
HMA

HEALTH MANAGEMENT ASSOCIATES

*Review of Hamilton County, Ohio,
Indigent Care Levy: Other Services*

PREPARED FOR
HAMILTON COUNTY TAX LEVY REVIEW COMMITTEE

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

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Contents

I.	Executive Summary.....	8
	Estimated Revenues from HHIC Levy.....	8
	Scenario 1 - Maintain the Current Levy Rate.....	8
	Scenario 2 - Increase the HHIC Levy to TLRC Inflationary Levels.....	9
	Observations and Recommendations.....	10
II.	Introduction and Scope of Engagement.....	12
	Scope of Engagement.....	12
	About HMA.....	14
	Methodology.....	15
	Proposed Benchmark Approach.....	16
	Data Limitations.....	17
	Organization of the Report.....	18
III.	Hamilton County Sheriff – Inmate Medical.....	19
	Overview of Program Services.....	19
	Agency/Organization.....	19
	Services/Programs funded by Levy.....	19
	Health Care Services.....	19
	Security by HCSO Corrections Officers.....	20
	A. Financial Analysis.....	20
	B. Comparisons, Modeling, and Benchmarking.....	21
	C. Services Delivery and Efficiency.....	22
	D. Qualitative Considerations.....	23
	E. Observations and Recommendations.....	23
IV.	Hamilton Juvenile Court – Inmate Medical.....	25
	Overview of Program Services.....	25
	Agency/Organization.....	25
	Services/Programs funded by levy.....	25
	A. Financial Analysis.....	29
	B. Comparisons, Modeling, and Benchmarking.....	30
	C. Services Delivery and Efficiency.....	31

D. Qualitative Considerations	31
E. Observations and Recommendations	31
V. Hamilton County Probate Court – Civil Commitment.....	32
Overview of Program Services	32
Agency/Organization	32
Services/Programs Funded by Levy	34
A. Financial Analysis.....	36
B. Comparison, Modeling, and Benchmarking	37
C. Services Delivery and Efficiency	37
D. Qualitative Considerations	37
E. Observations and Recommendations.....	37
VI. Mental Health Recovery Services Board – Alcohol and Other Drug Addiction Services	38
Agency/Organization	38
Overview of Program Services.....	38
Financial Analysis.....	38
Benchmark Analysis	39
Services Delivery and Efficiency	41
Qualitative Considerations.....	41
Observations and Recommendations.....	41
VII. Strategies to End Homelessness – Homeless to Homes.....	42
Overview of Program Services	42
Agency/Organization	42
Services/Programs Funded by Levy	42
Financial Analysis.....	43
Comparisons, Modeling, and Benchmarking.....	45
Services Delivery and Efficiency	46
Qualitative Considerations	47
Observations and Recommendations.....	47
VIII. Hamilton County Public Health – TB Control, Bloodborne Infectious Disease, Dental Coordinator..	49
Overview of Programs Services	49
Agency/Organization	49
Current Levy Funding	49

- Overview of Requested Funding..... 50
 - Tuberculosis Prevention and Control..... 50
 - Bloodborne Infectious Disease Program 50
 - Oral Health Coalition Dental Coordinator..... 50
- A. Financial Analysis 51
 - Tuberculosis Prevention and Control..... 51
 - Bloodborne Infectious Disease Program 53
 - Oral Health Coalition..... 53
- B. Comparisons, Modeling, and Benchmarking 53
- C. Services Delivery and Efficiency 54
- D. Qualitative Considerations 55
- E. Observations and Recommendations..... 55
- IX. Central Clinic - Alternative Interventions for Women 57
 - Overview of Program Services 57
 - Agency/Organization 57
 - Overview of Program Services 57
 - A. Financial Analysis 58
 - B. Comparisons, Modeling, and Benchmarking 60
 - C. Services Delivery and Efficiency..... 60
 - D. Qualitative Considerations 61
 - E. Observations and Recommendations 61
- X. St. Vincent de Paul Charitable Pharmacy..... 62
 - Overview of Program Services 62
 - Agency/Organization 62
 - A. Financial Analysis 63
 - B. Comparisons, Modeling, and Benchmarking 65
 - C. Services Delivery and Efficiency..... 66
 - D. Qualitative Considerations 66
 - E. Observations and Recommendations 67
- XI. Heroin Coalition 68
 - Agency/Organization 68
 - Overview of Program Services..... 68

Public Education and Prevention	68
Harm Reduction	68
Increased Access to Treatment.....	68
Supply Control.....	69
Financial Analysis	69
Comparisons, Modeling, and Benchmarking	69
XII. Mental Health Recovery Services Board – Off the Streets	70
Overview of Program Services	70
Agency/Organization	70
Programs and Services Funded by Levy	70
Current Levy Funding	71
A. Financial Analysis	71
B. Comparisons, Modeling, and Benchmarking	73
C. Services Delivery and Efficiency.....	74
D. Qualitative Considerations	74
E. Observations and Recommendations	74
XIII. Mercy Health.....	76
The Problem.....	76
Infrastructure in Place for Success.....	76
Key Metric.....	76
Evidence-based Strategies	77
Return on Investment	78
The Problem.....	78
Infrastructure in Place.....	79
Key Metric.....	79
Evidence-based Strategies to Implement and Expand	79
Return on Investment	80
XIV. Cradle Cincinnati	81
The problem.....	81
Infrastructure in place for success.....	81
Key metric	81
Return On Investment	82

XV. Visiting Nurse Association..... 84

 The problem..... 84

 Infrastructure in place for success..... 84

 Key metric..... 84

 Evidence-based strategies to implement or expand..... 84

XVI. Cancer Justice Network..... 86

 The Problem..... 86

 Infrastructure in Place for Success..... 86

 Key Metric..... 86

 Evidence Based Strategies..... 87

 Return on Investment..... 87

XVII. Center for Respite Care..... 88

 Permanent supportive housing and medical recovery services to homeless individuals with medical issues..... 88

 The Problem..... 88

 Infrastructure in Place for Success..... 89

 Key Metrics..... 90

 Evidence-Based Strategies..... 92

XVIII. Center for Closing the Health Care Gap..... 93

 Reducing hospital readmission rates of vulnerable community members with diabetes..... 93

 The Problem..... 93

 Infrastructure in place for success..... 93

 Key Metric..... 93

 Evidence-based strategies to implement or expand..... 93

 Return on Investment..... 94

XIX. Overview of HHIC Levy Requests..... 95

XX. Scenarios for Funding Existing and New Levy Programs..... 97

 Scenario 1 - Maintain the Current Levy Rate..... 97

 Scenario 2 - Increase the HHIC Levy to TLRC Inflationary Levels..... 99

 Observations and Recommendations..... 101

XXI. Appendices..... 102

 Appendix A – Indigent Care Levy Revenue Estimates, 2018-2022..... 102

Appendix B – Success Stories 102

I. Executive Summary

Health Management Associates (HMA) is pleased to present this report to the Hamilton County, Ohio Tax Levy Review Committee (TLRC). The TLRC Tax Levy Policy requires, among other things, that each proposed tax levy undergo a performance review by a consultant prior to approval for the ballot. HMA was engaged by the TLRC to conduct a review of programs receiving funds under the Health and Hospitalization (HHIC) Levy related to non-hospital indigent care services (“other health care services”). The County’s Health and Hospitalization Levy expires on December 31, 2017, and the Board of County Commissioners (BOCC) is considering whether to approve a levy renewal for the voters this fall.

In conducting the HHIC Performance Review, HMA took into consideration the 2009 TLRC Mission and Voted Tax Levy Policy. Specifically, HMA considered the TLRC’s goals to seek savings where possible and to maintain constant the total dollars collected from the HHIC. HMA further considered the requirement that any increases in voter levy taxation shall not exceed the rate of inflation for each replacement or renewal levy since the levy was last enacted. Other elements of the 2009 Policy considered in the formulation of our observations and recommendations related to levy spending for mandatory county-administered services vs. discretionary levy-funded programs, the terms and conditions of contracts between the County and agencies, and the availability and use of alternate means of service funding.

In addition to reviewing existing programs for services delivery efficiency, comparing HHIC-purchased services and funding levels with other counties, and affirming that HHIC funds are used as last-resort funding, HMA also reviewed new funding requests from organizations not currently funded directly under the HHIC levy. In addition, HMA also reviewed the financial implications of two separate Levy funding scenarios; no change in the Health and Hospitalization Tax Levy millage rate and a TLRC inflationary increase. Both scenarios review the overall funding distribution to all programs, including the funding distributed to both Cincinnati Children’s Hospital Medical Center (CCHMC) and the University of Cincinnati Hospital Medical Center (UC Health).

Estimated Revenues from HHIC Levy

Total revenues that would be generated following passage of the HHIC levy are below. These estimates include funds for CCMC and UCMC.

	Year 1	Year 2	Year 3
HHIC REVENUE ESTIMATES	2018	2019	2020
Flat Millage	\$38,983,314	\$38,306,392	\$37,933,559
TLRC Inflation Increase	\$43,477,064	\$43,818,892	\$42,464,809

Scenario 1 - Maintain the Current Levy Rate

Under this scenario, current projections of funds generated through the HHIC Levy for the period 2018-2020 approximate \$115.2 million, with an additional \$2.6 million available from Other Revenues and Carryover Funds from the prior Levy period, totaling \$117.8 million to be used to support programs requesting funds from the HHIC Levy. The current funding levels allocated to the hospital programs supported by the HHIC Levy are approximately \$19.6 million annually, or \$56.8 million for the Levy

period 2018-2020. Deducting the hospital funding from the total anticipated funding for the 2018-2020 Levy period would leave approximately \$59.0 million to fund all other programs for the same period.

The funding requirements and requests for the non-hospital programs can be summarized into 4 distinct categories as follows:

Available Levy Funds After Hospital Funding	\$ 59,000,777
Mandated Programs	\$ 57,913,748
Current Programs Non-Mandated	\$ 9,642,000
New Requests	\$ 15,050,000
Administration and Audit	\$ 2,475,000
Total Funding	\$ 85,080,748
Levy Balance After All Requests	\$ (26,079,971)

As can be seen from this table, the current Levy cannot support all the funding requirements and requests, and results in significant underfunding. Additionally, removing all “New Requests” from the equation would still result in underfunding current programs by approximately \$11.0 million. The table below projects the HHIC Levy balance for the 2018-2022 Levy period if all current programs are funded as requested, resulting in the \$11.0 million deficit.

This Scenario would require the TLRC to evaluate the funding requirements of all programs currently receiving Levy funds and identify savings opportunities. Additionally, there would be no funding available for new program funding requests without current programs being further reduced to allow for the inclusion of new programs that have requested HHIC Levy funds.

Scenario 2 - Increase the HHIC Levy to TLRC Inflationary Levels

Under this scenario, current projections of funds generated through the HHIC Levy for the period 2018-2020 approximate \$128.8 million, with an additional \$2.6 million available from Other Revenues and Carryover Funds from the prior levy period, totaling \$131.4 million to be used to support programs requesting funds from the HHIC Levy. The current funding levels allocated to the hospital programs supported by the HHIC Levy are approximately \$19.6 million annually, or \$56.8 million for the Levy period 2018-2020. Deducting the hospital funding from the total anticipated funding for the 2018-2020 Levy period would leave approximately \$72.5 million to fund all other programs.

Again, the funding requirements and requests for the non-hospital programs can be summarized into 4 distinct categories as follows:

Available Levy Funds After Hospital Funding	\$ 72,538,777
Mandated Programs	\$ 58,714,874
Current Programs Non-Mandated	\$ 9,642,000
New Requests	\$ 15,050,000
Administration and Audit	\$ 2,475,000
Total Funding	\$ 85,881,874
Levy Balance After All Requests	\$ (13,343,096)

As can be seen from this table, the current HHIC Levy cannot support all the funding requirements and requests and results in significant underfunding. However, removing all "New Requests" from the equation would result in a Levy fund balance of approximately \$1.7 million. The table below projects the HHIC Levy balance for the 2018-2020 Levy period if all current programs are funded as requested, resulting in the \$1.7 million Levy balance.

This scenario would allow the TLRC to continue to fund all programs currently receiving HHIC Levy funds and allow for funding of additional programs. Additionally, the TRLC could re-evaluate the funding of all programs requesting Levy funds and recommend funding to both existing and new programs. The Table below represents those organizations that have submitted funding requests and the amount they have requested for the 2018-2020 Levy Period:

New Requests:	2018-2020
Center for Respite Care	1,500,000
Visiting Nurses Association	2,250,000
Cradle Cincinnati	3,000,000
Cancer Justice Network	2,100,000
Center for Closing the Health Care Gap	1,200,000
Mercy Health - Opioid	3,350,000
Mercy Health - Dental	1,650,000
Total 2018- 2020	15,050,000

Observations and Recommendations

Funding requests from county/other agencies and service providers likely reflect the array of needs of Hamilton County's indigent population. In our review of currently funded services, discussed separately for each program in this report, HMA's project team did not uncover any misuse or waste of levy funds. Nor did we identify any areas of non-compliance with the terms of current levy agreements by the service providers. As in prior years, service providers appear to be doing more with less. Where applicable, individual recommendations for strengthening oversight and monitoring of services were noted. In other cases, HMA called out opportunities for clarifying contract expectations or explained the emerging state or federal context that may shape the County's future approach to use of levy funds. Not

surprisingly, many of the programs complement each other, but do not appear to be duplicative (e.g., payment for addiction treatment for County residents who may also be receiving levy-funded homelessness and medical respite services). To that end, we encourage the TLRC to evaluate each funding request on its own merit as well as collectively in consideration of County priorities and given potential changes in federal and state health care funding policies.

In certain cases, however; the proposed approach for services delivery, particularly for some new funding requests, resembles population-based care coordination and care management approaches already underway or planned by Medicaid managed care organizations and hospital systems. It is possible that such services could be of interest to health plans to purchase directly as they seek to strengthen their models of care and establish contracts with community-based organizations.

Finally, given the history of collaboration among the County's safety net systems (jails, courts, county health agencies, providers, etc.), the TLRC may want to consider formalizing such collaborations to ensure that levy-funded services can have maximum impact on identified health care and public health priorities, particularly the heroin/opioid epidemic. Targeted strategies could, for example, enable the County to convene a short-term stakeholder group among all levy-funded health care programs to determine whether the full continuum of opioid use disorder services are available and accessible across service sectors (community based prevention and treatment, medication assisted treatment, residential services, hospital services, etc.) for the most at-risk indigent populations affected. The County and TLRC can utilize information gleaned from stakeholders to identify gaps and re-establish funding and service priorities, as appropriate.

II. Introduction and Scope of Engagement

Pursuant to the resolutions of the Board of County Commissioners (BOCC), the Tax Levy Review Commission (TLRC) was established to, among other things, secure an independent review of all tax levy requests prior to a levy proposal being placed on the ballot for voter consideration. The current Levy is set to expire on December 31, 2017, and the Levy is being considered for renewal. The TLRC has engaged HMA to perform a review of the indigent care programs funded by the Levy. HMA was also engaged to perform a review of the hospital component of the levy, which is discussed in a separate report entitled, "Review of Hamilton County, Ohio, Indigent Care Levy: Hospital Services."

Scope of Engagement

HMA was tasked with providing a review of the programs operated by each of these entities which are supported in whole or in part by Indigent Care levy funding:

- Hamilton County Sheriff's Office (Inmate health care)
- Juvenile Court (Inmate health care)
- Hamilton County Probate Court (Civil Commitment)
- Mental Health and Recovery Services Board (Alcohol and Other Drug Addiction Services)
- Strategies to End Homelessness (Homeless to Homes)
- Hamilton County Public Health (TB Control, Bloodborne Infectious Diseases, Dental Coordinator)
- Central Clinic (Alternative Interventions for Women)
- St. Vincent de Paul (Charitable Pharmacy)
- Heroin Coalition (Prevention and Treatment Program)
- Mental Health and Recovery Services Board (Off the Streets)

HMA was also asked to review additional programs newly requesting funding. Those programs were:

- Mercy Health
- Cradle Cincinnati
- Visiting Nurses Association
- Cancer Justice Network
- Center for Respite Care (Homeless Respite Services)
- Center for Closing the Health Care Gap

For all existing funded services and programs, HMA was required conduct the following tasks:

Task 1: History and Background

- A. Review levy requirements and services supported with Indigent Care levy funding and whether the services are mandated by law or are discretionary.
- B. Review prior commissioner directives or consultant reports, and contracts if any, etc.
- C. Determine systems in place for receipt of levy dollars and usage for intended purposes.
- D. Determine if levy requirements have been followed or implemented.

- E. Determine if the levy funding entirely or partially supported the program. If partial support was provided, identify the source of the other funding needed to provide the program.

Task 2: Financial Analysis

- A. Provide a financial analysis over the 3-year period of the previous levy analyzing operating and administrative costs of the program.
- B. Provide financial comparisons based on service measures such as units, clients serviced (as appropriate to each service).
- C. Analyze other sources of revenue in addition to tax levy and effect on tax levy requirements, including determination of usage as payor of last resort, and trend analysis of other revenue sources compared to levy revenues.
- D. Analyze levy usage compared to inflation indices.

Task 3: Comparisons, Modeling and Benchmarking

- A. Provide a comparison of Hamilton County tax levy and service delivery system to similar counties in Ohio, including Cuyahoga Co., Montgomery Co., Franklin Co., Summit County and Lucas County.
- B. Benchmark Hamilton County dollars utilized for services compared to other counties, including Cuyahoga Co., Montgomery Co., Franklin Co., Summit County and Lucas County, considering population and other available demographic data specifically correlated to service delivery.
- C. Identify other models or approaches that are successful that can be utilized in Hamilton County (including private pay or management care models).

Task 4: Service Delivery & Efficiency

- A. Identify who receives and who controls the levy funding in each agency. Review processes and make recommendations.
- B. Identify who provides the ultimate services for each of the levy dollars. How are the service providers selected and monitored?
- C. Is there duplication in administrative costs from receipt of levy funds to provision of services?
- D. Identify if additional systems or contract requirements should be put in place to ensure effective and efficient use of levy dollars, including establishing benchmarks for measurement.
- E. Identify if the services of provided to Hamilton County residents vs. nonresidents and service providers outside of Hamilton County.

Task 5: Qualitative Considerations

- A. Identify how the quality of care and service is measured in each service area.

- B. Identify the projected requirements for future funding based on demographic data and service needs.
- C. Review existing customer satisfaction surveys and results.
- D. Compare results with other counties in Ohio and national trends.
- E. Review impacts of the Affordable Care Act and Medicaid expansion

Task 6: Prepare draft and final reports using the following outline as a guideline:

- Overview of program services
- History and Background
- Financial Analysis
- Comparisons, Modeling and Benchmarking
- Service Delivery & Efficiency
- Qualitative Considerations
- Appendices

For new funding requests, HMA participated in phone discussions with each program, asked each program to submit a consistent funding profile and requested additional information as applicable for each service request.

About HMA

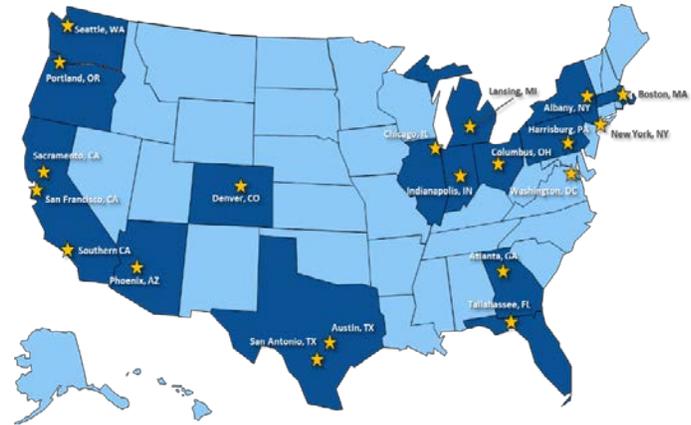
Health Management Associates, Inc. (HMA) is a consulting firm with deep expertise across all domains of publicly funded health care. We are leaders in delivery system restructuring, strategic planning, behavioral health, primary care practice transformation, long-term services and supports, managed care policy and operations, correctional health, and consultation to state and county governments and federally-qualified health centers. We have extensive front line experience and continue to lead innovations in the areas of hospital and health system operations, health care program development, health economics and finance, program evaluation, program integrity, and data analysis. HMA is widely regarded as a leader in providing strategic, technical, analytical and implementation services to health care purchasers, payers, and providers, with a special concentration on those who address the needs of the medically indigent and underserved.

HMA has nearly 200 professional health care leaders, managers and analysts with up to 30 years of experience in the health and human services fields, including practicing clinicians, behavioral health experts, senior staff with extensive experience in clinical and administrative leadership of hospitals and health systems, managed care organization administrators, information technology experts, former state Medicaid and other program directors, and former federal officials. HMA brings a strong interdisciplinary expertise to clients. Our consultants have been leaders and innovators in health economics, public health policy and administration, health care finance and reimbursement, clinical

services, managed care, pharmacy benefit design and management, social work, program development and evaluation, and information systems.

HMA has clients across the country, including major safety net health systems, private sector providers, health plans, foundations, and local, state, and federal governments. The firm has extensive experience and expertise in the design and implementation of health programs, particularly with respect to system development, managed care, long-term services and supports, and behavioral health care. HMA has decades of unique experience integrating approaches between government bodies that oversee health care for vulnerable populations, health plans that pay for it and providers who deliver it.

HMA is a private, for-profit “C” corporation, incorporated in the State of Michigan in good standing and legally doing business as Health Management Associates, Inc. Founded in 1985, Health Management Associates has offices in Albany and New York, New York; Atlanta, Georgia; Austin and San Antonio, Texas; Boston, Massachusetts; Chicago, Illinois; Columbus, Ohio; Denver, Colorado; Harrisburg, Pennsylvania; Indianapolis, Indiana; Lansing, Michigan; Phoenix, Arizona; Portland, Oregon; Sacramento, San Francisco, and Southern California; Seattle, Washington; Tallahassee, Florida; and Washington, DC.



HMA offices across the country

The team assembled by HMA included staff members with extensive experience in hospital finance, Medicaid, and other publicly-funded programs to meet the health care needs of the uninsured, and government/provider arrangements. Not only have we worked on these types of projects throughout many other states and counties, HMA was previously contracted by Hamilton County to provide consultation services culminating in the development of two reports: *Review of Hamilton County, Ohio Indigent Care Levy: Hospital Services and Review of Health Care Services*.

Methodology

To meet Hamilton County objectives, HMA conducted face-to-face and telephone interviews with key County staff and service providers to help us understand each levy program’s covered populations and services, caseload sizes, and funding history. In addition HMA reviewed materials supplied by the County and vendors such as previous levy review reports, contracts, memoranda of understanding (MOUs), and other applicable documents. For the financial review, HMA gathered information detailing the revenue and expenditure history of each relevant program, including eligibility requirements and payer mix. To conduct the benchmarking task, HMA collected levy expenditure information from county budget and other available documents. Information, analysis, and recommendations gathered from these activities

are summarized in the report. Where appropriate, HMA conducted additional onsite interviews with vendors in provider settings to more fully understand services provided to Hamilton County residents.

Proposed Benchmark Approach

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

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

Source: U.S. Census Bureau

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

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

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

Data Limitations

While the approach outlined above, in our view, is the most appropriate for completing a benchmark analysis, we do need to be aware of the limitations associated with this method. While reviewing this data one should be aware of the following:

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

Organization of the Report

The levy-funded services and programs are discussed in the report as listed below. Programs arrayed according to the amount of levy funds requested (highest to lowest) within a category.

- Existing Programs
 - Legally mandated county services
 - Hamilton County Sheriff's Office (Inmate health care)
 - Mental Health and Recovery Services Board (Alcohol and Other Drug Addiction Services)
 - Juvenile Court (Inmate health care)
 - Hamilton County Probate Court (Civil Commitment)
 - Hamilton County Public Health (TB Control)
 - Non-mandated services
 - Strategies to End Homelessness (Homeless to Homes)
 - Hamilton County Public Health (Bloodborne Infectious Diseases, Dental Coordinator)
 - Central Clinic (Alternative Interventions for Women)
 - St. Vincent de Paul (Charitable Pharmacy)
 - Heroin Coalition (Prevention and Treatment Program)
 - Mental Health and Recovery Services Board (Off the Streets)
- New Funding Requests
 - Mercy Health
 - Cradle Cincinnati
 - Visiting Nurses Association
 - Cancer Justice Network
 - Center for Respite Care (Homeless Respite Services)
 - Center for Closing the Health Care Gap

In some cases, programs supplied success stories of their levy-funded services. Those stories are included in Appendix B – Success Stories.

III. Hamilton County Sheriff – Inmate Medical

Hamilton County Sheriff – Inmate Medical	2017 Levy Funds Received	Avg. 3- Yr. Request 2018-2020
	\$12,934,818	\$13,675,646

Overview of Program Services

Agency/Organization

The Hamilton County Sheriff's Office (HCSO) located in downtown Cincinnati has four major divisions: court and jail services, support services, enforcement and administration. The Court & Jail Services Division is responsible for the operation of all adult detention facilities in Hamilton County under the jurisdiction of the Sheriff's Office. With an average daily inmate population of 1,424, and 31,872 admissions in 2014, the local jail system is ranked in the top 25 largest in the nation.

In accordance with Ohio Administrative Code (OAC) Chapter 5120:1-8, full service jails like those operated by HCSO must adhere to standards for the arrangement of all levels of health care, mental health care and dental care for inmates. Regulations also stipulate that no inmate shall be denied necessary health care. Services mandated by the OAC include, but are not limited to inmate pre-screens; medical, dental and mental health screening; a full health appraisal within fourteen days by a licensed nurse, physician, physician's assistant, EMT or paramedic; twenty-four-hour emergency medical, dental, and mental health care services; and other services enumerated in the statute.

Through a competitive procurement process and resultant contract, the Hamilton County Board of Commissioners on behalf of HCSO designated health care authority to Naphcare, Inc., a correctional health vendor based in Birmingham, Alabama. Naphcare provides inmate medical services in nineteen jail systems throughout the United States. Naphcare also provides dialysis and other offsite correctional health care services in roughly twenty-six states. Naphcare has been under contract with the County since 2012 for the provision of inmate medical services.

	Prior Contract			Current Contract		
	'15	'16	'17	'18	'19	'20
Inmate Medical Costs	\$7,290,275	\$7,093,130	\$7,159,400	\$7,230,415	\$7,483,480	\$7,745,402
Corrections Officer Staffing	\$4,695,664	\$5,513,118	\$5,775,418	\$5,977,557	\$6,186,773	\$6,403,309

Services/Programs funded by Levy

Health Care Services

The scope of health care services and programs in the HSCO contract with Naphcare requires receiving screening, health appraisal/physical, infectious disease control program, daily triage of medical

complaints, sick call, medical housing, arrangements for offsite hospital care, ancillary services, specialty services, mental health services, dental care, pharmaceuticals, health education and training, intoxication and detox services, and a range of other related services necessary for the Naphcare to carry out contract requirements.

Security by HCSO Corrections Officers

The HCSO provides security services for Naphcare’s staff who provide services to inmates. This contractually required role enables the Naphcare and its personnel to safely provide services called for under the contract.

A. Financial Analysis

The HCSO issued a request for proposals (RFP) on June 3, 2016 and received bids from three vendors: Naphcare, Inc., Correct Care Solutions, LLC, and Correctional Medical Care, Inc. Naphcare was evaluated and determined to be the proposal that best met RFP requirements and provided the best revenue strategy. The current NaphCare agreement became effective March 15, 2017 for an Initial Term of three years with two optional one-year Renewal Periods. The total value of the agreement is \$21,669,805.06. The County will compensate Naphcare up to the following maximum amounts if the daily inmate population per month is 1,500 or below after the Initial Term.

Cost Sheet	30 Day Transition Period	Year 1 2017	Year 2 2018	Year 3 2019	Year 4 2020	Year 5 2021
Personnel (Salaries, Benefits)	\$ -	\$4,562,754.92	\$4,722,451.34	\$4,887,737.14	\$5,058,807.94	\$5,235,866.22
Pharmaceuticals	\$ -	\$628,571.43	\$650,571.43	\$673,341.43	\$696,908.38	\$721,300.17
Mental Health Program	\$ -	\$1,029,118.40	\$1,065,137.54	\$1,102,417.36	\$1,141,001.97	\$1,180,937.03
Medical Supplies	\$ -	\$120,649.43	\$124,872.16	\$129,242.69	\$133,766.18	\$138,448.00
On-Site Ancillary Overhead	\$ -	\$234,464.97	\$242,671.24	\$251,164.74	\$259,955.50	\$269,053.95
Administrative Overhead	\$ -	\$410,349.81	\$424,712.05	\$439,576.98	\$454,962.17	\$470,885.85
TOTAL COSTS	\$ -	\$6,985,908.96	\$7,230,415.76	\$7,483,480.34	\$7,745,402.14	\$8,016,491.22
Percentage Increase 3.5% each year						

Per the contract, if there is a “significant change” in the acuity levels of inmates housed at the Justice Center, Naphcare and HCSO reserve the right to renegotiate compensation based on staffing and services needed after the conclusion of the Initial Term. A significant change in the acuity level is defined as a 20% increase or decrease in the Sheriff’s Daily Count.

The staffing plan provided by Naphcare reflects 53.50 FTEs comprised of an array of physicians, licensed practitioners, other clinicians, administrative and support staff. The contract requires that Naphcare adhere to the staffing plan to ensure 100% daily compliance with the plan. Naphcare and HCSO may agree to modify the staffing levels as needed from time to time.

Hamilton County, OH NaphCare Contract Staffing	
Position Title	
Health Services Administrator	1.000
DON (RN)	1.000
RN Manager	1.000
Administrative Assistant	1.000
Medical Records Clerks	2.000
Physician	1.000
Nurse Practitioner	1.400
Dentist	0.800
Dental Assistant	0.800
Psychiatrist	1.000
MH LPN	2.100
MH Clerk	1.000
MH Director	1.000
Licensed Social Worker	5.000
Medical Assistant	1.000
Pharmacy LPN	1.000
Sick Call RN (H&P)	1.000
Sick Call LPN	1.000
Charge RN	2.100
LPN Med Pass	6.300
Reading Road LPN	2.100
LPN Booking (8am – 8pm)	2.100
EMT Booking (8am – 8pm)	2.100
EMT Booking (12pm – 12am)	2.100
Charge RN	
Charge RN	2.100
LPN Med Pass	
LPN Med Pass	6.300
LPN Booking (8pm – 8am)	
LPN Booking (8pm – 8am)	2.100
EMT Booking (8pm – 8am)	
EMT Booking (8pm – 8am)	2.100
Total FTEs	
	53.500

B. Comparisons, Modeling, and Benchmarking

All counties in Ohio must provide healthcare to people in their custody. However, the method in which the services are provided can vary greatly. Many private companies have been established to provide this service to counties across the country. Some counties continue to use employed staff and others establish partnerships with local health systems.

The table below compares the cost of providing health care to prisoners incarcerated in the county correctional facility. Because other counties do not have a levy like the Indigent Services Levy, funding sources will vary by county.

Sheriff Inmate Medical Comparison			
County	Expenditures	County Population	Cost per Resident
Hamilton	\$7,167,700	809,909	\$8.85
Cuyahoga	No Data	1,249,352	No Data
Franklin	\$13,200,000	1,264,518	\$10.44
Lucas	\$1,401,790	432,488	\$3.24
Montgomery	\$3,900,000	531,239	\$7.34
Summit	\$2,040,000	540,300	\$3.77

The cost per resident varies based on several factors, mainly the service package provided. Hamilton County, Franklin County, and Montgomery County all contract with Naphcare, Inc. to provide services. Summit County contracts with Advanced Correctional Healthcare, Inc. Cuyahoga County has an agreement with the MetroHealth System of Hospitals to provide healthcare services. Lucas County provides healthcare with in-house staff.

C. Services Delivery and Efficiency

Key priorities for the County were to achieve significant reductions in maximum annual costs; increase Contractor accountability in reporting (monthly or quarterly meetings with HCSO staff) and costs; addition of telemedicine, more on-site services (better x-ray), and 2 EMPTs on every shift to better determine when to transfer to UCMC for care.

In 2014, the TLRC made several recommendations regarding inmate medical services contracting, including re-bidding the contract or renegotiating contract terms rather than renewing contracts as-is with automatic increases for future years. The prior contract period allowed an Initial Term of two-years and three 1-year Renewal Periods. The new contract, effective March 2017, lengthens the Initial Term to three years and permits only two optional 1-year Renewal Periods.

The TLRC recognized the need to reward the contractor for managing costs below a specific threshold and penalizing the vendor when costs are not managed. The previous contract enabled the contractor to be paid in twenty-four equal monthly installments for the Initial Term and twelve equal monthly installments for each Renewal Period. In the new contract, any compensation paid to the contractor must be supported by an invoice and no changes in costs or categorizations of expenses are permitted unless approved in writing by the County and the Sheriff.

The committee also recommended that levy funds serve as the secondary source of inmate care whenever possible. Medicaid enrollment within the Justice Center is being done through a grant by FreeStore FoodBank. Inmate enrollments have increased since 2014. Previously enrollment was

conducted by the Reentry Office, but moved to the FreeStore when the grant could cover costs. The new contract maintains prior language regarding Naphcare's responsibility to provide as many on-site medical services as possible to minimize transport costs. However, the new contract goes further to require that Naphcare use, as appropriate, STATCare and other local medical providers to provide care to inmates. Finally, the TLRC agreed with HMA's prior recommendations regarding the use of implementing telemedicine, which would allow Naphcare to access specialty medical resources without incurring additional transportation costs. The contract states that "Other than StatCare and psychiatry and nephrology telemedicine services, Contractor will notify Sheriff of any other telemedicine services it offers, which are available for utilization at the Justice Center Complex. A monthly review will be jointly conducted by the Sheriff and Contractor of hospital transports for potential on-site improvements."

In 2014, The TLRC recommended use of staffing caps since contractor staffing costs relative to staffing levels were highly variable. The Committee sought the changes to better manage resources and free up funds to support other inmate services (e.g., opiate treatment services) that align with the County's mission of preventing higher services costs. The new contract imposes a limitation on payment of Naphcare personnel expenses. Per the contract, Naphcare must provide a bi-weekly staffing report to the Sheriff outlining total hours paid as well as any unfilled positions and hours. The contractor is not permitted to invoice HCSO for any costs for staff positions that remain unfilled for any reason for more than 10 days or part of a day, and for each day or part of a day the position remains unfilled thereafter.

