours
Total full time equivalents	33.69 FTEs

The Sheriff's Department bills the Indigent Care Levy based on the average hourly rate paid for a three- to four-year correctional officer, which was \$15.68 at December 31, 2009. In addition, the Levy is charged an additional 33.83 percentage add-on (2009 rate) for fringe benefits. If current funding request trends continue, the Sheriff's Department staffing request for the next Levy cycle is projected as follows:

	2012	2013	2014	2015	2016	5-Year Total
Security at Reading Road	32.0	32.0	32.0	32.0	32.0	32.0
Admissions, Clinic & Psyche Security	33.7	33.7	33.7	33.7	33.7	33.7
	65.7	65.7	65.7	65.7	65.7	65.7
Total staffing cost per FTE (1)	61,067	62,288	63,534	64,805	66,101	67,423
Total Sheriff department staffing costs	\$4,012,100	\$4,092,300	\$4,174,200	\$4,257,700	\$4,342,800	\$4,429,700

(1) Inflated 2.0% per year

Analysis of Direct Medical Expenses related to Inmate Medical

Actual and 2011 budgeted direct inmate medical expenses were as follows:

	2007	2008	2009	2010	Budget 2011	5-Year Total
Inmate Medical Services Contract	\$5,326,906	\$5,395,692	\$6,179,395	\$5,762,400	\$6,521,710	\$29,186,103
Hospital Services	120,662	115,859	38,182	60,498	200,000	535,201
Lab & X rays		218	385		600	1,203
Medical Supplies	5,160			4,263	30,000	39,423
Office and Miscellaneous	9,602	6,509	3,030	76	1,700	20,917
Equipment purchases		16,715	4,101		54,800	75,616
Total direct medical expenses	\$5,462,330	\$5,534,993	\$6,225,093	\$5,827,237	\$6,808,810	\$29,858,463

The largest medical cost incurred by the Sheriff's Department is for contracted health care services provided by NaphCare, Inc., a large 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 (not to exceed \$350,000), 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	Effective	Effective	Effective
	2008	12/30/08 - 5/31/09	06/01/09 - 8/31/09	09/01/09 - 12/29/12
	FTEs	FTEs	FTEs	FTEs
Health Services Administrator	1.00	1.00	1.00	1.00
Medical Director	1.00	1.00	1.00	1.00
Director of Nursing	1.00	1.00	1.00	1.00
Nurse Practitioner / Physicians Assistant	1.00	1.00	1.00	1.00
Nurse Practitioner - OB/Gyn Midwife	0.40	0.40	0.40	0.40
Clerical				
Administrative Assistant	1.00	1.00	1.00	1.00
Medical Records Clerks	6.00	6.00	5.00	4.00
Dental				
Dentist	0.80	0.80	0.80	0.80
Dental Assistant	0.80	1.00	1.00	1.00
Mental Health				
Psychiatrist	1.00	1.00	1.00	1.00
Metal Health Director	1.00	1.00	1.00	1.00
Mental Health Professionals	6.40	5.40	5.40	5.40
Justice Center				
Nurse Manger (RN)	1.00	1.00	1.00	1.00
Registered Nurse - Charge	5.20	5.20	5.20	5.20
Registered Nurse	2.20	2.20	2.20	2.20
Licensed Practical Nurse	22.20	22.20	20.60	19.00
Clinical Coordinator	1.00	1.00	1.00	1.00
Certified Nursing Assistant	1.00	1.00	1.00	1.00
Pharmacy / Supply Technician	1.00	1.00	1.00	1.00
Total Required FTEs	55.00	54.20	51.60	49.00

The reduction in required staffing reflects the restructuring of the NaphCare contract as a result of the Queensgate closing. The current terms of the NaphCare contract are as follows:

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Base Compensation	5,826,648	5,630,318	5,762,400	6,021,708	6,292,692
Prescription Medication cost in excess of:	350,000	350,000	350,000	350,000	350,000
Additional Fee if average daily inmate population exceeds 1,500 (1)	\$1.26 per inmate day	\$1.26 per inmate day	\$1.31 per inmate day	\$1.37 per inmate day	\$1.43 per inmate day
County Credit if average daily inmate population is less than 1,200	\$1.26 per inmate day	\$1.26 per inmate day	\$1.31 per inmate day	\$1.37 per inmate day	\$1.43 per inmate day
Maximum Additional Fee Allowable			500,000	500,000	500,000

(1) 2,150 prior to 2008 closing of Queensgate.

During 2009, the contract with NaphCare was restructured as a result of the Queensgate closing. The restructured contract ran through December 29, 2009, with three, one-year-optional renewal periods. The following exhibit summarizes some of the changes from the initial contract negotiated in 2007:

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Old NaphCare Contract					
Base Compensation	6,000,000	6,600,000	7,200,000	7,500,000	7,800,000
New NaphCare Contract					
Base Compensation	5,826,648	5,630,318	5,762,400	6,021,708	6,292,692
Old NaphCare Contract					
Additional Fee if average daily inmate population exceeds	2,150	2,150	2,150	2,150	2,150
New NaphCare Contract					
Additional Fee if average daily inmate population exceeds	2,150	1,500	1,500	1,500	1,500

There was no change to the maximum prescription drug cost to be incurred by NaphCare. Actual and 2011 budgeted inmate medical cost per inmate day was as follows:

Direct Medical Expense Per Inmate Day Analysis					
	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>Budget 2011</u>
Total direct medical expenses	<u>\$ 5,462,330</u>	<u>\$ 5,534,993</u>	<u>\$ 6,225,093</u>	<u>\$ 5,827,237</u>	<u>\$ 6,808,810</u>
Average Daily Census	2,337	1,998	1,433	1,429	1,429
Total Inmate Days	853,005	729,270	523,045	521,585	521,585
Total Cost per Day:					
Inmate Medical Services Contract	\$ 6.24	\$ 7.40	\$ 11.81	\$ 11.05	\$ 12.50
Hospital Services	0.14	0.16	0.07	0.12	0.38
Lab & X rays	-	0.00	0.00	-	0.00
Medical Supplies	0.01	-	-	0.01	0.06
Office and Miscellaneous	0.01	0.01	0.01	0.00	0.00
Equipment Purchases	-	0.02	0.01	-	0.11
Total Direct Medical Expenses Per Day	<u>\$ 6.40</u>	<u>\$ 7.59</u>	<u>\$ 11.90</u>	<u>\$ 11.17</u>	<u>\$ 13.05</u>

The reduction in census is due to the December 2008 closure of the Queensgate facility. The exhibit below illustrates the effect the closure had on average census.

	2007 Total Bed Capacity	2008 Total Bed Capacity	December 2008 Closure	2009 - Present Total Bed Capacity
Bed Capacity				
Hamilton County Justice Center	1,240	1,240		1,240
Queensgate	822	822	(822)	-
Reading Road	172	172		172
Turning point	52	52		52
Total Capacity	2,286	2,286	(822)	1,464
	2007	2008		2,009
Average Daily Census	2,337	1,998		1,433
Percentage of Capacity	102%	87%		98%

2008 was a transitional year because of the closure of Queensgate, and 2009 was the first full year to reflect the reduced capacity.

CENSUS STATISTICS	2006 TOTAL	2007 TOTAL	2008 TOTAL	2009 TOTAL	2010 TOTAL
AVG. DAILY CENSUS	2,314	2,337	1,998	1,433	1,429
AVERAGE MALE POPULATION	2,029	2,102	1,758	1,288	1,288
AVERAGE FEMALE POPULATION	285	286	273	145	141
INITIAL MEDICAL INTAKE SCREENING	requested	requested	35,177	22,190	22,631
INMATES CLASSIFIED	24,808	29,775	24,340	16,856	17,096

The decrease in census is also reflected in the decrease of intake screenings and inmates classified (exhibit above) and the reductions of ER visits and the number of hospital and nursing home admissions (exhibit below).

MEDICAL	2006 TOTAL	2007 TOTAL	2008 TOTAL	2009 TOTAL	2010 TOTAL
ER VISITS	734	493	592	428	469
HOSPITAL/NURSING HOME ADMITS	238	219	201	124	150
HOSPITAL/NURSING HOME DAYS	965	1,216	961	408	559
AVERAGE LENGTH OF STAY	49	71	57	47	44
NUMBER AMBULANCE TRANSPORTS	111	98	168	125	90
HOSPITAL DUTY SHIFTS	2,234	2,223	1,717	229	494

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

CLINIC VISITS	2006 TOTAL	2007 TOTAL	2008 TOTAL	2009 TOTAL	2010 TOTAL
CENTRAL COMMUNITY HEALTH BOARD and Opiate Addiction Recovery Services	150	103	112	51	190
DIALYSIS - OFF SITE	87	131	179	95	155
ORTHO / HAND	194	81	147	133	148
RADIOLOGY / DIAGNOSTICS (MRI/CAT, ETC.)	52	32	62	59	64
OB/GYN & OB HIGH RISK	214	109	176	83	63
HOLMES/INFECTIOUS DISEASE	82	74	92	55	58
DENTAL / ORAL SURGERY	107	76	80	64	57
OTHER	51	50	85	60	52
OPHTHALMOLOGY	78	33	50	42	50
ENT	31	15	25	29	42
SAME DAY SURGERY	29	17	26	19	20
TRAUMA	27	21	22	18	14
NEUROLOGY	23	9	10	9	13
UROLOGY/RENAL/NEPHROLOGIST	30	8	10	13	12
VASCULAR/HEART	17	7	7	4	10
HEMOTOLOGY/SICKLE CELL					9
BARRETT - BREAST CANCER/CHEMO	30	21	26	13	8
BURN	2	4	1	1	7
GI	1	4	5	11	7
OFF SITE HOSPITALS/PLANNED PARENTHOOD	1	-	7	3	6
SURGERY CLINIC					4
PLASTICS	13	8	22	8	4
DERMATOLOGY	20	2	4	10	2
PRE OP					1
PULMONARY	8	5	2	5	1
HOXWORTH	5	1	-	-	1
SPECTRUM/REHAB	29	3	8	-	1
MRI/CAT SCAN	58	30	36		
NEPHROLOGIST	2	8	-	-	
TOTAL CLINICS	1,341	852	1,194	785	1,007

CHRONIC CARE CLINIC	2006	2007	2008	2009	2010
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
CARDIAC	181	270	394	297	429
ENDOCRINE (eg. DIABETICS)	66	120	591	436	607
HYPERTENSION	67	89		1,386	1,765
PULMONARY - ASTHMA			1,856	1,126	1,302
HEPATITIS TOTAL			569	513	382
TB	169	176	50	155	155
NEUROLOGICAL - SEIZURE	29	43	422	321	444
INF DISEASE (HIV, INH)	368	644	826	819	993
OB / GYN	1,267	1,160		656	612
STD CLASSES		104	20		
PRE NATAL CLASSES		36	19		
TOTALS	2,147	2,642	8,017	5,709	6,689

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

PHARMACY ANALYSIS													
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 PSYCHOTROPIC 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 PSYCHOTROPIC 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%
2008	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Median
INMATES ON PRESCRIPTION MEDS	1478	712	1410	813	791	832	949	949	911	965	895	715	903
PERCENTAGE OF POPULATION ON MEDS	65%	33%	36%	37%	38%	40%	48%	48%	49%	50%	50%	50%	48%
INMATES ON PSYCHOTROPIC MEDS	176	200	90	254	236	223	212	219	227	266	248	204	221
PERCENTAGE ON PSYCHOTROPIC MEDS	8%	9%	4%	12%	11%	11%	11%	11%	12%	14%	14%	14%	11%
2007	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Median
INMATES ON PRESCRIPTION MEDS	441	774	668	781	638	675	676	683	774	667	753	0	676
PERCENTAGE OF POPULATION ON MEDS	19%	34%	28%	33%	27%	29%	28%	28%	32%	27%	33%	0%	28%
INMATES ON PSYCHOTROPIC MEDS	145	230	203	210	195	206	133	203	142	232	217	0	203
PERCENTAGE ON PSYCHOTROPIC MEDS	6%	10%	9%	9%	8%	9%	6%	8%	6%	10%	10%	0%	9%

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 in line with the closure of Queensgate. 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:

LAB/X-RAY	2006	2007	2008	2009	2010
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
NUMBER INMATES X-RAYED	1,816	1,805	1,224	771	1,096
NUMBER OF X-RAYS TAKEN	2,187	2,039	1,491	834	1,190
NUMBER INMATES HAD LAB ORDERED	3,946	4,370	2,579	1,882	2,436
NUMBER OF LAB STUDIES DONE	8,133	8,268	4,423	3,756	4,688

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:

DENTAL	2006	2007	2008	2009	2010
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
DENTIST VISITS	1,700	1,688	1,608	1,403	1,481
ANNUAL EXAMS	198	251	278	200	152
FILLINGS	110	116	111	154	165
EXTRACTIONS	369	332	326	240	253
X-RAYS	688	597	620	614	564

 **Analysis of University Hospital usage**

Four hundred sixty-nine (469) Hamilton County Justice Center inmates were sent to the University Hospital Emergency Room during the calendar year 2010 (prior year data has been requested), 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 considers these costs covered by part of the \$28 million provided to University Hospital from the Indigent Care Levy.