In addition to those described above, several other enhancements were made to the contract to improve services delivery and efficiency. During onsite discussions with staff from the HCSO, there was mention of notable improvements in the contractual relationship.

D. Qualitative Considerations

One consideration for the TLRC is to monitor whether the Sheriff's Daily Inmate Count results in changes to acuity levels, triggering an increase in compensation.

E. Observations and Recommendations

The contracted medical services are very broad. There are over twenty components of service to be delivered under the contract, such as physician and nursing services, dental care, mental health/psychiatric care, utilization management, pharmaceuticals, health education and training, and administrative support. It would be advisable for the Sheriff's Department to review each component to determine if it should be included in the contract or purchased separately. For example, would purchasing drugs through a pharmacy benefit manager with negotiated discounts be less expensive than the costs for drugs that are included in the contract? In 2013 forty-one inmates need dialysis services. The County may want to determine whether and how dialysis services might be most reasonably procured.

Previous recommendations suggested that pursuing Medicaid eligibility is an important strategy. We re-emphasize that recommendation here. Clearly Medicaid enrollment has increased over the past few years. However, the County may want to consider co-locating a Hamilton County Job and Family Services (HCJFS) entitlement specialist onsite to coordinate Medicaid enrollment for inmates. This could allow for "presumptive eligibility" and better management of individuals already on Medicaid that need to be flagged while in the justice center (and then unflagged when they are released so they can continue their medical care without interruption after release).

Although hospital costs are not part of the contract, the expenditures from HHIC levy to the hospital can be reduced by billing Medicaid for those that are eligible. Equally important is being sure that those who could be eligible for Medicaid upon release are. This is important so that things like mental health drug prescriptions do not lapse and cause a re-entry into the justice system.

We further recommend that the County seek to establish a uniform payment scale for services purchased by local health care providers. It is possible that negotiating blanket contracts with local health systems may be provided at a price that is competitive with contracted services.

Finally, we recommend that County consider use of no-cost methods to measure inmate acuity levels. The contract does not define how acuity levels are assessed. One suggestion is to explore use of the Chronic Illness and Disability Payment System (CDPS), which is used by Medicare and Medicaid to measure acuity based on patient diagnosis.

IV. Hamilton Juvenile Court – Inmate Medical

Hamilton County Juvenile Court – Inmate Medical	2017 Levy Funds Received	Avg. Yrly. Request 2018-2020
	\$1,415,400	\$1,582,985

Overview of Program Services

Agency/Organization

Hamilton County Juvenile Court (HCJC) has the responsibility to hear and decide cases involving children from Hamilton County, including those related to delinquency; unruly; traffic; custody and visitation; paternity and support; and child abuse, neglect, and dependency. HCJC administers programs and facilities for the custody, care and rehabilitation of youth within its jurisdiction. Placement and program services provided by the Court include diversion programs, competency evaluations and restorative services, diagnostic assessments, full continuum of behavioral health services, and residential treatment.

HCJC relies on county general fund appropriations for court operations for the following departments:

- Magistrates, which are comprised of 19 full-time and 2 part-time magistrates who assist in hearing and deciding cases
- The Youth Center, a 160-bed secure facility that holds youth awaiting adjudication or transfer to another jurisdiction
- Department of Court Services, responsible for placement and special services as well as behavioral health services
- Department of Probation, which includes probation investigation and supervision and electronic monitoring unit
- Department of Docketing and Case Management, which includes child support, clerk’s office, dependency, docketing and the record room
- Administration, including the Office of Court Administrator, Human Resources, Finance and Operations, Information Services, and Security

Services/Programs funded by levy

HCJC utilizes funds from the Indigent Care Levy to provide a range of medical health care services including emergency and inpatient hospitalization services for youth detained at the Youth Center, a juvenile detention and confinement facility (i.e., juvenile jail). Indigent care funds are not used to support any other HCJC services or programs.

The Youth Center provides education through Cincinnati Public Schools, counseling by Hamilton County Juvenile Court Psychology Department and Intervention Unit, and medical services are contracted through Cincinnati Children's Hospital Medical Center (CCHMC). The Youth Center is accredited by the American Correctional Association, the National Commission on Correctional Health Care, and the American Association of Suicidology.

As a direct result of County budget cuts, the Youth Center has undergone significant changes during the last ten years, including reduced staffing and reductions in capacity. In 2015, the Youth Center processed 5,147 intakes (2,852 unique youth). Of this number 1,618 intake (998 unique youth) resulted in admission to detention, while 3,529 were diverted and released. Youth Center admissions have declined steadily since 2011.

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

Services provided at the Youth Center are:

Preliminary Screening - Services provided under the Youth Services Medical Line item begin with a preliminary health screening and encompass a physical health evaluation, nursing services, emergency hospital care services such as lab, scans and diagnostic medical procedures, dental care and pharmaceuticals. The HCJC Preliminary Screening is the process used to review and conduct a verbal/visual assessment of each youth detained. The screening is regarding their current illnesses and health problems, including gender specific evaluations/testing. The preliminary screening is intended to determine current health status and discern any immediate health issues. A written record of the review is completed regarding all medications taken within last 30 days as well as noted special health related measures required by the individual such as insulin injections for diabetes or an individual that uses a bronchial inhaler for asthma. This preliminary screening is the time that other health problems are noted that may require the attention of a specialist or that have been referenced by a responsible physician. This may include some medical problems for which the individual is not being treated, but for whom the doctor is following and monitoring, such as blood pressure, cholesterol or side effects of medication. Acute health related issues such as aberrant behavioral observations, including state of consciousness, mental status, and whether the individual is under the influence of drugs or alcohol are also visually evaluated during the preliminary screening. Additionally, noted body markings such as bruises, lesions, eye movements and or skin coloring such as flush or jaundice. The preliminary screening also assesses and documents the current integrity of the individual's skin including rashes, and

infestations. Additionally, the preliminary screening seeks to identify if the individual is at risk for suicide or physical harm to self or others. The preliminary screening is used as documentation for referral of the individual to qualified medical personnel for emergency medical treatment and or professional evaluation as well as ensures notation of the individual's primary physician and specialist and pertinent medical risks. The preliminary screening is used as documentation for any suspected signs of abuse or neglect. All cases of suspected abuse and or neglect are reported to Youth Center Administration as well as all mandated reporting agencies in accordance with the Ohio abuse reporting law, including but not limited to ORS. 2151.421.

Health Appraisal/Physical - In addition to the preliminary screening, each youth admitted to the HCJC Program is given a Health Appraisal/Physical evaluation. The Health appraisal/physical is a comprehensive medical examination including a hands-on assessment by a registered nurse. The medical professional takes account of all vital body signs and functions. This medical examination is completed within 7 days of admission to the facility. The documented report of the physical examination is reviewed by a physician as early as 48-72 hours after completion and signed and entered in the individual's permanent facility medical record. The comprehensive medical evaluation known as the Health Appraisal/Physical includes a review of the preliminary screening performed at intake as well as all the admission screening forms indicating the current well-being of the youth. Again, this comprehensive physical examination records the individual's vital signs including pulse, blood pressure and temperature. The physical examination also includes a gynecological assessment for females.

Nursing Services - Nursing Services are provided by the HCJC in the youth center facility and are available 24 hours per day, 7-days per week by licensed registered nurses. Licensed nurses triage sick complaints and dispense medications. The program offers a sick call procedure in which the diagnosis and treatment of health problems identified or reported to the nurse is triaged and called into the attending physician for the appropriate recommended course of action. This phone call to the physician procedures is completed two twice a day seven days a week. Furthermore, the HCJC instituted a Medical Special status in which youth that require convalescent, chronic or skilled level of care but who do not require inpatient hospitalization in an acute care facility can be monitored within the Youth Center Facility. Registered nurses administer medications as ordered, conduct assessments of youth that may have resulted from use of force incidents and assist physicians and nurse practitioners in clinical exams as needed. Finally, nurses document medical assessments and interventions within the electronic and written medical records of the Youth Center.

Emergency and Hospital Care - Critical medical services are provided when necessary and appropriate. HCJC contracts with hospitals and specifies in these arrangements how the funds are to be used. The largest contract for emergency and hospital services is Cincinnati Children's Hospital Medical Center (CCHMC). The Youth Center staff contact the hospital staff when there is an emergency. At the youth facility, there is no direct clinical staff intervention given for emergency and hospital services. However, all attempts are made by medical to provide on-site medical services at the Youth Center to limit youth transported to the hospital. If hospitalization is required, youth are transported to CCHMC Emergency

Department or the Emergency Department of University of Cincinnati Medical Center for further evaluation and admission.

Dental Care - HCJC use levy funds to contract for Dental Care services during the time the individual is in the youth center facility, During the preliminary screening, individuals are assessed for their dental care needs and they are addressed as part of the appraisal and physical examination. The youth center provides basic dental care screening and education. Medical personnel conducting the screening and examination follow established protocols that define the treatment plan and when appropriate the individual is provided dental services by an appropriate dental professional on contract with the county. HCJC manage defined procedures for recording the name of the individual, their respective unit at the facility, and the nature of the complaint. There are also defined procedures to obtain all required health records for the contracted dentist to provide treatment. HCJC administer, document and monitor all prescribed medications ordered by the contracted dentist. Youth Center staff provide follow-up care as ordered by the contracted dentist. All services are documented and maintained as part of the youth's medical record.

Pharmaceuticals - The final component of the medical health care services provided with levy funds through the HCJC is Pharmaceuticals. HCJC provides a total pharmaceutical system beginning with the physician's prescribing of medication and the filling of the prescription, the administration of all medication and the necessary record keeping. All medications are administered by a doctor or a registered nurse as ordered by the physician. Medications are maintained in locked secured storage including controlled substances, syringes, needles and surgical instruments as well as pharmacy and medical supplies. Pharmaceutical procedures are followed in accordance with legal requirements and policies that are prior approved by the appropriate regulatory authority. In accordance with established procedures, there is an inventory of all medical supplies and medications and the stock is checked for expiration and contamination. The youth facility maintains first aid kits, AED and oxygen in the medical departments examination rooms.

HCJC contracts with CCMC (at a cost of approximately \$1,255,789) for medical services to detainees. Those funds support the following 14 positions serving Youth Center detainees twenty-four hours/day and 7 days per week.

- 0.6 Health Authority/Responsible
- 0.2 Fellow Services (Physician)
- 1.6 Nurse Practitioner
- 1.0 Registered /Nurse Manager
- 11.0 Licensed Practical Nurse

A. Financial Analysis

From 2011 to 2015 the highest number of intake and admitted clients at the HCJC Youth Center was recorded in 2013. During this year, approximately, 42% of clients that went through the intake process were admitted in to the youth center. Since 2013, the number of unique youth that participate in the intake and admission process has declined. In 2015, 35% of clients that went through the intake process were admitted in to the HCJC Youth Center.

2015 HCJC Youth Center Intakes and Admissions (by Unique Youth)					
	2011	2012	2013	2014	2015
Intakes	3201	3131	3151	3068	2852
Admitted	1306	1325	1340	1155	998

On average, between 2015 and 2016, HCJC served 1,643 clients per year. As of April 2017, HCJC has served 569 clients. Overwhelmingly, program participants were male. At least 85% of clients HCJC serves are male. The numbers of new and established admission screenings stays relatively the same from 2015 to 2016. However, the number of screening tests decreases by 18% during this time period.

At HCJC, nurse triage (sick visits) increased by 30% between 2015 and 2016. Compare this to physician/provider visits, which decreased by 11%. Overall, while the number of physician/provider visits decreased, these types of visits had a higher rate of follow-up compared to nurse visits, 38% versus 30% respectively.

Behavioral health referrals at HCJC have dramatically increased. Both referrals to the Psychiatric Team as well as the Facility Psychologist referrals at HCJC have increased by more than 200%. Specifically, at HCJC, the number of referrals to the Psychiatric Team have increased by approximately 255%. Similarly, referrals to the facility psychologist at HCJC have increased by 290%.

Hamilton County Juvenile Court Clients Served			
	2015	2016	2017 (to-date)
Total Clients			
Hamilton County Residents Served	1646	1639	569
Service Detail			
Male	1,465	1,394	–
Female	181	245	–
Admission Screening -New	441	438	34
Admission Screening – Established	1,205	1,201	535

Hamilton County Juvenile Court Clients Served			
	2015	2016	2017 (to-date)
Screening/Tests	3,282	2,687	783
Scheduled Physicals	628	580	201
Nurse Triage (Sick Visits)	3,715	4,841	1,754
Nurse Follow-up	1,393	1,599	1,059
Physician/Provider Visits	747	665	243
Physician Follow-up	393	541	315
Referrals to Dentist	149	106	19
Referrals to Psychiatric Team	36	128	31
Referrals to Facility Psychologist	43	169	13
X-rays	22	23	11

Hamilton County Juvenile Court Medical Revenue and Expenditures			
	2015	2016	2017
Revenue			
Federal and State	-	-	-
Levy	\$1,283,700	\$1,348,000	\$1,415,400
Other	-	-	-
Expenditures			
Administrative	-	-	-
Services	-	-	-
Service Detail			
Cincinnati Children's contract - projected	\$1,326,700	\$1,393,100	\$ 1,255,789
Cinci Smiles	-	-	-

B. Comparisons, Modeling, and Benchmarking

Funding sources and expenditures related to medical services provided through HCJC are not usually identified as a separate budget item. The only benchmark county to identify medical services was Summit County. The 2016 HCJC budget identifies \$40,000 for CCHMC physicians services. Other medical costs may be embedded in the salaries of the county employees.

C. Services Delivery and Efficiency

Discussions with HCJC staff indicated that no programmatic changes are anticipated for the upcoming levy period. As such, only inflationary increases for juvenile court medical services was requested. Staff did indicate that addressing mental health issues continues to challenge the system and the Court is trying to get a better handle on those services. However, no significant financial impact is expected to result from ensuring the availability and use of effective mental health screenings. Additional mental health services remain available to children and youth once they are released from the Youth Center and those services are paid using other funding streams. HHIC funds are exclusively used for physical and mental health services for children/adolescents in the detention center.

D. Qualitative Considerations

HCJC medical expenses cover a health assessment within the first seven days by either a certified nurse practitioner or physician. Children are also tested for sexually transmitted diseases and tuberculosis. The Youth Center only takes responsibility for hospital services when they are a result of a condition, such as an injury, that arise while a child is in custody. When a juvenile is sent to the hospital as part of the screening process, HCJC takes the position that these costs are related to pre-existing conditions and are not their responsibility. Additionally, licensed practical nurses handle non-emergency medical requests, conduct sick calls and administer medications and treatments.

E. Observations and Recommendations

Given the long-standing relationship between HCJC and CCHMC, during the next contracting process the Court may want to consider collaborating with CCHMC to understand the changing needs of juvenile detainees to determine whether a change in service delivery is warranted. Such a change in services delivery (i.e., an increase focused on trauma-informed care and use of evidence based treatment services) may dictate a change in the range or scope of services provided by CCHMC. At minimum, HCJC may want to scan contracts between county court systems and hospitals in other states to see what, if any adjustments the court may be interested in pursuing.

V. Hamilton County Probate Court – Civil Commitment

Hamilton County Probate Court – Civil Commitment	2017 Levy Funds Received	Avg. Yrly. Request 2018-2020
	\$650,000	\$840,000

Overview of Program Services

Agency/Organization

The Hamilton County Probate Court incurs expenses related to mental illness or intellectual disability hearings for those who are indigent and alleged to have mental health issues. Expenses are partially funded by the Indigent Care Levy. The Probate Court receives partial reimbursement from the Ohio Department of Mental Health and Addiction Services (MHAS), as well. Examples of costs borne by the levy include attorney, doctor and sheriff fees, deputy clerk and magistrate fees, court filing, docketing and indexing fees, and the costs of forms prepared for hearings.

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 “intellectual disability” 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 intellectually disabled. The purpose of the civil commitment is to provide treatment which the person needs for his or her mental illness or intellectual disability. 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 to 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 twenty-four (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 (30) 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 (5) court days and may be continued no later than ten (10) days from the date the person is detained or the affidavit is filed, whichever occurred first. Civil commitment 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 he or she desires, with transportation supplied by the Sheriff's department. The Sheriff's Department will not transport patients that require a wheelchair or other medical assistance device. The transportation for these individuals is contracted through a third party ambulance service to ensure their right to attend the hearing is not denied. 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 ninety (90) days to consider the continued need for hospitalization. If at any time the patient's treating physician determines that 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.

Services/Programs Funded by Levy

The Hamilton County Probate Court incurs expenses related to mental illness or intellectual disability hearings for those who are indigent and alleged to have mental health 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.

For the 2017 levy the court is requesting funds to cover expenses related to medical treatment of children in the Youth Center and are anticipating only inflationary increases from prior year funding levels.

- Request 1:** **Based upon historical case data, actual costs and reimbursements from the state, the Court is requesting \$750,000.00, per year, to cover costs during the next levy cycle.** Expenses are increasing because the number of beds available at the hospitals for the mentally ill have decreased. The hospitals are pushing the people out very quickly and unfortunately; the people are cycling back into the hospital soon after their release. This practice impacts the court by increasing the number of initial hearings. These hearings result in the payment of fees to the court doctor, respondent's counsel and to the Sheriff Department. If the beds were available for longer treatment of the respondent, it is more likely that the respondent would remain stable longer and the number of initial hearings would decrease.
- Request 2:** **The Court is requesting \$40,000.00 per year from the Indigent Care Levy to cover the shortfall between revenue and costs during the next levy cycle.** The Probate Court's Indigent Guardianship Restricted Fund was established under the Ohio Revised Code (ORC) for the payment of expenses and court costs associated with Indigent Guardianships. The Fund is used to pay Attorneys, Guardians, and Court Costs for individuals that the court has adjudicated incompetent and indigent. These services are required to ensure the legal rights of indigent wards are preserved as well as provide a guardian to make sure the needs, care and management of the indigent ward are maintained. The only revenue source of the fund is provided by initial case filings in the Probate Court. The Court's requirements for the use of this fund are defined under ORC section 2111.51 as well as Probate Court (PC) Local Rule 73.1. The funds are directly paid to third parties that provide legal and guardianship services for the indigent ward.

Over the last fifteen (15) years the court's revenue into this fund have slowly decreased to an average of \$98,000 per year. During that same fifteen (15) year period the fund has averaged yearly payments of \$111,000 per year. Fee revenue is not keeping pace with the necessary costs associated with the care and management of indigent wards. This has made the situation unsustainable as the fund balance rapidly dwindles to zero (0). Indigent guardianship expenses are in the process of being shifted to the General Fund to ensure payment into the future. The Court can only assume that the large increase in Indigent Guardianship filings as well as the longevity of current Indigent Guardianship cases is directly related to the increase in life expectancy of the population, more baby boomers are reaching retirement age and the recent recession.

All of these factors have brought the current fund balance to \$100,000. With the previous fifteen (15) year trend of deposits and payments the court's restricted fund will be bankrupt in 2019 or 2020. Based upon historical fund data, actual costs and projected expenditures, the Court is requesting \$40,000.00 per year from the Indigent Care Levy to cover the shortfall between revenue and costs during the next levy cycle.

Request 3: The Court is proposing to create and hire a new employee position, the Indigent Guardianship Investigator (IGI). The Court is requesting \$50,000.00 per year from the Indigent Care Levy to cover the employee costs during the next levy cycle.

Guardian accountability and monitoring has long been high on the list of needed reform.

The Hamilton County Probate Court currently employs one full-time guardianship investigator that investigates all new guardianship applications prior to the first hearing in court. The investigator is statutorily required to serve notice of the application for guardianship to the proposed ward. The sheer number of cases does not allow the current court investigator to go out and do follow up investigations on wards after they have been appointed a guardian. The only time the court would hear about the status of the ward is when the guardian files their bi-annual report with a physician statement attached, if the ward is deceased, or if someone contacts the court regarding the condition or care of the ward.

As the volume of cases continues to increase, so does the number of indigent cases. In a guardianship case, the court is the "superior guardian" and ultimately responsible for decisions about placement, care and welfare of the ward. The appointed guardian "is simply an officer of the court subject to the court's control, direction and supervision." With that responsibility, it is incumbent on the probate court to investigate and act on any concerns about the well-being of wards in guardianship proceedings. As a practical matter, it means that court-appointed guardians, even when they are also the parents or other close family member, are responsible to the probate judge for their decisions about care and placement. The probate judge may investigate, may enter restrictive orders and may even remove guardians when it appears necessary for the ward's safety

and/or well-being. For these reasons, the Court is proposing to create and hire a new employee position, the Indigent Guardianship Investigator (IGI). The Court is requesting \$50,000.00 per year from the Indigent Care Levy to cover the employee costs during the next levy cycle. This new position would allow the IGI to do follow-up investigations on those in our community that are the most vulnerable to being abused, neglected, and exploited, the indigent incompetent wards of the court. The guardians are appointed by the court to care for the most basic needs of the incompetent wards.

The expected outcomes for these three new levy requests are vital to the success of the program. The funding to increase the length of time beds were available for longer treatment of the respondent, it is more likely that the respondent would remain stable longer and the number of initial hearings would decrease. The additional funds for Indigent guardianship expenses would eliminate the process of expenses being shifted to the General Fund to ensure payment into the future. Lastly, having an Indigent Guardianship Investigator that could focus on the care and maintenance of these individuals will benefit individuals in the community that need protection.

A. Financial Analysis

Probate Court Clients Served			
	2015	2016	2017
Service Detail			
Civil Commitment Hearings	1,922	1,761	
Initial Civil Commitment Filings	951	876	
New Guardianship Cases Filed	~400	~440	
New Indigent Guardianship Cases	~280	~300	
Current open and active guardianship cases (February 2017)	Not avail.	Not avail.	3,116
Current open and active indigent guardianship cases (February 2017)	Not avail.	Not avail.	2,000+

Probate Court Revenue and Expenditures			
	2015	2016	2017
Revenue			
Federal and State	Not avail.	\$242,244	\$266,468
Levy	\$650,000	\$650,000	\$650,000
Other	\$90,448	\$94,576	\$92,000
Expenditures			
Service Detail			
Total Civil Commitment Hearing Costs:	Not avail.	\$948,544	\$1,007,880
Attorney, Doctor and Sheriff fees	Not avail.	\$356,562	\$392,218
Employee fees	Not avail.	\$487,739	\$507,248
Application fees	Not avail.	\$21,875	\$22,750
Filing fees	Not avail.	\$60,494	\$62,914
Docketing and indexing fees	Not avail.	\$13,125	\$13,650
Forms fees	Not avail.	\$8,750	\$9,100
Indigent guardianship	\$171,944	\$118,134	\$125,222

B. Comparison, Modeling, and Benchmarking

Funding sources and expenditures related to medical services provided through the Probate Court are not usually identified as a separate budget item. The only benchmark county to identify medical services was Summit County. The 2016 Probate Court identifies \$60,000 for Mental Health Services. Other medical costs may be embedded in the salaries of the county employees.

C. Services Delivery and Efficiency

The efficiency of the Probate Court appears to be impacted by the number of people cycling back through the court for subsequent commitment hearings. Probate Court attributes this to the reduced number of beds available for the mentally ill, resulting in shortened lengths of stay and subsequent readmissions.

D. Qualitative Considerations

No information presented indicated any issues with the outcome of the Probate Court process.

E. Observations and Recommendations

No recommendations. The Probate Court provided extensive narrative information describing and justifying the three funding requests. Discussions with staff supplemented consultant's understanding of the impact of providing the mandated services.

VI. Mental Health Recovery Services Board – Alcohol and Other Drug Addiction Services

Mental Health Recovery Services Board	2017 Levy Funds Received	Avg. Yrly. Request 2018-2020
	\$2,485,537	\$2,485,537

Agency/Organization

The Hamilton County Mental health and Recovery Services Board (MHRSB) is the county government agency responsible for planning, funding, and evaluation the effectiveness of community mental health services currently available to County residents. The overarching goal of the Board is to provide a full range of community support services. They accomplish this by contracting with a wide range of organizations that provide services and support to individuals with mental illness or substance use disorders. The Board is overseen by a board of trustees, appointed by County commissioners and departments. The President of the Board then works directly with the nearly 40-person staff that includes a psychiatrist, social workers, administrators, technology professionals, licensed mental health professionals, and other support staff.

Overview of Program Services

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

Financial Analysis

The costs of salaries, benefits, and taxes are billed to the HHIC Levy based upon an allocation methodology created by the Board to be representative of the time and resources incurred by Board personnel relating to Alcohol and Drug Abuse Treatment and Prevention Administration. In the past, administration costs have ranged between 4.5% to 5.4% of total Mental Health and Recovery Services Board expenses, while administration costs charged to the HHIC Levy have averaged 5%.

Treatment Services

The current revenue projections predict that treatment services will utilize the bulk of the Mental Health Boards funding, by comprising approximately 83% of their service offerings: residential services 36%, counseling 12%, sub-acute detox 8%, assessment 3%, intensive outpatient 3%, medical/somatic/Buprenorphine/Vivitrol 3%, urine dip screen/lab urinalysis 2%, case management 2%, methadone administration 1%, and other AOD services 13%.

The following table provides a description of revenue and expenditures based on 2017 projections. The levy revenue comes from two sources, the Family Services and Treatment Levy and the Health and Hospital Indigent Care Levy. Together, they make up approximately 24% of the Board's funding. Other projected revenue for 2017 includes funds from both State and Federal sources as well as other revenue streams, including funds received from other county departments. In terms of total program expenditures, about 90% of expenditures for 2017 are projected for service costs with the remaining 10% for administrative costs.

Revenue and Expenditures – Alcohol and Drug Addiction Services			
	2015	2016	2017 Projected
Revenue	13,499,483	13,778,337	15,240,862
Federal and State	6,144,018	6,353,192	6,922,057
Levy	3,364,331	3,864,331	3,660,682
Family Services and Treatment	-	-	1,266,782
Health and Hospital Indigent Care	-	-	2,393,900
Other	2,328,001	2,390,001	4,658,123
Expenditures	13,431,154	13,903,332	16,960,106
Administrative	548,392	548,392	582,522
Operating Expenses	27,000	27,000	27,000
Building Management - SAMAD	966,418	967,207	1,045,973
Agency Provider Contracts	11,768,979	12,240,368	15,184,246

Benchmark Analysis

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

Benchmark Analysis Behavioral Health Services						
County	2016 ¹ Budget Information		2016 Spending per Capita		2016 Spending per Mil	
	Total Funds	County Funds	Total Funds	County Funds	Mils	Per Mil Per Capita
Hamilton County	\$59,540,203	\$39,822,715	\$73.51	\$49.17	2.99	\$16.44
Butler County	\$14,191,959	\$8,454,717	\$37.59	\$22.39	1.5	\$14.93
Clermont County	\$6,400,000	\$2,400,000	\$31.52	\$11.82	0.75	\$15.76
Cuyahoga County	Not Available	\$32,645,474		\$26.13		
Franklin County	\$57,715,417	\$50,748,000	\$45.64	\$40.13	2.2	\$18.24
Lucas County	\$25,764,105	\$15,388,631	\$59.57	\$35.58	2.5	\$14.23
Montgomery County	Not Available	\$21,800,000		\$41.04		
Summit County	\$42,549,740	\$29,051,943	\$78.75	\$53.77	2.95	\$18.23
<i>Mean</i>	<i>\$34,360,237</i>	<i>\$25,038,935</i>	<i>\$56.83</i>	<i>\$37.04</i>	<i>2.15</i>	<i>\$16.30</i>
<i>Deviation for Mean \$</i>	<i>\$25,179,966</i>	<i>\$14,783,780</i>	<i>\$16.69</i>	<i>\$12.13</i>	<i>0.84</i>	<i>0.14</i>
<i>Deviation for Mean %</i>	<i>73.28%</i>	<i>59.04%</i>	<i>29.36%</i>	<i>32.76%</i>	<i>39%</i>	<i><1%</i>

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

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

Proportionate to its size, Hamilton County total program funds are in line with the benchmark counties.

¹ For certain counties 2015 data was used

Hamilton County has the highest millage rate of all counties in the comparison group. However, Hamilton County efficiency per mil is the average of all benchmark counties.

Services Delivery and Efficiency

MHRBSB has experienced a significant uptick in the percentage of total Hamilton County residents treated for opioid use disorder. The trend has been steadily increasing since 2008 when 14% of clients were in treatment for opioids. In 2015 the percentage spiked to 45.67% and there is remaining unmet need. The Board utilizes all available funds and sources to meet service demand for opioid treatment while continuing to provide services for indigent community members with other addictions.

Qualitative Considerations

Across county systems (i.e., jails, courts, payers, public health, emergency response, community and hospital-based treatment providers, homeless services providers, etc.), there is a concerted effort to stem the negative trend and impact of the opioid use problem. In discussions with providers and public systems, every opportunity to jointly plan, collaborate and efficiently utilize existing resources is occurring.

Observations and Recommendations

Amid the national, state, and Hamilton County's own opioid crisis, federal and state policymakers are continuing to ensure resources are available for substance use disorder treatment. For example, Ohio will see an influx of \$26 million in federal funding during 2017 to help fight the opioid epidemic through the *21st Century Cures Act*. To secure up to \$26 million a year for the next two years, the Ohio Department of Mental Health and Addiction Services (MHAS) submitted a grant application through the State Targeted Response to the Opioid Crisis Grants program in February 2017. Ohio was notified of its award in April, 2017. Funding will be further distributed using a formula based on unmet need for opioid use disorder treatment and drug poisoning deaths. Hamilton County will likely be the recipient of these resources.

In addition, proposed changes to the federal Medicaid program could shift state funding priorities, resulting in increased reliance on local funds to meet the needs of uninsured or underinsured individuals. It is not yet clear what the impact of the state's own Ohio Medicaid behavioral health redesign effort, planned for July 2017, will have on services and funding. Some providers fear that changes in service and billing policies could stymie efforts for implementing evidence-based treatment services. Finally, the state's plans to carve behavioral health services and funding into traditional Medicaid managed care benefits in 2018 may result in behavioral health contracting arrangements that either promote flexibility and ensure payment for innovative services for addiction treatment or have the complete opposite effect (i.e., restrict the array of services or types of eligible practitioners delivering treatment to clients with substance use disorders). In any case, the Board should continue to measure to measure the efficacy of existing and emerging treatment modalities in order to build the business case for continued investment in effective services.

VII. Strategies to End Homelessness – Homeless to Homes

Strategies to End Homelessness – Homeless to Homes	2017 Levy Funds Received	Avg. Yrly. Request 2018-2020
	\$2,000,000	\$2,000,000

Overview of Program Services

Agency/Organization

Strategies to End Homeless (STEH) partners with 30 non-profit organizations to accomplish their mission of preventing and ending homelessness in Hamilton County and throughout Greater Cincinnati. STEH oversees homeless services county-wide, including homelessness prevention, street outreach, emergency shelter, supportive housing. They have also led several systemic initiatives including implementation of a Coordinated Entry system, authored and implemented the Homeless to Homes plan which was adopted by both the County Commission and Cincinnati City Council, the Safe and Supported plan to assist homeless and at-risk LGBT youth, and the Solutions for Family Homelessness strategic plan.

The Shelter Diversion prevention program utilizes the Central Access Point hotline to screen callers for the immediacy of homeless, and then connect them to prevention services or emergency shelter as appropriate. STEH also oversees Street Outreach, which provides services such as case management and service connection to unsheltered homeless people in the area. Their supportive housing programs offer permanent supportive housing, rapid re-housing, and transitional housing for individuals and families. The Coordinated Entry process allows for more efficient and effective assistance and housing access based on an individual's level of need and provides seamless coordination between the housing services offered.

The Homeless to Homes plan, released in 2009, identified a lack of services to people residing in local emergency shelters as a significant problem in the system, and brought about a significantly improved emergency shelter system specifically for homeless single individuals in the area. County levy funds support the operations of and services within the five new service-enriched facilities, which provide homeless people with improved access to health care services and housing programs, daytime services with drug and alcohol treatment and medical/mental health services, as well as a step-up model programs to help residents out of homelessness.

Strategies to End Homelessness is asking for continued funding at \$2 million per year, plus inflation, from the Indigent Care Levy for the November 2017 ballot.

Services/Programs Funded by Levy

Levy dollars support improved shelter services and operations, including the provision of health, mental health, substance abuse treatment, and case management services within five facilities. These services are not mandated by law, but serve to more efficiently and effectively assist homeless people into housing and reduce recidivism. The improved service-enriched shelter facilities were called for within the Homeless to Homes plan, which was adopted by the County Commission in 2009.

The current county contract with Strategies to End Homelessness (STEH) defines the scope of services as the provision of comprehensive health care and other daytime services and shelter-based case

management to the homeless population of Hamilton County. During the last levy cycle STEH asked for \$2.3 million a year and received \$2 million a year to provide these services. According to the HW & Co. 2014 levy report, this was almost eight times what they had been getting from the levy previously. At the time this was because only two of the five new shelters were open and operating. The TLRC report from July 2014 recommended that they get the lesser of 25% of documented costs or \$2.3 million based on the projection that the \$2.3 million was 26% of the projected cost. The contract simply reflects the ceiling of \$2 million in each of 2016 and 2017.

The TLRC report also recommended as a condition to funding that STEH be required to apply its review and allocation process for the levy dollars to the five shelters just as it does with other funding. This process would ensure shelters that are performing and achieving measurable and effective outcomes to end homelessness receive more funding than those that do not. The report also recommended STEH should be required to report annually on performance of the shelters and use of the levy funds. The HW & Co. levy report stated in 2014 and in future years, facilities are responsible for maintaining and improving outcomes in order to secure additional funding.

Levy dollars are currently contracted by Hamilton County to STEH, which puts in place sub-recipient agreements with the four operators running the five facilities. STEH monitors sub-recipients through review of monthly billings and an annual onsite monitoring visit to ensure that funds are used for eligible activities, and to make sure all government funding is used to effectively and efficiently assist households out of homelessness and into housing. STEH monitors program outcomes and uses systemic data to ensure that resources and funding will continue to be available to frontline homeless services agencies. STEH's system is designed to ensure that funding allocations are directly tied to outcomes, consistent with TLRC's recommendation.

Financial Analysis

The current county contract with Strategies to End Homelessness (STEH) defines the scope of services as the provision of comprehensive health care and other daytime services and shelter-based case management to the homeless population of Hamilton County. Through April 2017 Strategies to End Homelessness has served 1,415 Hamilton County Residents. All the clients served by STEH receive case management services. From 2015 through April 2017 90% of clients also received daytime healthcare services and programming. Other direct client expenses were incurred by approximately 80% of total client served.

Strategies to End Homelessness Clients Served			
	2015	2016	2017 (through April)
Total Clients			
Hamilton County Residents Served	3,355	3,484	1,415
Service Detail			
Case Management Services	3,355	3,484	1,415
Daytime Healthcare Services and Programming	3,052	3,121	1,227
Direct Client Expenses	2,657	2,768	1,135
Facility Operating Expenses	3,355	3,484	1,415

The administrative and services expenditures in this section reflect how much was spent/reimbursed from either County or other collaboratively raised funds for improved services. Levy funds make up \$2 million (75%) of the \$2.7 million per year secured by STEH to support improved shelter services, as called for in the Homeless to Homes plan. However, the improved services funded with these dollars are layered on top of the operational expenses the facilities were incurring prior to new and improved services being put in place. These numbers only reflect funding from the \$2.7 million to which the levy contributes.

In total, the cost of operating the five facilities is \$5.8 million per year, of which \$2 million is levy funding, so levy funds make up 34% of the total cost of operating the improved facilities. The remainder of the funding comes from several local and regional foundations as well as private donors and federal Emergency Solutions Grant funding, which totals \$550,000 split among seven emergency shelter facilities in Hamilton County. The Emergency Solutions Grant is the only federal source of shelter operating funds.

Strategies to End Homelessness Revenue and Expenditures			
	2015	2016	2017
Revenue	\$2,094,825	\$2,709,650	\$2,593,240
Federal and State	\$194,825*	\$228,942*	\$256,657*
Levy	\$1,400,000	\$2,000,000	\$2,000,000
Collaborative Funding (local private foundations)	\$500,000	\$480,708	\$336,583
Expenditures			
Administrative	\$131,366	\$192,757	\$42,652
Services	\$1,247,653	\$2,285,629	\$563,889
Service Detail			
Case Management Services	\$722,854**	\$3,368,878**	\$905,381**
Daytime Healthcare Services and Programming	\$47,805	\$183,331	\$91,179
Direct Client Expenses	\$87,601	\$109,246	\$46,671
Facility Operating Expenses	\$1,993,381	\$1,097,346	\$292,795

Notes:

*These figures reflect Shelterhouse and Lighthouse-Sheakley Center receipt of federal Emergency Solutions Grant (ESG) and State Housing Crisis Response Program (HCRP) funds. Talbert House-Parkway Center and City Gospel Mission do not receive ESG or HCRP funds.

**These figures are from the expense reports the agencies turn in to STEH every month with their billings.

These figures reflect all eligible expenses, not just expenses reimbursed with levy funds, which is why these totals are more than the service amounts listed.

The shelter facilities funded with levy funding had been operating in various ways for years prior to the receipt of levy funds, and had actively pursued all available sources of funding during that time. Despite such ongoing multi-year fundraising efforts, for years the facilities were unable to secure adequate funding to provide adequate health care and daytime services. Due to limited resources, the facilities were only able to provide basic shelter without the provision of comprehensive services. The Homeless to Homes plan identified this lack of services as a significant gap in the homeless services system. Levy funding has provided the facilities with the ability to provide such services, which are now producing improved outcomes for those residing in the facilities.

Comparisons, Modeling, and Benchmarking

Ohio Counties approach serving the homeless in many ways. Funding and other resources also vary greatly. No other county in Ohio has a levy comparable to Hamilton County's Indigent Services Levy. Cuyahoga County and Montgomery County have comprehensive Health and Human Services Levies, but

those levies serve many more purposes than indigent services, including Mental Health and Developmental Disabilities services.

Most counties have a board that oversees how funds are expended. In larger, more urban counties, the predominant city may have the lead role in staffing and grant writing. These boards are comprehensive in their oversight of homeless shelters, supportive housing, and other sheltered arrangements, such as battered women shelters. Hamilton County separates some of these services and funds them individually. Therefore, county-to-county comparisons can be difficult.

Homeless and Supported Housing Comparison	
County	County Expenditures
Hamilton	\$2,000,000
Cuyahoga	\$5,334,744
Franklin	\$5,389,136
Lucas	No Data
Montgomery	No Data
Summit	No Data

The largest source of funding for homeless services is the U.S. Dept. of Housing and Urban Development's Continuum of Care for the Homeless (CoC) program, which primarily funds housing for people after they have been homeless, but does not fund emergency shelter operations. As a part of the CoC program, HUD requires that communities have a "Continuum of Care Board". Locally, the CoC Board is known as the Homeless Clearinghouse. This board is made up of other entities that are also funding homeless services (e.g. VA, Dept. of Education, City of Cincinnati) as well as representatives of the relevant services (e.g. homelessness prevention, street outreach, shelter, supportive housing). STEH sits on this board as the CoC Lead Agency, and Hamilton County also has a seat on this board. The Homeless Clearinghouse has oversight of all homeless services in Hamilton County, and this structure has been recognized by HUD as a best practice, resulting in STEH and Hamilton County being recognized by HUD as one of five communities in the country to receive Unified Funding Agency (UFA) status, as mentioned above.

Services Delivery and Efficiency

Levy dollars are currently contracted by Hamilton County to STEH, which puts in place sub-recipient agreements with the four operators running the five facilities. STEH monitors sub-recipients through review of monthly billings and an annual onsite monitoring visit to ensure that funds are used for eligible activities, and to make sure all government funding is used to effectively and efficiently assist households out of homelessness and into housing. STEH monitors program outcomes and uses systemic data to ensure that resources and funding will continue to be available to frontline homeless services agencies.

STEH uses an Outcomes-based Funding Model to allocate all levy dollars. If a shelter is improving its performance they receive a higher level of funding, but if they are not improving they will not receive bonus funds or could see a decrease in funding. STEH's system is designed to ensure that funding allocations are directly tied to outcomes, consistent with the prior TLRC's recommendation.

Qualitative Considerations

It was previously reported that over half (59%) of the people served (4,461 in 2013) in emergency shelters suffered at least one disabling condition, 34% had a mental health condition and 28% had a chronic health condition. The 2014 levy report showed that the shelters were showing measurable results, reporting that 37% of shelter residents found employment prior to exiting the shelter and 54% exited to permanent housing.

The Outcomes-based Funding Model used by STEH to allocate all levy dollars is based on two identified outcome measures. The shelters worked with STEH to define the measures which are the percentage of people exiting facilities successfully to housing and rates or return to homelessness (recidivism). If a shelter is improving its performance on these two identified outcome measures they receive a higher level of funding, but if they are not improving they will not receive bonus funds or could see a decrease in funding. Across all five facilities, under this model the percentage of people exiting successfully to housing from these facilities has increased from 53% to 75%, and rates of return to homelessness have dropped from 31% to 25%.

Over 410 communities across the U.S. receive homelessness funding from the U.S. Dept. of Housing and Urban Development, but the system administered by STEH in Hamilton County is 1 of only 5 to be recognized by HUD as high performing and exceptionally effective – leading to STEH receiving Unified Funding Agency (UFA) status. In this role, STEH has a level of authority and autonomy, normally reserved for HUD itself, to strategically distribute funds among its partner agencies and address emerging trends in real-time. STEH received this unique designation by partnering with local homeless services organizations to develop a uniquely coordinated system, using outcomes-based data to track trends, identify solutions and make strategic decisions to reduce homelessness. However, shelter operations are not an eligible expense for most HUD funding, which is why STEH continues to request levy funds to support shelter services and operations.

Observations and Recommendations

Strategies to End Homelessness is asking for continued funding at \$2 million per year, plus inflation, from the Indigent Care Levy for the November 2017 ballot. These funds will continue to support the five shelters that are part of the Homeless to Home initiative. In their 2015 Progress Report, STEH reported that people served in their shelters increased by 2.3% yet the length of stay in the new facilities decreased by 8%. They attribute the success to the fact that they no longer turn residents back to the streets during the day but rather provide them with drug and alcohol treatment, mental and medical health services, and job search and placement. They also attribute their success to higher quality and increased case management services as well as a step-up model which incentivizes residents to engage in services that will assist them out of homelessness.

STEH reports that they established a Funding Advisory Committee, the area's first funders' collaborative for homeless issues. The committee meets several times per year to review the plan's implementation and outcomes. Annually they allocate funds raised through the collaborative. They base their funding

recommendations on the increased percentage of residents successfully exiting to housing and the decreased percentage of residents returning to homelessness within 24 months.

The Homeless to Home 2015 Fact Sheet also identified funders who at that time had contributed more than \$37 million to support the capital campaign and \$6.7 million to supports operating costs of the Homeless to Home shelters.

As part of the services that are provided, STEH should aggressively pursue Medicaid eligibility for the residents they serve and bill Medicaid for those mental health and physical health services that are covered. Strategies to End Homelessness provides important services and should receive the requested continued funding. The County could put some funds at risk pending the results of the performance audit if they feel it is appropriate.

VIII. Hamilton County Public Health – TB Control, Bloodborne Infectious Disease, Dental Coordinator

Hamilton County Public Health	2017 Levy Funds Received	Avg. Yrly. Request 2018-2020
	\$880,000	\$1,100,000

Overview of Programs Services

Agency/Organization

The Public Health agency in Hamilton County was established under the Griswold Act, which created a public health model by consolidating and organizing local health districts into city and county area populations. They continue to promote this initial vision by still offering school inspections, communicable disease prevention and reporting, and addressing sanitation issues. In addition, they conduct food safety inspections, run immunization clinics, do disease surveillance and investigation, lead health promotion programs, and partner with local community organizations. Today, the organization has an operating budget of \$10 million, serves a resident population of over 475,000 in 45 political jurisdictions. With a staff of more than 90, including sanitarians, plumbers, health educators, nurses and epidemiologists, Hamilton County Public Health strives to prevent disease and injury, promote wellness, and protect people from environmental hazards.

Current Levy Funding

The Hamilton County Tuberculosis Control Clinic receives \$888,000 in funds from the HHIC levy annually. This represents a \$20,000 decrease in previous levy funding. At the time of the prior levy request and with the belief that ACA and Medicaid expansion would provide some additional funding to the TB program, the Hamilton County Health Commissioner Tim Ingram requested the TB control program only receive \$840,000 and that \$90,000 be directed to funding a new syphilis program. The TLRC agreed with the recommendation to reduce the TB clinic funding to \$840,000. The original request was for \$840,000, but due to the sale of the building and increase in CAM the county approved an additional \$48,000 for a total of \$888,000.

In the prior levy request, the TLRC also agreed that a new syphilis program needed to be funded and \$90,000 in new funding was redirected to conduct syphilis and HIV tests at inmate intake and re-entry at the HCJC. The TLRC first recommended attempting to cover the screening costs under the NaphCare contract and encouraged the Health District to pursue their suggestion that the HCJC be identified by ODH as an expanded testing site to allow state funding to be used for the program. Levy funding was to be used as the funder of last resort for the syphilis program.

Overview of Requested Funding

Tuberculosis Prevention and Control

Public Health is requesting continued level funding of \$888,000 for the TB Control Program.

Bloodborne Infectious Disease Program

In recent years, Hamilton County has increasingly experienced the problems associated with the heroin and opioid epidemic. Opiate overdoses, deaths, reported hepatitis B, and C infections among Hamilton County residents have risen dramatically since 2010. The costs of needles/syringes/drug using “equipment” or lack of availability of these items may cause injectable drug users (IDU) to reuse or share these items with other IDU allowing for potential transmission of blood borne infectious diseases such as viral hepatitis (hepatitis B and C) and human immunodeficiency virus (HIV). Estimates for the average lifetime treatment costs for these diseases are about \$65,000 for hepatitis B, \$100,000 for hepatitis C and \$400,000 for HIV (without liver transplantation or cancer treatment for hepatitis B and C). These diseases do not necessarily stay in the IDU population, but may be transmitted through sexual activity to non-IDU citizens.

For these reasons, Hamilton County Public Health (HCPH) is requesting \$150,000 per year to support a comprehensive harm reduction-blood borne infectious disease prevention program. As provided for by Ohio Revised Code 3707.57, a blood borne infectious disease prevention program would provide IDU with clean needles and syringes to decrease the risk of blood borne infectious disease acquisition and transmission. Participants in the comprehensive program would also receive hepatitis and HIV testing, counseling and education and referral to treatment services. Furthermore, the participant recordkeeping system would be required to ensure that individual identities remain anonymous and the program must comply with applicable state and federal laws governing participant confidentiality.

HCPH is currently leveraging other local and regional resources to match the requested amount of \$150,000 per year for a matched total of \$325,000 per year to support the program. This includes funding from both other public and private funding source. The projected comprehensive program costs for up to seven operating sites within Hamilton County are estimated at \$325,000 per year.

There have been numerous studies showing that these types of comprehensive harm reduction programs have been successful in decreasing the transmission of blood borne infections. Additionally, and perhaps most importantly, blood borne infectious disease prevention programs are also an important gateway into treatment and prevention services for users with the disease of opiate addiction.

Oral Health Coalition Dental Coordinator

Commissioner Portune and Hamilton County Public Health are requesting funds from the indigent health care levy for \$72,000 annually, to hire personnel/consultants to engage the dental community, healthcare, and others in addressing the need for dental care among various populations in Hamilton County. The basis for this request is supported by the July 10, 2015 report, commissioned by the Board

of County Commissioners, and entitled, *Hamilton County Oral Health Needs Assessment and Recommendations to Inform a Strategic Plan*.

The purpose of this report was to provide the Hamilton County Commissioners, city and county health officials, dental providers and other key stakeholders a clear overview of dental service capacity or the lack thereof, for low-income populations including those enrolled in Medicaid, and to recommend strategies/actions to address the oral health needs of Hamilton County residents. Furthermore, the report showed the heavy burden and societal costs of citizens seeking dental treatment and pain relief in Hospital emergency departments due to not having a dental home.

This request would assist in the creation of a Hamilton County Oral Health Coalition. It would need a dedicated staff person/consultant to manage the process, who would be tasked with producing a strategic plan with a realistic set of measurable objectives, specific activities, accountabilities, and time lines. The Coalition would meet on a regular basis to review implementation and the extent to which objectives are being met, with the goal of improving oral health hygiene and access to comprehensive dental care for low-income children and adults in Hamilton County.

A. Financial Analysis

Hamilton County Public Health is generally funded by user fees from permits and licenses issued, grants targeted for specific purposes, as well as some funding from townships and villages. HCPH does not generally receive direct funding from the County Commissioners, with the exception of the current levy for tuberculosis prevention and control. Funding is being requested to continue levy funding for the TB program, and for new funding to support a Bloodborne Infectious Disease Program and a Hamilton County Oral Health Coalition.

Tuberculosis Prevention and Control

The current levy requests continued level funding of \$888,000 per year for the tuberculosis control program. As demonstrated in the table below, the number clients served by the program have remained relatively stable over the past three years. For 2017, HCPH projects similar volume as 2016 for new referrals for TB evaluation, treatment of active TB cases, number of contracts to TB cases tested, and number of cases of latent TB treated for TB infection.

Clients Served – Tuberculosis Prevention and Control			
	2015	2016	2017 Projected
Total Clients Served			
Hamilton County Residents Served	2,987	2,372	2,624
Service Detail			
Tuberculosis Control			
New Referrals for TB Evaluation	362	338	325
Active TB Cases Treated	9	9	10
# Contacts to TB Cases Tested	49	99	100
# Cases of Latent TB treated for TB infection	98	89	100

The following table provides a description of revenue and expenditures for the 3-year period covering the previous levy. Based on 2017 projections, approximately 89% of the TB program's funding comes from the HHIC levy. Other projected revenue for 2017 includes charges for services, funding from the Ohio Department of Health for investigations and outreach, and indirect costs from HIV and STD grants. In terms of total program expenditures, about 90% of expenditures for 2017 are projected for service costs with the remaining 10% for administrative costs.

Revenue and Expenditures – Tuberculosis Prevention and Control			
	2015	2016	2017 Projected
Revenue	966,708	1,050,462	1,007,767
Federal and State	-	-	-
Levy	904,227	908,000	888,000
Other	62,481	142,462	119,767
Expenditures	996,079	975,102	984,103
Administrative	84,017	98,102	96,972
Services	912,062	877,000	887,131
Service Detail			
Tuberculosis Control	996,079	975,102	984,103

Bloodborne Infectious Disease Program

Public Health is requesting \$150,000 a year in new funding for a bloodborne infectious disease program. HCPH will leverage other local and regional resources to match the requested amount per year for a matched total of \$325,000 a year. This includes funding from both other public and private funding source. The projected comprehensive program costs for up to seven operating sites within Hamilton County are estimated at \$325,000 per year. Program partners include the City of Cincinnati Health Department, Anderson Township, Interact for Health, Colerain, University of Cincinnati College of Medicine, and Northern Kentucky Health Department.

The intent of the request for the Bloodborne Infectious Disease Program is to use levy funding through HCPH to support and expand the existing syringe exchange program that was started and is hosted by the University of Cincinnati College of Medicine with funding from Interact for Health and private donations. The additional funding through the levy will be used to increase the scale of the program to where it needs to be to better support the community through a comprehensive program that provides syringe exchange, assessment, and referral to treatment.

Oral Health Coalition

Hamilton County Public Health is requesting new levy funding of \$72,000 annually to create a Hamilton County Oral Health Coalition and hire personnel to engage the dental community, healthcare, and others in addressing the need for dental care among various populations in Hamilton County. The levy funding will be used specifically to implement previous recommendations to hire a coordinator to establish the coalition and develop a strategic plan. The coalition will consist of leadership in the community interested in addressing the issue of dental care being provided in the emergency department and lack of a dental health home for many individuals.

Currently, while there are pockets of work occurring this area, there is no county-wide coalition for oral health leading to siloed efforts. The coalition will be chaired by Commissioner Portune and will be modeled after the Cradle Cincinnati approach, which targets the singular issue of reducing infant mortality rates. The Oral Health Coalition will learn from the Cradle Cincinnati process to tackle the issue of getting individuals into dental home settings. The coalition will include representatives from FQHCs, managed care plans, hospitals and healthcare systems, city health officials, and private dentists.

Absent levy funding or other special purpose funding, there is no current budget or earmarked funds for this program or the coordinator position. If the oral health coalition is successful, the model may be continued and expanded similar to how Cradle Cincinnati has grown since its inception.

B. Comparisons, Modeling, and Benchmarking

All counties in Ohio must provide public health services. Ohio law mandates counties provide certain public health services and activities. However, certain counties have multiple public health entities. For example, Franklin County has both a County Public Health and a Columbus Public Health Department. State mandated activities can be administered through either entity. In Cuyahoga County, MetroHealth Systems contracts to provide Tuberculosis Control services. In Montgomery County, the City of Dayton

and the County have a single, combined department. The same has occurred in Lucas (Toledo) and Summit (Akron).

Because other counties in Ohio do not have an Indigent Services Levy, we compared the amount of revenue generated locally as a percentage of the Public Health Department's overall budget.

The table below compares the percent of all county Public Health revenue generated through local taxes and contracts with other municipal entities.

Public Health Comparison	
County	Percent of Revenue from Local Funding
Hamilton	16.6%
Cuyahoga	59% (Federal, State, and Local combined)
Franklin	Not Available
Lucas/Toledo	24.1%
Montgomery/Dayton	45.4%
Summit/Akron	12.9% County/34.7% County-City combined

There is wide variation between counties due to the large percentage of federal funding in the budget. A small decrease in dollars translates to a big drop in the percentage. Dollar figures were not available from a number of counties, which made a direct comparison impossible.

C. Services Delivery and Efficiency

Public Health is requesting continued level funding for the TB Control Program and initial funding for two new initiatives, a Bloodborne Infectious Disease Prevention Program and a Hamilton County Oral Health Coalition. In the 2014 Levy Review Report, HW & Co. observed that not only were confirmed TB cases dropping but so were latent cases. They also observed that over half of the people utilizing the services were recent foreign immigrants, including refugees and asylees who may not be U.S. citizens and thus not eligible for Medicaid. HW & Co. did not note any exorbitant or unreasonable costs with respect to the way Hamilton County Tuberculosis Control Clinic operates the stand-alone clinic. They also noted that based on previous recommendations, the capability to bill Medicaid for services was established and the program was expanding to also bill private insurers. Third party billing and revenues had increased to \$55,721 in 2016.

The newly proposed Bloodborne Infectious Disease Prevention Program is described as an efficient way to reduce the transmission of infectious diseases such as hepatitis B and C as well as HIV that may impact people using intravenous drugs and those who have sexual encounters with injectable drug users. It is also an important gateway to treatment and prevention services for users with opiate addiction.

D. Qualitative Considerations

Besides the Ohio Revised Code requirement for each Board of County Commissioners to provide for a Tuberculosis Control Unit, the infectious nature of the disease makes it vital to stay vigilant against the disease. While Hamilton County is experiencing a decline in cases, Tuberculosis was among the top 10 causes of death worldwide last year. The TB Control Program serves an important public health purpose in protecting the quality of life for Hamilton County residents.

The proposed Bloodborne Infectious Disease Prevention Program has the potential to reduce costly infectious diseases that are associated with sharing needles among injectable drug users. It can be an important part of the response to the escalating heroin and opioid epidemic. Most importantly, Public Health believes that it will facilitate prevention and treatment services.

The request for support to establish and coordinate a Hamilton County Oral Health Coalition comes as a recommendation from the July 2015 Hamilton County Oral Health Needs Assessment and Recommendations to Inform a Strategic plan. There is a significant unmet dental need in Hamilton County as identified by the adult dental-related emergency department rate per 100,000. Hamilton County's rate is 1,339 compared to the national rate of 857. This suggests that residents have poor access to primary dental care services.

E. Observations and Recommendations

The Tuberculosis Control Unit continues to efficiently provide a statutorily required service. They have fulfilled recommendations to pursue available Medicaid funding as well as other third party billing. Continued effort to establish Medicaid eligibility and bill responsible third parties will minimize the impact on County levy funds. The requested level funding of \$888,000 per year appears to be reasonable and is less than the projected costs of the program (2017 - \$984,103 and 2018 - \$976,299).

Public Health has requested first time Health and Hospital Indigent Care Levy funding for a comprehensive harm-reduction bloodborne infectious disease prevention program. They have requested \$150,000 a year to provide testing, counseling, education and referral to treatment services in addition to a needle exchange. Current studies have shown that comprehensive harm-reduction programs have been successful in decreasing the transmission of bloodborne infections. Public health is leveraging other local and regional resources to match the requested funding for a total of \$325,000 to operate up to seven sites in Hamilton County. Billing Medicaid and other third party payers for covered services such as laboratory testing should help reduce the costs. Public Health believes this program will also be an important connection into treatment and prevention services those with opiate addiction. The Tax Levy Review Committee (TLRC) should consider this request in conjunction with other drug related requests.

The final request that Public Health is making is related to dental access issues in Hamilton County. The Hamilton County, Ohio Oral Health Needs Assessment and Recommendations to Inform a Strategic Plan report from July 2015 clearly indicated a need for increased access to dental care for indigent people living in Hamilton County. The report identified ER utilization for dental care that was above the

national average. The \$72,000 request by Public Health for personnel /consultants to engage the community in addressing dental access needs is in line with the report's recommendations. The Tax Levy Review Committee should review all existing dental access efforts in Hamilton County to determine how best to accomplish a combined effort and to determine other possible resources to support Public Health. For example, Medicaid managed care plans are responsible for dental access for Medicaid consumers and should be a partner in improving access. There is also another proposal from Mercy requesting tax levy funds to address the dental access issue. All dental initiatives should be considered collectively to ensure the most effective use of tax dollars.

IX. Central Clinic - Alternative Interventions for Women

Central Clinic – Alternative Interventions for Women	2017 Levy Funds Received	Avg. Yrly. Request 2018-2020
	\$425,000	\$527,000

Overview of Program Services

Agency/Organization

The Alternative Interventions for Women (AIW) program was developed in 2001 with the goal of reducing the likelihood of future court convictions for women who have both mental health and substance use disorders. AIW provides gender specific programming because men and women's needs in recovery are different, due to women's higher rates of mental health issues and trauma histories. Women respond better in same sex programming because they feel more comfortable sharing openly in a women-only setting. The goal of the AIW program is to reduce the likelihood of future court convictions of women who have been referred for services. AIW's current recidivism rate for AIW graduates is 9% based on a three-year post-graduation rate of convictions.

Overview of Program Services

AIW provides assessment, care coordination, and tailored day-treatment for court-involved women who have a co-occurring mental health and substance abuse disorders. Offered at Court Clinic (a division of Central Clinic), AIW is a collaborative program with Pretrial Services and the county's probation departments. 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.

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. 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.

The AIW program provides a needed service to a vulnerable population of female criminal offenders in Hamilton County. The need for services such as these is underscored by the rising rates of opiate addicted pregnant or parenting women in Hamilton County. Per a 2013 study by ODADAS, Hamilton County is one of the top 20 counties in Ohio for rates of opiate addiction among pregnant or parenting women. In 2011, of each 100,000 women admitted into medical treatment were found to suffer from opiate addiction, an increase of more than 180% since 2004. Especially in the context of the opioid crisis, the AIW Program appears successful to-date, as evidenced by its consistently low recidivism rates. As expressed in the program's prior request for levy funding, the recidivism rate for the AIW program is 24%, which is based on a running three-year measure. The typical female in the program has been in jail 4 to 5 times and has failed multiple treatment programs by the time they are referred to AIW."

Alternative Interventions for Women estimates total expenditures of \$627,198 for 2017. AIW is requesting \$527,000 annually from the 2017 levy. This is an increase from current levy funding of \$425,000 per year. AIW is expecting to lose \$102,000 from the State felony funding as of June 30, 2017. They are requesting an increase in annual funding from the Indigent Care Levy to cover some of that loss, and to assure programming can continue at the same level.

A. Financial Analysis

On average from 2014 to 2016, AIW served 87 clients per year. Program participants are a varied group of women. Approximately 70% were under age 40, 37% had less than a high school education, and 70% were Caucasian. Clients served by AIW are randomly screened for substance use. Overwhelmingly, most women do not test positive for substances when enrolled in AIW.

From 2014 to 2106, AIW recognized 52 women for completing the program. At completion, they could achieve sobriety and self-sufficiency. Many clients are re-united with their children after successfully completing the program. AIW graduates typically spend one year in the program from start to finish. At completion, 100% improved their overall functioning and therefore achieved their treatment goals, 98% are in stable housing, and 69% are employed. Continuity of care is critical and therefore following program completion all women are offered to continue with individual services at Court Clinic. Following graduation, 9% of graduates have been convicted of an additional charge (a three-year post-graduation recidivism rate of convictions).

During this same time, 125 women did not successfully complete AIW. When women were administratively discharged from the program those situations are classified into the following categories: non-compliance (due to attendance, behavior and/or abstinence requirements), transferred to a higher level of care, declined services, incarceration, issues with probation (moved to another county or inappropriate level), and declined due to serious medical issues. When women suffer from these issues, it is quite common for their first attempt at services to not be successful. AIW staff recognizes that it takes time and multiple attempts for a woman to making lasting changes in her life. The most common reason for discharge from the program was for non-compliance issues (59%), while those transferred to residential care accounted for 28% of the administrative discharges.

As of February 2017, there were 25 women participating in AIW program, with five additional clients in aftercare. A graduation for four women was scheduled for April.

Alternative Interventions for Women Clients Served			
	2015	2016	2017 (Est.)
Total Clients	86	87	84
Hamilton County Residents Served	83	85	81
Service Detail (in hours)			
In-Depth Assessment (by report)	6	11	9
Assessment	180	203	216
Community Psychiatric Supportive Treatment	144	225	460
Individual Therapy	876	768	712
Pharmacologic Management	96	113	136
Consultation Services	204	190	184
Group Services	15,000	15,614	15,146

The financial cost of AIW averaged \$7,183 per client per year in 2016. For 2017, AIW estimates a small increase in annual cost per client of \$7,466. Approximately 90% of AIW cost is for staff wages, benefits, payroll taxes, and contracted services. The next greatest costs are building-related expenses including rent, followed by expense for catered lunches.

Alternative Interventions for Women Revenue and Expenditures			
	2015	2016	2017 (Est.)
Revenue	\$638,196	\$626,769	\$603,522
Federal and State (Medicaid)	\$110,696	\$99,269	\$127,272
Levy	\$425,000	\$425,000	\$425,000
Other (State Felony Probation Grant)	\$102,500	\$102,500	\$51,250
Expenditures	\$643,618	\$631,187	\$627,198
Salaries/ Benefits	\$518,504	\$508,134	\$505,593
Professional Services	\$4,347	\$4,173	\$4,048
Program Expense – Catering	\$22,380	\$21,709	\$21,275
Supplies / Printing / Postage	\$5,608	\$5,440	\$5,222
Telephone	\$14,608	\$14,316	\$14,173
Rent / Occupancy	\$59,345	\$58,870	\$58,635
Individual Assistance (Bus Tickets)	\$5,478	\$5,533	\$5,367
Travel	\$2,739	\$2,684	\$2,630
Insurance	\$6,869	\$6,663	\$6,623
Administrative	\$3,740	\$3,665	\$3,632

While AIW receives some Medicaid funding for covered services, Medicaid does not cover all program costs. In 2017, AIW will lose \$102,00.00 from state felony probation money. If more funding is obtained, AIW can expand space and program services. Currently, they are at their maximum based on space and funding available.

B. Comparisons, Modeling, and Benchmarking

HMA understands that most counties in Ohio have some form of addiction diversion program. These programs are usually housed in the local prosecuting attorney's office. Their funding and staffing are within that office's budget and not identified separately.

C. Services Delivery and Efficiency

AIW provides court-ordered services to women with co-occurring mental health and substance abuse disorders who are involved with the criminal justice system. Per information supplied by AIW, outcomes measures show improvements in critical outcomes: 9% recidivism rate (a three-year post-graduation rate of convictions), graduates achieved sobriety and self-sufficiency, and clients reunite with children after successful completion of the program. In addition, 100% of clients show improvements in overall functioning and achieve treatment goals (e.g., 98% stable housing, 69% employed).

D. Qualitative Considerations

A 2013 study by the Ohio Department of Drug and Alcohol Services (ODADAS) found that Hamilton County was one of the top 20 counties in Ohio for rates of opiate addiction among pregnant or parenting women. The report further found that the “AIW program appears to be successful to-date as evidenced by its consistently low recidivism rates.” “The recidivism rate for the AIW program is 24%, which is based on a running three-year measure. The typical female in the program has been in jail 4 to 5 times and has failed multiple treatment programs by the time they are referred to AIW.”

E. Observations and Recommendations

Alternative Interventions for Women currently receives \$425,000 a year from the HHIC Levy. They are requesting \$527,000 a year with the new levy. The stated reason for the \$102,000 increase is because they will lose \$102,000 from State felony funding as of June 30, 2017 because the women they serve in the AIW program no longer meet the State’s felony programming criteria.

AIW stated in their 2017 levy request that ideally they would like an increase to \$527,000 but “if funds are only available at the \$425,000 level, we would adjust our program accordingly to stay within the budgeted amount.” It is recommended that the TLRC request further details about what AIW would do if there was continued funding at the \$425,000 level and whether the program would be compromised significantly. Also, while the prior levy report assumed that the \$100,000 from MHR SB to the Court Clinic funded other aspects of the AIW program or other services within Court Clinic, it should be clearly understood how the dollars are used.

Additionally, because these women are not incarcerated while they are participating in the program, it is likely that they would be Medicaid eligible. Medicaid eligibility should be aggressively pursued because many, if not most, of the services provided will be Medicaid covered. Medicaid is undergoing two major transformations that make the possibility of increased revenues possible. First is the Medicaid behavioral health redesign. This is a transformative initiative aimed at rebuilding Ohio’s community behavioral health system capacity. Key proposals include adding new services for people with high intensity service and support needs and aligning the procedure codes used by Ohio’s behavioral health providers to better integrate physical and behavioral healthcare.

The second initiative is to carve behavioral health into the Medicaid managed care plans in January 2018. The managed care plans will be held accountable for cost and quality outcomes and could be good partners for AIW around a very vulnerable population. The link with Medicaid can provide not only revenue to sustain the program but can offer the opportunity for integrated services that will support both the physical and behavioral wellbeing of the women.

X. St. Vincent de Paul Charitable Pharmacy

St. Vincent DePaul Charitable Pharmacy	2017 Levy Funds Received	Avg. Yrly. Request 2018-2020
	\$150,000	\$200,000

Overview of Program Services

Agency/Organization

St. Vincent de Paul Charitable Pharmacy is a local Cincinnati pharmacy operated by the Cincinnati District Council of St. Vincent de Paul. St. Vincent de Paul is an international, faith-based charitable organization that provides support to those in need in their community. In Ohio, the Cincinnati District Council of St. Vincent de Paul has worked closely with the Cincinnati and Hamilton County populations.

The Charitable Pharmacy is currently operating in two locations and is the only free standing pharmacy in southwest Ohio that provides completely free medication and professional pharmaceutical care. In addition to a full-time professional staff (three pharmacists, two pharmacy technicians and one patient advocate), and utilizing part-time pharmacists, they also utilize volunteer pharmacists, pharmacy students and advocates to not only provide medication but also to promote health through medication reviews, health screenings, and referrals for primary care when needed.

First opened in 2006, the St. Vincent de Paul Charitable Pharmacy is the only free standing pharmacy in southwestern Ohio dedicated to the unique mission of providing free pharmaceutical care to individuals who do not have insurance coverage and to underinsured individuals whose expenses exceed their income. The Charitable Pharmacy serves as the pharmacy of last resort for those who do not qualify for other programs or are unable to pay for discounted medication, helping to avoid unnecessary emergency room visits for prescription refills. The original Charitable Pharmacy is located at 1125 Bank Street, in Cincinnati's West End, and it has increased its services each year since its opening.

The Charitable Pharmacy serves a wide cross section of uninsured or underinsured Hamilton County residents who are not typically part of the University Hospital and Children's Hospital medical systems. The Charitable Pharmacy also serves clients of behavioral health agencies including the Talbert House that are currently funded by Hamilton County levies. Most of the referrals to the Charitable Pharmacy come from hospital systems (79%) and low cost medical clinics (10%).

The Charitable Pharmacy is currently funded at \$450,000 over the 3-year period of 2015-2017 and is requesting \$200,000 a year (\$600,000) for 2018-2020.