We are currently gathering data regarding the cost the County would reasonably expect to pay for emergency and hospital services if they were not part of the Hospital portion of the Indigent Care Levy. University Hospital has indicated the services they provided in 2010 total approximately \$3.8 million; however, it is our understanding that University Hospital has calculated this value based on their standard charges (list prices). Seldom is any service charged at the Hospital’s list price. Private insurance companies, Medicare, Medicaid and other payers negotiate substantial discounts from Hospital list prices. Even self-pay patients often receive a discount. 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.

The following exhibit represents a volume of cases reported by University Hospital for the last four years. *Note that the Hospital tracks data on a June 30, fiscal year-end, while the Sheriff's Department tracks data on a calendar year-end.*

University Hospital Prisoner Cases by Custom Patient Type 12 Months Ended June 30,				
CUSTOM PATIENT TYPE DESC	2007	2008	2009	2010
Ambulatory Surgery	45	60	58	34
Clinic				4
Emergency Room Visits	429	375	461	439
Inpatient Admissions	191	126	96	96
Observation	11	13	18	10
Outpatient	352	376	485	395
Series	152	182	185	118
	1,180	1,132	1,303	1,096

This exhibit represents University Hospital's "list price" or standard charge for the services provided to the Sheriff's Department for inmate medical services.

University Hospital Prisoner Charges by Custom Patient Type - List Price 12 Months Ended June 30,				
CUSTOM PATIENT TYPE DESC	2007	2008	2009	2010
Ambulatory Surgery	\$243,920	\$318,303	\$424,762	\$305,772
Clinic				1,266
Emergency Room Visits	631,173	604,889	759,314	887,967
Inpatient Admissions	3,712,446	2,583,533	2,595,620	2,202,984
Observation	64,643	190,951	173,916	75,800
Outpatient	151,082	197,237	231,951	258,666
Series	185,228	207,139	169,026	107,241
	\$4,988,492	\$4,102,052	\$4,354,588	\$3,839,696

Next, we reviewed University Hospital’s Medicare cost report. A Medicare cost report is a required report that a hospital submits to Medicare on an annual basis. This report contains data on total gross charges (list price), gross and net revenues, expenses, patient visits and payer mix (how many patients have Medicare, Medicaid or Private Insurance). We used cost-to-charge ratios contained in the Medicare cost reports for this preliminary analysis. We believe this methodology is appropriate for analysis purposes, but we recognize that cost-to-charge ratios included in the Medicare cost report are not service specific and can vary based on the actual mix of services being provided. Based on this preliminary analysis, we estimated University Hospital’s hypothetical cost to provide services to Hamilton County in the following exhibit.

This exhibit calculates the Hospital’s hypothetical costs based on average cost-to-charge ratios derived from University Hospital’s Medicare cost reports for services provided to the Sheriff’s Department for inmate medical services.

University Hospital Preliminary Cost Estimate of Prisoner Cases by Custom Patient Type Using Cost to Charge Ratios Derived for Medicare Cost Reports 12 Months Ended June 30,				
CUSTOM PATIENT TYPE DESC	2007	2008	2009	2010
Ambulatory Surgery	\$142,900	\$171,900	\$220,400	\$158,600
Clinic	-	-	-	800
Emergency Room Visits	243,400	205,500	243,600	284,900
Inpatient Admissions	2,174,300	1,395,600	1,346,500	1,142,800
Observation	61,900	185,700	150,300	65,500
Outpatient	76,900	124,500	148,700	165,800
Series	49,700	53,000	41,600	26,400
	\$2,749,100	\$2,136,200	\$2,151,100	\$1,844,800

The analysis above reveals that the overall volume and cost of care being provided by University Hospital is decreasing. This is likely due to a reduction in the overall inmate population resulting from the December 2008 closure of the Queensgate jail.

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 indigent care 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 constants with regards to inmate medical care. At the end of 2010, Franklin County contracted out on-site nursing care for the first time, and Cuyahoga County is in negotiations with MetroHealth for the outsourcing of medical services in an attempt to reduce costs. We did not obtain benchmarking data from Cuyahoga County.

The exhibit on the following page presents the results of our analysis.

II. Inmate Medical

	Hamilton 2010 <u>Actual</u>	Franklin 2011 <u>Budget</u>
Inmate days (2010 actual)	521,585	692,300
Jail Beds - Maximum Security	1,240	643
Minimum / Medium	224	1,209
	1,464	1,852
How staffed:		
Administration	Contracted	In-house
Physicians	Contracted	Contracted
Nurse Practitioners	Contracted	Contracted
Nursing	Contracted	Contracted
Medical Records	Contracted	In-house
Psychiatric Services	Contracted	Mixed
Dentistry	Contracted	Mixed
Current FTEs (in-house and contracted):		
Physicians/Medical Director	1.00	3.75
Nurse Practitioners	1.40	-
Administrator	2.00	1.00
RN / Nurse Manager	9.40	6.00
Licensed Practical Nurses	19.00	16.00
Administrative	1.00	1.00
Medical records	4.00	4.00
Mental Health	7.40	4.00
Pharmacy	1.00	1.00
Dental	1.00	2.00
Other	2.00	4.00
	49.20	42.75
Hospital Statistics		
ER Visits	469	462
Admissions	150	105
In-House Staffing including benefits	none	\$ 677,435
Contracted inmate medical and pharmacy	\$ 5,762,400	6,213,743
Sub-total Staffing and pharmacy	5,762,400	6,891,178
Hospital and off-site clinic charges paid	64,837	860,000
Estimated cost of services from University Hospital	1,844,800	
Sub-total Hospital and off-site clinics	1,909,637	860,000
Medical costs (in-house and Contracted)	\$ 7,672,037	\$ 7,751,178
Staffing and pharmacy / per inmate day	\$ 11.05	\$ 9.95
Hospital and off-site clinics / per inmate day	3.66	1.24
Medical costs / per inmate day	\$ 14.71	\$ 11.20
How Funded	Indigent Levy	General Fund

Addendum A.

NAPHCARE CONTRACT SCOPE OF SERVICES

Vendor 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 health care and administrative services ("Services") for the inmates under the custody and control of the HCSO at 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. Vendor shall be responsible for training Corrections Officers in the proper use of a Preliminary Health Screening Form. This form shall be filled out immediately upon each arrestee's arrival and shall be approved by the Vendor. Upon completion, the form shall become the responsibility of the Vendor.
2. No unconscious person, or an arrestee who appears to be seriously injured, shall be admitted to the Justice Center. Such a person shall be referred immediately for emergency medical attention and his/her 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 Classification/Admissions Screening

All inmates must receive a Health Admissions Screening by qualified medical staff as soon as possible, but no later than immediately following his/her initial court hearing or commitment to the Facility. The admissions process occurs on the second floor of the South Building of the Justice Center. Medical staff must be available at a minimum, Monday through Saturday between 0930 to 1630 for this process. Sufficient staff must be available to accomplish this process, or other mutually agreed-upon process, within the designated time period stated.

3.3 Health Appraisal / Physical

Each inmate shall be given a comprehensive health appraisal including a physical examination by a registered nurse within fourteen (14) days after admission to the Facility. Inmates assigned to work details shall receive his/her physical within one (1) day of being identified as such. The health appraisal record shall be reviewed and signed by a physician within forty-eight (48) hours and entered in the patient's permanent medical record. The number of inmates who refuse a physical must be recorded by the Vendor with the reason of refusal noted.

3.4 Nursing Services

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

3.5 Daily Triage of Medical Complaints

On a daily basis, a nurse shall visit each housing unit and provide the opportunity for each inmate to report their medical complaint. 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.

3.6 Sick Call

Diagnosis and treatment of health problems recommended to physician care by triage nursing staff will be accomplished by a sick call procedure. HCSO has implemented an inmate fee for Medical/Dental Service Policy. Vendor medical staff will work cooperatively with Corrections personnel in its commitment to this policy.

Physician sick call shall be held at least daily, Monday through Friday, excluding holidays, for all inmates. Nursing personnel, however, shall be available on Saturday, Sunday, and 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.

3.7 Medical Housing

Vendor will utilize medical housing to its fullest extent. The purpose of the infirmary is to provide care 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 RNs must be assigned 24 hours per day
3. A manual must be available outlining nursing care procedures
4. A separate, individual and complete medical record must be maintained for each inmate

3.8 Hospital Care

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 is Vendor'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
3. Reason for admission / hospital diagnosis

Vendor shall provide as many on-site medical services as possible in order to limit the number of inmates who must be transported to the Hospital.

3.9 Specialty Services

The Vendor, in conjunction with HSCO, shall determine and then specify which on-site specialty clinics are appropriate and will be provided in order to reduce the number of off-site referrals. The Vendor shall be responsible for all medical costs, lab tests, supplies, x-rays and x-ray-related costs associated with all on-site specialty clinics visits.

Notwithstanding the foregoing, however, Vendor shall not be responsible for the cost of any physician services provided by non-NaphCare employees as a part of the on-site specialty clinic. County shall be responsible for all non-NaphCare physician services provided as a part of the on-site specialty clinic. Currently, the Hamilton County TB Clinic provides medication for new conversion patients and the serum to perform TB skin tests. Hamilton County Board of Health's Sexually Transmitted Disease Clinic currently does HIV and VDRL testing on-site once per week.

3.10 Emergency Services

Vendor shall provide 24-hour emergency medical and dental care to inmates and HCSO staff as necessary and appropriate on-site. Such emergency services shall include, but not be limited to, 24-hour medical on-call services. The University Hospital Emergency Room may be utilized for life-threatening emergencies. Vendor shall provide the County, through the HCSO, a monthly report of inmate emergency trips to University Hospital.

3.11 Ancillary Services

Vendor and HCSO will agree and must specify which routine laboratory and x-ray procedures will be performed on-site. Vendor is responsible for developing and implementing procedures to handle laboratory and x-ray services by an outside provider for those services which the Vendor cannot accommodate on-site.

Vendor 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.

3.12 Mental Health Services

Vendor shall utilize the psychiatric infirmary to its fullest extent. Mental health services shall include at a minimum:

1. On-site psychiatric RN on first and second shift (usually 0700 and 2300) Monday through Friday.
2. An assessment within ten minutes of all individuals referred from Intake, Admissions, or security staff who report inmates with 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.
3. An assessment within one hour of all individuals referred who indicate they are depressed or are currently being treated for mental illness.

4. Assessment shall include securing pertinent information regarding inmate's psychiatric treatment history, including current medication and assessing current mental health status.
5. Provide crisis intervention and crisis stabilization.
6. Prescribe psychotropic medication as necessary and monitor same.
7. Provide individual and group counseling.
8. Coordinate visits from local community mental health case managers and other collateral contacts within the community to ensure continuity of care and prepare inmates for release back into the community.
9. Provide psychotropic medication prescriptions for inmates upon their release.

Vendor has developed a referral procedure of 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. Such referral procedure is attached hereto as Exhibit E.

3.13 Dental Care

Vendor shall provide basic and 24-hour per day emergency dental services to inmates. Vendor shall maintain a dental record on each inmate as part of the inmate's medical record.