The Charitable Pharmacy opened a second pharmacy in February, 2016 within one of their thrift stores and reported an all-time high for prescriptions filled of 48,318 for 2016. Based on 2016 Charitable Pharmacy budget numbers including value of in-kind donations, the levy represented just over 2% of a total \$6,895,693 budget.

A. Financial Analysis

St. Vincent de Paul Charitable Pharmacy serves as a last resort safety net pharmacy for Hamilton County providing medication at no charge. About half of the individuals seeking help from the Charitable Pharmacy are from the city, and the other half from the suburbs. They serve a variety of clients including individuals who are working poor with inadequate or no prescription insurance, unemployed individuals, residents of the drug treatment program at Talbert House, and individuals leaving incarceration. Clients with diabetes represent 48% of the clients served by the Charitable Pharmacy.

Since Medicaid expansion in Ohio and the Affordable Care Act the Charitable Pharmacy has seen an increase in assistance for underinsured clients. About 50% of patients have some insurance, which is a significant shift from 2006 when 100% of clients were uninsured. Some clients seek assistance due to unaffordable copays, sometimes over \$500 per month. Others fall into coverage gaps (i.e. donut hole), or are experiencing Medicaid eligibility delays. Additional reasons for increases include greater accessibility at the second location opened and improved patient medication adherence. The Charitable Pharmacy does not provide prescription assistance to Medicaid individuals.

The underinsured patients served by St. Vincent de Paul generally have either Medicare Part D, ACA (i.e. Marketplace), or private insurance. The pharmacy does not currently track how many are specifically Part D, but indicated the majority of the insured have Part D. The client certification process to determine eligibility for assistance includes verifying income and expenses, and expenses must be at least as high as income to qualify. The process allows for individuals with higher incomes and legitimately higher expenses to qualify for the program. In the case of Medicare patients, some have incomes higher than that allowed under Medicare's Extra Help program (\$18,090 for an individual in 2017) but have extraordinary expenses that qualify them for the Charitable Pharmacy's program. Some of the Medicare Part D patients are in the "donut hole" and need assistance temporarily. Overall, the Charitable Pharmacy tries to be vigilant to assure only those who need the help get it.

The following table provides the number of clients who have had prescriptions filled as well as other services provided by the Charitable Pharmacy. From 2015 to 2017 the Charitable Pharmacy has seen a steady increase in the number of clients served and prescriptions filled.

St. Vincent de Paul Charitable Pharmacy Clients Served			
	2015	2016	2017 (projected)
Total Clients by Charitable Pharmacy			
Pharmacy Certifications	1,231	1,327	1,425
Monthly Average Pharmacy Clients	453	473	490
Service Detail			
Prescriptions filled	39,464	48,318	52,500
Medication Therapy Management (MTM) Outcomes (CMRs/ECA)	1,213	1,296	1,425
Influenza and Pneumonia Immunizations	72	72	100
Diabetes Self-Management Education	299	455	485
Smoking Cessation	Program had not started	Pilot Program started	120 patient study
Resident/Intern On-Site Training	40	52	55

The Charitable Pharmacy is currently during a campaign for a new building directly across the street from their main pharmacy downtown. This would allow the pharmacy to be open six days a week, an increase from the current four days it is open. Based on their experience when they opened the new thrift store location in February 2016, they anticipate increase demand with the additional hours and more space.

In 2016, the St. Vincent De Paul Charitable Pharmacy had \$763,082 in revenue and \$725,532 in expenses. The Charitable Pharmacy totaled \$6,132,611 in in-kind donations and experienced \$5,669,375 in in-kind expenses. Through December 31, 2016, the Charitable Pharmacy had dispensed a total of 338,153 prescriptions with a total estimated retail value of \$37,932,680 since opening in 2006. The Charitable Pharmacy projects steady growth in expenditures into 2017 as more clients are served.

The Charitable Pharmacy is currently funded at \$450,000 over the 3-year period of 2015-2017 and is requesting \$200,000 a year (\$600,000) for 2018-2020. The Charitable Pharmacy opened a second pharmacy in February, 2016 within one of their thrift stores and reported an all-time high for prescriptions filled of 48,318 for 2016. Based on 2016 Charitable Pharmacy budget numbers including value of in-kind donations, the levy represented just over 2% of a total \$6,895,693 budget.

St. Vincent de Paul Charitable Pharmacy Revenue and Expenditures			
	2015	2016	2017 (projected)
Revenue	\$5,239,477	\$6,895,693	\$7,412,116
Federal and State	\$0	\$0	\$0
Levy	\$150,000	\$150,000	\$150,000
Other	\$5,089,477	\$6,745,693	\$7,262,116
Expenditures	\$4,932,269	\$6,394,910	\$6,948,805
Administrative	\$96,520	\$115,657	\$138,976
Services	\$4,835,749	\$6,279,253	\$6,809,829
Service Detail			
Prescriptions filled (value of prescriptions filled at AWP)	\$4,826,373	\$6,461,783	\$7,087,500
Medication Therapy Management (MTM) – Estimated Cost Avoidance	\$1,600,000	\$2,980,000	\$3,100,000
Influenza and Pneumonia Immunizations	\$0	\$0	\$0
Diabetes Self-Management Education*	\$10,000	\$6,500	\$7,000
Smoking Cessation*	NA	\$7,680	\$8,500
Resident/Intern On-Site Training*	\$60,000	\$50,000	\$48,500

*Expenses incurred but no revenue received.

For every dollar received, the Charitable Pharmacy can dispense at least \$9.00 worth of medication. This is in part because approximately 75% of prescriptions filled are with donated medications. The medications that are purchased by the Charitable Pharmacy are largely inexpensive generics. They also have some contracts with companies they purchase prescriptions from that include a large volume of donated medications. The Charitable Pharmacy is not eligible for 340b pricing as a health entity, and they do not believe partnering with a 340b entity is viable because of the need to segregate different medication inventories. Under their current structure they already operate from three different inventories, and they work with four hospital systems and other diverse entities that would likely make inventory management very difficult and labor intensive.

B. Comparisons, Modeling, and Benchmarking

St. Vincent de Paul Charitable Pharmacy is one of only three free standing charitable pharmacies in the State of Ohio. The others are the Prescription Assistance Network of Stark County and the Charitable Pharmacy of Central Ohio. All three pharmacies limit services to residents of their respective county and base eligibility on the beneficiary's income and health insurance.

There are other charitable pharmacies in Ohio, but most are either affiliated with a hospital or a Federally Qualified Health Center/Free Clinic.

Charitable pharmacies were not allowed under Ohio law until 2006. Rules enacted on January 1, 2006 set the criteria for the establishment of Charitable Pharmacies. St. Vincent de Paul Charitable Pharmacy was the first to open in 2006. The Prescription Assistance Network of Stark County began operating in 2009 and the Charitable Pharmacy of Central Ohio in 2010.

Comparisons of revenues between Charitable Pharmacy of Central Ohio and St. Vincent de Paul Charitable Pharmacy is difficult. Most the revenue reported is in the form of donated pharmaceuticals. However, the Charitable Pharmacy of Central Ohio did report Grants and Contributions of \$401,174 in 2015.

C. Services Delivery and Efficiency

Consistent with the previous levy program report by HW & Co., St. Vincent de Paul Charitable Pharmacy continues to be committed to using volunteers and donated drugs to reduce the costs of providing prescriptions to indigents in Hamilton County. In 2013, 151 volunteers provided 8,661 hours of service and 70% of prescriptions were filled with donated medication. In 2016, a total of 208 volunteers provided 12,539 hours of service and 76% of prescriptions were filled with donated medication. A key contract requirement limits services to those provided to Hamilton County residents. The 2014 report found that 87% of the prescriptions filled met this requirement, and the Charitable Pharmacy reports 87% of prescriptions were filled for Hamilton County residents in 2016. The report recommended continuation of these strategies and the Charitable Pharmacy has fulfilled these recommendations. In their December 2016 request for funding, they reported that now 75% of their prescriptions are filled with donated medication.

D. Qualitative Considerations

St. Vincent de Paul Charitable Pharmacy stated in the 2014 levy report that after six months of using the pharmacy, patients reporting emergency room visits went from 44% to 35% and patients without a medical home decreased from 31% to 7%. In 2016, patients reporting emergency room visits went from 50% to 31% and patients without a medical home went from 22% to 6%. In the request for the upcoming levy, the Charitable Pharmacy has a more robust clinical program and a more refined and outcomes-based provision of health care. Their metrics now identify improvements in medication adherence and diabetes care in addition to the emergency room and medical home metrics. The provision of comprehensive medication reviews completed as part of the Pharmacy's Medication Therapy Management program is an important service that augments the provision of medication and promotes medication adherence. In addition to these important services, the Charitable Pharmacy model continues to find medical homes for those needing them. Based on their health outcomes data, they estimate nearly \$5.3 million in healthcare cost avoidance from 2014 to 2016 because of these services.

E. Observations and Recommendations

Since the last levy review report, St. Vincent de Paul Charitable Pharmacy has opened a second charitable pharmacy in their Western Hills Thrift Store in February 2016 to increase accessibility for more Hamilton County residents. While they continue to rely on donated drugs, they report the increase in the cost of generic drugs and the ongoing shortage of donated insulin (48 % of the patients they serve are diabetic) are concerns. In 2016, the Charitable Pharmacy filled a record number of prescriptions at over 48,000, demonstrating a continuing need in the community. While the value of the drugs provided, over \$6 million in 2016, may be overstated based on using AWP as the cost estimate, they are providing essential care at a minimal cost.

The Charitable Pharmacy checks patient eligibility every six months in accordance with their contract with the county. The contract addresses the residency requirement and the eligibility requirement. The eligibility requirement simply states “if expenses equal or exceed income, then a client becomes eligible for up to six months of prescription drug coverage at no charge. The contract further states that proceeds from the tax levy will be used as the “payor of last resort” and specifically identifies Medicaid and Medicare as funds that must be accessed first.

Pharmacy statistics show a decline in prescriptions filled between 2013 and 2014 when Medicaid expansion occurred. According to the Ohio Medicaid Group VIII Assessment: A Report to the Ohio general Assembly, in May 2016, Ohio’s Medicaid coverage of the expansion group reduced the percentage of Ohioans ages 19-64 with family income at or below 138% FPL without insurance from 36.1% in 2008 to 14.1% in 2015. Ohio is proposing to keep the expansion population as part of the proposed 2018-2019 budget and eligibility determinations should continue to be aggressively pursued. Even with Medicaid expansion, prescriptions filled by the Charitable Pharmacy have increased in 2016 with the addition of the new pharmacy, better adherence, and the coverage of more patients that were underinsured, such as those with Medicare Part D. It appears that the Charitable Pharmacy is doing a good job determining eligibility but employing strategies to improve, even at the margin, other third party coverage will increase the number of people served with tax dollars.

Additionally, HMA recommends that the Charitable Pharmacy pursue strategies to purchase the drugs they cannot acquire for free at the lowest possible purchase price. Negotiating with manufacturers for rebates or discounts approximating 340B prices will ease the impact of escalating drug prices. Helping patients access the free drug programs offered by manufacturers can also reduce costs, particularly for the more expensive drugs. With the national coverage climate so uncertain at this time it is particularly important that St. Vincent de Paul Charitable Pharmacy remain a viable safety net indigent residents of Hamilton County.

XI. Heroin Coalition

Heroin Coalition	2017 Levy Funds Received	Avg. Yrly. Request 2018-2020
	\$200,000	\$200,000

Agency/Organization

The Hamilton County Heroin Coalition is a member of the larger Inject Hope Regional Collaborative. They work at the county level to partner with public health officials, law enforcement, prevention agencies, and treatment providers. Their overarching goal is to address the immediate and long-term opiate and heroin epidemic within Hamilton County. They are committed to reaching their goal through prevention and public education efforts; increased and improved access to treatment; harm reduction practices to reduce the number of fatal overdoses and their consequences; and controlling the supply of heroin and opiates available.

Overview of Program Services

The Coalition focuses on four key areas:

- Boosting prevention and public education efforts
- Increasing and improving access to treatment
- Reducing the number of fatal overdoses/reducing the harm and consequences
- Controlling the supply

Public Education and Prevention

To further their public education services, the Heroin Coalition has developed a website that gives residents information on substance abuse and how to get involved. It also offers avenues for those seeking treatment and assistance. They are also promoting their Regional Public Awareness Campaign that uses brochures, resource guides, and other printed material to educate people on opiate and heroin addiction as well as resources for treatment.

Harm Reduction

Much of their harm reduction work is focused on strategies that reduce the incidence of death due to overdose. These include providing law enforcement with increased access to Narcan, promotion of a “quick response team”, and the creation of the Hamilton County Public Health Healthcare Opiate and Heroin Response Committee. They also are employing advocacy strategies to allow purchase of naloxone over-the-counter; and are working with programs that are trying to reduce the spread of bloodborne pathogens.

Increased Access to Treatment

The Heroine Coalition is committed to using advocacy strategies to promote legislative changes that allow for increased state and federal funds for local treatment efforts. They have also developed a recommended treatment plan that calls for the expansion of treatment, detox, and recovery services within Hamilton County.

Supply Control

For their supply control efforts, the Heroin Task Force, which is led by the Police Chiefs' Association works to track heroin-related incidences, which includes overdoses and trafficking. They are also utilizing hot spotting information provided by the Greater Cincinnati Fusion Center. They also collaborate with more regional tracking efforts and with advocacy groups working towards legislative changes at state and federal levels.

Financial Analysis

Based on the 2015 Strategic Plan, most the Heroin Coalitions funds come from the Mental Health Recovery and Services Board.

Comparisons, Modeling, and Benchmarking

Amid the opioid crisis, several states and communities have established similar coalitions. Funding and sources vary across programs.

Observations and Recommendations

States and communities are likely to experience an influx of funding from multiple sources to support efforts to the Hamilton County Heroin Coalition (please see the Mental Health and Recovery Services Board - Alcohol and Other Drug Addiction Services section of this report). It is likely that funds provided by the levy may be replaceable by other sources over time. However, given the severity of Hamilton County's crisis (i.e., a 360% increase in the number of individuals under treatment for opioid use from 2010-2015) the current funding and collaborative infrastructure offered by the existing framework may need to remain intact for the foreseeable future.

XII. Mental Health Recovery Services Board – Off the Streets

Mental Health Recovery Services Board – Off the Streets	2017 Levy Funds Received	Avg. Yrly. Request 2018-2020
	\$65,000	\$65,000

Overview of Program Services

Agency/Organization

Off the Streets (OTS) is an award-winning, evidence-based program dedicated to serve the needs of women with histories of sex trafficking and exploitation. OTS utilizes a culturally-sensitive, trauma-informed model to help survivors of sex trafficking find safety, recovery, empowerment and re-integration. The program is organized using an inter-system community collaborative approach involving representatives from the government, substance abuse, and mental health treatment providers, the criminal justice system, social service agencies, communities, and survivors of sex trafficking throughout Cincinnati and Hamilton County. Cincinnati Union Bethel is the lead agency for this program.

The program coordinates services to assist women involved in sex trafficking and exploitation move toward safety, recovery, empowerment, and community reintegration. Historically, the program was funded by the Family services and Treatment Levy (FST). Focus areas include emergency needs, housing, medical care, mental health, substance abuse, education, and employment.

OTS was previously located in a historic building in Lytle Park since it began providing services in 2006. In spring 2015, a new building, located on Reading Road features improved Off the Streets dormitory-style units and 85 studio apartments. One half of these studio apartments house women who are certified to be both homeless and suffering from a disabling condition, while the other half will be set aside for women who are certified to be low-income only. The building project costs were \$14 million, \$4 million and provided by the buyers of the original Anna Louise Inn in Lytle Park.

Programs and Services Funded by Levy

OTS provides comprehensive intake interviews, observes clients, and provides client-based services. LISWs complete diagnostic assessments (DAFs) for clients and assess, develop, implement and evaluate effective and efficient treatment plans to appropriately meet the needs of individual clients utilizing program, agency, and community resources. They also offer community referrals for medical services, dental care, family planning services, and legally permissible OBGYN care.

In addition to providing housing, the program offers non-traditional group services to assist women through the recovery and empowerment process. Groups are facilitated by volunteers and staff, and provide opportunities for women to learn new life skills, as well as to address the trauma they have experienced. Groups include budgeting, life skills, relapse prevention, health and nutrition, relationships, creative writing/journaling, stress management, exercise, women's issues, as well as others. Staff also works with women to identify their individual needs and to connect participants to

appropriate services within the community to address their needs. Focus areas include housing, medical care, substance abuse and mental health treatment, education, and employment. The information provided by OTS in response to our request tells a clear and persuasive story about the needs met by this program. By offering women engaged in prostitution a comfortable and safe place to live until they can find stable housing, and by offering supportive services and counseling to these women at this site, Off the Streets provides a tangible community benefit.

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

Current Levy Funding

In the prior levy cycle, the TLRC viewed the request for levy funds as potentially duplicative given an approximately \$2 million increase in increased funding for Strategies to End Homelessness (STEH) to address homelessness and housing. The TLRC recommend conditioning the STEH levy funding on having STEH work with the Off the Streets program to help secure housing for the women in the OTS program in the women's shelter that is part of the STEH program and assistance with permanent housing from the STEH supported programs.

The committee recommended that the current funding for OTS be renewed (at its current level) and transferred from the FST levy to the HHIC levy since the OTS program is principally serving indigent women. Actual funding for OTS under the Family Services and Treatment Levy for 2012 was \$63,835 and showed a modest increase in 2013, to \$68,690. The 2014 budget for the levy's funding of OTS was \$64,337, while the 2015 proposal asked for \$125,430.

Total 2016 revenue for OTS was \$463,313 and 2016 expenses were \$435,080. For the upcoming levy period, the Mental Health and Recovery Services Board is requesting \$65,000 for Cincinnati Union Bethel's OTS program.

A. Financial Analysis

Since 2006, OTS has served over 900 women. All aspects of the program are client-centered, nonjudgmental, and supportive. OTS has an open door, open arms policy. The demographic mix of clients is 60% Caucasian, 35% of clients are African-American, and 5% other. Of the women who engage for 30 days or longer, 100% are provided emergency housing and receive medical care, 73% connect to substance abuse services, and 68% received a mental health assessment/services.

OTS served 62 Hamilton County residents in 2015 and 63 in 2016. In 2015 and 2016, all residents served received immediate emergency housing, medical care, case management services, and connection to substance abuse services. Over 65% of residents received mental health assessment/services and daily education and support groups in 2016.

As of May 2017, OTS has served 38 women in-house at the Anna Louise Inn and an additional 49 women through a new collaboration with the Hamilton County Justice Center Heroin Recovery Pod Pilot Program, for a total of 87 women year-to-date. The Heroin Recovery Pod Pilot Program is designed to offer services such as peer mentoring, housing, employment, and community guidance to incarcerated women who are addicted to heroin and opiates. The Recovery Pod offers the added benefit of a community perspective of victim-centered services for sex trafficked and addicted women. An OTS case manager attends the Recovery Pod Pilot Program twice weekly for a total of two hours per week. They provide education, support, and open dialog to address addiction as it directly relates to sexual exploitation and human trafficking. This is done by addressing topics such as relapse prevention, self-worth, feelings and addictive behaviors. These feelings and behaviors are directly linked to domestic violence, trauma, domestic trafficking, victimization and violence. The Recovery Pod helps reduce the communication barrier between providers, community collaboration, and the legal system. Simply stated, the women begin to believe and trust that they matter and are worthy of the help available to them. Intakes/assessments for in-house OTS programming are also provided to women in the Recovery Pod, and they are immediately placed on a waiting list to enter the in-house OTS programming when they are no longer incarcerated.

Off the Streets Clients Served			
	2015	2016	2017 (year to date)
Total Clients			
Hamilton County Residents Served	62	63	87
Service Detail			
Immediate Emergency Housing	62	63	38
Heroin Recovery Pod Program	0	0	49
Medical Care	62	63	33
Case management services	62	63	33
Connection to substance abuse services	62	63	33
Mental health assessment/services	42	41	33
Daily education and support groups	42	41	33
CHANGE Court	2	6	9

From 2015 to 2017 OTS has experienced significant growth in revenue and expenditures. As a percent of total revenues, levy funding has decreased from accounting for approximately 24% of revenues in 2015 to only 10% in 2017. OTS has budgeted for significant growth in federal and state revenue in 2017 to account for approximately 54% of funding compared to 0% in 2015. As a percent of total expenditures, administrative expenses have decreased from 2015 to 2017. In 2015 administrative expenses

represented approximately 25%, while in 2017 administrative expenses are budgeted to be only 15% of overall expenditures.

Off the Streets Revenues and Expenditures			
	2015 (Actual)	2016 (Actual)	2017 (Budget)
Revenue	\$266,860	\$463,313	\$641,774
Federal and State	\$0	\$50,081	\$349,136
Levy	\$65,000	\$65,000	\$65,000
Other	\$201,860	\$348,232	\$227,638
Expenditures	\$300,486	\$435,080	\$641,774
Administrative	\$74,831	\$95,077	\$95,000
Services	\$225,655	\$340,003	\$546,774

As OTS moved from the old downtown location to the new facility, they recognized the need to expand staffing and move towards 24-hour staffing. New funding from United Way and Justice Assistance Grant supported the additional staff and related costs. In 2016, OTS received a state grant to fund additional staff. The Justice Assistant Grant will provide about \$40,000 in funding for 2017 and \$16,000 for 2018 at the end of the funding cycle. They were also awarded a Federal grant for Domestic Victims of Human Trafficking from Health and Human Services in 2016. This grant is \$300,000 in funding per year for three years and will fund additional staffing including an LISW and a significant subcontract with the University of Cincinnati for data collection and analysis, as well as enhanced group services. This grant will also allow them to complete their transition to 24-hour staffing. OTS is in the process of gaining accreditation through CARF, however, they do not anticipate CARF accreditation and eligibility for Medicaid reimbursement until late 2017 or early 2018. Other revenue includes private funding including donations, special events, and United Way funding.

B. Comparisons, Modeling, and Benchmarking

Ohio Counties approach serving the Homeless in many ways. Funding and other resources also vary greatly. No other county in Ohio has a levy comparable to Hamilton County's Indigent Services Levy. Cuyahoga County and Montgomery County have comprehensive Health and Human Services Levies, but those levies serve many more purposes than indigent services, including Mental Health and Developmental Disabilities services.

Most counties have a board that oversees how funds are expended. In larger, more urban counties, the predominant city may have the lead role in staffing and grant writing. These boards are comprehensive in their oversight of homeless shelters, supportive housing, and other sheltered arrangements, such as battered women shelters. Hamilton County separates some of these services and funds them individually. Therefore county-to-county comparisons can be difficult.

Homeless and Supported Housing Comparison	
County	County Expenditures
Hamilton	\$ 2,000,000
Cuyahoga	\$5,334,744
Franklin	\$5,389,136
Lucas	No Data
Montgomery	No Data
Summit	No Data

C. Services Delivery and Efficiency

OTS is an inter-system community collaborative representing many partners from government, criminal justice, substance abuse, mental health social service agencies and others. The lead agency for OTS is Cincinnati Union Bethel. According to the 2014 HW & Co. Levy Review, Cincinnati Union Bethel was awarded the Mutual of America Foundation's Community Partnership Program as one of the top three programs of its kind in the nation.

D. Qualitative Considerations

The 2014 HW& Co. Levy Review report found that between 2006 and 2013, of the 384 women who stayed with the program 30 days or longer, 61% obtained stable housing, 88% reported no use of drugs and/or alcohol, 91% reported no involvement in prostitution and 84% did not have a conviction one year after leaving the program. While these results are positive, the report noted that attendance in the program has dropped significantly in recent years. On average 76 women sought services in 2011-2013 compared to 97 women in 2008-2010. The report cites the increase in opiate addiction as the reason. Women need to be stable and non-opiate addicted to participate in the program.

E. Observations and Recommendations

The 2014 Tax Levy Review Committee report recommended moving the OTS program from the Family Services and treatment Levy to the health and Hospitalization Indigent Care Levy in July 2014. The HW & Co. 2014 Levy Review report recommended that based on the reduced number of women eligible because of opiate addiction, that a focus on cost effective ways to treat women coming out of opiate addiction and entering the program be maintained. The report also said, "Given the challenge represented by opiate addiction, it is easier to commend in an unqualified way the increase in the program's 30-day retention rate from 58% in 2011 to 80% in 2013."

An increase from \$64,337 in 2014 to \$125,430 in 2015 was requested to reach more women and expand the base of services available, including housing. The 2014 TLRC report declined the request for additional funds because they were recommending approximately a \$2 million increase in funding for Strategies to End Homelessness and felt the Off the Streets request was duplicative. They also recommended conditioning the STEH levy funding on having STEH work with OTS to help secure housing

for the women. In a recent presentation to the TLRC, Cincinnati Union Bethel reported that 100% of the women were provided emergency housing and that 69% secured stable housing after completion of the program. For the current levy, Mental Health & Recovery Services Board is requesting \$65, 000 a year for the Off the Streets Program.

The 2014 Levy Review found that the OTS program provided services that are a “tangible community benefit.” With the increasing opiate addiction issues, that fact that 83.9% of program participants find sobriety and 82.3% are able to end their commercial sexual exploitation (as reported by Cincinnati Union Bethel in a recent TLRC meeting), makes this program a continued community benefit on multiple fronts.

OTS should benefit from the Ohio Department of Medicaid’s intent to “carve-in” behavioral health services and funding to traditional Medicaid managed care organizations (MCOs) since OTS will be positioned to seek funding from MCOs for the provision of mental health and substance use disorder (SUD) recovery support services. While Medicaid will not be able to provide funding for room and board, MCOs will be able to enter into contracts with organizations like OTS. To the extent OTS can identify performance metrics and estimate savings outcomes for interventions of potential interest to MCOs (e.g., reductions in infant mortality, reductions in the rate of neonatal abstinence syndrome (NAS), reductions in costs for SUD treatments and hospitalizations), OTS may be able to offset levy-funded services by earning Medicaid revenues.

HMA is aware of OTS’ plans to seek CARF accreditation and pursue certification by the Ohio Department of Mental Health and Addiction Services (ODMHAS) to be eligible for receipt of Medicaid payment. As such, HMA recommends that OTS also participate in billing and documentation training from ODMHAS or other sources to ensure they are prepared to meet Medicaid billing requirements.

XIII. Mercy Health

Mercy Health	2017 Levy Funds Received	Avg. Yrly. Request 2018-2020
	-	\$1,666,667

Expanding individualized, evidence-based approaches to opiate use disorder.

The Problem

Improving the health of the community is at the heart of Mercy Health’s mission. There are few greater immediate threats to the citizens of Hamilton County than the opiate epidemic, which resulted in 403 overdose deaths in 2016, according to Hamilton County Coroner Dr. Lakshmi Sammarco. In the same year, Mercy Health cared for 901 opiate dependent patients, providing nearly 4.5M in uncompensated care. Far more are living with addiction and opiate use disorder. For this reason, Hamilton County needs a comprehensive approach to combat the dual epidemics of opiate use disorder and injection related infections.

Infrastructure in Place for Success

In Hamilton County, Mercy Health’s footprint consists of three hospitals, six emergency departments (ED), nearly 7,000 employees, and approximately 160 other points of care. This vast network includes primary and specialty care practices, imaging centers and labs. In 2016, Mercy Health cared for patients through 164,000 emergency department visits and 30,000 inpatient admissions.

Mercy Health has changed its culture of care to reduce the stigma of addiction disorders by treating all patients, no matter their condition, without shame and without judgment. Treatment options already in place include the “Screening, Brief Intervention, Referral for Treatment” (SBIRT) screening program, and Clinical Opiate Withdrawal Scale (COWS) protocol. These approaches are inclusive of an electronic order-set, partnership with community providers of Medication Assisted Treatment (MAT) and supplying Narcan (Naloxone) overdose response kits to at risk patients and families. Through the Behavioral Health Institute, we have clinical expertise with intensive outpatient therapy to complement social and medical therapies for Hamilton County residents seeking treatment.

Key Metric

Sobriety at 30 days post detoxification. Mercy Health tracks this measure and will expand upon processes already in place. Mercy Health will also develop a series of process measures as we implement interventions, including expanding the database of those with opiate use disorders across healthcare systems using existing electronic medical records platforms.

Evidence-based Strategies

The U.S. Department of Health and Human Services (HHS) has brought five specific strategies to fight the opioid epidemic that will save lives and reduce injection-related infectious disease. These are: (1) improving access to treatment and recovery services; (2) promoting use of overdose-reversing drugs; (3) strengthening our understanding of the opioid epidemic through better public health surveillance; (4) providing research and support for pain management and addiction; and (5) advancing better practices for pain management. During the past two years, Mercy Health has increased its experience and data collection/analysis in each of these five areas.

Mercy Health's proposal provides demonstrable scale that would enable the execution of the five aforementioned points contained within the Surgeon General's Report on Alcohol, Drugs, and Health.

- 1) SBIRT public health initiative - This data forms the basis for a comprehensive, HIPPA-compliant database of opiate use disorder patient. Emergency departments can share this information across healthcare systems through "Care Everywhere." This allows for a continuum of care that follows the patient.
- 2) COWS voluntary inpatient medically-assisted detoxification - Mercy Health offers a voluntary program for patients to schedule admission for inpatient-level, medically-assisted detoxification run in partnership with community-based MAT providers.
- 3) Chronic disease management of opiate use disorder - Through formal partnerships with MAT providers, Mercy Health cares for medical co-morbidities through existing free or reduced cost clinics with options for treating hepatitis C and HIV. Mercy Health used trained peer counselors as care coordinators and hospital and ED based case management to provide holistic care for patients.
- 4) Improve access to care - With support from indigent levy funds, Mercy Health will continue to develop multiple care delivery points for substance use disorders throughout Hamilton County. Mercy Health will augment the addiction treatment clinics with medical residency training, develop a comprehensive pain management center and grow prevention efforts by developing and supporting comprehensive community education and awareness programs and scaling them across the region. We also will continue to provide care consistent with the recommendations in the Surgeon General's report, including universal neonatal drug screening and treatment of neonatal abstinence syndrome at Anderson and West Hospitals, the most eastern and western geographic points of Hamilton County.

Return on Investment

Epidemiologic database management of the local opiate epidemic as recommended by Centers for Disease Control and HHS will significantly reduce redundancy in resources and overlap in MAT providers community-wide, chronic pain management and harm reduction. More stable access to care in the outpatient setting reduces emergency department overuse across the county. Chronic disease management with comprehensive pain management reduces overdoses, increases compliance with rehab and helps to return citizens back to useful employment.

Additionally, the Washington State Institute for Public Policy developed a standardized model using scientifically rigorous standards to estimate the costs and benefits associated with various prevention programs. Benefit-per-dollar cost ratios ranged from small returns per dollar invested to more than \$64 for every dollar invested. In 2012 the National Institute on Drug Abuse estimated a \$4 to \$5 return on every dollar invested in medication assisted therapy.

In the first quarter of 2017, Mercy Health has incurred approximately \$1,780 in expenses to care for each patient who has presented in one of its emergency departments with an overdose. By establishing a strong care infrastructure as outlined previously, we believe we can reduce these expenses drastically and ensure that we are caring for patients in appropriate recovery settings. While the true impact of this holistic approach will have on the community remains to be seen, a partnership with Hamilton County will allow Mercy Health to expand upon the services Mercy Health is already providing to the community.

Additionally, there is also the potential to reduce costs to the county related to emergency medical services, law enforcement agencies working to relieve the burden of opiate usage, the criminal justice system and healthcare services provided to the inmate population.

Expanding dental services for the poor, under-served and underinsured in Hamilton County.

The Problem

Hamilton County has become increasingly burdened by a lack of accessible dental care services. More than 11,000 individuals sought dental services in our community's emergency rooms in 2014. A staggering 78% of this population are charity care or Medicaid recipients. Thirty-nine percent of these individuals were seen at a Mercy Health facility. This data comes from Health Management Associates' (HMA) July 2015 report titled "Hamilton County Oral Health Needs Assessment." These numbers are likely to increase secondary to an aging population, where one in five over the age of 65 have less than 3% of their teeth remaining. Medicare, one of the largest health programs that covers 55 million elderly people, does not cover dental-related treatment. According to the American Dental Association, more than one-third of Americans have no dental coverage. Additionally, only 38% of

dentists accept Medicaid patients and even then, may only see a limited number. Resources are scarce and training programs limited. Simply put, the dental safety net is overwhelmed.

Nationally, according a recent Washington Post article (“The Painful Truth About Teeth,” May 13, 2017), hospital visits for dental problems cost an estimated \$1.6 billion annually. Locally, Mercy Health treated more than 3,000 dental patients in its emergency rooms in 2016, providing approximately \$3M in uncompensated care from Medicaid and self-pay patients. The hospital emergency department is generally not equipped to address dental issues, keeping patients on a perpetual cycle of antibiotics and opioids to treat pain and not the underlying problem. Hamilton County is not immune to this issue, as emergency rooms are in need of dentistry competency, resources and personnel. HMA’s assessment noted that in Hamilton County, the number of adult emergency department visits for dental care per 100,000 population is nearly 65% higher than the national average of 1,339 vs. 857.

Infrastructure in Place

Working with community partners including Federally Qualified Health Centers (FQHCs) and utilizing the scope of Mercy Health’s Hamilton County footprint, we can assist in improving patient access for dental services.

Presently, we have extended our resident physician coverage to other organizations within our community. This engagement is a function of our Internal Medicine Residency program at The Jewish Hospital. Given its tremendous success, Mercy Health proposes expanding resident programs to include dentistry, serving those without access to care. Mercy Health already provides school-based health centers in four Cincinnati Public Schools and would consider expanding dental services into those centers.

Key Metric

Improve access to dental services for Hamilton County residents; decrease emergency room visits for dental care; and reduce the financial burden to the broader community. Our analysis shows this could also impact opioid and antibiotic prescription reduction measures.

Evidence-based Strategies to Implement and Expand

According HMA in its 2015 Hamilton County Oral Needs Assessment, there is a need for increased dental capacity for Medicaid and low-income uninsured populations. To address this need, Hamilton County must: “Advocate for increased Medicaid dental reimbursement rates and other state-level improvements; expand FQHC dental services on-site and/or contract with private providers for an enhanced rate in geographic areas of need; expand school-based dental services in priority Hamilton County school districts; and engage hospitals to support improved dental capacity including potential

expansion and/or development of residency programs that target low-income and special needs populations.”