3.14 Pharmaceuticals

Vendor shall provide a total pharmaceutical system including, but not limited to:

- 1 Purchasing and providing all necessary pharmaceuticals.
- 2 Administering or distributing all pharmaceuticals according to physician orders.
- 3 Procedures for medication receipt, storage, dispensing, administration and distribution.
- 4 Secure storage and monthly inventory of all controlled substances, syringes and needles.
- 5 Dispensing medications in conformance with Federal and state laws.

With respect to the psychotropic medications identified on Exhibit F only, Vendor shall be financially responsible up to the maximum amount of \$350,000 for each one-year period of this Contract, commencing on the Effective Date. Only the actual cost of the psychotropic pharmaceuticals shall be charged against the \$350,000 financial limitation.

Thereafter, County shall reimburse Vendor for Vendor's actual cost, without mark-up, of providing such psychotropic medications under this Contract. Vendor shall provide the HCSO with a monthly report of psychotropic medications dispersed and the costs thereof. Vendor shall remain 100% financially responsible for all other medications dispensed pursuant to this Contract.

3.15 Over-the-Counter Medications

HCSO has implemented an inmate Pay for Over-the-Counter Medication Policy. Vendor staff shall work cooperatively with HCSO personnel in its commitment to this policy.

3.16 Medical Records

Vendor shall maintain a medical record on each inmate which is kept up-to-date at all times. Access to medical/dental records will be controlled by Vendor personnel at all times, and all rights concerning the confidentiality of the medical records must be followed. The Director of Corrections or his designee shall have access to inmates' health status when there is an overriding security concern. All transcribing and filing of information in the medical/dental record will be done by Vendor's nurses or trained medical records clerks. Under no circumstances will inmates or County employees be allowed access to medical/dental records.

3.17 Special Medical Treatment Plans

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 must 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, HCSO.

3.18 Health Education /Training

Vendor shall provide in-service health education training for both medical and HCSO staff. Vendor's in-service training for all medical staff shall include methods for diagnosing and treating diseases or illnesses which are recognized to have a particular impact upon inmates.

Vendor shall train all HCSO Officer Recruits in the availability of medical/mental/dental services and specifically in: Suicide prevention (four hours); Blood-borne pathogens (four hours); First aid (eight hours); Preliminary Health Screening form (two hours); Handling of medical problems (two hours); and, abnormal behavior (four hours) and substance abuse (two hours).

Vendor shall train HCSO staff in CPR, first aid, and in areas which have been identified as having particular impact on inmates. HCSO Officers assigned to the Mental Health Units shall receive appropriate training from Vendor. Vendor shall provide appropriate patient education to inmates as required.

3.19 Detoxification

Vendor has developed a plan for an in-house detoxification program for drug and/or alcohol-addicted prisoners. Such plan is attached hereto as Exhibit G. The Plan outlines specific guidelines which will be followed by Vendor including types of monitoring, drug therapy, and medical treatment.

3.20 Health Care Services for HCSO Staff

Vendor 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 TB tests. Vendor 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.

3.21 Medical Supplies / First Aid Kits

Vendor is responsible for providing all medical and lab supplies, medical forms, medical records, medical periodicals and books, dentures and prosthetic devices. Vendor is responsible for maintaining all First Aid kits located in each security control room or security staff station.

3.22 Office Supplies / Equipment

Vendor is responsible for providing all office supplies, computer and photocopying equipment and supplies, and additional office furniture not currently provided. County will be responsible for the purchase of terminal digit system file folders and storage units for these folders for inmate medical records. Vendor is responsible for implementing "TechCare," an electronic medical records system. The County will provide local phone service. Vendor is responsible for all long distance phone service. County will provide access to the Jail Management System.

3.23 Cavity Searches

Vendor shall not be required to perform body cavity searches of inmates, unless there exists a court order mandating the search of a particular inmate. Vendor shall have medical personnel who are not involved in the daily treatment of inmates housed in the Facilities perform the search.

3.24 Disaster Plan

Vendor shall assist HCSO security personnel in the formulation and execution of mock disaster drills and procedures.

3.25 X-Ray Equipment

Vendor shall be responsible for 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.

3.26 Other Medical/Dental Equipment

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

ARTICLE 6: REPORTS AND RECORDS

6.1 Medical Records

Vendor will cause to be maintained a medical record for each inmate who has received health care services. This medical record will be maintained pursuant to applicable law, including but not limited to the Health Insurance Portability and Accountability Act (hereinafter "IDPPA") and will be kept separate from the inmate's confinement record. Medical records will be kept confidential, and Vendor 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 Vendor 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

Vendor 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 Vendor with the off-site provider and the HCSO. Vendor shall assist as requested by HCSO in the development of a plan to collect third-party health care payments, but Vendor shall not be responsible to collect any such third-party health care payments.

Addendum B.

341.192 Payment of outside medical provider for necessary care.

(A) As used in this section:

- (1) “Medical assistance program” has the same meaning as in section 2913.40 of the Revised Code.
- (2) “Medical provider” means a physician, hospital, laboratory, pharmacy, or other health care provider that is not employed by or under contract to a county, the Department of Youth Services, or the Department of Rehabilitation and Correction to provide medical services to persons confined in the county jail or a state correctional institution.
- (3) “Necessary care” means medical care of a nonelective nature that cannot be postponed until after the period of confinement of a person who is confined in a county jail or a state correctional institution or is in the custody of a law enforcement officer without endangering the life or health of the person.

(B) If a physician employed by or under contract to a county, the Department of Youth Services, or the Department of Rehabilitation and Correction to provide medical services to persons confined in the county jail or state correctional institution determines that a person who is confined in the county jail or a state correctional institution or who is in the custody of a law enforcement officer prior to the person’s confinement in the county jail or a state correctional institution requires necessary care that the physician cannot provide, the necessary care shall be provided by a medical provider. The County, the Department of Youth Services, or the Department of Rehabilitation and Correction shall pay a medical provider for necessary care an amount not exceeding the authorized reimbursement rate for the same service established by the Department of Job and Family Services under the medical assistance program.

Effective Date: 09-29-2005; 2008 HB130 04-07-2009

Program Report:

2. Extended Detoxification Program

Recent History and Overview of Current Indigent Care Levy 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 (ODMH), the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), 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 43 provider agencies in Hamilton County. Of the 43 provider agencies, seven to eight alcohol and drug prevention and treatment service provider agencies receive funding from the Indigent Care Levy in Hamilton County. Below is a recap of the Indigent Care Levy funds paid to providers for the fiscal years ending June 30, 2008 through 2010, 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 Indigent Care Levy payments.

	HHIC Payments	HHIC Payments	HHIC Payments	HHIC Payments	Total Payments	HHIC %
	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>Totals</u>	<u>2008-2010</u>	<u>% of Total</u>
Talbert House	\$ 638,471	\$ 724,394	\$ 452,612	\$ 1,815,477	\$ 14,875,147	12.2%
Crossroads Center	105,517	106,755	169,087	381,359	10,042,071	3.8%
Alcoholism Council	568,519	597,119	582,271	1,747,909	5,961,489	29.3%
Prospect House	97,968	91,791	86,885	276,644	1,679,187	16.5%
CCAT	594,555	540,692	527,292	1,662,539	6,372,818	26.1%
First Step Home	197,560	207,766	234,956	640,282	3,493,958	18.3%
Court Clinic	57,654	85,915	154,198	297,767	1,616,850	18.4%
Urban Minority A & D	-	-	40,285	40,285	391,197	10.3%
Drug & Poison Info Ctr.	1,169	-	-	1,169	897,825	0.1%
Totals	\$2,261,413	\$2,354,432	\$2,247,586	\$ 6,863,431	\$ 45,330,542	15.1%

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.

II. Extended Detoxification Program

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 ODMH and/or ODADAS, 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 ODMH and/or ODADAS. ODMH and/or ODADAS review the plans and determine 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 ODMH and/or ODADAS 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 2006, the voters of Hamilton County approved a five-year tax levy to provide health and hospitalization services. The County Commissioners appropriate funds from the Indigent Care Levy for the Board on a calendar year basis.

II. Extended Detoxification Program

The following represents the actual Indigent Care Levy expenditures by the Board for the calendar years 2007 through 2010, as well as, the appropriation for calendar year 2011:

2007	\$ 1,727,254
2008	2,632,850
2009	2,407,919
2010	2,575,234
2011	2,484,661

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 ODASAS 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 Health, Hospitalization and Indigent Care 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.

II. Extended Detoxification Program

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 Indigent Care 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 Indigent Care 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 Indigent Care 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 Indigent Care Levy funding for the Mental Health and Recovery Services Board. However, we are aware of specific TLRC recommendations and consultant reports from 2006 related to Alcohol and Drug Addiction Services (“ADAS”) prior to its merger with the Mental Health Board to create the Mental Health and Recovery Services Board. The final TLRC recommendations and ADAS compliance with each of those recommendations are as follows:

TLRC Recommendation #1: ADAS should improve their financial reporting by implementing balance sheet reporting.

- It was noted in the 2006 consultant’s report that ADAS did not maintain a balance sheet. While departmental-only reporting was common in governmental-unit reporting, ADAS had a budget of approximately \$20 million and had difficulties tracking and reporting unexpended funds. It was suggested that reporting utilizing a full set of balanced financials would improve financial reporting and monitoring.
- Based upon this 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.

TLRC Recommendation #2: A study should be undertaken to determine the feasibility of merging the Mental Health Board with ADAS. We recommend the results of this study be considered in terms of possible cost savings.

- In September, 2005, the County Boards of Mental Health and ADAS of Lucas County formed a study group composed of members of each Board, their respective Executive Directors and others, to discuss similarities and differences in their board philosophies, structure, funding needs, and other areas that could impact them and/or affect decision-making should they decide to combine their operations.

II. Extended Detoxification Program

- The Study Group developed position statements to steer their work toward making their decision, including, Common Purpose, Systematic Approach to Planning, Enhanced Quality of Care, Services and Support, Eliminate Unnecessary Duplication, Leverage Prevention and Early Intervention, Local Control and Governance and Reducing Stigma. It was noted by the consultants through comparison and benchmarking data, that Hamilton County investigate the possibility of merging the Mental Health and ADAS Boards.
- Based upon the recommendation of the TLRC and the consultants, the Mental Health and ADAS Boards were merged in October, 2006, into the current Mental Health and Recovery Services Board.

Benchmarking

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

Financial Analysis:

Exhibit A

Exhibit A presents a three-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				
Exhibit A - 3 year financial analysis				
	2008	2009	2010	Total
Operating revenue	106,056,950	110,411,596	111,846,268	328,314,814
Operating expenses	98,924,576	104,462,493	108,824,498	312,211,567
Operating excess (deficit)	7,132,374	5,949,103	3,021,770	16,103,247
Admin expenses:				
Personnel	3,043,382	3,445,497	3,641,657	10,130,536
Other	1,915,077	1,874,505	1,679,286	5,468,868
Capital	11,287	244,435	121,500	377,222
Total Admin expenses	4,969,746	5,564,437	5,442,443	15,976,626
Total excess (deficit)	2,162,628	384,666	(2,420,673)	126,621
Admin expense analysis:				
Personnel as % of total admin exp	61%	62%	67%	63%
Other as % of total admin exp	39%	34%	31%	34%
Capital as % of total admin exp	0%	4%	2%	2%
	100%	100%	100%	100%
Admin expense as % total cost	5	5%	8	5%
Admin expense as % of Indigent Care Funding	4	4%	4	4%

II. Extended Detoxification Program

Exhibit B

Exhibit B presents the top five addiction-related service average treatment costs funded by the Board for the period 2008-2010 and their respective percentage changes for the period.

Exhibit C

Exhibit C presents the number of unique clients in the top-five addiction-related services funded by the Board for the period 2008-2010 and their respective percentage changes for the period.

Drug Category	Number of Unique Clients			% Increase(Decrease)	
	2008	2009	2010	2009	2010
Alcohol	1,894	1,715	1,552	(9.5%)	(9.5%)
Polysubstance	367	305	262	(16.9%)	(14.1%)
Opioid	730	829	968	13.6%	16.8%
Cocaine	767	635	491	(17.2%)	(22.7%)
Marijuana	1,536	1,498	1,384	(2.5%)	(7.6%)
	5,294	4,982	4,657	(5.9%)	(6.5%)

Exhibit D

Exhibit D presents the total treatment cost of the top-five addiction-related services funded by the Board for the period 2008-2010 and their respective percentage changes for the period.