Similar to establishing patients in medical homes, Mercy Health intends to increase capacity at FQHCs through rotating dental practitioners and through community partnerships that establish dental homes in order to meet the unmet dental need of Hamilton County. The general dental practice residency program would provide access to underserved and high-risk patients who require care coordination. Mercy Health would seek to recruit dentists who are interested in practicing in Hamilton County and who believe in Mercy Health’s mission to care for the poor and under-served. Additionally, Mercy Health will utilize its Advocacy department to lobby for increased dental reimbursement rates that rise from the current 40.6% to a usual and customary average of 49.4% nationally. As noted, Mercy Health will consider expanding school based screening services with schools in Hamilton County.

Approach and Timeline:

- 2017: Anticipated filing with the Commission on Dental Accreditation
- 2018: First academic year with dental offices in one or more locations (hospital and FQHC settings)
- 2019: Addition of new affiliation agreements with local dentistry offices and clinics

Return on Investment

Dental care plays a key role in good health and studies show that poor oral health is linked to cardiovascular disease, low infant birth weights and poor outcomes for students who are in pain due to their dental health. In 2016, Mercy Health incurred \$825 in expenses per patient (3,257) who presented to the emergency room with unmet dental care needs and provided approximately \$2.7M in uncompensated care to these patients.

Partnering with Hamilton County, Mercy Health could improve patient access to dental care and reduce emergency room encounters for a population desperately in need of oral healthcare. By establishing a community-wide dental residency program, it is Mercy Health’s intention to build a culture of community-based dentistry engaged in servicing the poor and under-served. Most importantly, providing a dental home for the low-income population will support successful healthcare outcomes in our community while reducing the burden on emergency departments not equipped to help patients with oral needs.

XIV. Cradle Cincinnati

Cradle Cincinnati	2017 Levy Funds Received	Avg. Yrly. Request 2018-2020
	-	\$1,000,000

Expanding individualized, evidence-based approaches to prenatal care for women insured by Medicaid to reduce extreme preterm birth.

The problem

Hamilton County has one of the highest infant mortality rates in the country. Local infant deaths are driven overwhelmingly by our high rate of extreme preterm birth (babies born at less than 28 weeks gestation). The burden of these poor outcomes is inequitably distributed among women with low socio-economic status who are insured by Medicaid.

Infrastructure in place for success

Cradle Cincinnati is a partnership between dozens of local organizations. Included in the collaborative is every maternity hospital, all five Medicaid Managed Care plans and a group of prenatal care providers who collectively serve more than 90% of the Medicaid insured population. In the past several years, pilot programs have been introduced to transform prenatal care in an effort to produce a statistically significant drop in extreme preterm birth in Hamilton County. This funding would allow Cradle Cincinnati to sustainably take these strategies to scale.

Key metric

The key metric is reducing the number of <28 week births. Cradle Cincinnati is able to track this measure in near real time. They will also develop a series of process measures as we implement interventions.

Evidence-based strategies to implement or expand

Strategies will be individualized for specific partner sites and implemented by a combination of case managers, navigators and community health workers.

- Inter-pregnancy care for women on Medicaid who have recently experienced a preterm birth to reduce repeat preterm births.
- Smoking cessation through 5 A's approach and group counseling to help women quit tobacco use during pregnancy.
- Expansion of successful Centering Pregnancy programs that are proven to reduce the incidence of preterm birth.
- Expanded access to and education around LARCS in order to improve pregnancy spacing.

- Increased use of progesterone which is proven to reduce the incidence of extreme preterm birth.
- Expansion of Moving Beyond Depression model and standardized use of depression testing in order to reduce the prevalence of postpartum depression.

Additional budget will be allocated for administrative oversight, evaluation and measurement.

Return On Investment

Extreme Preterm Birth, while affecting a relatively small number of individuals, is extremely expensive for our community. A 2015 analysis by the Cradle Cincinnati and the UC Economics Center revealed that the community spends \$43 million on medical care for these infants each year. Add to that the ongoing, often life-long expenses associated with the morbidity caused by extreme preterm birth, and that number continues to climb. However, this is an issue where even small wins can make an impact. By shifting these births just one week later, we would save \$25 million. Investing in evidence-based interventions will be well worth the cost.

Top 30 Hamilton County Neighborhoods Impacted by Extreme Preterm Birth	
Neighborhood	# of <28 week births, 2006-2016
Westwood	62
Colerain township	42
Forest park	41
College hill	33
Springfield township	31
West price hill	30
East price hill	28
Winton hills	25
OTR-Pendleton	23
West end	23
Green township	22
North college hill	22
Avondale	21
Mt. Airy	20
Springdale	20
Roll Hill	19
Mt. Auburn	18

Top 30 Hamilton County Neighborhoods Impacted by Extreme Preterm Birth	
Neighborhood	# of <28 week births, 2006-2016
Norwood	18
Evanston	16
Northside	16
South Cumminsville-Millvale	15
Mount Healthy	13
Roselawn	12
Delhi Township	12
Reading	12
Symmestown Township	12
South Fairmount	11
Lincoln Heights	11
Bond Hill	10
North Fairmount-English Woods	10

XV. Visiting Nurse Association

Visiting Nurses Association	2017 Levy Funds Received	Avg. Yrly. Request 2018-2020
	-	\$750,000

Providing in home skilled nursing and therapy services to indigent uninsured and underinsured patients.

The problem

The Visiting Nurse Association (VNA) provides over \$1 Million a year in indigent care services to this community, but these services are now at risk due to lack of funding. Each home health visit cost approximately \$125, while saving hundreds of thousands of dollars in avoidable hospitalizations and emergency room visits. Individuals who require this service, to avoid major health care complications, are not able to receive the care from any other source. The Visiting Nurse Association is the only community based non-profit home health agency in our community.

Infrastructure in place for success

The Visiting Nurse Association (VNA) has provided care to the indigent, uninsured and underinsured since 1909 in Hamilton County, Ohio. Providing in home skilled nursing and therapy services to this population has saved countless lives and dollars by preventing complications and teaching individuals how to manage their own health and illnesses.

Key metric

Only 7% of patients served by VNA are re-hospitalized within 30 days after a hospital discharge compared to the national benchmark of 23%. Without the availability of VNA's home health services, indigent individuals will require longer hospitalizations and have a much greater risk of being re-hospitalized.

Evidence-based strategies to implement or expand

Through our clinical team, the following strategies, programs, and services will be offered to the high risk patients in their homes who are indigent, uninsured and/or underinsured.

- Reduce ED visits and hospital readmissions for low income patients with multiple chronic conditions by integrating care between health providers and providing care and education to these patients and their caregivers.
- Activate use of tool to assess patients at high risk for readmission.
- Continue to coordinate care across the community to ensure patient access to needed supplies, equipment, medications and community services.

- Expansion of successful Telehealth program to track vitals, report to physicians, and supplement home health visits.
- Further expansion of medication management program to educate patients on medication dosing, signs, symptoms, and access.
- Enhance specialized Diabetes Management and Heart Failure Programs providing care, education and resources for patients and caregivers.
- Partner with Acute Care hospitals to reduce length of stay.
- Partner with Acute Care hospitals to develop Emergency Room Diversion program so that appropriate patients can be sent home with Home Health services rather than admitted to the hospital.

Return On Investment: The services the VNA provide aid in preventing complications and re-hospitalization after a hospital stay. The services, patient education and support also prevent avoidable emergency room use thus saving the community hundreds of thousands of dollars each year. A typical hospital admission costs an average of \$15,000 versus a 60-day home health episode, which costs less than \$3,000.

XVI. Cancer Justice Network

Cancer Justice Network	2017 Levy Funds Received	Avg. Yrly. Request 2018-2020
	-	\$700,000

Reducing cancer mortality for low income individuals and families with a navigator program.

The Problem

Cincinnati is the cancer mortality center of Ohio. Minorities, low income individuals and their families continue to die at record state and national levels due to the lack of cancer prevention education, transportation and guidance to cancer screenings, and access to timely treatments. According to the Cincinnati and Hamilton County health departments, there is a 20 year life expectancy gap in neighborhoods with large indigent populations.

Infrastructure in Place for Success

For the past two years, the Cancer Justice Network, a cooperative set of 25 agencies that serve the poor, have come together to form the Cancer Justice Network. At each of the network agencies, the Cancer Justice Networks presents a cancer education program that includes a) a discussion of the kinds of cancer; b) case examples of how early intervention has saved lives; c) introduction of our medical director and navigators to answer questions and to offer free assistance to screenings for cancer; and, d) information about joining with a primary care provider, Medicaid, or a private insurance company. The funding would permit us to hire full time navigators to replace our volunteer navigators and to set up a hub of information at key Cancer Justice Network agencies.

Key Metric

Each navigator is trained in understanding the maze of options facing a person who needs a physician, a health center, a screening, and, if necessary, timely treatment. They document the kind of cancer education a person requests, the number of people we see for cancer education, the number that agree to allow a navigator, and the number that go for screenings. They will track how many people full time navigators can successfully work with during the course of treatment. The navigators are a mix of community seniors, first year medical students from UC, and nursing students from Xavier University.

Evidence Based Strategies

The Cancer Justice Network has structured its program based on the pioneering work of Harold Freeman, MD, former president of the American Cancer Society, and chief of surgery at Harlem Hospital in New York City. Freeman faced a similar reality of very high cancer deaths among poor and minorities. The key reason he couldn't help people was because their cancer had become too advanced. Freeman pioneered a "patient navigator program." Hiring community organizers to bring community residents to the hospital at the earliest signs of cancer, led to a steady decrease in cancer deaths. In 5 years, using navigators, Freeman's program increased life chances from 30% to 70%. His program spread to other cancer programs in the US and eventually became a standard for every accredited cancer program in over 1300 cancer hospitals. Freeman was invited to Cincinnati by the Cancer Justice Network, met with hospital administrators, physicians, and nurses and shared his program. All hospitals agreed to study it. No Cincinnati hospital offers a navigation program. The Cancer Justice Network decided, with Dr. Freeman, to offer his program with volunteers and to connect with federally qualified health centers in Cincinnati and the county as well as key agencies serving the poor. The program has been in operation and seen over 2000 people at Christ Church Cathedral, FreeStore Food Bank, Madisonville Education and Assistance Center, Churches Active in Northside, Santa Maria and Mt. Healthy Health Fairs. The Cincinnati Health Centers, Crossroad Health Centers, and the Cincinnati Health Network are all partners in our effort.

Return on Investment

Currently, the Cancer Justice Network is the only cancer prevention program that works with indigent citizens and has a navigator built into the center of our efforts. The program brings people to a physician, screening, and treatment before the cancer has progressed beyond the point of feasibility for medical care to make a difference. The earlier people receive screenings, the less expensive cancer care will be for patients and the health care system as the costs of care increases with greater complexity of the disease as it progresses. The program saves lives as well as costs. Our program saves families as well as jobs and employment. Catching cancer at its earliest acts as a multiplier for health care costs and stability for the individual and the family. The program has been recognized by the Federal Transportation Administration as one of 6 national programs that can improve high risk people's access to health care through better transportation using the navigation approach. Funding Cancer Justice Network's efforts will establish an ongoing community-wide resource for health care for low income citizens who are currently unaware of how cancer can be stopped through early detection and timely treatment. Bringing increasing numbers of people to screenings for cancer also opens the possibility of finding other lethal chronic diseases and improving life chances. This grant supporting navigators will improve life expectancy in Avondale, Mt. Healthy, Over the Rhine, Madisonville, and other neighborhoods where the lack of education for prevention causes record mortality.

XVII. Center for Respite Care

Center for Respite Care	2017 Levy Funds Received	Avg. Yrly. Request 2018-2020
	-	\$500,000

Permanent supportive housing and medical recovery services to homeless individuals with medical issues.

The Problem

Every year, approximately 3,000 homeless individuals will become seriously ill or injured, requiring intensive treatment, as well as hospitalization. Before the Center was founded, this population would be discharged from the hospital back to prior living environments on the streets or in the shelters of our local community, places where the healing process could not be continued. Today, someone with no place to go can be admitted to our 14-bed, 24-hour facility in Avondale, staying not only until they are healed, but also until they have a suitable place to live.

The Center for Respite Care offers permanent supportive housing services and medical recovery services through their facility. Their facility serves homeless individuals with acute medical issues. In addition to meeting the immediate medical needs of its patients, it also offers daily meals, showers, and laundry services. The medical care is comprehensive and includes medical evaluations, lab testing, medication monitoring, nurse and physician care, health education, and coordination. In addition, the organization also provides pathways and support to help their patients find permanent housing solutions, including through the Center's Housing and Urban Development program that offers supportive housing for individuals who are chronically homeless.

At the core of everything the Center does, every medical treatment that is issued, a homeless adult heals. They heal emotionally as well as physically. It is not just about their physical recovery. Staff work diligently to make sure clients have opportunities for socialization, recreation, healthy eating, medical empowerment and a place to live upon discharge. The Center is the only 24/7 facility in the Tri-State area to offer medical recovery care. Each individual is treated in a respectful, caring manner by a skilled team of professionals. The Center transitions individuals to more stable housing once healing has occurred. Our core program consists of three aspects: medical recovery, case management services, and housing.

The Center for Respite Care (the Center) began making a positive impact on the lives of homeless people in October 2003. The Greater Cincinnati healthcare community (Health Alliance, Tri-Health and Mercy Health Systems) joined forces with key homeless agencies and the Center began operations, programmatically, within the Health Resource Center. The Board of Directors recognized the importance of the respite program and voted to become a separate nonprofit corporation and the program was transferred to this entity. The Center moved to Garden Park Nursing Home in Avondale and it served the purposes very well. As with any nonprofit, evolution takes place. The staff and medical team were helping more and more ill homeless adults and the numbers continued to increase each year.

Therefore, in 2016, the Board of Directors finalized a robust strategic plan that placed an emphasis on growing the mission in terms of number of people served and meeting homeless adults where they are figuratively and literally. To that end, the Center launched a funding campaign in 2016 to pay for a strategic relocation to Over-the-Rhine (OTR). This will increase the number of beds from 14 to 20 and the Center will occupy space in the St. Anthony Center, an innovative nonprofit hub in OTR. The move is expected to take place in the fall of 2017.

Infrastructure in Place for Success

The Center partners with local homeless organizations, hospitals, and the countless social workers who make referrals. Once an individual is referred and admitted, their medical team, including Dr. Robert Donovan and nursing staff, tend to the healing side of their mission. Concurrently, social services staff is busy securing a safe and secure environment for clients to be discharged to upon completion of their medical recovery so as not to end up back on the streets.

The Center for Respite Care (the Center) is a 14-bed facility currently located in Avondale. The Center provides medical care for adults who are homeless after they are discharged from the hospital or an outpatient procedure. The Center provides 24/7 medical and nursing care for up to 30 days at an average cost of less than \$165 per day. In addition, clients receive wrap-around services and every effort is made to ensure they enter a safe and secure housing situation upon discharge rather than return to the streets. These indigent neighbors in need truly would fall through the cracks and cost taxpayers much more if it were not for the medical recovery services provided by the Center. Services provided include:

Medical Recovery: When a client arrives, he or she is often scared, very ill, and unsure of what their life will be like for the next month or so. Staff addresses pressing medical needs of homeless men and women, including: medical evaluations, limited lab tests, medication administration, nursing care, health education, and the coordination of medical and mental health services. Clients also have access to extended care following surgeries and other major medical procedures. In addition to addressing the medical needs of our clients, the Center also provides a bed, three healthy meals each day, showers, laundry facilities, transportation to outside appointments and clothing as needed.

Case Management Services: Case managers engage in a collaborative process with Dr. Robert Donovan, the just-admitted homeless client, as well as external agencies as they plan, facilitate, coordinate and evaluate each client. The case managers work with clients in medical recovery and offer housing assistance. This piece is so very critical and is the “go-between” with medical recovery and housing supports. The staff bridges the gap and makes sure that once someone is discharged, they have what they need for self-sufficiency – a direct tie-back to our mission.

Housing Program: Once someone is in the Center’s care, it is crucial to begin transitioning him or her to self-sufficiency. The Center provides social services as provided to assist clients in developing and implementing a care plan, including applications for entitlement programs, coordination of plans with outside case managers, and referrals to housing/shelter (including reintroduction to family settings), substance abuse treatment programs, and mental health services as need

Total Agency Expenses for Fiscal Year End March 2016 were \$1,200,342. Total Medical Recovery Program Expenses for Year End March 2016 were \$583,374. Total Agency Assets for Year End March 2016 were \$1,588,511.

The Center is requesting \$500,000 each year from the 2017 HHIC levy. This funding will support the increase in beds from 14 to 20 and fund approximately 50% of bed nights, 24/7 staff supervision, case management, supplies, and meals. Also this funding will support coordination of access and membership to hundreds of community support partners and assistance with placement in stable services or programs upon discharge from the center.

In the prior levy period, the Center requested inclusion in the November 2014 Hamilton County Indigent Care Levy (HCICL) for two specific reasons:

1. The Center was told that the health care institutions (who provide a significant portion of funding) could not commit to the funding levels of past years, and
2. Since the Center provides healing healthcare and transition to a suitable living environment, it does not easily fit into the categories set by other funding sources. To illustrate this point, the 2014 total overall agency operating budget (includes Housing and Medical Recovery programs) was established with government funding representing 38% of our revenue sources. The Center enjoyed the support of The City of Cincinnati (4%), Department of Housing and Urban Development (HUD) (85%), Housing Opportunities for People with HIV AIDS (HOPWA) (1%), and the Ohio Department of Development (10%).

Key Metrics

From 2015 to 2017, the Center for Respite Care served at average of 238 clients per year which equates to 123 clients when unduplicated and 3880 bed days annually. Average clients per day and average clients per month have remained relatively stable since 2015. Average length of stay continues to be just over 30 days. For 2017, occupancy was approximately 77.94%. In 2015 90% of clients were male; however, in 2016 and into 2017 males accounted for approximately 77% of the clients served and females were 23%. In 2017 the Center will have discharged 115 clients, with almost 80% of them being discharged to stable placement.

The following table represents revenue and expenditures associated the Center's Medical Recovery Program only. The Center receives HUD funding of 75% for housing. They are not requesting levy funding for housing, only for medical recovery program. While the Center does not receive levy funds directly, it does receive tax levy funding of \$150,000 per year through University Hospital. For 2017, funding through healthcare organizations (not including the tax levy funding through University Hospital) represented 47% of total revenue. Tax levy funding through University Hospital accounted for 26% of revenue. Other funding was through a combination of federal, state, city, and private sources.

In 2017 the Center received federal and state funding through an ODSA grant (State of Ohio) and HOPWA (Federal grants for persons with HIV). In 2015 and 2016 the Center had also received funding from Cincinnati Emergency Shelter Grant and City of Cincinnati Operating. They no longer qualify for the

Cincinnati Emergency Shelter Grant, but they have applied for \$60,000 grant from the City of Cincinnati. The award has not been granted, and if granted the final award is still to be determined.

The Center also receives in-kind donation of physician services from the Cincinnati Health Network. Physicians supporting this program bill some of their services through Medicaid. Most clients coming to the Center arrive with thirty days of any medication as a program requirement, and either have benefits or get benefits quickly so that medications can be covered through Medicaid.

Center for Respite Medical Recovery Program Revenue and Expenditures			
	2015	2016	2017
Revenue	331,286	699,598	576,223
Federal and State	79,013	44,810	31,358
Healthcare Organizations	165,773	197,188	272,659
University Hospital (through Tax Levy)* 2015 & 2016 received in FY2016	0	300,000*	150,000
Foundations/Donations	86,500	157,600	122,206
Other	0	0	0
Expenditures	518,610	583,374	598,364**
Medical Recovery Staff	359,230	387,165	397,069
Case Management	42,120	67,004	68,000
Facility Costs	26,171	29,457	29,500
Client Meals	54,635	48,351	51,246
Medications	3,642	2,830	3,169
Medical Transportation	2,257	6,554	11,612
Client Personal Needs	1,970	4,434	4,411
Program Supplies	25,245	32,100	27,857
Other Expenses	3,340	5,479	5,500
Service Detail			
Cost per bed day	\$155	\$160	\$165
Average cost per client stay	\$5,265	\$4,896	\$5,024

Notes:

**FY17 ended 3/31/17 – and are unaudited; audit expected to be conducted and finalized soon

The Center's FY 2015-16 funding gap, not including hospital costs with offsetting revenues, totaled \$269,500. This accounts for 15% of all clients that received services at the Center that were not referred from the hospitals. These clients come from other not-for-profit entities such as Shelterhouse, and other clinics. Hospital revenue accounted for approximately 65% of the associated hospital cost. Both of these factors contribute to an estimated gap at relocation of \$593,600. The Center is requesting \$500,000 each year from the 2017 levy. This will support the increase in beds from 14 to 20 and fund approximately 50% of bed nights, 24/7 staff supervision, case management, supplies, and meals. Also,

coordination of access and membership to hundreds of community support partners and assistance with placement in stable services or programs upon discharge from the center.

Evidence-Based Strategies

The Center provides needed medical care to homeless adults after they were discharged from the hospital or an outpatient procedure in a clinically appropriate and efficient way. The medical and nursing care was provided 24 hours/7 days a week for 30 days or less in a modest 14-bed facility. The average cost was less than \$165 per day, far less than the cost of an emergency room visit or re-hospitalization. They targeted an 80% occupancy rate and achieved a 70.06% rate because they do not mix genders in bedrooms. They believe that their upcoming move to a 20-bed facility in Over-the-Rhine in late 2017 will allow them to serve more individuals.

In the Center's 2015-16 annual report they describe the impact their program had on the 117 homeless adults they served between 4/1/15 and 3/31/16, 14 of whom were veterans. They reported a faster transition to self-sufficiency than last year and that 76% of their clients moved to an environment suited for their individual specific need.

Hospital funding will support approximately 50% of total program costs. Hospital funding has been variable in past years. For example, UC Medical Center varied from a high of \$140,000 a year to \$50,000 a year between 2006 and 2014. Not all hospitals participated in all years. It is encouraging to note that in 2016 hospital support appears to be at or above previous levels. For example, UC Medical Center has contributed \$150,000 (as part of the Tax Levy award) and Mercy, who did not contribute in 2014, has given \$50,000. Hospitals are being held accountable for readmissions and should find this program cost effective at the projected cost of \$165 a day in 2017. Hospital funding consistent with their patient utilization should be a community expectation. Additional partners may be found in Medicaid managed care plans for those patients that can become Medicaid eligible because they too are accountable for total cost of care.

XVIII. Center for Closing the Health Gap

Center for Closing the Health Gap	2017 Levy Funds Received	Avg. Yrly. Request 2018-2020
	-	\$400,000

Reducing hospital readmission rates of vulnerable community members with diabetes

The Problem

Hamilton County ranks 64th out of 88 counties in Quality of life, 63rd in Social and Economic Factors which represents 40 % of the Social Determinants of Health. The burden of sickness and premature death disproportionately impacts vulnerable populations resulting in higher rates of mortality for chronic diseases as evidenced by the annual Robert Wood Johnson Foundation (RWJF) County Rankings data.

In the 2016 Community Health Needs Assessment(CHNA) conducted by the hospital systems they prioritized the health concerns for the service area which includes Hamilton County. Diabetes and Obesity were in the top five priorities for the Region. The Hospital systems are required to complete a CHNA and submit an Implementation outlining the targeted priorities they will address. The reduction of readmission rates of vulnerable populations in the region are a priority for the Hospital systems.

Infrastructure in place for success

The Center for Closing the Health Gap in Greater Cincinnati (The Health Gap) is a community-based 501-c-3, collaborating with over 100 organizations and in partnership with Tri Health, Mercy, Christ Hospital, UC Health and the City of Cincinnati since 2004. Our evidenced-based community-driven strategies utilize the community-based participatory research approach to improve the health status of local minority populations; African-Americans, Latino/Hispanic, and White Appalachians. We have served the Hamilton county region for 13 years and impacted the Health of vulnerable populations through our partnerships. Our work This funding would allow us to expand initiatives targeted to vulnerable populations prioritized in the CHNA by the Hospital Systems.

Key Metric

Reducing readmissions due to chronic disease comorbidities. Results based accountability framework will be utilized in measuring in tracking reductions in collaboration with the hospital systems.

Evidence-based strategies to implement or expand

Strategies will educate individuals on navigation of the health care system to improve management of chronic disease through series of individualized trainings and evaluation measures taught by healthcare and health disparity professionals.

- **Attitudes:** Patient Advocacy training to improve primary care and patient interaction to empower individual control and advocacy to management of CHNA prioritized chronic disease and utilization of the health care system
- **Skills:** Navigation of the health system to increase knowledge of tools utilized by health care provider
- **Knowledge:** Expansion of prevention trainings to improve management of CHNA prioritized health concerns by improving understanding of benefits and importance of prevention
- **Behavior:** Expansion of training to improve communication, identification, and understanding of health care providers

Return on Investment

Readmissions are a financial problem. The Agency for Healthcare Research and Quality estimates hospital readmissions in U.S. cost \$41.3 billion dollars annually. According to data from the Center for Health Information and Analysis (CHIA), the estimated annual cost of this problem for Medicare is \$26 billion annually and \$17 billion is considered avoidable.

Centers for Medicare and Medicaid Services data indicates the average cost of a readmission for all medical conditions is \$11,200. Reaching 100 people annually could potentially save over \$1.1 million in readmission hospital costs.

XIX. Overview of HHIC Levy Requests

A summary of HHIC other health care services levy requests by program are in the table below. Not reflected below are estimates related to the HHIC carryover balance, other revenues, administration/indirect cost, or auditor/treasurer fees. A more detailed table listing complete levy revenues and costs is included Appendix A – Indigent Care Levy Revenue Estimates, 2018-2022.

Summary of HHIC (Non-Hospital) Funding Requests by Agency/Program				
Program Name	2017 HHIC Amounts	Avg. 2018-2020 HHIC Request ²	% of Total HHIC Services ³	Funding Rationale ⁴
Existing Funded Programs				
Legally Mandated County Services				
Hamilton County Sheriff – Inmate Medical Contract and Inmate Health Care Staffing	\$12,934,818 ⁵	\$13,675,646	49%	Legal mandate. No/limited additional funding sources (except for Medicaid enrolled seeking treatment in hospital settings). Cost includes corrections offer staffing to provide security for inmate medical services
Mental Health Recovery Services Board – Alcohol and Other Drug Addiction Services	\$2,484,537	\$2,484,537	9%	Legal mandate. Continue the provision of comprehensive substance use disorder prevention and treatment services for eligible Hamilton County residents.
Hamilton County Juvenile Court – Inmate Medical	\$1,415,400	\$1,582,985	6%	Legal mandate. No/limited additional funding sources (except for Medicaid enrolled seeking treatment in hospital settings)
Hamilton County Probate Court – Civil Commitment	\$650,000	\$939,457	3%	Legal mandate. Limited additional funding source for civil-commitment services and related administration.
Hamilton County Public Health – TB Control	\$888,000	\$888,000	3%	Legal mandate. TB control prevention and treatment as public health requirement.
Non-Mandated Services				
Strategies to End Homelessness – Homeless to Homes	\$2,000,000	\$2,000,000	7%	STEH requires funds for non-covered Medicaid health care and other daytime services and shelter-based case management to the homeless population of Hamilton County.
Hamilton County Public Health –	\$0	\$222,000	1.3%	Extension of public health function, including TB and bloodborne infectious disease programs
Bloodborne	\$0	\$150,000	1%	
Dental	\$0	\$72,000	0.3%	
Central Clinic - Alternative Interventions for Women	\$425,000	\$527,000	2%	Court-ordered treatment services; low recidivism rate among those who successfully complete the program. Program is facing a decrease in funding from the State but is prepared to continue

² Reflects inflationary increase, as appropriate. Inflation increase is not applied to new program/service requests, only existing levy-funded services.

³ Denominator does not include carryover balance, other revenues or levy administration/auditor costs.

⁴ As defined by each requesting service program/agency.

⁵ Reflects NaphCare medical services contract and Corrections Officer staffing costs

Summary of HHIC (Non-Hospital) Funding Requests by Agency/Program				
Program Name	2017 HHIC Amounts	Avg. 2018-2020 HHIC Request ²	% of Total HHIC Services ³	Funding Rationale ⁴
				operations without the additional \$102,000 per year.
St. Vincent DePaul Charitable Pharmacy	\$150,000	\$200,000	1%	Serves as last-resort safety net. HHIC accounts only for 2% of Rx program costs (as reported by SVDP). Clear ROI for program.
Heroin Coalition	\$200,000	\$200,000	1%	Continue operations of the Heroin Coalition for treatment, harm reduction, prevention and supply reduction.
Mental Health Recovery Services Board - Off the Streets	\$65,000	\$65,000	0.2%	Requesting continued funding for program with low recidivism and reportedly high success rate of prior program participants.
New Funding Requests				
Mercy Health	\$0	\$1,666,667	6%	Requesting funds to develop capacity for treatment of substance use disorder (including opioid), enhance addiction treatment clinics and develop a pain management center. Also, requesting funds to address unmet dental needs.
Opiate	\$0	\$1,166,667	4%	
Dental	\$0	\$500,000	2%	
Cradle Cincinnati	\$0	\$1,000,000	4%	Requesting funds to continue coordination, outreach and education to reduce infant mortality rates in Hamilton County.
Visiting Nurses Association	\$0	\$750,000	8%	Requesting funds address home care needs of indigent discharged from hospitals. VNA serves as safety net for the indigent.
Cancer Justice Network	\$0	\$700,000	3%	Requesting funding for paid health navigators to conduct outreach and education for promotion and access to cancer screening.
Center for Respite Care	\$500,000 ⁶	\$500,000	2%	Provides respite services provider for homeless who are indigent and recently discharged from hospital. Increasing beds available and funding a position to assist with benefits coordination and discharge planning.
Center for Closing the Health Gap	\$0	\$400,000	1%	Requesting funding to expand the Community Health University model to Hamilton County residents with diabetes and experience frequent hospitalizations.
Total Non-Hospital Service Request	\$21,205,755	\$27,792,291	100%	

⁶ Currently paid out of UCMC HHIC contract.

XX. Scenarios for Funding Existing and New Levy Programs

HMA reviewed the financial implications of two separate Levy funding scenarios; no change in the Health and Hospitalization Tax Levy Millage rate and a TLRC inflationary increase. Both scenarios review the overall funding distribution to all programs, including the funding distributed to both Children's Hospital and the University of Cincinnati Hospital.

Scenario 1 - Maintain the Current Levy Rate

Under this scenario, current projections of funds generated through the HHIC Levy for the period 2018-2020 approximate \$115.2 million, with an additional \$2.6 million available from Other Revenues and Carryover Funds from the prior Levy period, totaling \$117.8 million to be used to support programs requesting funds from the HHIC Levy. The current funding levels allocated to the hospital programs supported by the HHIC Levy are approximately \$19.6 million annually, or \$56.8 million for the Levy period 2018-2020. Deducting the hospital funding from the total anticipated funding for the 2018-2020 Levy period would leave approximately \$59.0 million to fund all other programs.

The funding requirements and requests for the non-hospital programs can be summarized into 4 distinct categories as follows:

Available Levy Funds After Hospital Funding	\$	59,000,777
Mandated Programs	\$	57,913,748
Current Programs Non-Mandated	\$	9,642,000
New Requests	\$	15,050,000
Administration and Audit	\$	2,475,000
Total Funding	\$	85,080,748
Levy Balance After All Requests	\$	(26,079,971)

As can be seen from this table, the current Levy cannot support all the funding requirements and requests and results in significant underfunding. Additionally, removing all "New Requests" from the equation would still result in underfunding current programs by approximately \$11.0 million. The table below projects the HHIC Levy balance for the 2018-2022 Levy period if all current programs are funded as requested, resulting in the \$11.0 million deficit.

INDIGENT CARE LEVY					
REVENUE ESTIMATES - 2018-2022					
FLAT LEVY					
	2017 FCST	Three Year Levy Request 2018-2020			2018-2020
		2018	2019	2020	
Carryover - Beginning Balance	\$ 3,648,532	\$ 1,737,777	\$ (1,475,133)	\$ (5,827,323)	\$ 1,737,777
Other Revenues	280,000	280,000	280,000	280,000	840,000
Annual Indigent Care Levy Funds	39,511,243	38,983,000	38,306,000	37,934,000	115,223,000
Total Funds Available - Estimated Annual	\$ 43,439,775	\$ 41,000,777	\$ 37,110,867	\$ 32,386,677	\$ 117,800,777
University Hospital	14,900,000	14,900,000	14,900,000	14,900,000	44,700,000
Children's Hospital	4,700,000	4,700,000	4,700,000	4,700,000	14,100,000
Subtotal Hospital Portion of Indigent Care Levy	\$ 19,600,000	\$ 19,600,000	\$ 19,600,000	\$ 19,600,000	\$ 58,800,000
Remaining for Other Programs	\$ 23,839,775	\$ 21,400,777	\$ 17,510,867	\$ 12,786,677	\$ 59,000,777
Other Program Requests - Legally Mandated					
Hamilton County Sheriff – Inmate Medical	12,934,818	13,207,973	13,670,253	14,148,711	41,026,937
Hamilton Juvenile Court – Inmate Medical	1,415,400	1,415,400	1,415,400	1,415,400	4,246,200
Hamilton County Probate Court – Civil Commitment	650,000	840,000	840,000	840,000	2,520,000
Hamilton County Public Health – TB Control	880,000	888,000	888,000	888,000	2,664,000
Mental Health and Recovery Services Board	2,485,537	2,485,537	2,485,537	2,485,537	7,456,611
Subtotal Legally Mandated Programs	18,365,755	18,836,910	19,299,190	19,777,648	57,913,748
Other Current Programs - Non Mandated:					
Hamilton County Public Health – Blood borne Infectious Disease, Dental Coordinator	-	222,000	222,000	222,000	666,000
St. Vincent DePaul Charitable Pharmacy	150,000	200,000	200,000	200,000	600,000
Mental Health Recovery Services Board - Off the Streets	65,000	65,000	65,000	65,000	195,000
Central Clinic - Alternative Interventions for Women	425,000	527,000	527,000	527,000	1,581,000
Strategies to End Homelessness – Homeless to Homes	2,000,000	2,000,000	2,000,000	2,000,000	6,000,000
Heroin Treatment	200,000	200,000	200,000	200,000	600,000
Subtotal Existing Programs - Not Mandated	\$ 2,840,000	\$ 3,214,000	\$ 3,214,000	\$ 3,214,000	\$ 9,642,000
Administration and Indirect Cost	196,243	125,000	125,000	125,000	375,000
Auditor and Treasurer Fees	700,000	700,000	700,000	700,000	2,100,000
Subtotal Administration	\$ 896,243	\$ 825,000	\$ 825,000	\$ 825,000	\$ 2,475,000
Total All Existing Uses of levy Funds	\$ 41,701,998	\$ 42,475,910	\$ 42,938,190	\$ 43,416,648	\$ 128,830,748
Levy Balance After Existing Programs	\$ 1,737,777	\$ (1,475,133)	\$ (5,827,323)	\$ (11,029,971)	\$ (11,029,971)

This Scenario would require the TLRC to evaluate the funding requirements of all programs currently receiving Levy funds and identify savings opportunities. Additionally, there would be no funding available for new program funding requests or current programs would need to be further reduced to allow for the inclusion of new programs that have requested HHIC Levy funds.

Scenario 2 - Increase the HHIC Levy to TLRC Inflationary Levels

Under this scenario, current projections of funds generated through the HHIC Levy for the period 2018-2020 approximate \$128.8 million, with an additional \$2.6 million available from Other Revenues and Carryover Funds from the prior levy period, totaling \$131.4 million to be used to support programs requesting funds from the HHIC Levy. The current funding levels allocated to the hospital programs supported by the HHIC Levy are approximately \$19.6 million annually, or \$56.8 million for the Levy period 2018-2020. Deducting the hospital funding from the total anticipated funding for the 2018-2020 Levy period would leave approximately \$72.5 million to fund all other programs.

Again, the funding requirements and requests for the non-hospital programs can be summarized into 4 distinct categories as follows:

Available Levy Funds After Hospital Funding	\$ 72,538,777
Mandated Programs	\$ 58,714,874
Current Programs Non-Mandated	\$ 9,642,000
New Requests	\$ 15,050,000
Administration and Audit	\$ 2,475,000
Total Funding	\$ 85,881,874
Levy Balance After All Requests	\$ (13,343,096)

As can be seen from this table, the current HHIC Levy cannot support all the funding requirements and requests and results in significant underfunding. However, removing all "New Requests" from the equation would result in a Levy fund balance of approximately \$1.7 million. The table below projects the HHIC Levy balance for the 2018-2022 Levy period if all current programs are funded as requested, resulting in the \$1.7 million Levy balance.

INDIGENT CARE LEVY					
REVENUE ESTIMATES - 2018-2022					
INFLATIONARY INCREASE TO LEVY					
	2017 FCST	Three Year Levy Request 2018-2020			2018-2020
		2018	2019	2020	
Carryover - Beginning Balance	\$ 3,648,532	\$ 1,737,777	\$ 2,751,825	\$ 2,645,594	\$ 1,737,777
Other Revenues	280,000	280,000	280,000	280,000	840,000
Annual Indigent Care Levy Funds	39,511,243	43,477,000	42,819,000	42,465,000	128,761,000
Total Funds Available - Estimated Annual	\$ 43,439,775	\$ 45,494,777	\$ 45,850,825	\$ 45,390,594	\$ 131,338,777
University Hospital	14,900,000	14,900,000	14,900,000	14,900,000	44,700,000
Children's Hospital	4,700,000	4,700,000	4,700,000	4,700,000	14,100,000
Subtotal Hospital Portion of Indigent Care Levy	\$ 19,600,000	\$ 19,600,000	\$ 19,600,000	\$ 19,600,000	\$ 58,800,000
Remaining for Other Programs	\$ 23,839,775	\$ 25,894,777	\$ 26,250,825	\$ 25,790,594	\$ 72,538,777
Other Program Requests - Legally Mandated					
Hamilton County Sheriff – Inmate Medical	12,934,818	13,207,973	13,670,253	14,148,711	41,026,937
Hamilton Juvenile Court – Inmate Medical	1,415,400	1,582,985	1,582,985	1,582,985	4,748,955
Hamilton County Probate Court – Civil Commitment	650,000	939,457	939,457	939,457	2,818,371
Hamilton County Public Health – TB Control	880,000	888,000	888,000	888,000	2,664,000
Mental Health and Recovery Services Board	2,485,537	2,485,537	2,485,537	2,485,537	7,456,611
Subtotal Legally Mandated Programs	18,365,755	19,103,952	19,566,231	20,044,690	58,714,874
Other Current Programs - Non Mandated:					
Hamilton County Public Health – Blood borne Infectious Disease, Dental Coordinator	-	222,000	222,000	222,000	666,000
St. Vincent DePaul Charitable Pharmacy	150,000	200,000	200,000	200,000	600,000
Mental Health Recovery Services Board - Off the Streets	65,000	65,000	65,000	65,000	195,000
Central Clinic - Alternative Interventions for Women	425,000	527,000	527,000	527,000	1,581,000
Strategies to End Homelessness – Homeless to Homes	2,000,000	2,000,000	2,000,000	2,000,000	6,000,000
Heroin Treatment	200,000	200,000	200,000	200,000	600,000
Subtotal Existing Programs - Not Mandated	\$ 2,840,000	\$ 3,214,000	\$ 3,214,000	\$ 3,214,000	\$ 9,642,000
Administration and Indirect Cost	196,243	125,000	125,000	125,000	375,000
Auditor and Treasurer Fees	700,000	700,000	700,000	700,000	2,100,000
Subtotal Administration	\$ 896,243	\$ 825,000	\$ 825,000	\$ 825,000	\$ 2,475,000
Total All Existing Uses of levy Funds	\$ 41,701,998	\$ 42,742,952	\$ 43,205,231	\$ 43,683,690	\$ 129,631,874
Levy Balance After Existing Programs	\$ 1,737,777	\$ 2,751,825	\$ 2,645,594	\$ 1,706,904	\$ 1,706,904

This scenario would allow the TLRC to continue to fund all programs currently receiving HHIC Levy funds and allow for funding of additional programs. Additionally, the TRLC could re-evaluate the funding of all programs requesting Levy funds and recommend funding to both existing and new programs. The Table below represents those organizations that have submitted funding requests and the amount they have requested for the 2018-2020 Levy Period:

New Requests:	2018-2020
Center for Respite Care	1,500,000
Visiting Nurses Association	2,250,000
Cradle Cincinnati	3,000,000
Cancer Justice Network	2,100,000
Center for Closing the Health Care Gap	1,200,000
Mercy Health - Opioid	3,350,000
Mercy Health - Dental	1,650,000
Total 2018- 2020	15,050,000

Observations and Recommendations

Funding requests from county/other agencies and service providers likely reflect the array of needs of Hamilton County's indigent population. In our review of currently funded services, discussed separately for each program in this report, HMA's project team did not uncover any misuse or waste of levy funds. Nor did we identify any areas of non-compliance with the terms of current levy agreements by the service providers. As in prior years, service providers appear to be doing more with less. Where applicable, individual recommendations for strengthening oversight and monitoring of services were noted. In other cases, HMA called out opportunities for clarifying contract expectations or explained the emerging state or federal context that may shape the County's future approach to use of levy funds. Not surprisingly, many of the programs complement each other, but do not appear to be duplicative (e.g., payment for addiction treatment for County residents who may also be receiving levy-funded homelessness and medical respite services). To that end, we encourage the TLRC to evaluate each funding request on its own merit as well as collectively in consideration of County priorities and given potential changes in federal and state health care funding policies.

In certain cases, however; the proposed approach for services delivery, particularly for some new funding requests, resembles population-based care coordination and care management approaches already underway or planned by Medicaid managed care organizations and hospital systems. It is possible that such efforts could be of interest to health plans to purchase directly as they seek to strengthen their models of care and establish contracts with community-based organizations.

Finally, given the history of collaboration among the County's safety net systems (jails, courts, county health agencies, providers, etc.), the TLRC may want to consider formalizing such collaborations to ensure that levy-funded services can have maximum impact on identified health care and public health priorities, particularly the heroin/opioid epidemic. Targeted strategies could, for example, enable the County to convene a short-term stakeholder group among all levy-funded health care programs to determine whether the full continuum of opioid use disorder treatment services are available and accessible across service sectors (community based prevention and treatment providers, medication assisted treatment providers, residential services providers, hospitals, etc.) for the most at-risk indigent populations affected. The County and TLRC can utilize information gleaned from stakeholders to identify gaps and re-establish funding and service priorities.

XXI. Appendices

Appendix A – Indigent Care Levy Revenue Estimates, 2018-2022

Appendix B – Success Stories

Appendix C – Supplemental Information from New Funding Requestors

Appendix A: Indigent Care Levy Revenue Estimates, 2018-2020

INDIGENT CARE LEVY					
REVENUE ESTIMATES - 2018-2022					
FLAT LEVY					
		Three Year Levy Request 2018-2020			
	2017 FCST	2018	2019	2020	2018-2020
Carryover - Beginning Balance	\$ 3,648,532	\$ 1,737,777	\$ (1,475,133)	\$ (5,827,323)	\$ 1,737,777
Other Revenues	280,000	280,000	280,000	280,000	840,000
Annual Indigent Care Levy Funds	39,511,243	38,983,000	38,306,000	37,934,000	115,223,000
Total Funds Available - Estimated Annual	\$ 43,439,775	\$ 41,000,777	\$ 37,110,867	\$ 32,386,677	\$ 117,800,777
University Hospital	14,900,000	14,900,000	14,900,000	14,900,000	44,700,000
Children's Hospital	4,700,000	4,700,000	4,700,000	4,700,000	14,100,000
Subtotal Hospital Portion of Indigent Care Levy	\$ 19,600,000	\$ 19,600,000	\$ 19,600,000	\$ 19,600,000	\$ 58,800,000
Remaining for Other Programs	\$ 23,839,775	\$ 21,400,777	\$ 17,510,867	\$ 12,786,677	\$ 59,000,777
Other Program Requests - Legally Mandated					
Hamilton County Sheriff – Inmate Medical	12,934,818	13,207,973	13,670,253	14,148,711	41,026,937
Hamilton Juvenile Court – Inmate Medical	1,415,400	1,415,400	1,415,400	1,415,400	4,246,200
Hamilton County Probate Court – Civil Commitment	650,000	840,000	840,000	840,000	2,520,000
Hamilton County Public Health – TB Control	880,000	888,000	888,000	888,000	2,664,000
Mental Health and Recovery Services Board	2,485,537	2,485,537	2,485,537	2,485,537	7,456,611
Subtotal Legally Mandated Programs	18,365,755	18,836,910	19,299,190	19,777,648	57,913,748
Other Current Programs - Non Mandated:					
Hamilton County Public Health – Blood borne Infectious Disease, Dental Coordinator	-	222,000	222,000	222,000	666,000
St. Vincent DePaul Charitable Pharmacy	150,000	200,000	200,000	200,000	600,000
Mental Health Recovery Services Board - Off the Streets	65,000	65,000	65,000	65,000	195,000
Central Clinic - Alternative Interventions for Women	425,000	527,000	527,000	527,000	1,581,000
Strategies to End Homelessness – Homeless to Homes	2,000,000	2,000,000	2,000,000	2,000,000	6,000,000
Heroin Treatment	200,000	200,000	200,000	200,000	600,000
Subtotal Existing Programs - Not Mandated	\$ 2,840,000	\$ 3,214,000	\$ 3,214,000	\$ 3,214,000	\$ 9,642,000
Administration and Indirect Cost	196,243	125,000	125,000	125,000	375,000
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Subtotal Administration	\$ 896,243	\$ 825,000	\$ 825,000	\$ 825,000	\$ 2,475,000
Total All Existing Uses of levy Funds	\$ 41,701,998	\$ 42,475,910	\$ 42,938,190	\$ 43,416,648	\$ 128,830,748
Levy Balance After Existing Programs	\$ 1,737,777	\$ (1,475,133)	\$ (5,827,323)	\$ (11,029,971)	\$ (11,029,971)
Levy Period Funds Available for New Programs:		\$ (11,029,971)	\$ (16,046,637)	\$ (21,063,304)	\$ (11,029,971)
New Requests:					
Center for Respite Care		500,000	500,000	500,000	1,500,000
Visiting Nurses Association		750,000	750,000	750,000	2,250,000
Cradle Cincinnati		1,000,000	1,000,000	1,000,000	3,000,000
Cancer Justice Network		700,000	700,000	700,000	2,100,000
Center for Closing the Health Care Gap		400,000	400,000	400,000	1,200,000
Mercy Health - Opioid		1,116,667	1,116,667	1,116,667	3,350,000
Mercy Health - Dental		550,000	550,000	550,000	1,650,000
Subtotal New Requests		\$ 5,016,667	\$ 5,016,667	\$ 5,016,667	\$ 15,050,000
Levy Balance After All Requests		\$ (16,046,637)	\$ (21,063,304)	\$ (26,079,971)	\$ (26,079,971)

Appendix A: Indigent Care Levy Revenue Estimates, 2018-2020

INDIGENT CARE LEVY					
REVENUE ESTIMATES - 2018-2022					
INFLATIONARY INCREASE TO LEVY					
	Three Year Levy Request 2018-2020				
	2017 FCST	2018	2019	2020	2018-2020
Carryover - Beginning Balance	\$ 3,648,532	\$ 1,737,777	\$ 2,751,825	\$ 2,645,594	\$ 1,737,777
Other Revenues	280,000	280,000	280,000	280,000	840,000
Annual Indigent Care Levy Funds	39,511,243	43,477,000	42,819,000	42,465,000	128,761,000
Total Funds Available - Estimated Annual	\$ 43,439,775	\$ 45,494,777	\$ 45,850,825	\$ 45,390,594	\$ 131,338,777
University Hospital	14,900,000	14,900,000	14,900,000	14,900,000	44,700,000
Children's Hospital	4,700,000	4,700,000	4,700,000	4,700,000	14,100,000
Subtotal Hospital Portion of Indigent Care Levy	\$ 19,600,000	\$ 19,600,000	\$ 19,600,000	\$ 19,600,000	\$ 58,800,000
Remaining for Other Programs	\$ 23,839,775	\$ 25,894,777	\$ 26,250,825	\$ 25,790,594	\$ 72,538,777
Other Program Requests - Legally Mandated					
Hamilton County Sheriff – Inmate Medical	12,934,818	13,207,973	13,670,253	14,148,711	41,026,937
Hamilton Juvenile Court – Inmate Medical	1,415,400	1,582,985	1,582,985	1,582,985	4,748,955
Hamilton County Probate Court – Civil Commitment	650,000	939,457	939,457	939,457	2,818,371
Hamilton County Public Health – TB Control	880,000	888,000	888,000	888,000	2,664,000
Mental Health and Recovery Services Board	2,485,537	2,485,537	2,485,537	2,485,537	7,456,611
Subtotal Legally Mandated Programs	18,365,755	19,103,952	19,566,231	20,044,690	58,714,874
Other Current Programs - Non Mandated:					
Hamilton County Public Health – Blood borne Infectious Disease, Dental Coordinator	-	222,000	222,000	222,000	666,000
St. Vincent DePaul Charitable Pharmacy	150,000	200,000	200,000	200,000	600,000
Mental Health Recovery Services Board - Off the Streets	65,000	65,000	65,000	65,000	195,000
Central Clinic - Alternative Interventions for Women	425,000	527,000	527,000	527,000	1,581,000
Strategies to End Homelessness – Homeless to Homes	2,000,000	2,000,000	2,000,000	2,000,000	6,000,000
Heroin Treatment	200,000	200,000	200,000	200,000	600,000
Subtotal Existing Programs - Not Mandated	\$ 2,840,000	\$ 3,214,000	\$ 3,214,000	\$ 3,214,000	\$ 9,642,000
Administration and Indirect Cost	196,243	125,000	125,000	125,000	375,000
Auditor and Treasurer Fees	700,000	700,000	700,000	700,000	2,100,000
Subtotal Administration	\$ 896,243	\$ 825,000	\$ 825,000	\$ 825,000	\$ 2,475,000
Total All Existing Uses of levy Funds	\$ 41,701,998	\$ 42,742,952	\$ 43,205,231	\$ 43,683,690	\$ 129,631,874
Levy Balance After Existing Programs	\$ 1,737,777	\$ 2,751,825	\$ 2,645,594	\$ 1,706,904	\$ 1,706,904
Levy Period Funds Available for New Programs:		\$ 1,706,904	\$ (3,309,763)	\$ (8,326,430)	\$ 1,706,904
New Requests:					
Center for Respite Care		500,000	500,000	500,000	1,500,000
Visiting Nurses Association		750,000	750,000	750,000	2,250,000
Cradle Cincinnati		1,000,000	1,000,000	1,000,000	3,000,000
Cancer Justice Network		700,000	700,000	700,000	2,100,000
Center for Closing the Health Care Gap		400,000	400,000	400,000	1,200,000
Mercy Health - Opioid		1,116,667	1,116,667	1,116,667	3,350,000
Mercy Health - Dental		550,000	550,000	550,000	1,650,000
Subtotal New Requests		\$ 5,016,667	\$ 5,016,667	\$ 5,016,667	\$ 15,050,000
Levy Balance After All Requests		\$ (3,309,763)	\$ (8,326,430)	\$ (13,343,096)	\$ (13,343,096)

V. Hamilton County Indigent Non-Hospital Care Levy: Success Stories

A. Hamilton County Public Health – TB Control, Bloodborne Infectious Disease, Dental Coordinator

In October 2014, a 21 year old foreign-born female in our community was diagnosed with active tuberculosis (TB). She had been in the United States for three years, studying at a local community college. When she applied to be a volunteer at a local hospital, her TB test was positive, but her chest x-ray was abnormal. Hamilton County Public Health (HCPH) obtained respiratory samples and started her on the recommended treatment of four antibiotics for active tuberculosis. She did not require hospitalization and her lab reports indicated that her infection was early and that she was not infectious to others. However, after eight weeks of treatment, HCPH received the results of her susceptibility testing which indicated that her strain of TB was resistant to three of these antibiotics—she had multi-drug resistant tuberculosis (MDR). HCPH promptly placed her in respiratory isolation in her home.

After consultation with the Mayo Clinic, she was started on a new treatment regimen of seven antibiotics, including one injectable. Instead of taking her TB medications once a day, many of the new antibiotics required twice daily doses. This required intensive nursing care for her directly observed therapy. The cost for the medications required to treat this case exceeded \$30,000.

She successfully completed her treatment 18 months later and is now an undergraduate student at a local university. The success in this story is the fact that she was diagnosed before she was infectious to others and started on an appropriate course of treatment.

B. Center for Respite Care

Ellen



It is a privilege to introduce you to Ellen. When we asked if she would be willing to share her story and experience at the Center for Respite Care (the Center), she graciously consented and wrote eight pages telling the series of events that led to her recent hospitalization and how she came to the Center.

To summarize, Ellen has long struggled with alcohol addiction and related life-threatening health complications including multiple hospitalizations. However, the bright light over the past few years has been her relationship with Jarrod, the man who became her fiancé. He stood with her through it all and with him she was able to achieve a long period of sobriety. That all tragically ended when Jarrod was killed in a work related accident. Her own words pick up here.....

“We cremated his body and after the funeral everything crashed on me. Reality set in. I WAS ALONE. So I turned to the one thing I hadn’t touched since awakening from my coma in 2013 -- alcohol. I started to drink day and night and was intentionally trying to kill myself so I could be by my best friend -- my life, Jarrod.

Things didn’t work out that way. I ended up in a coma and went through some crazy hallucinations. I awoke to find out that my landlord threw everything I owned in the dumpster and rented my apartment. So now I lost my other half, my king, my world and everything he worked so hard to get. And now I was homeless with nowhere to turn. So I began drinking again and at the end of October, after moving from couch to couch, car to car and shelter to shelter. I ended up at University of Cincinnati hospital vomiting blood; this time I was alone with no Jarrod.

I underwent a blood transfusion in the ICU and was admitted for a week. When I was discharged on November 1st, I had nowhere to go. The social worker made some calls and a few hours later I was ringing the bell at the Respite Center. Since I have been here I have been sober, knowing that the next drink could be my last and the thought of meeting Jarrod in Heaven and seeing the look in his eyes as I told him I drank myself to death. So instead, I have been working on myself and trying to do things to make him proud as he looks down on me as my guardian angel.

In the past month I obtained a part-time job at P&G and housing. My health is getting better. My faith is coming back and I have met some incredible people who I will never forget and hope to be blessed with their friendship throughout the rest of my life! Without this place I would be a lost soul by now, probably dead or close to it. I am so grateful for every meal given me and every night I lay my head in warmth and safety. Now that I venture on I look forward to my new career at P&G, making my apartment my castle, and continuing my friendships with everyone in this house including staff and other clients.

I can never express how grateful I am for being given this chance to change the path I was taking in my life, but I can continue to do the right things and make my angel, Jarrod, proud along with my new godmothers, Kay and Tami, and my godfather, Dave. Thank you all and a special thanks to everyone who always had an ear to lend and a shoulder to cry on. Without you I wouldn't be this lucky to share my story!!"

Carl



I am truly blessed beyond measure! As I walked by faith, being accepted into the Center for Respite Care was the first phase of becoming, once again, a productive citizen in our society. The Center for Respite Care opened its doors to the injured and the homeless, namely me. They provided a safe and secure place for my medical recovery, assisted in transportation support for medical appointments, meals 3X a day and, as an added bonus, an evening snack. (Thank you Jesus!) As I began my stay, I was a bit restless with the rules and regulations. Then I humbled myself, sought reading my bible where God talks to me, if I'm listening. I came to see the authority figures here had been put in my life, so I chose to stay.

Ms. Susan, the nurse supervisor, is much more than a stern, do it by the book, woman. She is a lady I look to for support, laughter and a firm word when I'm doing wrong. Ms. Kay is a wonderful, outgoing case manager, assisting us as individuals to achieve and maintain, sobriety, housing, continual counseling, financial goals, short and long term action plans and most of all, an ear to listen when we really need to talk.

Sometimes I get a little stubborn when it comes to being a man, wanting to choose the plan of action I feel best for me. After being here two weeks, I thought it necessary to go back to working construction. I thought I would leave in the morning. I couldn't sleep that night. Sitting in the dining/TV area, I was approached by both second and third shift staff members who said they had heard I planned to leave. They said, "Carl, you should reconsider that thought, rest, heal and follow doctor's orders." They also pointed out that I could reinjure my arm before it was healed or risk reinfection.

They provided a safe and secure place for my medical recovery....What did I say? OK God, I just have to listen and obey; this is God for me and not against me. I stayed and I now sit here writing this testimony of sincere thanks- giving and praise unto God and the entire Center for Respite Care family. The staff here is awesome and I mean just that! After four weeks I'm much better physically, mentally, emotionally, socially and most of all spiritually. (Glory be to God!) This experience has made me very grateful, as I am always looking for the hand of God in my life and I found it here in this place.

C. Mental Health Recovery Services Board - Off the Streets

My name is Sheila Reisch and I am a grateful recovering addict and a survivor of sex trafficking. I solicited myself in order to survive or so I thought. I realize today in hindsight that I was coerced by drug dealers and threatened. I lived from place to place, under bridges, and sometimes hiding in wooded areas. I felt insane and ashamed that my addiction placed me in high risk situations that I had no control over. This is my testament that Off the Streets helped me change my life.

I had been on the streets on and off for most of my life using drugs and prostituting, but I wanted to try again to get clean. I had years of detox's and treatment programs. I originally came to Cincinnati in 2003 after escaping from a family, who offered to help me get off the streets, by giving me a job in their family business. They took me from a southern state, drugged me, and forced me to prostitute, mainly at truck stops in New York. They held me against my will, keeping me locked in a motel bathroom. They took my identification, and gave me clothes that were not appropriate for winter time. Their thinking was I would not run because I would freeze to death and was kept sedated. I took a risk and asked a truck driver who had paid to have sex with me, to help me escape, and he did. I managed to get two years clean on my own.

In 2005 I moved to New Orleans to care for my Mom. We bought a home and lost it in Hurricane Katrina. All of my family survived but we were all separated and displaced. Homeless and nowhere to go, I found myself back in the life of prostitution and addiction. I came back to Cincinnati and found a program that was new called, "Off the Streets." It was this program that saved my life.

Off the Streets was the first place that ever addressed the addiction and solicitation piece. They encouraged and supported me through the recovery process. All of the facilitators were in recovery and had a solicitation background. For the first time that I could remember, I felt worthy to walk down the street with my head held high. They also dared me to dream. I wanted to go to college, but had been told in the past I was not teachable due to addiction, mental health issues, and learning disabilities.

I graduated the Off the Streets program in 2007. I graduated Cincinnati State with an AA degree, with a focus on Social Work and Health and Human Services, Cum Laude. I won a Women of Excellence scholarship in 2011. I was honored by my Social work peers at NKU for outstanding Social Work Student. I supervised the campus Food Bank at NKU addressing food insecurity on and off campus. I graduated NKU in 2015 with a BSW Summa Cum Laude. I also volunteered to speak for Off the Streets before City council, and fundraisers. Today I am a Case Manager for the Off the Streets program. May 23, 2006 is my clean date and I have found no reason to use or to return to the "life." I will be forever grateful to the Off the Streets program for giving me a life I never knew was possible.

D. Strategies to End Homelessness – Homeless to Homes

Diane is 18-years old and was admitted to the Sheakley Center for Youth (SCY) by Hamilton Co. Job and Family Services as they prepared to emancipate her from their custody. She was in need of housing and other support after having faced significant challenges navigating various social, educational, health, and employment systems. Upon admittance to the SCY, Diane experienced substantial difficulty adjusting socially to the culture. She also struggled in her interactions with peers. The staffing structure at the SCY allowed for Diane to have consistent daily support and encouragement from staff, which empowered her to take ownership of making progress toward her emancipation plan with Hamilton County Job and Family Services. She received extensive case management support through which she was linked to Lighthouse's Behavioral Health and Substance Use programs. Because of the intensive case management provided by the SCY and her participation and follow-through with other Lighthouse services, she was able to minimize health concerns and stabilize high-risk behaviors. She is now housed stably and is able to navigate all systems related to creating and maintaining ongoing stability.

E. Greater Cincinnati Behavioral Health Services

Recovery for many of GCB's clients is such an extraordinary personal journey that many of us would find unimaginable. Here's a brief glimpse into one special individual's story and how his life was impacted by the services he received which were funded through the Hamilton County Mental Health and Recovery Services Board. When Tim* began services with GCB he was experiencing feelings of grief, depression, anxiety, thoughts of hurting himself and suicide which had resulted in multiple inpatient hospitalizations. He had been evicted from his housing multiple times and was homeless. He had little family support and few resources.

In order to start Tim on a road to stability, he was enrolled in the Kemper House Residential Program. This 90 day transitional program provided Tim a safe, stable and staff supported environment that allowed him to focus on strategies to manage his mental health symptoms. The consistent support and therapeutic housing environment helped Tim to practice healthy habits of daily living, better manage his medication and develop coping skills to manage his anxiety. During his program, Kemper staff collaborated with Tim's providers to help support successful discharge. Tim said that prior to GCB his stepsons were taking advantage of him. He was giving away most of his money because they threatened to hurt him if he didn't give them money. Tim said, "I felt like I wanted to hurt myself because all anyone wanted was my money." Tim said, "Getting away from them and going to Kemper House was the turning point."

While he was a resident at Kemper Tim was connected to GCB's day program called the Wellness Center. The Wellness Center is a Psycho-Social /Club House Model Program which provides community activities like bowling and exercising, therapeutic groups that build self-esteem, stress management, creativity and focus on mental health recovery. It was during this time where Tim truly started feel a reduction in his symptoms and started making friends with his peers. Initially he was very shy and when he did speak he mostly talked about his failures. As Tim got more familiar with the staff and other clients at the Wellness Center, he started attending every day and participating in more activities. He became interested in physical health. He participated in many groups some of which included: Morning Stretch, Healthy U and The Biggest Loser. Tim used what he learned and lost 15 lbs. Tim made a lot of progress and was now ready to be discharged from the residential program. It was during this same period that Tim was connected to GCB's payee services. The payee's function is to help increase his overall success in housing and community stability by managing his benefits. Tim discharged in January 2015 to the community to a Group Home. This level of support was instrumental to maintain Tim's progress. Today he continues to work with a payee to ensure that housing and utilities are not jeopardized. Tim continues to see the positive benefits to this service and will begin to explore discharging from payee services in the future. While living at the group home he received room and board and support with daily living activities. Since Tim was able to live in a safe, stable environment he was able to start putting the pieces to his life back together. He was ready to move forward with rejoining the work force. In October of 2015 he was linked with the Supported Employment Services at GCB. Through this program he received job development and coaching services. The program assisted job with preparing to

complete applications, practicing for interviews and in a structured job search. Additionally, he was assisted with developing skills of planning for the work day, effective work communication skills, and navigation public transportation. In February 2016, Tim gained employment as a dishwasher in a large restaurant working 25 hours per week and earning \$9.00 per hour. This job has been such a positive experience for him and his employer. Tim has stated to his job coach that “he is doing well” and “he likes his hours”. The manager at his job wanted to know he was doing a great job and “he wished he could clone Tim”. The manager thanked the job coach for helping with Tim's success at his work site. Job coaching support services continue to support Tim to manage changes in the work setting and addressing any mental health symptoms that may arise to maintain his position. He really likes his job.

Ultimately Tim was able to regain greater independence and wanted to start working on finding his own apartment. He needed assistance to locating the best housing options in the community. His care manager referred him to the Homelink program. The Homelink staff helped educate Tim on how to find housing that is based on his income, in the desired neighborhood of his choice, and how to meet the guidelines to become a tenant. With help from Homelink staff and his care manager he was able to move into his own apartment. Once an apartment was identified, Homelink continued services to help him adjust to living on his own. Many of us know housing doesn't stop at obtaining your keys. Homelink staff help people get connected to furniture resources and services to assist with utility bills and food stamps. He is successfully housed in his apartment today while maintaining a part-time job and attending the Wellness Center. Tim is able to continue to work on coping skills, reducing anxiousness, and weight reduction by attending the Wellness Center and working with his job coach. He's made friends and developed a routine that gave him a sense of self-worth. Tim said, “If it weren't for the Wellness Center thinking of me, I would have had no one to think of me.”

Tim is just one example of a person whose journey to recovery was positively impacted by services which wrapped around the more traditional treatment services of counseling, medication management and case management. These types of services are not typically funded by insurance type funders such as Medicaid. Tim's success with this comprehensive and integrated service package provided the support he needed to remain in the community, decrease his use of the emergency room and hospitalization. Further, Tim has reached a level of stability and self-sufficiency that has allowed him to continue to move forward as he is actively saving to purchase a car. GCB works to instill hope and to assist our clients in leading healthy and productive lives. The funds received from the community through the HCMHRSB levy were critical in providing the full scope of wrap around recovery supports Tim needed to be successful.

*Name of client had been changed for confidentiality purposes

For additional information contact:

Alicia Fine, VP Employment & Recovery Services

Greater Cincinnati Behavioral Health Services

(513) 354-7024

PROPOSAL TITLE: REDUCING CANCER MORTALITY FOR LOW INCOME INDIVIDUALS AND FAMILIES WITH A NAVIGATOR PROGRAM

1. The Problem: Cincinnati is the cancer mortality center of Ohio. Minorities, low income individuals and their families continue to die at record state and national levels due to the lack of cancer prevention education, transportation and guidance to cancer screenings, and access to timely treatments. According to the Cincinnati and Hamilton County health departments, there is a 20 year life expectancy gap in neighborhoods with large indigent populations.

2. The Cancer Justice Network is Ready: For the past two years, the Cancer Justice Network, a cooperative set of 25 agencies that serve the poor, have come together to form the Cancer Justice Network. At each of the network agencies, the Cancer Justice Networks presents a cancer education program that includes a) a discussion of the kinds of cancer; b) case examples of how early intervention has saved lives; c) introduction of our medical director and navigators to answer questions and to offer free assistance to screenings for cancer; and, d) information about joining with a primary care provider, Medicaid, or a private insurance company. The funding would permit us to hire full time navigators to replace our volunteer navigators and to set up a hub of information at key Cancer Justice Network agencies.

3. Key Metric: Each navigator is trained in understanding the maze of options facing a person who needs a physician, a health center, a screening, and, if necessary, timely treatment. We document the kind of cancer education a person requests, the number of people we see for cancer education, the number that agree to allow a navigator, and the number that go for screenings. We will track how many people full time navigators can successfully work with during the course of treatment. Our navigators are a mix of community seniors, first year medical students from UC, and nursing students from Xavier University.

4. Evidence Based Strategies: The Cancer Justice Network has structured its program based on the pioneering work of Harold Freeman, MD, former president of the American Cancer Society, and chief of surgery at Harlem Hospital in New York City. Freeman faced a similar reality of very high cancer deaths among poor and minorities. The key reason he couldn't help people was because their cancer had become too advanced. Freeman pioneered a "patient navigator program." Hiring community organizers to bring community residents to the hospital at the earliest signs of cancer, led to a steady decrease in cancer deaths. In 5 years, using navigators, Freeman's program increased life chances from 30% to 70%. His program spread to other cancer programs in the US and eventually became a standard for every accredited cancer program in over 1300 cancer hospitals. Freeman was invited to Cincinnati by the Cancer Justice Network, met with hospital administrators, physicians, and nurses and shared his program. All hospitals agreed to study it. No Cincinnati hospital offers a navigation program. The Cancer Justice Network decided, with Dr. Freeman, to offer his program with volunteers and to connect with federally qualified health centers in Cincinnati and the county as well as key agencies serving the poor. The

Appendix C: Supplemental Information from New Funding Requestors

program has been in operation and seen over 2000 people at Christ Church Cathedral, FreeStore Food Bank, Madisonville Education and Assistance Center, Churches Active in Northside, Santa Maria and Mt. Healthy Health Fairs. The Cincinnati Health Centers, Crossroad Health Centers, and the Cincinnati Health Network are all partners in our effort.