Drug Category	Total Treatment Cost			% Increase(Decrease)	
	2008	2009	2010	2009	2010
Alcohol	4,116,060	3,830,573	3,220,602	(6.9%)	(15.9%)
Polysubstance	881,042	867,881	935,618	(1.5%)	7.8%
Opioid	2,679,742	3,721,779	4,786,925	38.9%	28.6%
Cocaine	2,849,298	2,269,439	1,765,395	(20.4%)	(22.2%)
Marijuana	4,435,231	4,389,185	3,849,347	(1.0%)	(12.3%)
	14,961,373	15,078,856	14,557,886	0.8%	(3.5%)

Program Report:

3. Bureau of Children with Medical Handicaps

Recent History and Overview of Current Indigent Care Levy Programs:

The Bureau for Children with Medical Handicaps (BCMh) is a tax-supported health care program in the Ohio Department of Health that serves children with special health care needs. The mission of BCMh is to assure, through the development and support of high-quality, coordinated systems, that children with special health care needs and their families obtain comprehensive care and services that are family-centered, community-based and culturally competent. Eligibility for the program is based on a percentage of Federal poverty guidelines discussed later in this report.

By state law (ORC 3701.024), BCMh can draw 0.1 mills of a county's real estate taxes to pay for treatment services provided to children residing in the County. This means that Hamilton County is billed for the cost of services provided to children residing in the County up to a maximum of 0.1 Mill of the County's real estate tax value.

3701.024 County's share for program for medically handicapped children:

(A)

- (1) Under a procedure established in rules adopted under section 3701.021 of the Revised Code, the Department of Health shall determine the amount each county shall provide annually for the Program for Medically Handicapped Children, based on a proportion of the County's total general property tax duplicate, not to exceed one-tenth of a mill, and charge the County for any part of expenses incurred under this Program for treatment services on behalf of medically-handicapped children having legal settlement in the County that is not paid from Federal funds or through the Medical Assistance Program established under section 5111.01 of the Revised Code. The Department shall not charge the County for expenses exceeding the difference between the amount determined under division (A)(1) of this section and any amounts retained under divisions (A)(2) and (3) of this section.

All amounts collected by the Department under division (A)(1) of this section shall be deposited into the state treasury to the credit of the medically handicapped children-county assessment fund, which is hereby created. The fund shall be used by the Department to comply with sections 3701.021 to 3701.028 of the Revised Code.

II. Bureau of Children with Medical Handicaps

- (2) The Department of Health, in accordance with rules adopted under section 3701.021 of the Revised Code, may allow each county to retain up to ten percent of the amount determined under division (A)(1) of this section to provide funds to city or general health districts of the county with which the districts shall provide service coordination, public health nursing, or transportation services for medically handicapped children.
- (3) In addition to any amount retained under division (A)(2) of this section, the Department of Health, in accordance with rules adopted under section 3701.021 of the Revised Code, may allow counties that it determines have significant numbers of potentially eligible medically handicapped children to retain an amount equal to the difference between:
- (a) Twenty-five percent of the amount determined under division (A)(1) of this section;
 - (b) Any amount retained under division (A)(2) of this section.

Counties shall use amounts retained under division (A)(3) of this section to provide funds to the city or general health districts of the county with which the districts shall conduct outreach activities to increase participation in the Program for Medically Handicapped Children.

- (4) Prior to any increase in the millage charged to a county, the public health council shall hold a public hearing on the proposed increase and shall give notice of the hearing to each Board of County Commissioners that would be affected by the increase at least thirty days prior to the date set for the hearing. Any County Commissioner may appear and give testimony at the hearing. Any increase in the millage any county is required to provide for the Program for Medically Handicapped Children shall be determined, and notice of the amount of the increase shall be provided to each affected Board of County Commissioners, no later than the first day of June of the fiscal year next preceding the fiscal year in which the increase will take effect.

(B)

Each Board of County Commissioners shall establish a Medically Handicapped Children's Fund and shall appropriate thereto an amount, determined in accordance with division (A)(1) of this section, for the County's share in providing medical, surgical, and other aid to medically handicapped children residing in such county and for the purposes specified in divisions (A)(2) and (3) of this section. Each county shall use money retained under divisions (A)(2) and (3) of this section only for the purposes specified in those divisions.

Effective Date: 09-26-2003

Information obtained from the Ohio Department of Health's website

II. Bureau of Children with Medical Handicaps

● Financial Analysis:

Historically the maximum and actual payments for this program are as follows:

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	Budgeted <u>2011</u>
	One Tenth of One Mill of Total Hamilton County Property Values				
Times .1 Mil Real Estate Value	0.1	0.1	0.1	0.1	0.1
Maximum Required Reimbursement	1,900,000	2,127,081	2,093,572	2,063,320	2,065,431
Actual Required Reimbursement	332,372	1,364,676	2,117,412	1,444,692	TBD

The funding of this Program is mandated by state law. The future maximum contribution required by Hamilton County will be impacted by the value of Hamilton County's real estate. It is our understanding that a new valuation will be established in 2011, and the trend in Ohio has been one of decreasing values. The ability to project future property values for the next five years remains as an open question at the time of this report.

● Analysis of Compliance with TLRC Recommendations:

We are not aware of any prior TLRC recommendations, consulting reports, Commissioner directives, or strategy plans related to the Indigent Care Levy funding for the Bureau for Children with Mental Handicaps.

Program Report:

4. Medical Expenses Youth Detention Facility and Hillcrest Training School

Recent History and Overview of Current Indigent Care Levy Programs

History and Background of Hamilton County Juvenile Court Medical Services

Juvenile Justice Services in Ohio are provided by local governments and vary from location to location. 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 Indigent Care Levy. The purpose of the levy is to supplement the general fund appropriations of Hamilton County, Ohio, and to provide health and hospitalization services, including University Hospital, for the fiscal years 2007 through 2011 (most recent levy period).

Medical services are 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.

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 five 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 2,767 admissions in 2010. 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 disposition. 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.

II. Juvenile Court Medical Expenses

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) and 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 indigent care levy. Medical services provided while in custody at the Youth Center are born 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.

● Hillcrest Training School Overview

Hillcrest Training School has 58 correctional/treatment beds in service. The school operates what would commonly be referred to as a reform school. This Program primarily serves youth who have committed felony offenses. Approximately 84 youth enter Hillcrest Training School every year, and the ages of youth in residence range between twelve and eighteen.

Medical services provided on-site include health assessments, daily sick call, special needs case management, medication distribution, immunizations, substance abuse urinalysis, and routine dental care. The Medical Services Department oversees the exposure control plan and assists in the monitoring of certain health safety requirements throughout the facility. Additional health services are contracted through various community clinics and hospitals, as needed. Staff consists of the RN Supervisor, two full-time and one part-time LPN. The school contracts with a visiting physician, nurse practitioner, and a dentist. See the financial analysis section for a detailed analysis of Hillcrest Training School's Medical Department staffing and expenses.

II. Juvenile Court Medical Expenses

● History and Background of Levy Requirements

Hamilton County Juvenile Medical Services are funded by proceeds from the Indigent Care Levy.

Juvenile Medical Services have historically been funded by the Indigent Care Levy as follows:

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011 Projected</u>
Total Tax Levy Expenditures	\$ 45,546,436	\$ 45,946,995	\$ 46,751,607	\$ 50,381,174	\$ 51,144,987
Juvenile Court Medical Service expenses	1,386,411	1,447,740	1,447,740	1,447,740	1,447,740
As a Percent of Total Levy	3.0%	3.2%	3.1%	2.9%	2.8%

● Analysis of compliance with TLRC recommendations

On July 18, 2006, the Tax Levy Review Committee made the following recommendations regarding Juvenile Court Medical Services funded by the Health and Hospitalization Levy. Their recommendations were based on a report prepared by Howard, Wershbale & Co. and feedback from the Juvenile Court management.

Recommendation 1:

The Juvenile Court should seek outside quotes relative to contracting staffing and physician services.

Action: During 2006, Hamilton County Juvenile Court contracted with Cincinnati Children's Hospital Medical Center for Physician and Medical Nursing Services.

II. Juvenile Court Medical Expenses

A review of the 2005 total staffing and medical costs compared to 2007 (first full year under the contract), indicates that the County has realized savings from contracting these services as follows:

	<u>2005</u>	<u>2005 Inflated (1)</u>	<u>2007</u>	<u>Increase (Decrease)</u>
Employee Compensation	\$ 549,079	\$ 582,518	-	
Employee Benefits	172,295	182,788	-	
Hospital Contracted and Other Services	221,230	234,703	\$ 837,807	
Drugs & Medical Supplies	25,849	27,424	20,325	
Total Direct Medical Cost	<u>968,453</u>	<u>1,027,432</u>	<u>858,133</u>	<u>\$ (169,300)</u>
Admissions	6,038	6,038	5,336	(702)
Days of Care	61,809	61,809	56,609	(5,200)
Cost per Admission	160.39	170.16	160.82	(9.34)
Cost per Day of Care	\$ 15.67	\$ 16.62	\$ 15.16	<u>\$ (1.46)</u>

(1) inflated at 3% annual rate to compare to 2007 costs

Recommendation 2:

When the current Contracted Medical Service contract with the Hamilton County Justice Center expires, the Juvenile Court should explore with the Sheriff's Department, a joint contract with the Justice center in order to increase their purchasing power to determine if a net cost savings can be realized.

Action: This recommendation has not been implemented.

Recommendation 3:

The Juvenile Court should consider utilizing the same Medical Director for both the Youth Center and Hillcrest.

Action: This recommendation has not been implemented.

Recommendation 4:

It is recommended that \$1,481,038 be granted for 2007 and a five-year levy total of \$7,753,754. This amount reflects an average increase of 2.3% over the 2006 budgeted amount.

Action: Actual and projected funding from 2007 through 2011 is \$7,177,371.

II. Juvenile Court Medical Expenses

● Financial Analysis

The following exhibit represents a four-year analysis of medical service expenses by location as follows:

	<u>2007</u>	<u>%</u>	<u>2008</u>	<u>%</u>	<u>2009</u>	<u>%</u>	<u>2010</u>	<u>%</u>
Youth Center Medical	\$ 893,148	64.4%	\$ 942,593	64.9%	\$ 1,098,380	75.6%	\$ 786,991	54.90%
Hillcrest Medical	<u>\$ 493,265</u>	<u>35.6%</u>	<u>\$ 509,011</u>	<u>35.1%</u>	<u>\$ 353,851</u>	<u>24.4%</u>	<u>\$ 469,851</u>	32.80%
Total Medical Expense, reported	<u>\$ 1,386,413</u>	100.0%	<u>\$ 1,451,604</u>	100.0%	<u>\$ 1,452,230</u>	100.0%	\$ 1,256,843	
2010 invoices paid in 2011 (1)							<u>177,606</u>	<u>12.30%</u>
Adjusted Medical Expenses							<u>\$ 1,434,449</u>	100.0%
(1) \$177,606 was paid and expensed in 2011 for 2010 contracted staffing. Historically December invoices are recorded in the proceeding year, however due to a billing issue both the August and November 2010 contracted nursing invoices were recorded and paid in 2011.								

The 2010 reduction in Youth Center medical expenses relates in large part to a credit received for contracted nursing from Cincinnati Children's Hospital. The Youth Center's contract with Cincinnati Children's Hospital requires a reconciliation of actual costs with any savings to be credited to the County. The County received credits totaling \$99,763 in 2010 related to cost savings. Detail of the cost reconciliation has been requested but has not been received.

During 2009, a portion of Hillcrest Medical staffing cost was paid for by other sources within the Juvenile Jail system, while all Hillcrest 2010 medical expenses were paid for by the Indigent Care Levy.