5. Return on Investment: Currently, the Cancer Justice Network is the only cancer prevention program that works with indigent citizens and has a navigator built into the center of our efforts. Our program brings people to a physician, screening, and treatment before the cancer has progressed beyond the point of feasibility for medical care to make a difference. The earlier we can bring people, the less expensive cancer care will be for patients and the health care system as the costs of care increases with greater complexity of the disease as it progresses. Our program saves lives as well as costs. Our program saves families as well as jobs and employment. Catching cancer at its earliest acts as a multiplier for health care costs and stability for the individual and the family. Our program has been recognized by the Federal Transportation Administration as one of 6 national programs that can improve high risk people's access to health care through better transportation using the navigation approach. Funding our efforts will establish an ongoing community-wide resource for health care for low income citizens who are currently unaware of how cancer can be stopped through early detection and timely treatment. Bringing increasing numbers of people to screenings for cancer also opens the possibility of finding other lethal chronic diseases and also improving life chances. This grant supporting navigators will improve life expectancy in Avondale, Mt. Healthy, Over the Rhine, Madisonville, and other neighborhoods where the lack of education for prevention causes record mortality.

Appendix C: Supplemental Information from New Funding Requestors

Cancer Justice Network

Levy Request is \$700,000 annually for 2018, 2019 and 2020

Started in Sept 2016 and have served 2,500 people.

The Cancer Justice Network began in September 2016 and has served over 2,500 people. They currently provide services through the work of 50 volunteers (12 first year medical students, 30 nursing students, 5 social work students). They will maintain their volunteer navigators, but would like to shift to a permanent employee basis so there is continuity of service. Volunteers have variable schedules and may not be able to do follow-up. Several members of the network including Christ Church Cathedral, Food Bank, and other facilities would accept having a full-time navigator to help people receive treatment.

The current network includes over 25 agencies, and there is no charge to be part of a network. They set up dinners, or workshops, for the navigators to be able to provide answers to questions about cancer. If the attendees want to go to a screening, the network agencies accept the people for free if they are Medicaid eligible. Then to treatment if necessary. If people have Medicaid or insurance, they access the transportation services through those avenues. The navigators provide education about how to utilize their insurance benefits.

With full time navigators, they would be able to expand the number of people served to 10,000 – 20,000 people a year. They would receive education, screening, and assistance in managing cancer care if diagnosed. They believe 10 full time people would be able to cover the entire county and have more agencies included in their network.

Proposed Operating Budget:

1. OVERALL REQUEST: \$700,000.00 PER YEAR FOR 3 YEARS.

- A. 10 NAVIGATORS @ \$48,000 EACH EQUALS \$480,000.
- B. OFFICE STAFF ARE \$200,00.
- C. OFFICE EXPENSES ARE \$40,000.

2. OFFICE STAFF IN DETAIL

- A. EXECUTIVE DIRECTOR \$50,000.
- B. TRAINING DIRECTOR \$40,000.
- C. SECRETARY \$40,000.
- D. 2 SUPERVISORS AT \$30,000 EACH FOR \$60,000.

3. OFFICE EXPENSES FOR \$40,000.

Appendix C: Supplemental Information from New Funding Requestors

- A. RENT
- B. PHONE
- C. COMPUTER CONNECTIONS
- D. MATERIALS

Currently funded by the following grants totaling \$69,500:

\$2,500 Academy of Medicine

\$10,000 Christ Church Cathedral

\$3,000 Molina

\$1,000 Children's Hospital

\$3,000 St. Joe

\$50,000 Federal transportation authority expires 12/31/17 no indication for renewal. Specific for people with disabilities, aged people, minorities.

In addition, the Cancer Justice Network receives donations.



“Of all the forms of inequality, injustice in health is the most shocking and the most inhumane”

Martin Luther King, Jr.



HOW WE CREATE A CULTURE OF HEALTH:

**Community
Based
Participatory
Research**

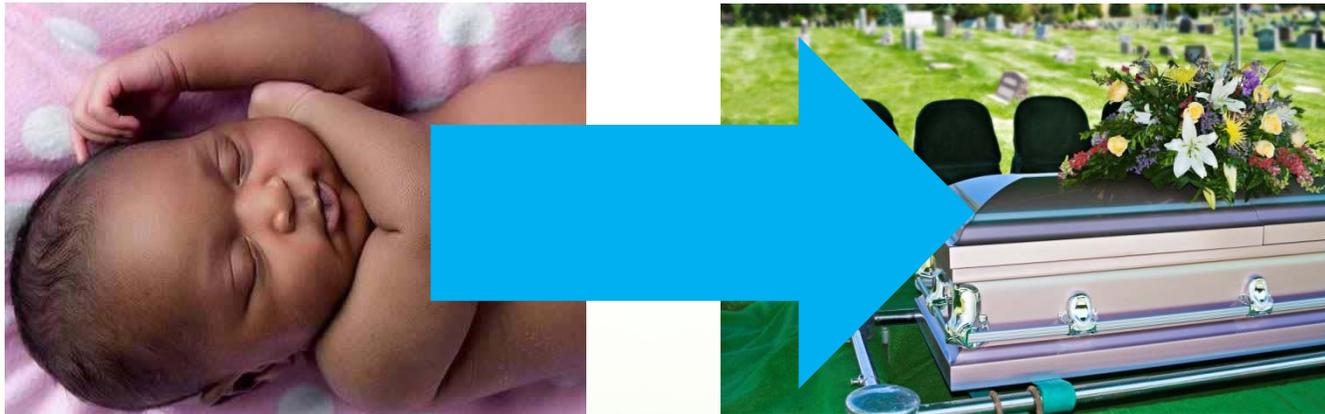




Vulnerable Populations

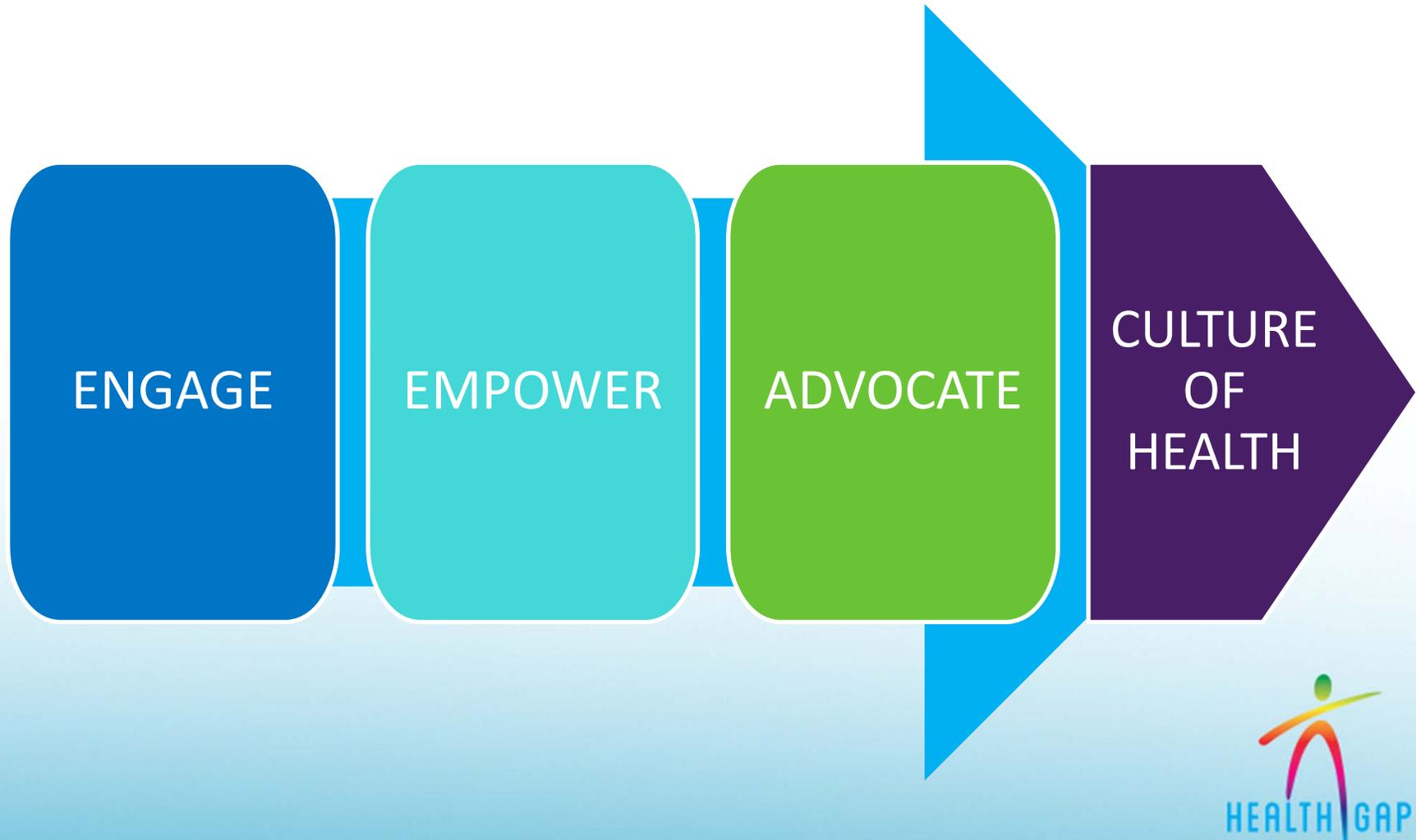
CREATING A CULTURE OF HEALTH FOR THE MOST VULNERABLE POPULATIONS OF GREATER CINCINNATI

From birth to the grave



The vulnerable populations who we target are:
African- Americans • Appalachians • Latinos/Hispanics

Grassroots Mobilization Model to Eliminate Health Disparities



Grassroots Mobilization Model to Eliminate Health Disparities

CULTURE
OF HEALTH

Health In All Policies which means:

Prevention is the key driver that leads to a significant increase in quality and length of life.





Outcomes Approach

Results-Based Accountability™

Results-Based Accountability™ (RBA) is a disciplined way of thinking and acting to improve entrenched and complex social problems. Communities use it to improve the lives of children, youth, families, adults. RBA is being used in all 50 United States and in more than a dozen countries around the world to create measurable change in people's lives, communities and organizations.

Academic Partnerships



- University of Cincinnati College of Medicine, Department of Environmental Health
- 2 Interns per semester from Masters of Public Health Program



National Boards & Presentations

- Center for Disease Control (CDC)
- Robert Wood Johnson Foundation
- RWJF County Rankings & Roadmaps
- International Active Living Research
- American Public Health Association (APHA)
- Cobb Institute, National Medical Association
- American Cancer Society
- African American Childhood Obesity Research Network (AACORN)
- Ohio Statewide Health Disparity Collaborative
- City of Cincinnati Healthy Living Taskforce
- City of Cincinnati Food Access Taskforce



Grants and Achievements

- 2016 Small Agency of the Year, National Association of Social Workers (NASW)-Ohio Chapter Region 6
- Ohio Medicaid Grant - \$732,000 for Infant Mortality
- Ohio Commission on Minority Health - \$85,000 to launch a statewide coalition to address African-American Health Disparities
- Robert Wood Johnson Foundation - \$300,000
- HUD sub-grantee - \$300,000 The Community Builders
- CDC Funding - \$625,000 CPPW



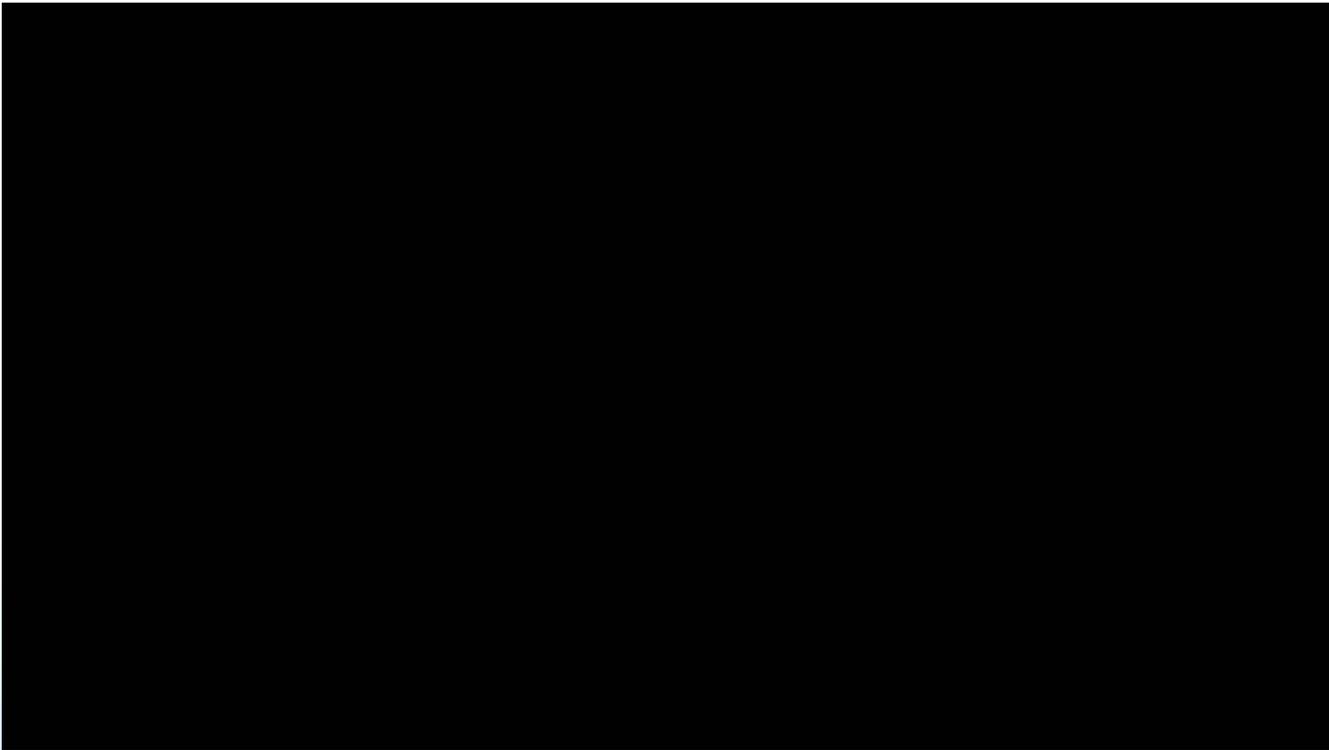
Funding Partners



- Our partners of health care providers, business leaders, social advocates and faith-based networks are vital to what we do.
 - Collaborate in developing curricula
 - Conducting health screenings
 - Developing behavior models
 - Resources

AND MUCH MORE







- The Do Right! Health campaign was launched in 2005 to combat family obesity.
- Promotes healthy living through nutrition and physical activity.
- 20,000 participants to date.
- 4 neighborhoods.





Do Right! Healthy Corner Store Network



Do Right! Produce Markets

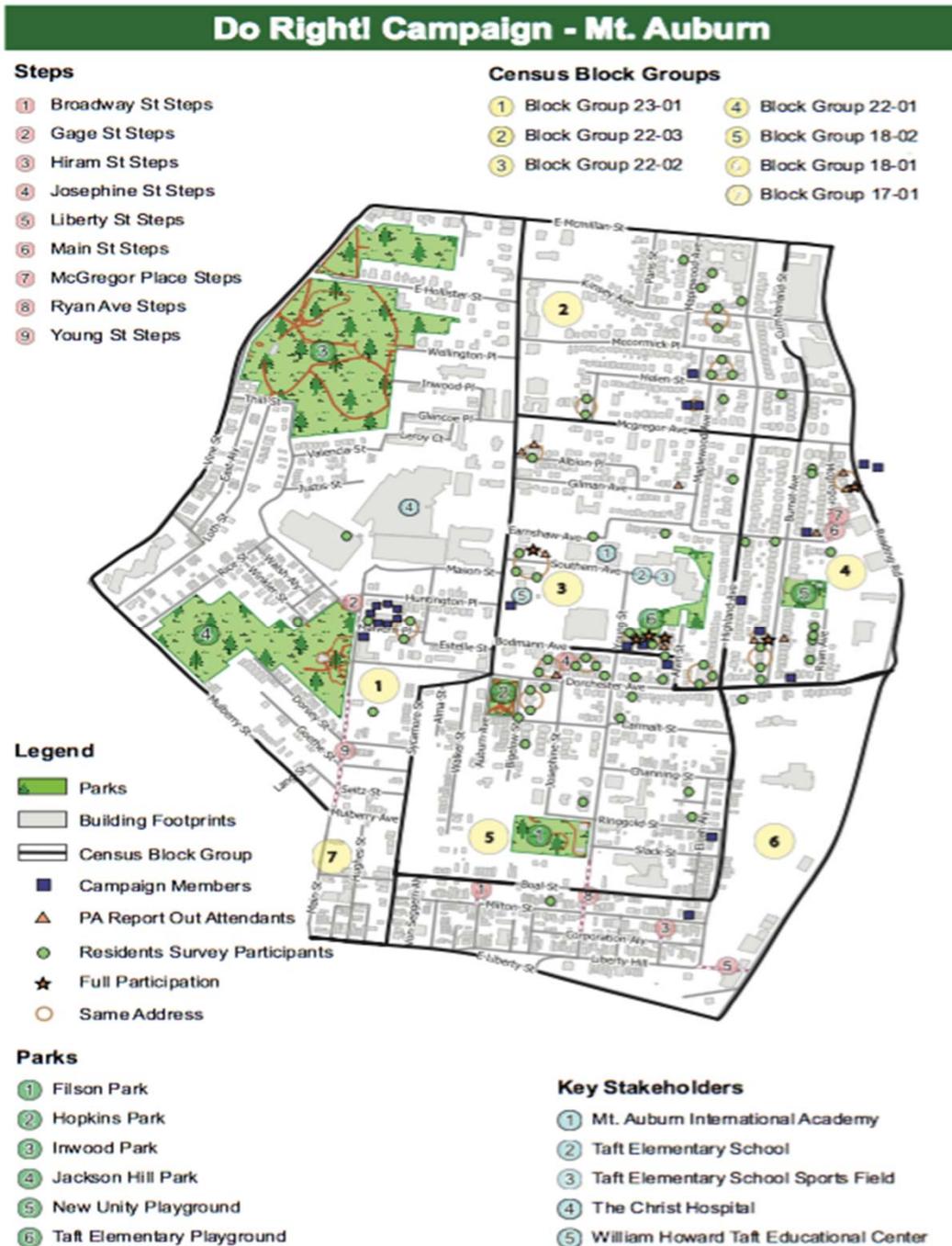


Do Right! Kids



Do Right! Babies





Do Right! Campaign Mount Auburn Block by Block

Community Physical Activity Plan

Mt. Auburn Walking Track

Needs Assessments Conducted

 PhotoVoice assessments were conducted by Mt. Auburn residents

162 Resident Lifestyle Surveys administered and completed by residents. 

 Walkability Assessment completed by residents

 Park Assessment completed by residents

 Workplace Environment Checklist completed by The Christ Hospital and College of Nursing

Top 5 Recommendations as voted on by residents

1. Open the Recreation Center
2. Repair Sidewalks and Lighting
- 3-Tied. Speed Bumps to Reduce Speeding and Police Presence/Decrease Drug Activity
4. [Not explicitly listed]
5. Create additional Physical Activity facilities and resources or establish joint use agreements



HLI Do Right! Challenge

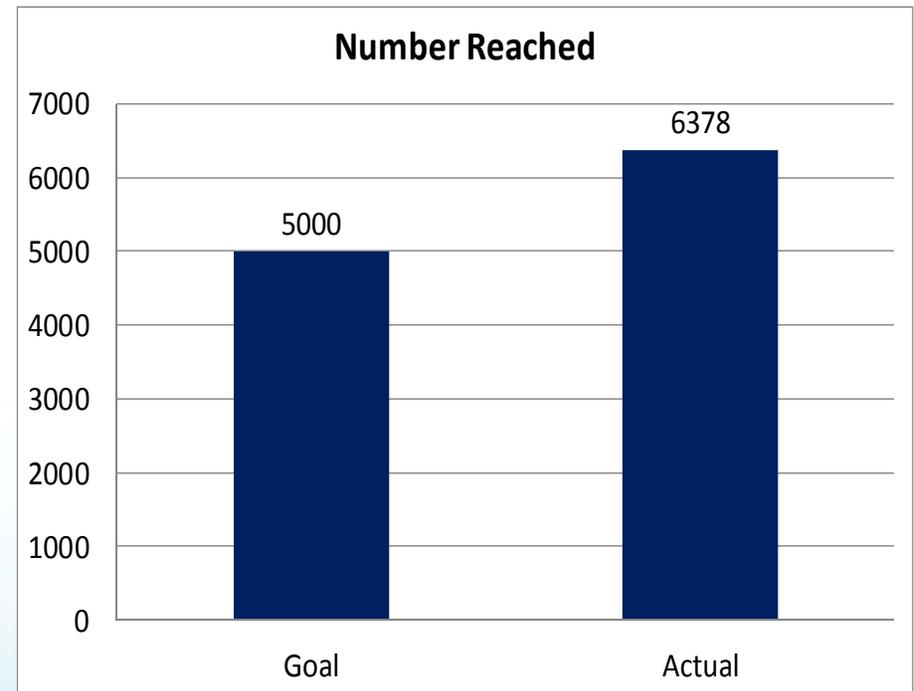
Tri Health led the program, with a focus on healthy eating, physical activity and “live right”

5 Churches 80 participants	5 Churches 84 participants	4 Churches 44 participants	All participants
2008 July - November	2009 June – Oct/Nov Final Evaluation April 2010	2010 June – Oct/Nov Final Evaluation April 2011	



Communities Putting Prevention To Work CDC Grant

- Recovery Act Grant Program awarded by the CDC to Hamilton County Public Health Department
- Center engaged a County-wide collaborative of 21 churches committed to reduce obesity through three aims:
 - 20 Community gardens
 - 20 Physical activity
 - 88 Nutrition Train the Trainer
- Food Desert Policy



Master Nutrition Volunteer Certification

- 7 week series of classes
- Teaches participants the key elements of healthy eating
- Has a teach back requirement to receive certification



Past graduated classes



Past graduated classes



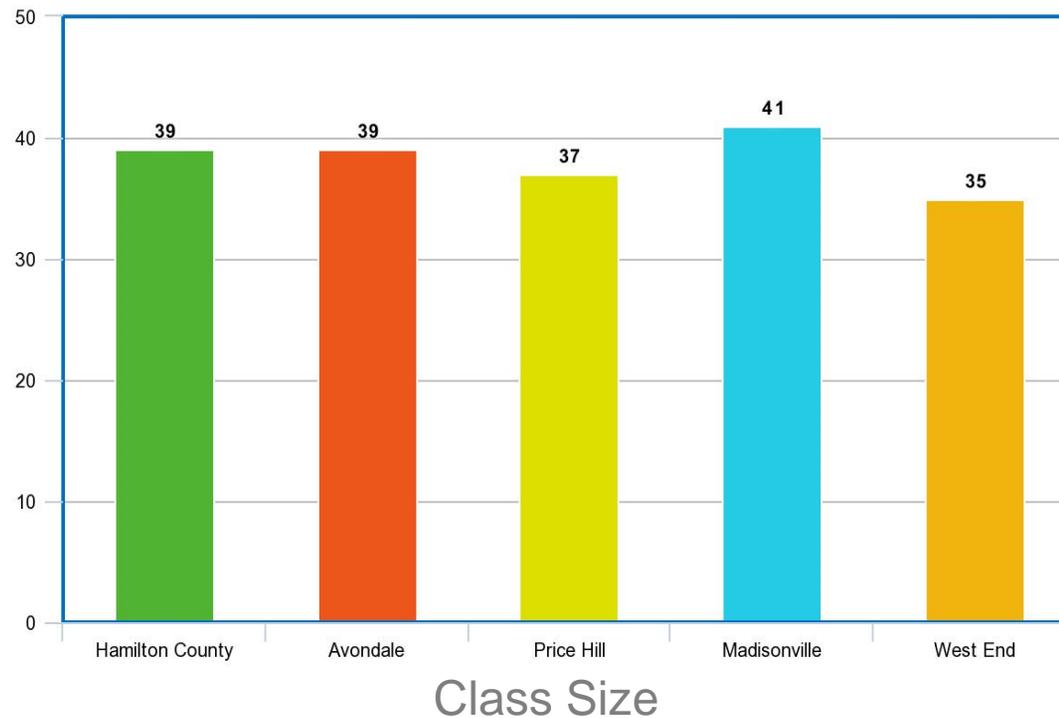
Past graduated classes



Community Engagement Academy

Grassroots Leadership Training

191 CEA Graduates



Community Health University



The Mission of the Community Health University is to empower individuals to navigate the health care system, improve their health care experience, and increase patient compliance, which means fewer readmissions.

2017 Pilot: UC Health & Molina Healthcare





RESEARCH

QUANTITATIVE RESEARCH

City Health Disparities Study

QUALITATIVE RESEARCH

African American Patients/Doctor Relationships

Race Relations in the Eyes of Teens

Pre-Teen Girls Body Image Focus Groups

Community Resident Infant Mortality Focus Groups

City Wide Focus Groups

Annual Health Expo:

**Over 87,000
attendees since
2003**

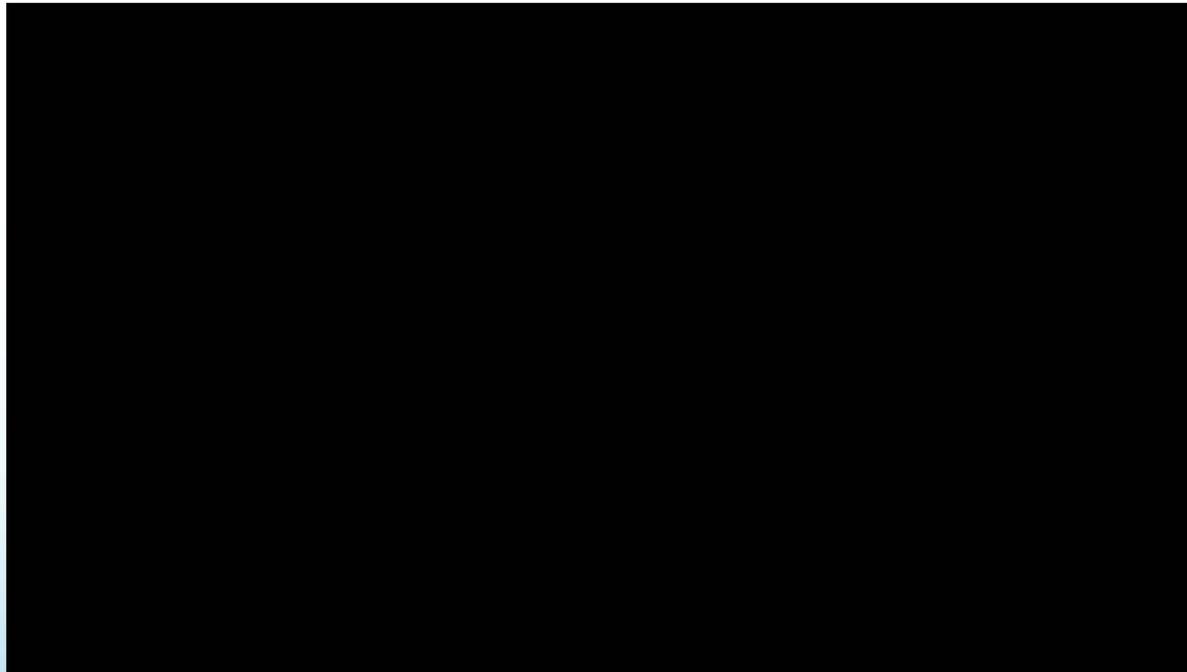
**Around 30,000 Free
Health Screenings**



**Save the Date: our
14th Annual Health
Expo will take
place April 29th,
2017!**

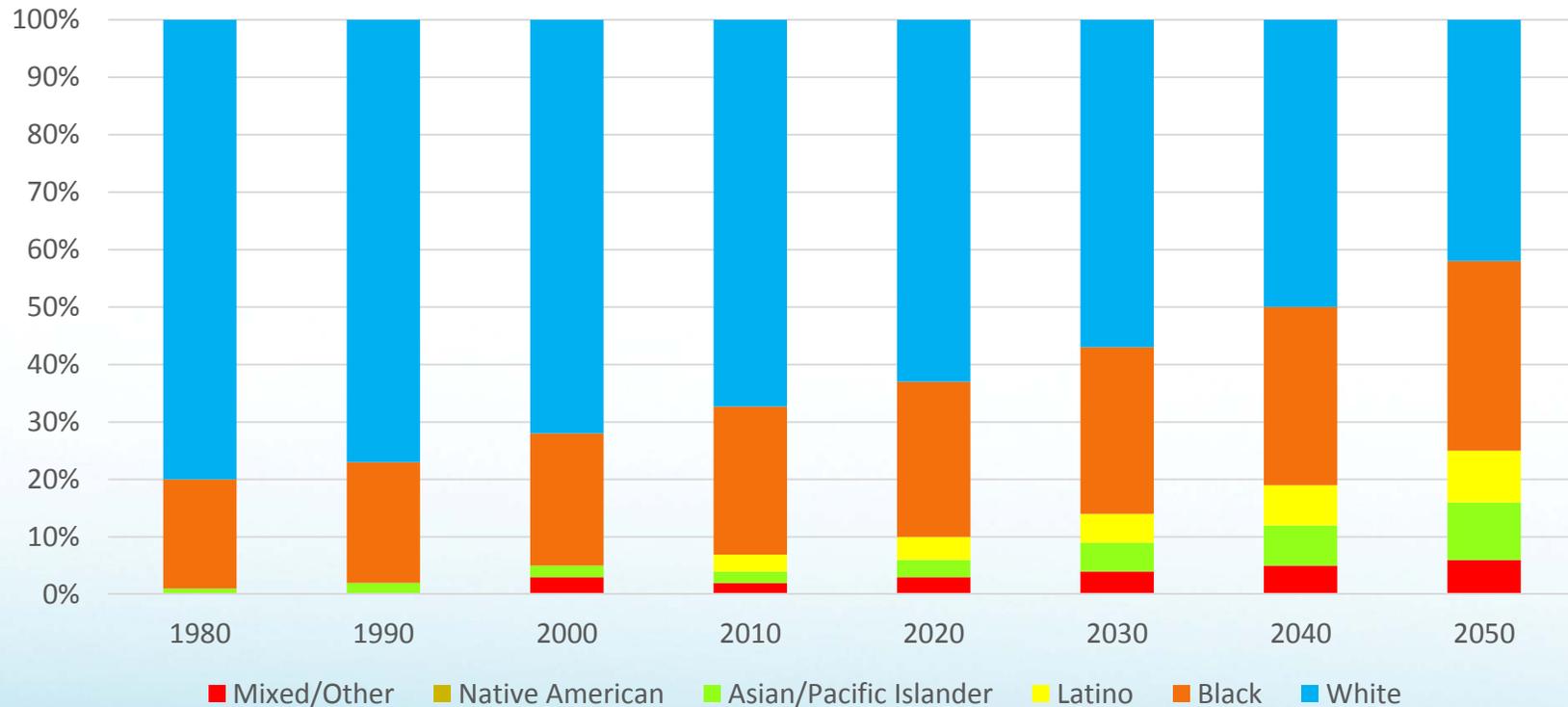


2014 Health Disparities Awareness Campaign



Hamilton County is projected become majority people of color in 2040 – four years before the nation.

Racial/Ethnic Composition, 1980-2050



Source: US Census Bureau/Policy Link



Multi-Platform Communications

Twitter :

[@CCHGcincy](https://twitter.com/CCHGcincy)

Facebook:

[CloseHealthGap](https://www.facebook.com/CloseHealthGap)

Instagram:

[health_gap](https://www.instagram.com/health_gap)



"People should understand that depression is not an attitude problem. It's not a character weakness, it's not a spiritual weakness. It's





HEALTH | GAP

Thank You

The Health Gap, Hamilton County Health, and Hospitalization Levy

The Problem:

Hamilton County ranks 64th out of 88 counties in Quality of life, 63rd in Social and Economic Factors which represents 40 % of the Social Determinants of Health. The burden of sickness and premature death disproportionately impacts vulnerable populations resulting in higher rates of mortality for chronic diseases as evidenced by the annual Robert Wood Johnson Foundation (RWJF) County Rankings data.

In the 2016 Community Health Needs Assessment(CHNA) conducted by the hospital systems they prioritized the health concerns for the service area which includes Hamilton County. Diabetes and Obesity were in the top five priorities for the Region. The Hospital systems are required to complete a CHNA and submit an Implementation outlining the targeted priorities they will address. The reduction of readmission rates of vulnerable populations in the region are a priority for the Hospital systems.

Infrastructure in place for success:

The Center for Closing the Health Gap in Greater Cincinnati (The Health Gap). Is a community-based 501-c-3, collaborating with over 100 organizations and in partnership with Tri Health, Mercy, Christ Hospital, UC Health and the City of Cincinnati since 2004. Our evidenced-based community-driven strategies utilize the community-based participatory research approach to improve the health status of local minority populations; African-Americans, Latino/Hispanic, and White Appalachians. We have served the Hamilton county region for 13 years and impacted the Health of vulnerable populations through our partnerships. Our work This funding would allow us to expand initiatives targeted to vulnerable populations prioritized in the CHNA by the Hospital Systems.

Key metric: Reducing readmissions due to chronic disease comorbidities. Results based accountability framework will be utilized in measuring in tracking reductions in collaboration with the hospital systems.

Evidence-based strategies to implement or expand:

Strategies will educate individuals on navigation of the health care system to improve management of chronic disease through series of individualized trainings and evaluation measures taught by healthcare and health disparity professionals.

- **Attitudes:** Patient Advocacy training to improve primary care and patient interaction to empower individual control and advocacy to management of CHNA prioritized chronic disease and utilization of the health care system
- **Skills:** Navigation of the health system to increase knowledge of tools utilized by health care provider
- **Knowledge:** Expansion of prevention trainings to improve management of CHNA prioritized health concerns by improving understanding of benefits and importance of prevention
- **Behavior:** Expansion of training to improve communication, identification, and understanding of health care providers

Return on Investment:

Readmissions are a financial problem. The Agency for Healthcare Research and Quality estimates hospital readmissions in U.S. cost \$41.3 billion dollars annually. According to data from the Center for Health Information and Analysis (CHIA), the estimated annual cost of this problem for Medicare is \$26 billion annually and \$17 billion is considered avoidable.

Centers for Medicare and Medicaid Services data indicates the average cost of a readmission for all medical conditions is \$11,200. Reaching 100 people annually could potentially save over \$1.1 million in readmission hospital costs.

Appendix C: Supplemental Information from New Funding Requestors

Center for Closing the Health Gap

The levy request is for \$400,000 annually to fund two full time staff members, (Program Director and Administrative Assistant), stipends for faculty, and the costs to provide workshops.