II. Juvenile Court Medical Expenses

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

Youth Center Analysis Medical Expense Analysis				
	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Contracted Staffing:				
Medical Director				
Nurse Practitioner				
Fellow				
Licensed Practical Nurses				
	837,807	888,749	1,051,567	743,462
2010 invoices paid in 2011 (1)				177,606
				921,068
Dental Services	15,708	15,708	16,429	14,954
Total Contracted Staffing Expense	853,515	904,457	1,067,996	936,022
Drugs & Medical Supplies	20,325	24,069	18,837	19,625
Lab & X-Ray Services	10,276	9,366	6,343	5,063
Hospital Services	0	0	0	0
Office, Training and Other	9,031	4,701	5,205	3,889
Total Medical Expenses	893,148	942,593	1,098,380	964,597
(1) \$177,606 was paid in 2011 for 2010 contracted staffing.				

II. Juvenile Court Medical Expenses

The exhibit below represents historical and current contracts with CCHMC for medical staffing at the Youth Center. This Exhibit details contracted totals. Actual expenditures are provided in a later exhibit.

Current Contracts with Children's Hospital Medical Center					
Twelve Months Ending September 30,					
	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Physician Services	53,082	55,736	58,522	61,449	64,521
Fellow Services	5,808	6,098	6,403	6,723	7,060
Nurse Practitioners	226,321	237,637	249,519	261,995	275,095
Licensed Practical Nurses	763,815	802,006	842,107	884,210	928,422
	<u>\$1,049,026</u>	<u>\$1,101,477</u>	<u>\$1,156,551</u>	<u>\$1,214,377</u>	<u>\$1,275,098</u>
<i>Annual Increase</i>		<i>5.0%</i>	<i>5.0%</i>	<i>5.0%</i>	<i>5.0%</i>

The contract amounts above represent maximum amounts payable for providing the following staffing levels:

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Staffing Analysis					
Total Contracted FTEs					
Physician Services	0.20	0.20	0.20	0.20	0.20
Fellow Services	0.08	0.08	0.08	0.08	0.08
Nurse Practitioners	1.60	1.60	1.60	1.60	1.60
Licensed Practical Nurses	10.80	10.80	10.80	10.80	10.80
Total	<u>12.68</u>	<u>12.68</u>	<u>12.68</u>	<u>12.68</u>	<u>12.68</u>

II. Juvenile Court Medical Expenses

The following exhibit represents a four-year analysis of admissions, days of care, and selected medical usage statistics at the Youth Center.

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Youth Center - 200 Youth Capacity					
Beds in Service at year end	160	140	140	80	80
Average Population	144	155	121	92	77
Admissions	6,116	5,336	4,229	3,326	2,767
Total Days of Care	52,421	56,609	44,085	33,689	28,088
Medical Screenings	5,690	5,374	4,229	3,326	2,767
Full Physical Exams	1,626	3,035	1,948	1,529	1,429

The following exhibit represents a four-year trend analysis for the Youth Center:

Youth Center	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Admissions to secure housing	5,336	4,229	3,326	2,767
Total Days of Care	56,609	44,085	33,689	28,088
Staffing Cost Per Admission	\$ 159.95	\$ 213.87	\$ 321.11	\$ 402.47
Staffing Cost Per Day of Care	\$ 15.08	\$ 20.52	\$ 31.70	\$ 33.32
Drugs/Supplies Per Admission	\$ 3.81	\$ 5.69	\$ 5.66	\$ 7.09
Drugs/Supplies Per Day of Care	\$ 0.36	\$ 0.55	\$ 0.56	\$ 0.70
Total Expense Per Admission	\$ 167.38	\$ 222.89	\$ 330.24	\$ 348.61
Total Expense Per Day of Care	\$ 15.78	\$ 21.38	\$ 32.60	\$ 34.34

II. Juvenile Court Medical Expenses

Represented below is a four-year analysis of Hillcrest Training School expenses to coincide with the Levy period being analyzed.

Hillcrest Training School	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Employee Staffing				
Employee Compensation (1)	224,486	203,282	110,554	223,351
Employee Benefits	56,112	53,984	31,923	45,896
Total Employee Staffing	280,598	257,267	142,476	269,247
Medical Services	63,937	102,471	81,892	78,504
Optical Services	4,254	5,548	6,226	3,780
Dental Services	21,465	21,400	24,225	21,675
Total Medical Services	89,656	129,419	112,343	103,958
Total Staffing Expense	370,254	386,685	254,820	373,205
Drugs & Medical Supplies	122,861	120,572	96,490	94,555
Miscellaneous Medical				
Office, Training and Other	150	1,753	2,540	2,091
Total Medical Expenses	\$ 493,265	\$ 509,011	\$ 353,851	\$ 469,851
<p>(1) During 2007, 2008 there were three fulltime and one part-time nurse on staff at Hillcrest Training School. In 2009 the part-time position was eliminated. Also, during 2009 one nurse was charged to a different department.</p>				

II. Juvenile Court Medical Expenses

The following exhibit represents a five-year analysis of admissions, days of care, and selected medical usage statistics for Hillcrest Training School.

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Total Beds In Service:					
Total correction/treatment beds	118	118	94	82	58
Multidisciplinary Assessment Program beds	24	12	12	12	0*
Total Beds In Service	142	130	106	94	58
Admissions to HTS (a)					
Number of Youths Served	317	332	299	218	166
Days of Care Provided (b)	37,968	38,396	35,548	27,890	21,189
Average days per admission (b/a)	201	194	207	218	252
Physical Exams					
Psychiatric Evaluations	288	291	290	128	105
Psychiatric Follow Up Visits	42	157	63	41	38
Sick Calls:					
Pediatrician Visit	308	0	221	251	264
Nurse Practitioner Visit	395	317	366	223	103
Nurse Visits	207	103			
Total Sick Calls	4,346	5,679	4,998	4,555	3,470
Dental Cleaning and Restoration	4,948	6,099	5,364	4,778	3,573
ER Visits	219	231	277	152	81
Outpatient Surgeries	20	18	24	10	11
Hospitalizations	1	4	2	-	1
Psychiatric Hospitalizations	1	2	4	-	-
	2	-	1	2	-

II. Juvenile Court Medical Expenses

Below is a four-year trend analysis for Hillcrest Training School.

Hillcrest Training School	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Staffing Cost per Admission	\$ 1,417.16	\$ 1,495.74	\$ 1,113.10	\$ 3,205.32
Staffing Cost per Youth Served	885.17	774.90	476.51	1,235.08
Staffing Cost per Day of Care	7.39	6.70	4.01	9.65
Total Medical Expense Per Admission	\$ 2,491.24	\$ 2,959.36	\$ 2,764.46	\$ 5,593.47
Total Medical Expense Per Youth Served	1,485.74	1,702.38	1,623.17	2,830.43
Total Medical Expense Per Day of Care	12.85	14.32	12.69	22.17
Staffing Cost per Sick Call	\$ 46.01	\$ 47.96	\$ 29.82	\$ 75.36
Medical Expense Per Sick Call	80.88	94.89	74.06	131.50

During 2009, one nurse was charged to a different department. The significant increases in 2010 are due to fixed costs related to around-the-clock nursing coverage being compared to a large decrease in the days of care being provided at Hillcrest.

III. Comparisons, Modeling, and Benchmarking

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. 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. As of the date of this report, we have not obtained financial data from either County appropriate for benchmarking purposes. Our benchmarking analysis for the Youth Center is presented in the following exhibit.

	Hamilton County	Franklin County	Cuyahoga County
Accreditations:	<u>ACA/ODYS/NCCHC</u>	<u>ACA / ODYS</u>	<u>ACA / ODYS</u>
Annual Admissions (1)	2,767	Open	3,102
How staffed:			
Physicians	Contracted	Contracted	Contracted
Nurse Practitioners	Contracted	Contracted	Contracted
Nursing	Contracted	Contracted	Contracted
Medical Records	Contracted	Contracted	Contracted
Psychiatric Services	Contracted	Open	Contracted
Current FTEs (in-house and contracted)			
Physicians/Medical Director	0.28		0.25
Nurse Practitioners	1.60		0.25
RN / Nurse Manager			2.00
Licensed Practical Nurses	10.80		7.00
Dedicated Correction Officer (3)			
Total	<u>12.68</u>	<u>-</u>	<u>9.50</u>
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 (3)	yes	yes	no
(1) Average population data for Cuyahoga comes from 2009 Annual Report (2) Administration and medical records are included as part of the contract cost in Cuyahoga (3) Cuyahoga County does not charge correction officer time to the medical department (3) Cuyahoga county sends juveniles off-site for emergency care but does not provide on-site routine dental care.			

IV. 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.

During 2010, the Juvenile Court received funds in excess of actual expenditures totaling \$190,887. However, August and November 2010 billings for Children Hospital totaling \$177,606 were not recorded and paid until 2011. Historically, only December billings have been recorded and paid in the following year. Also, 2010 Children’s Hospital provided the Juvenile Court with a billing credit totaling \$99,763.

The following exhibit provides a summary of budget and funding activity from 2007 through 2010.

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011 Projected</u>
Budget	\$ 1,447,740	\$ 1,447,740	\$ 1,447,740	\$ 1,447,740	\$ 1,447,740
Funds Received	1,386,411	1,447,740	1,447,740	1,447,740	
Actual Expenses	1,386,413	\$ 1,451,604	\$ 1,452,230	\$ 1,256,843	
2010 invoices paid in 2011 (1)				177,606	
				<u>\$1,434,449</u>	
Funds Received in excess of (less than) expenses	\$ (2)	\$ (3,864)	\$ (4,490)	\$ 13,291	

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

Program Report:

5. Tuberculosis Control

History and Background of Hamilton County Tuberculosis (TB) Control Services:

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.

In April 2008, Hamilton County Commissioners 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 (TB) – What is it and how is it treated:

Tuberculosis (often called TB) 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 the TB germs, or bacteria, in their body. The body's defenses are protecting them from the germs, and they are not sick. Someone with TB disease 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 beginning in 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 Indigent Care Levy. The TB Control Program has been funded by the levy in recent years as follows:

TB Control - Indigent Care Levy Funding				
2007	2008	2009	2010	2011 Budget
1,239,342	1,773,271	1,273,160	none	1,419,997

Exhibit A – Two-Year Financial Analysis

Exhibit A presents a two-year financial analysis, compared to Year 2005 under previous management, including a breakdown of administrative expenses and a presentation of excess or deficit revenue compared to expenses.

	<u>2005</u>	<u>2009</u>	<u>2010</u>
Total Levy Funding Appropriation	\$ 1,439,351	\$ 1,236,122	\$ -
Program Revenues:			
Skin Test & X-Ray Fees	25,745	42,723	40,734
Other	28,758	-	-
Program Revenues (1)	<u>54,503</u>	<u>42,723</u>	<u>40,734</u>
Total Appropriation & Revenues	1,493,854	1,278,845	40,734
Tb Control Expenses:			
Employee Compensation	\$ 494,993	\$ 294,393	\$ 325,315
Employee Benefits and Taxes	129,121	105,856	108,698
Contracted Staffing and Services:			
Medical Director	41,000	6,500	4,500
Adult Physician	32,627	58,465	50,820
Pediatricians	2,913	5,061	3,960
Pharmacists	18,451	44,346	42,656
Radiologists	9,040	19,376	15,945
Information Technology	-	4,106	4,773
Other	5,219	-	-
	<u>109,250</u>	<u>137,854</u>	<u>122,654</u>
Drugs, Medical Supplies and Program Expenses			
Drugs, Medical Supplies	42,912	58,866	55,828
Vehicle and Supplies	-	1,755	2,578
Liability Insurance	-	2,511	2,746
Language Interpretation	-	15,552	14,169
	<u>42,912</u>	<u>78,684</u>	<u>75,321</u>
Office, Travel, Training, and Other	7,429	11,492	19,959
Direct Expenses (2)	783,705	628,279	651,947
Indirect Expenses			
Debt Service (Rent)	54,303	157,813	157,813
Indirect Cost to BOCC (3)	375,452	-	86,897
Auditor Computer Center Charges	-	-	88
Utilities	5,493	34,253	35,712
	<u>435,248</u>	<u>192,066</u>	<u>281,302</u>
Tb Control Expenditures	<u>1,218,953</u>	<u>820,346</u>	<u>933,250</u>
Levy and Program Appropriations in Excess of Expenditures	<u>274,901</u>	<u>458,499</u>	<u>(892,516)</u>

(1) Program revenues are remitted to Hamilton County

(2) TB Control direct expenditures reflect actual expenditures by the County that are 100% attributable to the TB Control Program

(3) County shared and indirect expenses attributable to the HCJFS TB Control program

Exhibits B and C

Exhibits B and C present a two-year analysis of hours worked and full-time equivalent FTEs, wages paid and average wages for the TB Control Program, compared to 2005 under previous management:

	2005	2009	2010
	<u>Hours</u>	<u>Hours</u>	<u>Hours</u>
Staff Physician	1,032	-	-
Epidemiology/Analyst	2,093	-	-
Program Director R.N.	-	2,080	2,080
Clinic Coordinator	2,057	2,080	2,080
Microbiologist	2,123	-	-
Nurses (LPN)	6,296	4,160	4,160
X-Ray Technician	1,717	1,664	1,664
Pharmacist	1,293	-	-
Student Help	2,029	-	-
Medical Records Clerk	<u>4,254</u>	<u>1,664</u>	<u>2,080</u>
Totals	<u>22,894</u>	<u>11,648</u>	<u>12,064</u>
FTEs (1)	<u>11.0</u>	<u>5.6</u>	<u>5.8</u>

(1) 2080 hours equals one full time equivalent employee (FTE)

	2005	2009	2010
	<u>Wages</u>	<u>Wages</u>	<u>Wages</u>
Staff Physician	\$ 65,107	\$ -	\$ -
Epidemiology/Analyst	42,213	-	-
Program Director R.N.	-	61,500	62,423
Clinic Coordinator	53,189	47,206	47,914
Microbiologist	59,172	-	-
Nurses (LPN)	120,319	74,159	71,940
X-Ray Technician	29,104	34,029	34,539
Pharmacist	44,424	-	-
Student Help	16,234	-	-
Medical Records Clerk	65,231	26,757	33,948
Totals	<u>\$ 494,993</u>	<u>\$ 243,651</u>	<u>\$ 250,764</u>
Average Wage Per FTE	<u>\$ 44,972</u>	<u>\$ 43,509</u>	<u>\$ 43,235</u>

Exhibit D

Exhibit D represents a two-year analysis of key TB Control Program statistics and associated expense trend analysis, compared to 2005 under previous management:

	<u>2005</u>	<u>2009</u>	<u>2010</u>
Cases of Tb disease confirmed	<u>26</u>	<u>22</u>	<u>27</u>
Clinic Stats			
Skin Tests Given	6,001	4,903	4,203
Radiology Services			
Total X-Rays Given	1,461	989	876
Pharmacy Services			
Total Rx Filled	2,546	3,801	2,953
Laboratory Services			
Cultures Collected/Sent	281	192	208
Clinic Appointments Kept			
Adult Clinic Doctor	1,530	1,092	918
Pediatric Clinic Doctor	284	133	142
Nurse Clinic	841	1,101	830
Outreach Visits	2,761	2,032	1,801
Trend Analysis			
X-Ray Technician - staff	\$ 29,104	\$ 34,029	\$ 34,539
Radiology Reading - contract	9,040	19,376	15,945
Direct Radiology Expense	\$ 38,144	\$ 53,405	\$ 50,484
Direct expense per X-Ray given	\$ 26.11	\$ 54.00	\$ 57.63
Pharmacist - staff	\$ 44,424		
Pharmacist - contract	18,451	\$ 44,346	\$ 42,656
	\$ 62,875	\$ 44,346	\$ 42,656
Pharmacist expense per Rx filled	\$ 24.70	\$ 11.67	\$ 14.45
Microbiologist - staff	\$ 59,172	\$ -	\$ -
Microbiologist cost per process	\$ 210.58	\$ -	\$ -
Adult Physicians - Staff	\$ 65,107		
Adult Physicians - contract	32,627	\$ 64,965	\$ 55,320
Adult Physicians - Cost	\$ 97,734	\$ 64,965	\$ 55,320
Adult Physician cost per appointment	\$ 63.88	\$ 59.49	\$ 60.26
Pediatrician - contract	\$ 2,913	\$ 5,061	\$ 3,960
Pediatrician cost per appointment	\$ 10.26	\$ 38.05	\$ 27.89
Nurses (LPN) - staff	\$ 80,217	\$ 74,159	\$ 71,940
Nursing cost per outreach visit (1)	\$ 29.05	\$ 36.50	\$ 39.94
<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>			
<i>(1) This does not take into account all duties performed by the TB program nurses and is for trend analysis only.</i>			

Exhibit E

Exhibit E presents a five-year comparison of the number of confirmed cases of TB in Hamilton County.

Cases of TB disease confirmed				
<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
29	29	25	15	22

Exhibit F

The following are TB Program 2010 actual and budgeted expenses for years, 2011 and 2012:

	<u>2010</u>	<u>2011</u>	<u>2012</u>
Tb Control Expenses:			
Employee Compensation	\$ 325,315	\$ 385,513	\$ 397,041
Employee Benefits and Taxes	108,698	118,857	122,409
Contracted Staffing and Services:			
Medical Director	4,500	6,600	6,600
Adult Physician	50,820	79,200	79,200
Pediatricians	3,960	11,000	11,000
Pharmacists	42,656	46,800	48,000
Radiologists	15,945	31,700	31,700
Information Technology	4,773	4,425	3,675
CHAS (EMR Installation/Training)	-	40,000	15,000
Other	-	2,525	2,525
	<u>122,654</u>	<u>222,250</u>	<u>197,700</u>
Drugs, Medical Supplies and Program Expenses			
Drugs, Medical Supplies	55,828	52,475	53,000
Vehicle and Supplies	2,578	3,490	3,480
Liability Insurance	2,746	9,000	9,000
Language Interpretation	14,169	20,500	20,500
	<u>75,321</u>	<u>85,465</u>	<u>85,980</u>
Direct Expenses (2)	631,989	812,085	803,130
Indirect Expenses			
Debt Service (Rent)	157,813	157,813	157,813
Indirect Cost to BOCC (3)	86,897	89,504	92,189
Auditor Computer Center Charges	880	-	-
Office, Travel, Training, and Other	19,959	37,212	36,630
Utilities	35,712	43,800	43,800
	<u>301,261</u>	<u>328,329</u>	<u>330,432</u>
Capital Expenses			
Equipment rental (X-Ray Machine)	-	72,000	36,000
Office Furniture and Equipment	-	27,575	10,000
Data Processing Equipment (EMR)	-	32,000	24,000
(ROI - Data Processing)	-	Unknown	Unknown
	<u>-</u>	<u>131,575</u>	<u>70,000</u>
Tb Control Expenditures	<u>933,250</u>	<u>1,271,989</u>	<u>1,203,562</u>
(1) Budget provided by Hamilton County Public Health			
(2) TB Control direct expenditures reflect actual expenditures by the County that are 100% attributable to the TB Control Program			
(3) County shared and indirect expenses attributable to the Hamilton County TB Control program			

● 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 exhibit G.

Exhibit G

	Hamilton County	Franklin County	Cuyahoga County	Montgomery County	Summit County	Lucas County
County Population: 2010 est.	802,374	1,163,414	1,280,122	535,153	542,405	463,493
Total TB Cases						
2009	22	41	34	10	9	3
2008	15	61	51	7	5	7
2007	25	78	51	10	4	4
2006	29	85	38	15	1	9
2005	29	77	60	5	8	11

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 Health 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 exhibits H through J.

Exhibit H

	<u>Hamilton County</u>	<u>Franklin County</u>
Program Structure	Walk-in Clinic	Walk-in Clinic
	2010 Actual	2010 Actual
2010 Actual expenses:		
Personnel	\$ 434,013	\$ 1,760,015
Services & Other	217,934	360,941
Total (1)	\$ 651,947	\$ 2,120,956
	2009 Actual	2009 Actual
2009 Actual expenses:		
Personnel	\$ 400,249	\$ 1,866,947
Services & Other	228,030	360,694
Total (1)	\$ 628,279	\$ 2,227,641
2010 Staffing	FTEs	FTEs
Full-Time	5.80	19.00
Part-Time	0.00	8.00
Total	5.80	27.00
Average personnel cost per FTE	74,830	65,186
2009 Staffing	FTEs	FTEs
Full-Time	5.60	21.00
Part-Time	0.00	8.00
Total	5.60	29.00
Average personnel cost per FTE	71,473	64,377
<i>(1) Does not include overhead and building related expenses</i>		

Exhibit I

	Hamilton County 2009 Actual	Franklin County 2009 Actual
Personnel Costs	\$ 400,249	\$ 1,866,947
Services & Other	<u>228,030</u>	<u>360,694</u>
Total Direct Costs (1)	<u><u>\$ 628,279</u></u>	<u><u>\$ 2,227,641</u></u>
Trend Analysis:		
Total Direct Cost / TB Cases	\$ 28,558	\$ 54,333
Total Direct Cost / # of Skin Test	\$ 128	\$ 2,443
Total Direct Cost / # of RX Filled	\$ 165	\$ 675
<i>(1) The indirect costs for utilities, building related costs and other indirect costs are not included above for either program.</i>		

Exhibit J

	<u>Hamilton County</u>	<u>Franklin County</u>
Statistical Comparison:		
Total 2009 Cases	22	41
Clinic Stats 2009		
Skin Tests Given	4,903	912
Radiology Services		
Total X-Rays Provided	989	1,045
Out-Reach Visits		
	2,032	10,467
Pharmacy Services		
Total RX Filled	3,801	3,302
Services Provided		
Physician services - Adults	Yes	Yes
Physician services - Children (2)	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 (1)	No	No
<i>(1) The Franklin County TB program works with a epidemiologist that is funded through other agencies within Franklin County.</i>		
<i>(2) In Franklin County, children with positive TB skin tests are sent to a Children's Hospital for treatment. The medical costs incurred at the hospital are not funded by the TB program.</i>		

Program Report:

6. Alternative Interventions for Women

Recent History and Overview of Current Indigent Care Levy Programs:

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.

II. Alternative Interventions for Women

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.

II. Alternative Interventions for Women

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.

II. Alternative Interventions for Women

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 that there are no prior TLRC recommendations, consulting reports, commissioner directives, or strategy plans related to the Indigent Care Levy funding for the Alternative Interventions Program for Women.

Financial Analysis:

Exhibit A

Exhibit A 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					Total
	2007	2008	2009	2010	2011	
Operating revenue	508,386	614,006	607,023	612,401	554,397	2,896,213
Operating expenses	101,342	128,083	130,674	131,163	120,333	611,595
Operating excess (deficit)	407,044	485,923	476,349	481,238	434,064	2,284,618
Admin expenses:						
Personnel	384,731	461,915	452,404	455,034	413,336	2,167,420
Administrative Allocation	23,150	26,987	26,581	27,339	21,750	125,807
Total Admin expenses	407,881	488,902	478,985	482,373	435,086	2,293,227
Total excess (deficit)	(837)	(2,979)	(2,636)	(1,135)	(1,022)	(8,609)
Admin expense analysis:						
Personnel as % of total admin exp	94%	94%	94%	94%	95%	95%
Other as % of total admin exp	6%	6%	6%	6%	5%	5%
	100%	100%	100%	100%	100%	100%
Admin expense as % total cost	80%	79%	79%	79%	78%	79%

II. Alternative Interventions for Women

Exhibit B

Exhibit B presents a three-year analysis of funding provided by the Indigent Care Levy to the Alternative Interventions for Women program. Prior to 2009, the Program was primarily funded by GRF.

	2009	2010	(Estimate) 2011	Total
Operating revenue:				
Indigent Levy funding	425,000	425,000	364,444	1,214,444
Other funding	182,023	187,401	189,953	559,377
Total operating revenue	607,023	612,401	554,397	1,773,821
Indigent Levy as % of total operating revenue	70%	69%	66%	68%

Exhibit C

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

	2007	2008	2009	2010	(Estimate) 2011
Personnel costs	384,731	461,915	452,404	455,034	413,336
Annual increase		77,184	(9,511)	2,63	(41,698)
% increase		20%	-2%	1%	-9%
Average # of FTE's	7.8	9.4	9.4	9.2	8.7
Average cost per FTE	49,382	48,947	48,062	49,414	47,376
Annual increase		(435)	(885)	1,352	(2,037)
% increase		-1%	-2%	3%	-4%
AIW Total Expenses	509,223	616,985	609,659	613,536	555,419
Personnel costs as % of expenses	76%	75%	74%	74%	74%
Program expense per FTE	65,362	65,379	64,768	66,626	63,662
Annual increase		18	(611)	1,858	(2,964)
% increase		0%	-1%	3%	-4%

II. Alternative Interventions for Women

Exhibit D

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

	Totals			
	<u>Cost</u>	<u>Unique clients</u>	<u>Cost per unique client</u>	<u>% Change</u>
2007	509,223	49	10,392.3	n/a
2008	616,985	55	11,217.9	7.9%
2009	609,659	51	11,954.1	6.6%
2010	613,536	60	10,225.6	-14.5%
2011 (estimate)	555,419	65	8,544.9	-16.4%
Total	<u>2,904,822</u>	<u>280</u>	<u>10,374.4</u>	

Program Report:

7. 1617 Reading Road Additional Beds (Municipal Court)

Recent History and Overview of Current Indigent Care Levy Programs:

The Residential Treatment Program, which is located at 1617 Reading Road in Cincinnati, Ohio, is designed to assist up to 172 individuals by providing chemical dependency treatment to adult misdemeanor and felony offenders. Services include programming for up to 114 sentenced women, known as the Rewards Jail Intervention Program, and 58 beds for sentenced men, known as the Extended Treatment Program.

The focus of our report is for the 22 beds paid for by the Indigent Care Levy.

The Municipal Court administers the majority of this program; however, approximately six beds are used for women participating in the 10-Day DUI Program administered and paid for by the Probation Department. The Probation Department pays for the use of these beds, and these payments are addressed later in this report.

The services offered to assist in the individuals' treatments are as follows: 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 nutrition and health services. The program services are provided by contract with Talbert House.

II. Residential Treatment Program

Financial History:

The Residential Treatment Program at 1617 Reading Road is the largest program being paid for by the HHS Tax Levy. This Program has historically been funded by the Health and Hospitalization Levy as shown in the Exhibit below:

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009 Budget</u>
Total Tax Levy (1)	\$ 3,873,477	\$ 5,955,953	\$ 5,658,663	\$ 5,268,772	\$ 7,021,880
Total Program Expenditures	\$ 1,577,335	\$ 2,688,209	\$ 2,644,525	\$ 2,350,224	\$ 2,738,907
As a Percentage of Total Levy	40.7%	45.1%	46.7%	44.6%	39.0%
(1) This figure excludes the amount that was allocated for the Drake Center, Auditor Fees, and indirect and administrative County fees.					

Funding for 2005 paid for only eight months of activity. The remainder of 2005 was funded by pretrial services. For 2008, \$2,350,224 was paid for by the HHS Tax Levy; however, based on a review of fiscal activity, it appears total expenditures were approximately \$2.9 million with the remainder being funded by other county sources. For 2009, an additional \$500,000 for this program will be paid for by the Hamilton County Indigent Care Levy. These additional funds are reflected in the 2009 budget above.

Financial Analysis:

Hamilton County pays Talbert House for services at the facility on a sliding pay schedule. The current contract schedule is as follows:

Fee for Service Analysis				
Number of occupied Beds	Maximum Number	2008/2009 Daily Rate	Maximum Cost Per Day	
1-53	53	77.64	4,114.92	
54-85	32	69.28	2,216.96	
86-106	21	47.77	1,003.17	
107-148	42	12.59	528.78	
149-157	9	12.68	114.12	
160-172	15	0	-	
Average Total Cost Per Day at Maximum Capacity			<u>7,978</u>	
Annual Cost at Maximum Capacity			<u>2,911,952</u>	
Average Cost Per Day Per Bed at Capacity			<u>46.38</u>	
Average Cost Per Day based on 2008 average census of 158.54			<u>50.32</u>	

II. Residential Treatment Program

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

	Contract Periods Ending September 31,				
	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
Bed Days					
Rewards Jail Intervention Program (1)	32,670	30,574	36,768	35,346	38,372
Extended Treatment program	15,424	15,587	15,965	17,330	19,494
Total Contract Days	48,094	46,161	52,733	52,676	57,866
Average Population	131.76	126.47	144.47	144.32	158.54
Average Per Diem Rate	\$ 50.13	\$ 53.08	\$ 46.09	\$ 49.48	\$ 50.23
Total Contract Cost to County	2,410,952	2,450,226	2,430,464	2,606,408	2,906,609
(1) includes 6 beds used for women's 10 day and 2nd DUI programs. Paid for by Probation Department.					

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 HHS Tax Levy.

The Exhibit below represents a four-year analysis of the estimated Talbert House direct- staffing costs for the 1617 Residential Treatment Program from information provided by Talbert House.

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
Contracted Staffing				
Administrative Specialist	89,791	89,536	98,616	92,470
Clinical Service Provider	832,412	815,281	807,469	814,556
Employment Service Provider	28,101	29,245	29,494	29,661
Intake Specialist	8,772	8,772	4,386	-
Manager	100,006	100,755	102,086	101,712
Supervisor	-	36,421	72,051	72,800
Total Contracted Staffing	1,059,082	1,080,010	1,114,102	1,111,199
<i>All statistics based on average hourly wage multiplied by number of hours for the positions provided by Talbert House, Inc.</i>				

II. Residential Treatment Program

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 31,			
	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
Estimated Contracted Staffing	1,059,100	1,080,000	1,114,100	1,111,200
Estimated employee benefits and taxes	286,000	291,600	300,800	300,000
Sub-Total	1,345,100	1,371,600	1,414,900	1,411,200
Labor Cost Per Day	29.14	26.01	26.86	24.39

Next, we subtract the estimated direct-labor cost per day from the total per diem rate paid by the County. This provides an estimate of the County's daily cost of housing and overhead for the individuals being housed at the 1617 Reading Road facility.

	Contract Periods Ending September 31,			
	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
Average Per Diem Rate Paid	53.08	46.09	49.48	50.23
Labor Cost Per Day	(29.14)	(26.01)	(26.86)	(24.39)
Total paid for Housing and Overhead	23.94	20.08	22.62	25.84
Average Per Diem Rate Paid	100%	100%	100%	100%
Labor Cost Per Day	55%	56%	54%	49%
Total paid for Housing and Overhead	45%	44%	46%	51%

Conclusion:

For 2008, approximately 49% of the fees incurred to place an individual into the Residential Treatment Program can be attributed to direct labor costs. The remainder covers the cost of housing, utilities, insurance, administration, and overhead. The percentage attributable to direct labor is decreasing 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:

- HHS 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.

Benchmarking Analysis: Comparable Ohio Counties:

We searched Ohio Department of Rehabilitation and Correction’s website for facilities providing similar services in other Ohio counties. We identified one facility in Franklin County and one in Cuyahoga County; however, both are paid for by the State of Ohio, and are not County-funded. Both facilities offer similar programs that are significantly larger in scale than the programs provided at the 1617 Reading Road facility. We did not find any similar facilities paid for by other Ohio Counties.

The following exhibit presents benchmarking data available.

County	<u>Hamilton</u>	A. <u>Franklin</u>	A. <u>Cuyahoga</u>
Paid for by	HHS Tax Levy	State of Ohio.	State of Ohio.
Accredited	Yes. ODADAS	Yes.	Yes.
Population (2009 data)	158	490	573
Cost Per Day (Treatment Only)	46.39	Not Available	Not Available
Total Cost Per Day	Unknown	65.69	79.9
Minimum Security	Yes	Yes	Yes
Non Security Staff	29	71	66
Provider	Talbert House	Franklin Pre-Release Center	Northeast Pre-Release Center

A. From Ohio Department of Rehabilitation and Correction’s web site

II. Residential Treatment Program

Wage Analysis:

Current staffing levels, with wages based on December 31, 2008 average wage data, are displayed in the following Exhibit.

Exhibit II-H

FY 2008 Analysis	Number of FTEs	2008 Wage Expenditures	Average Annual Wages
Administrative Specialist	3.4	92,470	27,197
Clinical Service Provider	22.5	814,556	36,202
Employment Service Provider	1.0	29,661	29,661
Manager	2.0	101,712	50,856
Supervisor	2.0	72,800	36,400
Total	<u>28.9</u>	<u>1,111,200</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.

Exhibit II-I

Position	Average Annual Wage	Average Wage Index (1)	Above or Below Average
Administrative Specialist	27,197	40,722	Below
Clinical Service Provider	36,202	39,736	Below
Employment Service Provider	29,661	39,736	Below
Manager	50,856	64,869	Below
Supervisor	36,400	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.

II. Residential Treatment Program

Budget Analysis:

Measured on a calendar-year-basis, the expenditures associated with this program fluctuate significantly from year to year (see Exhibit II-A). Therefore, we compared the average cost of this Program from 2006 through 2009 to the 2010 budget request (see Exhibit II-K). Based on this analysis, the 2010 budget has increased by 8% over the historical average.

Residential Treatment Program for Incarcerated offenders								
Budget Analysis								
	2008 Actual	2009 Budget	2010 Budget	2011 Budget	2012 Budget	2013 Budget	2014 Budget	Total Budget 2010 - 2014
Total Program I	2,350,224	2,738,907	2,793,685	2,849,559	2,906,550	2,964,681	3,023,975	14,538,450
Budget inflation			2.0%	2.0%	2.0%	2.0%	2.0%	

(1) Inflation factor provided by Hamilton County

Comparison of four year average vs. 2010 budget		
Average Expenditures <u>2006-2009 (1)</u>	Budget <u>2010</u>	Increase over <u>Historical Average</u>
\$ <u>2,605,500</u>	\$ <u>2,793,685</u>	\$ <u>188,185</u>

(1) Average based on actual HHS levy funds expended from 2006 through 2008 plus the 2009 budget.

Summary of Principal Observations and Recommendations:

The average population at 1617 Reading Road has grown from 132 to 159 over the last five years, while the contract cost has increased from \$2.4 million to \$2.9 million.

The HHS Tax Levy has historically paid for the majority of this program; however, in 2008 and 2009, approximately \$500,000 of funding has or is expected to be provided by other County sources.

The current contract with Talbert House includes 3% annual rate increases (every September 1st) which exceeds the inflation factor used by the County for budget purposes.

Under the proposed budget, it appears the average population may need to be reduced, or funding will need to be increased to avoid a budget shortfall in future years.

Talbert House is paid on a sliding scale; therefore, program usage should be carefully planned to take advantage of economies of scale.

We recommend the next contract for this Program be on a calendar-year-basis to match the County's accounting period. This will make it easier to monitor, track, and plan for contract costs.

Program Report: 8. Probate Court Medical (Probate)

Recent History and Overview of Current Indigent Care Levy Program

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 which are partially funded by the Indigent Care Levy. Examples of those expenditures include attorney, doctor and sheriff 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 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. The court will also issue subpoenas 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.

● Analysis of Compliance with TLRC Recommendations:

We have been advised that there are no prior TLRC recommendations, consulting reports, commissioner directives, or strategy plans related to the Indigent Care Levy funding for the Probate Court Civil Commitment program.

Financial Analysis:

Exhibit A

Exhibit A represents year 2010 actual, year 2011 budget and years 2012 through 2016 expected costs and expenses to be incurred by the Probate Court Civil Commitment Program, as provided by the Court.

	2010 Actual	2011 Budget	2012	2013	2014	2015	2016
Program Costs							
Attorneys, Doctors, Sheriff	402,916	415,004	427,454	440,277	453,486	467,090	481,103
Deputy Clerks and Magistrates	180,695	186,116	191,699	197,450	203,374	209,475	215,759
1 Filing Fees R.C. 2101.16 A(5) Entry/Order \$5.00 per Entry	58,495	59,665	60,858	62,075	63,317	64,583	65,875
2 Docketing & Indexing 2101.16 A(30) \$15.00 per case filing.	13,035	13,035	13,296	13,562	13,833	14,110	14,392
3 Forms 2101.16 A(36) \$10.00 per case filing.	8,690	8,690	8,864	9,041	9,222	9,406	9,594
TOTAL	663,831	682,509	702,171	722,406	743,231	764,664	786,723
Program Reimbursements							
Reimbursement from State	191,828	150,000	100,000	100,000	100,000	100,000	100,000
Levy Reimbursement	391,783	480,000	602,171	622,406	643,231	664,664	686,723
TOTAL	583,611	630,000	702,171	722,406	743,231	764,664	786,723

1 Filing fees are estimates in all years, and were not levy reimbursed in 2010. Est. are based on 2009 actual.
 2 Docketing and indexing fees are based on 2009 filings of 869 cases.
 3 Forms are based on 2009 filings of 869 cases.

Exhibit B

Exhibit B presents a five-year analysis of medical services paid to outside vendors for the Probate Court Civil Commitment program.

MEDICAL SERVICES BY VENDOR 2006-2010						
Sum of Amount Vendor	Year					Grand Total
	2006	2007	2008	2009	2010	
ANTHONY WHITAKER		150	1,800	750	600	3,300
CYMA KHALILY MD	46,926	43,950	39,450	44,100	39,750	214,176
DMITRY BYK		3,600	1,500			5,100
FAMILY SERVICE OF THE CINCINNATI AREA		120		150	40	310
FIRST CARE			1,200	3,300	5,550	10,050
JOHN M HAWKINS MD	48,300	17,400				65,700
LELAND JOHANSEN D.O.		35,850	47,475	53,850	57,750	194,925
MEDCORP EMS SOUTH LLC	400		952	774		2,126
MEDIC ONE INC	1,760					1,760
PERRY L ANCONA CO LPA				338		338
PSYCHIATRIC PROFESSIONAL SERVICES INC	29,550	27,600	25,875	35,325	37,200	155,550
WINTON TRANSPORTATION SYSTEM	450			400		850
Grand Total	127,386	128,670	118,252	138,987	140,890	654,185

Exhibit C

Exhibit B presents a five-year analysis of legal services paid to outside vendors for the Probate Court Civil Commitment program.

LEGAL SERVICES BY VENDOR 2006-2010						
Vendor	2006	2007	2008	2009	2010	Grand Total
ADAMS COUNTY		17				17
BRUCE K HUST	12,638	14,925	16,688	12,938	8,400	65,588
CLARK COUNTY PROBATE COURT					37	37
D SHANNON SMITH	12,263	9,188	11,588	13,575	11,138	57,751
DANIEL G SPRAUL			18,075	18,675	11,363	48,113
GEORGE W BUNYAN JR	11,100	10,950	8,213	9,638	6,600	46,500
JACOBS & STARTSMAN CO LPA	8,400	10,313	7,950	10,800	12,038	49,500
JACOBS KLEINMAN SEIBEL & MCNALLY LPA	15,638	17,850	13,050	16,988	13,613	77,138
JAMES F BOGEN	18,150	4,140				22,290
JAMES R BELL	11,513	9,600	10,088	12,713	13,013	56,925
JOHN MARK WILLIAMS	16,050	16,125	15,638	11,550	10,838	70,200
JOSHUA GOODE				6,000	20,250	26,250
MARTIN WOLF	14,813	15,713	15,788	15,450	18,263	80,025
MARVIN A MILLER	8,475	12,600	12,563	7,388	11,850	52,875
MICHAEL TRANTER				4,350	9,563	13,913
MONTGOMERY COUNTY PROBATE COURT	219		87	148		454
PERRY L ANCONA CO LPA	21,075	22,050	21,413	16,275	12,825	93,638
ROSS COUNTY PROBATE COURT			41	49		90
SPRAUL VEITH & DOAN CO LPA	12,413	13,875	1,988			28,275
STEPHEN J WENKE		11,550	9,975	16,875	13,050	51,450
STEVE CHABOT				5,325	11,063	16,388
SUMMIT COUNTY PROBATE COURT	150	32	27	22	224	455
THOMAS A LUKEN	9,600	12,900	10,163	8,963	8,813	50,438
Grand Total	172,494	181,826	173,331	187,719	192,936	908,306

Exhibit D

Exhibit D displays a ten-year trend of annual civil commitments hearings conducted by the Hamilton County Probate Court.

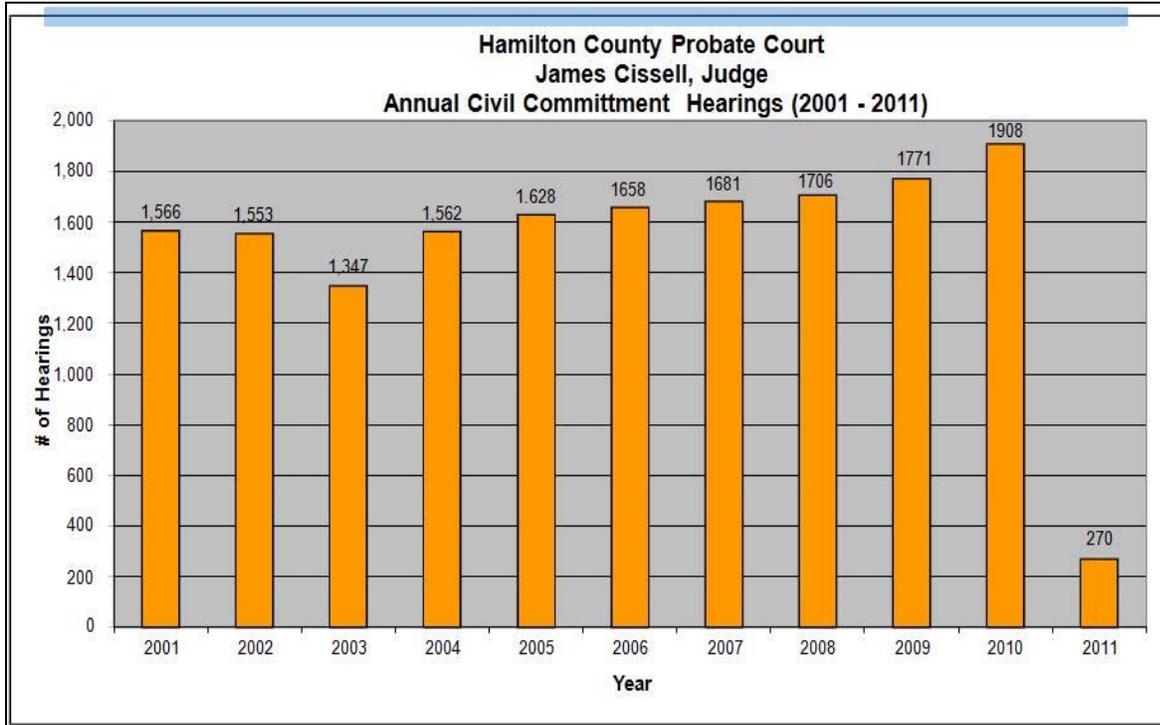


Exhibit E

Exhibit E displays a twenty-year trend of annual initial civil commitment hearings in the Hamilton County Probate Court.

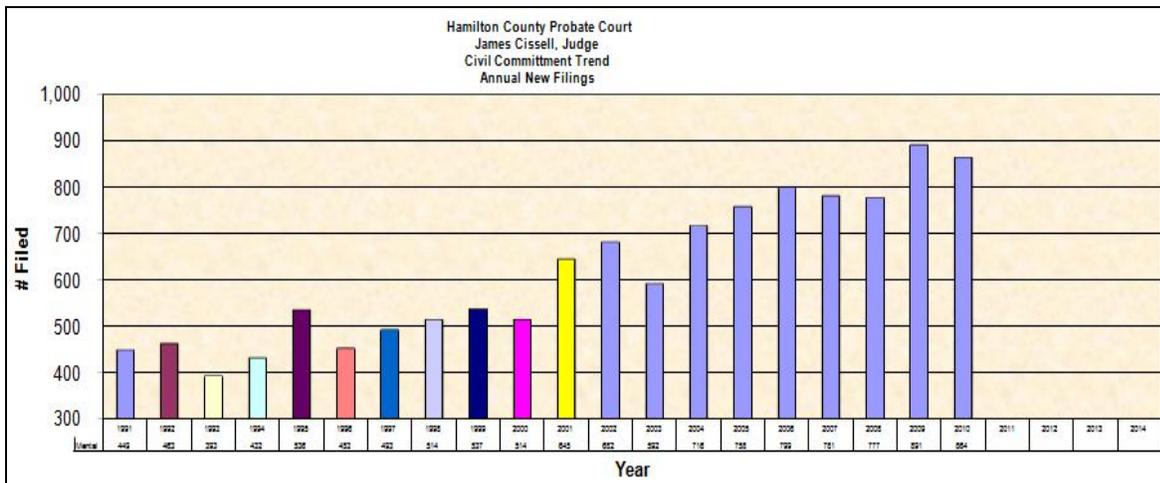


Exhibit F

	2006	2007	2008	2009	2010
1 Program Costs					
2 Attorneys, Doctors, Sheriff	300,028	310,404	297,219	326,706	402,916
Deputy Clerks and Magistrates			180,695	180,695	180,695
3 Filing Fees R.C. 2101.16 A(5) Entry/Order \$5.00 per Entry	55,000	55,000	55,000	55,000	58,495
Docketing & Indexing 2101.16 A(30) \$15.00 per case filing.	11,985	11,715	11,655	13,365	12,960
Forms 2101.16 A(36) \$10.00 per case filing.	7,990	7,810	7,770	8,910	8,640
TOTAL	355,028	365,404	532,914	562,401	642,106
New Cases Filed	799	781	777	891	864
Hearings Conducted	1,658	1,681	1,706	1,771	1,908
Cost per New Case Filed	\$ 444.34	\$ 467.87	\$ 685.86	\$ 631.20	\$ 743.18
Cost per Hearing Conducted	214.13	217.37	312.38	317.56	336.53
TOTAL	\$ 658.47	\$ 685.24	\$ 998.24	\$ 948.76	\$ 1,079.71
<p>1 No expense detail is provided for Sheriff security (2006-09) or clerks and magistrates (2006-07). Clerks and magistrates (2008-09) and filing fees (2006-09) are estimated.</p> <p>2 For 2006-2009, expenses do not include Sheriff's security.</p> <p>3 Filing fees are estimates in all years, and were not levy reimbursed in 2010. Estimates are based on 2009 actual.</p>					

Program Report:

9. St. Vincent de Paul 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 payor 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.

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. Since opening in 2006, SVDP has had success with start-up funding from private foundations and has generated increased support from individual donors. SVDP is now asking for support from the Indigent Care Levy, because start-up funding is ending, and additional funds are needed to meet existing and growing needs for its pharmacy services.

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. SVDP would like to increase its services to provide more than \$3.5 million worth of prescriptions annually during the next levy cycle. 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 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, and most of its referrals come from mental health agencies (25%). Hospital systems account for 15% of the referrals, and low cost clinics account for about 16%. The remaining 44% of referrals come from community physician practices and other public and private health providers throughout Hamilton County.

II. St. Vincent de Paul Charitable Pharmacy

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 desires to have four FTEs, which is an increase from the current 2.5 FTEs. With the additional 1.5 FTEs, the pharmacy would be able to open four days per week, instead of the current 3.5 days per week, and would allow the pharmacy to fill more prescriptions during hours of operation.

There is no age limit for clients. Children and adults of all ages are served. Some minor patients whose medical treatment is funded using Indigent Care 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.

Approximately 30% of 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 90% of the clients have been determined by SVDP to be residents of Hamilton County, and 10% 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 not applied to the pharmacy and are not co-mingled with any other SVDP funds.

SVDP has reported that there are few other known charitable pharmacies in Ohio. In Columbus, there is a program called Access Health Columbus, which is able to provide assistance to persons in that region. There is also a charitable pharmacy located in Stark County (Akron). There is a similar type pharmacy serving Northern Kentucky known as the Faith Community Pharmacy.

SVDP is requesting funding of \$175,000 per year, or \$875,000 over the upcoming levy cycle, to maintain and increase the number of prescriptions dispensed to the uninsured and impoverished of Hamilton County.