Please provide the budget breakdown for the levy request.

Community Health University 1 Year Levy Budget	
Line Item	Annual Budget
Personnel (Salaries & Fringe Benefits)	
Program Director - 1 FTE	\$65,000
Administrative Coordinator - 1FTE	\$40,000
Fringe Benefits	\$36,750
Total Personnel	\$141,750
Faculty Honorariums	\$20,000
Community Health Coaches Stipends	\$30,000
Program Partners	\$90,000
Program Workshops	\$30,000
Marketing & Outreach	\$25,000
Materials, Supplies & Photo Copying	\$27,000
Total Direct Costs	\$363,750
Administrative Costs	\$36,250
Program Total	\$400,000

The existing pilot program, Community Health University (CHU), is funded by three hospital systems, and the City of Cincinnati. They receive in-kind contributions consisting of programmatic diabetes staff and consultants. The program is only offered in the city of Cincinnati. The levy request is to expand into the county. CHU is funded by three hospital systems and the city of Cincinnati. These partners will not increase funding with the expansion. CHU serves 100 people currently.

Please provide the number of people that would be served by the expansion.

CHU will serve 600 people with the expansion.

Please provide the current operating budget for Community Health University.

Community Health University Current 1 Year Budget	
Line Item	Annual Budget
Personnel (Salaries & Fringe Benefits)	\$23,700
Faculty Honorariums	\$3,500
Community Health Coaches Stipends	\$5,000
Program Partners	\$15,000
Program Workshops	\$5,000
Marketing & Outreach	\$4,200
Materials, Supplies & Photo Copying	\$4,500

Appendix C: Supplemental Information from New Funding Requestors

Total Direct Costs	\$60,900
Administrative Costs	\$6,100
Program Total	\$67,000

CHU uses a population health strategy to define eligibility for the program. The program serves individuals who are indigent with frequent readmissions who are diabetic. The percentage of people not diagnosed as diabetic prior to hospitalization is increasing.

UHC is a pilot program that began in 2017. Outcome measures are in place to provide information for program evaluation, however, since the program is less than a year old, the measures are not available for review at this time.

Restoring Health, Transforming Lives

The mission of the Center for Respite Care is to provide quality, holistic medical care to homeless people who need a safe place heal, while assisting them in breaking the cycle of homelessness.

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Cincinnati, OH 45229

Phone (513) 621-1868
Fax (513) 621-1872
www.centerforrespitecare.org

Lisa Webb
Tax Levy and Finance Specialist
Hamilton County, Ohio
138 E. Court Street, Rm 603
Cincinnati, Ohio 45237 2

February 3, 2017

Dear Ms. Webb,

On behalf of the staff, board of directors and clients, I am respectfully requesting inclusion in the 2017 Hamilton County Indigent Care Tax Levy.

The Center for Respite Care is a 14-Bed, 24-hour facility that provides medical and nursing care as well as targeted case management. Currently located in the heart of Avondale, the mission of the Center is to provide quality, holistic medical care to homeless people who need a safe place to heal, while assisting them in breaking the cycle of homelessness. We are currently located in North Avondale and have served thousands of individuals experiencing homelessness coupled with critical medical issues.

In late 2017, the Center will be relocating to Over-the-Rhine and expanding its capacity from 14 to 20 beds. This nearly 40% increase will allow the Center to provide more critical care for individuals experiencing homelessness.

The Center for Respite Care is currently partially funded by the local hospital systems in Greater Cincinnati. Hospital funding accounts for approximately 50% of the total program cost. For the remainder of its funding, the Center has relied on charitable grants and individual donations funding for far too long.

The Center is seeking a total of \$500,000 annually. These funds will be used as follows:

- To fund approximately %50 of the total bed nights anticipated per year
- 24-hour, 7-day a week staff supervision and case management, supplies and meals
- Coordination of access and membership to hundreds of community support partners throughout the City
- Assistance with placement in stable services or programs upon discharge from the Center.

The Center for Respite Care looks forward to working with Hamilton County and welcomes a full review of our practices, financial standing and future plans.

Please feel free to reach out to me with any additional questions.

Sincerely,



Laurel D. Nelson
CEO

Honored recipient of the first

Medical Respite
Award for Excellence

Presented in 2013 by
NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL

Appendix C: Supplemental Information from New Funding Requestors

Center for Respite Care Clients Served				
Medical Recovery	FY 2014	FY 2015	FY 2016	FY 2017 ¹
Total Clients		245	222	246
Service Detail				
Unduplicated clients		120	117	131
Total bed days		4,076	3,580	3,983
Average clients per day		11.2	9.8	10.9
Average clients per month		20.4	18.5	20.5
Average length of stay (days)		34.0	30.6	30.5
Occupancy		79.77%	70.60%	77.94%
Client Detail³				
Male		90.63%	76.79%	77.40%
Female		9.37%	23.21%	22.51%
Veteran		17.44%	8.52%	12.53%
Discharge Detail				
Total Discharged		109	109	115
Discharged to stable placement ⁴		80.73%	76.15%	79.17%
Unknown/AMA		19.27%	23.85%	20.83%

Notes:

1. Anticipated based on 10 months
2. Assumes 40% increase from FY 2017 due to relocation in FY 2018
3. Based on percent of bed days
4. Stable placement includes permanent housing, treatment/assisted living, family/friend, shelter/hospital/other

Appendix C: Supplemental Information from New Funding Requestors

FY 2018 ²
344
183
5,576
15.2
28.7
42.6
77.94%
77.40%
22.51%
12.53%
161
79.17%
20.83%

Center for Respite Care	
	FY 2014
Hospital funding	
Foundation funding	
Individual contributions	
Levy funding	\$0
Total Revenue - Medical Recovery	\$0
Cost per bed day	
Average cost per client stay	
Total Cost - Medical Recovery¹	
Funding gap	

1. FY 2018 estimated based on 40% increase in cost from FY2017 due to relocation

Hospital Funding Detail

Total funding	2016
TriHealth	\$50,000.00
Christ	\$100,000.00
St. Elizabeth	\$20,000.00
UC Medical Center	\$150,000.00
Mercy	\$50,000.00
Unfunded	\$269,500.00
Current gap	\$269,500.00
Est. gap at relocation (40% increase) in 2018?	\$593,600.00

Total bed nights

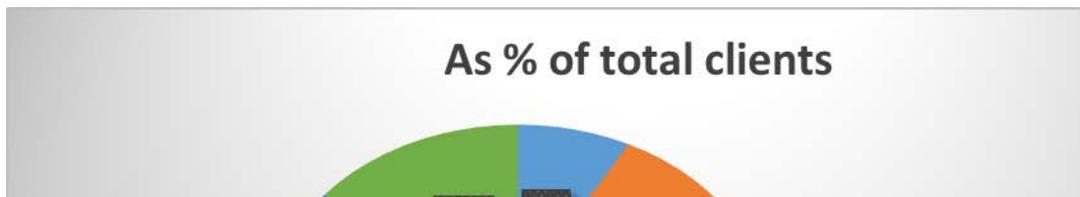
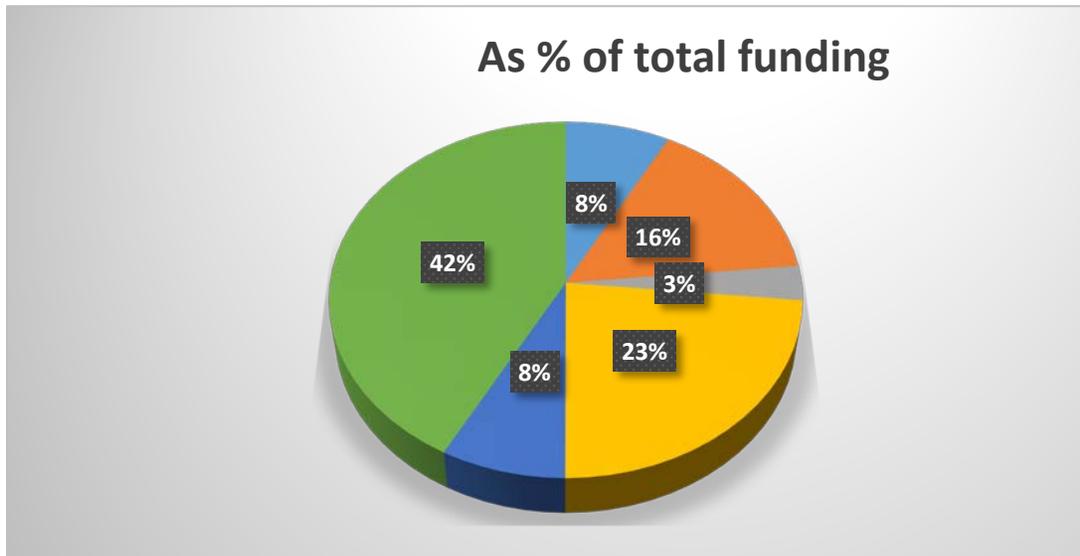
TriHealth	313
Christ	435
St. Elizabeth	184
UC Medical Center	2,040
Mercy	298
Other	605

Appendix C: Supplemental Information from New Funding Requestors

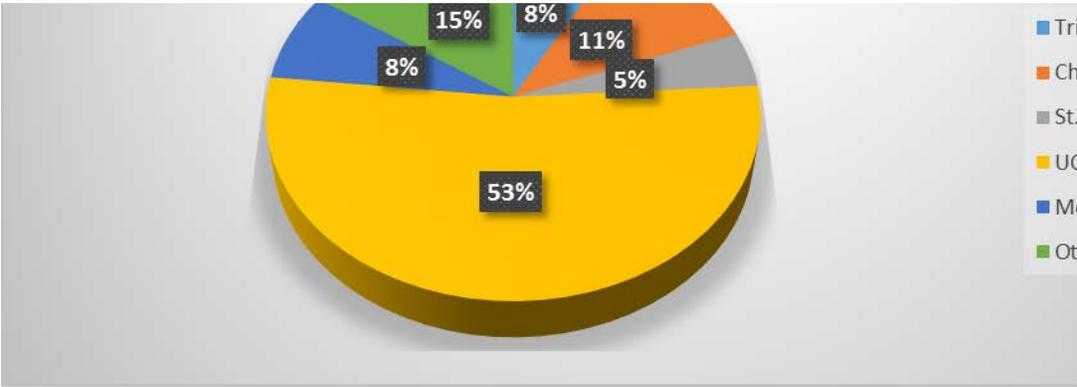
Revenues and Expenditures				
FY 2015	FY 2016	FY 2017	FY 2018	
\$220,000	\$370,000	\$370,000	\$370,000	50% or 65%?
				25%?
				10%?
\$0	\$0	\$0	\$500,000	
\$220,000	\$370,000	\$370,000	\$870,000	
\$155	\$160	\$165	\$165	
\$5,265	\$4,896	\$5,024	\$4,800	FY18 based on notes
\$631,780	\$572,800	\$657,162	\$920,027	or 963,000?
\$411,780	\$202,800	\$287,162	\$50,027	notes say 195,000?

ocation to 20 beds

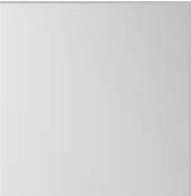
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Appendix C: Supplemental Information from New Funding Requestors



Appendix C: Supplemental Information from New Funding Requestors



Appendix C: Supplemental Information from New Funding Requestors

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Appendix C: Supplemental Information from New Funding Requestors

Medical Recovery 12-month revolving client/funding analysis

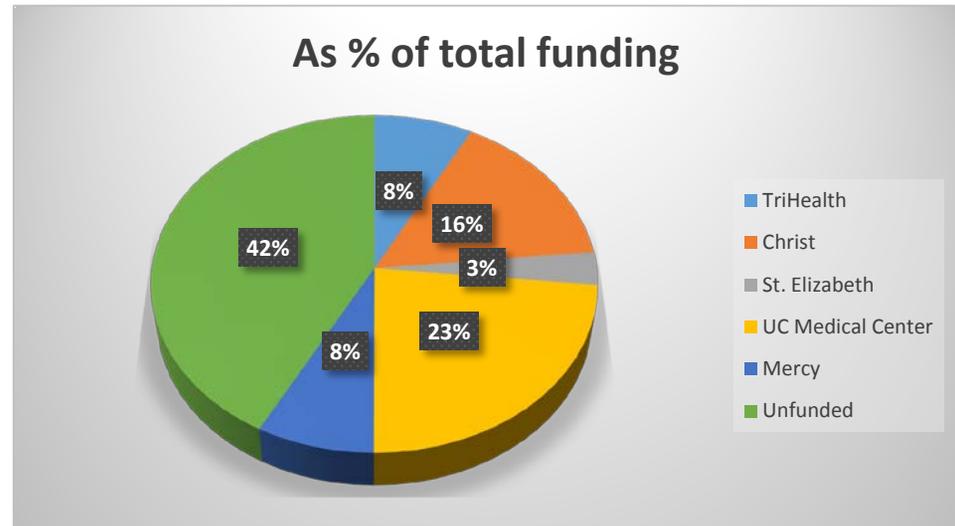
Cost per bed day FY 2017	165.00			Funding per hospital FY 2016	
Total bed days YE 01/31	3,963		Anticipated	<hr/>	370,000.00
Total cost per bed day - 12 month cycle	653,895.00				
Total clients YE 01/31	245			Hospital funding per bed day	93.36
				% of cost per bed day	56.58%
Total cost per client - Avg length of stay	5,029.96				
Avg clients per month	20.42				
Avg bed days per month	330.25				
Avg clients per day	10.86				
Total unduplicated clients YE 01/31	130				
Total Discharged YE 01/31	117				
				Discharge breakdown	
Average length of stay YE 01/31	30.48			Permanent housing	23
				Treatment/Assisted Living	28
				Family/friend	20
Male	3,080	77.72%		Shelter/hospital/other	22
Female	880	22.21%		% to stable placement	79.49%
Veteran	523	13.20%			
				Unknown/AMA	24
					20.51%
Total occupancy YE 01/31	77.55%				
				Carried over	14
Total unduplicated veteran clients YE 01/31	12	9.23%			
Average age of client at admission	50				
12359					

Appendix C: Supplemental Information from New Funding Requestors

Center for Respite Care, Inc. 2016

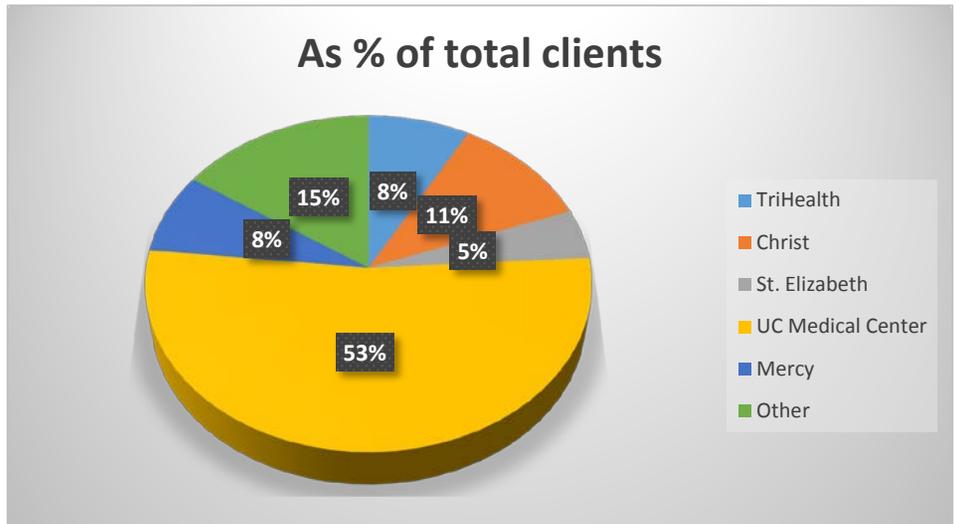
Total funding

TriHealth	\$50,000.00
Christ	\$100,000.00
St. Elizabeth	\$20,000.00
UC Medical Center	\$150,000.00
Mercy	\$50,000.00
Unfunded	\$269,500.00
Current gap	\$269,500.00
Est. gap at relocation (40% increase)	\$593,600.00
	639,500.00



Total bed nights

TriHealth	313
Christ	435
St. Elizabeth	184
UC Medical Center	2,040
Mercy	298
Other	605



Appendix C: Supplemental Information from New Funding Requestors

Medical Recovery client/funding analysis FY 2017 (10 Months)

Cost per bed day FY 2017	165.00	<i>Anticipated</i>		Funding per hospital FY 2017
Total bed days FY 2017	3,319	3,983	Anticipated	<u>370,000.00</u>
Total cost per bed day - 12 month cycle	547,635.00	657,162.00		
Total clients FY 2017	205	246		
			Hospital funding per bed day	92.90
			% of cost per bed day	56.30%
Total cost per client - Avg length of stay	5,024.17			
Avg clients per month	20.50			
Avg bed days per month	331.90			
Avg clients per day	10.85	77.47%		
Total unduplicated clients FY 2017	109	131		
Total Discharged FY 2017	96	115		
Average length of stay FY 2017	30.45			
Total bed nights FY 2017	3,319			
Anticipated	3,983			
Male	2,569	77.40%		
Female	747	22.51%		
Veteran	416	12.53%		
Total unduplicated clients FY 2017	109			
Anticipated	131			
Anticipated occupancy FY 2017	77.94%			
Total unduplicated veteran clients FY 2017	12	11.01%		
Anticipated	14			
Average age of client at admission	50			
10350				
			Discharge breakdown	
			Permanent housing	18
			Treatment/Assisted Living	26
			Family/friend	16
			Shelter/hospital/other	16
			% to stable placement	79.17%
			Unknown/AMA	20
				20.83%
			Carried over	14
				63%

Appendix C: Supplemental Information from New Funding Requestors
Medical Recovery client/funding analysis FY 2015

Cost per bed day	\$155.00		Hospital funding FY 2015
Total bed days	4,076		\$220,000.00
Total cost	\$631,780.00		
Total clients	245		
Total unduplicated clients	120		
Average length of stay	33.97		
Cost per average length of stay	\$5,264.83		
Average clients per month	20.42		
Average bed days per month	339.67		
Average clients per day	11.17		
Average occupancy	79.77%		
Total Discharged	109		
Total bed days	4,076		
Male	3,694	90.63%	
Female	382	9.37%	
Veteran	711	17.44%	
Total unduplicated veteran clients	18	15.00%	
Average age of client at admission	50		
12339			

	Hospital funding per bed day	\$53.97
	% of cost per bed day	34.82%

	Discharge breakdown	
	Permanent housing	45
	Shelter/other	43
	% to stable placement	80.73%
	Unknown/AMA	21
	Carried over	11



Universal - Program Demographic Report

Report criteria

Start date 1/1/2016

End date 12/31/2016

Projects Selected: CRC - Center for Respite Care (1 selected)

Grant/sub-project Selected: (all grants) (all selected)

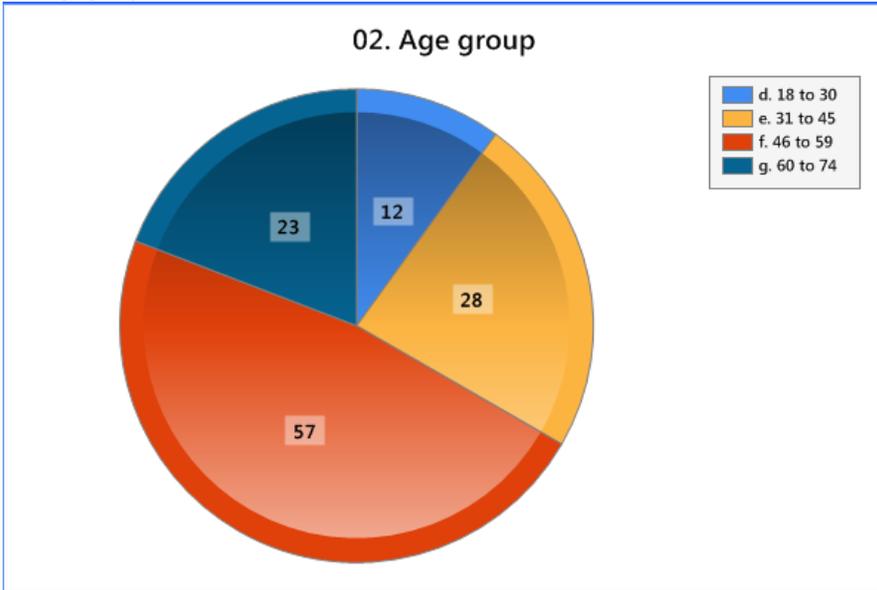
View Aggregate / summary Details / client information Both aggregate and details

Report results

01. Total count of individuals served

120

02. Age group

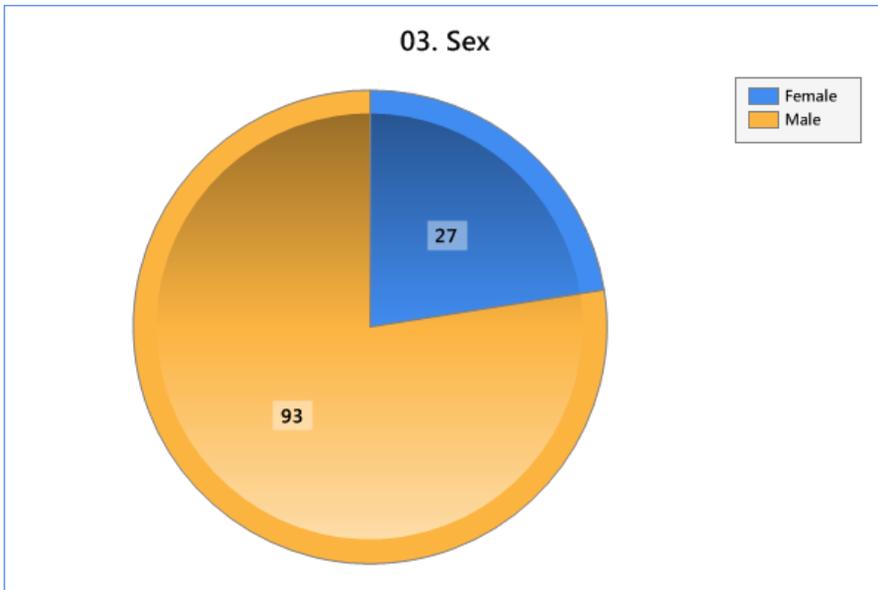


d. 18 to 30	12
e. 31 to 45	28
f. 46 to 59	57
g. 60 to 74	23
-TOTAL-	120

Appendix C: Supplemental Information from New Funding Requestors

03. Sex

Female	27
Male	93



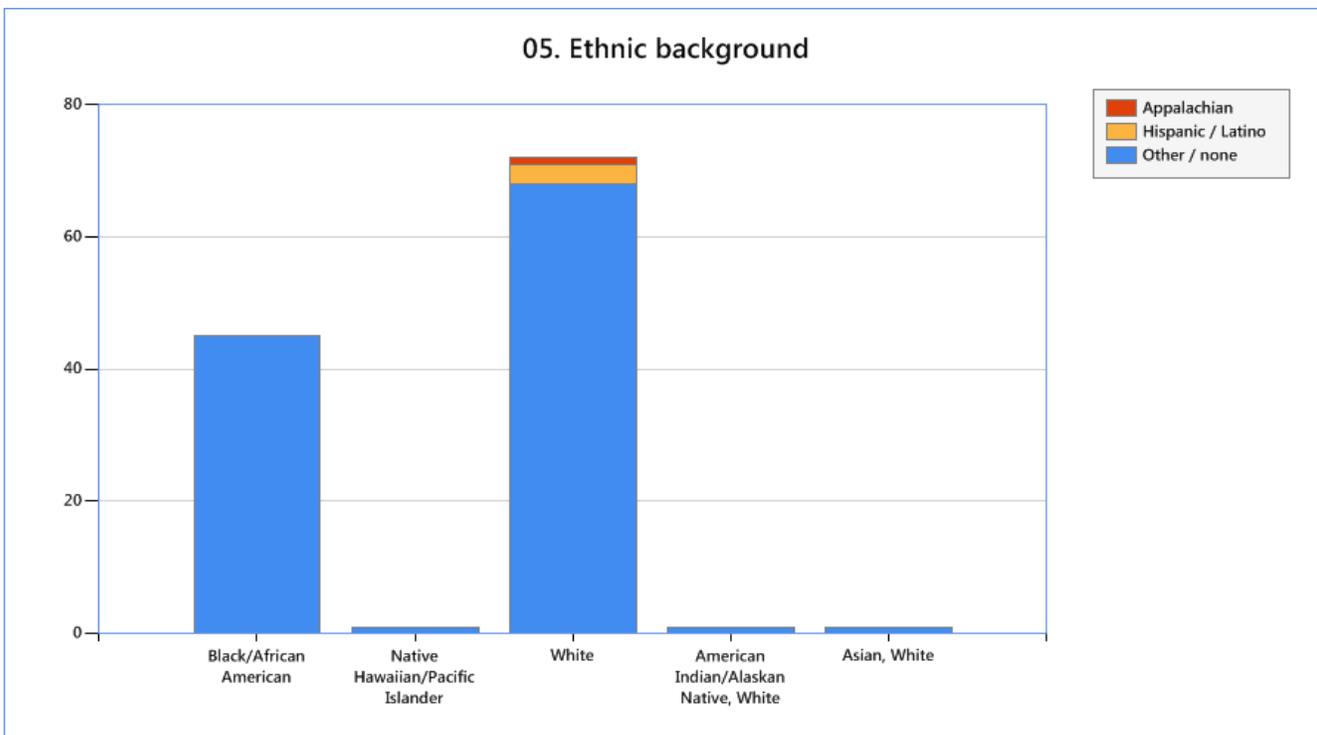
Universe of data: People who were active at any point during the date range

04. Female head of household

-TOTAL-	0
---------	---

05. Ethnic background

Black/African American	Other / none	45
Native Hawaiian/Pacific Islander	Other / none	1
White	Appalachian	1
	Hispanic / Latino	3
	Other / none	68
American Indian/Alaskan Native, White	Other / none	1
Asian, White	Other / none	1

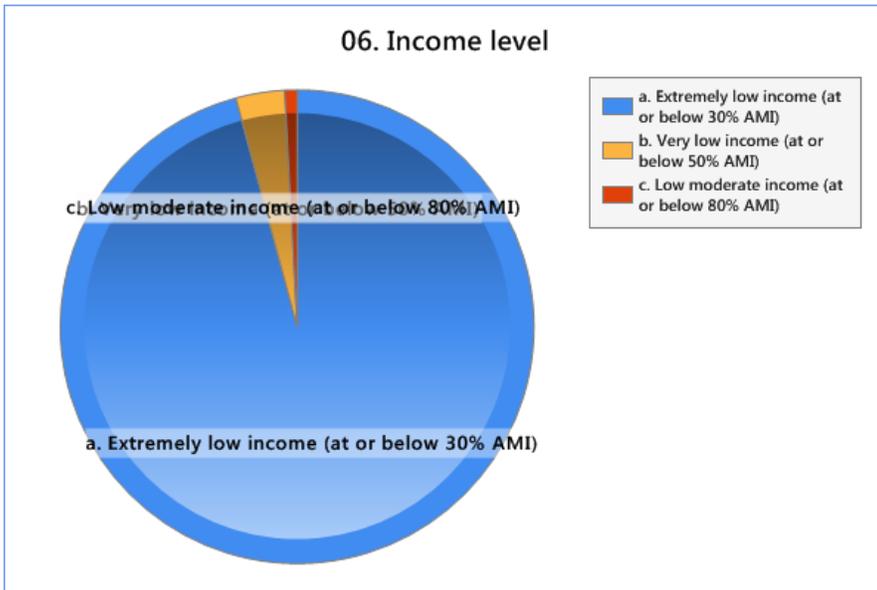


Universe of data: People who were active at any point during the date range

Appendix C: Supplemental Information from New Funding Requestors

06. Income level

a. Extremely low income (at or below 30% AMI)	95.83% of total clients	115
b. Very low income (at or below 50% AMI)	3.33% of total clients	4
c. Low moderate income (at or below 80% AMI)	0.83% of total clients	1



Universe of data: Primary clients only.
Reporting on client income at project entry.

07. Average number served daily

actual days of service in the supplied date range	366
average adults per day	10

The average shown here is calculated using the actual number of days of service in the report range. Some programs use intake and exit dates alone to indicate service to a client, while other programs use service encounters on specific dates to indicate a client was served.

08. Family makeup

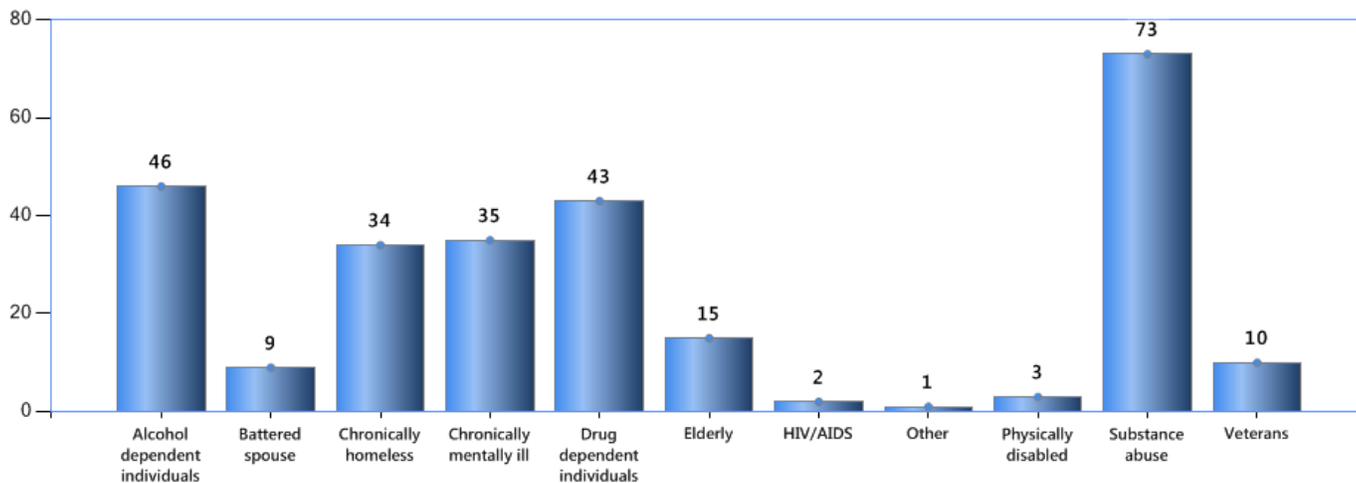
a. Unaccompanied	Female	18 and over	22.50% of total households	27
a. Unaccompanied	Male	18 and over	77.50% of total households	93

Appendix C: Supplemental Information from New Funding Requestors

09. Special needs

Alcohol dependent individuals	38.33% of total clients	46
Battered spouse	7.50% of total clients	9
Chronically homeless	28.33% of total clients	34
Chronically mentally ill	29.17% of total clients	35
Drug dependent individuals	35.83% of total clients	43
Elderly	12.50% of total clients	15
HIV/AIDS	1.67% of total clients	2
Other	.83% of total clients	1
Physically disabled	2.50% of total clients	3
Substance abuse	60.83% of total clients	73
Veterans	8.33% of total clients	10

09. Special needs



Special needs data is restricted to intakes relevant for this report, based on program and date selections selections above. All special needs data attached to each client's relevant intake is considered, even if it is dated outside the date range of the report.

Notes for TLRC Meeting

Introduction

- Laurel Derks Nelson, CEO for the Center for Respite Care. I have been with the center for nearly 3 years; this is my second levy process.
- For those of you who don't know, the Center for Respite Care is a 14-Bed Medical Recovery agency for adults experiencing homelessness. located at 3550 Washington ave. in Avondale, we have been in existence for almost 14 years, and at the Avondale location for 11 years. In this time the center for respite care has cared for nearly 2,000 clients. We are the only program in Hamilton County and the region that offers this type of service to adults experiencing homelessness.
- The Center provides Indigent Medical care to individuals Experiencing homelessness, some of whom have been discharged from the hospital, are injured or too sick for admission to other indigent programs and are still in need of medical care. 85% of our clients are referred by our local hospitals. The remaining 15% come from other care facilities, agencies or shelters.
- Our Medical recovery program is Led by Dr. Bob Donovan, who has been medically treating the homeless in our community for nearly 25 years. clients who participate in our program receive personalized medical care, self-care education and assistance with follow up medical services across the community. In addition to addressing medical needs, we also provide a bed, three healthy meals each day, showers, laundry facilities, transportation to outside appointments and clothing as needed.
- During their stay and, in addition to medical care, we provide targeted case management, working with clients to establish benefits, connections to community supports and help them secure stable, positive placement in housing, treatment or assisted living once discharged from our program.
- Individuals who come to the center come from varied backgrounds. we have had clients as young as 19, like Davon, a graduate of SCPA and gifted percussion major who was turned out by his parents and began living on the streets. His inability to return to his college resulted in the loss of his scholarship and placement at his school. While living on the streets, he became critically ill and was referred to the center. while with us, Davon quickly returned to health and re-enrolled in college. Davon is now a junior in a music college and is thriving.
- the average age of our clients is 50 Years. at age 52 William came to the center after experiencing homelessness for several years. William suffered from addiction to alcohol and was acutely ill with an infection. He made the decision to choose treatment as his placement at discharge. Once he successfully completed treatment, William, with the help of a friend decided he wanted to give back. He now operates and manages a group home to help individuals who are facing the same challenges that he once did. We have been able to place clients in William's group home with great success.
- in fy 2016 the center provided 305 bed days to veterans and 831 bed days to women.
- Also in FY 2016 we provided 3,580 total bed days. In FY 2017 we anticipate providing nearly 4,000 bed days and have consistently maintained a nearly 80% occupancy rate.

Appendix C: Supplemental Information from New Funding Requestors

- In FY 2018, the Center will be relocating to Over-the-Rhine. We will be one of 4 agencies co-locating in the new St. Anthony Center on liberty St. this relocation will allow the center to expand to 20 beds, enhance our program to include more intensive case management, mentoring and skill building. We will be working collaboratively with the other agencies of St. Anthony Center and sharing resources.
- the Medical Recovery program has an annual expense of approximately \$650,000 per year. Our cost, is approximately \$165.00 per bed day, and we experience a total cost of about \$4,800 per client stay which averages around 30 days.
- Financially, we are dependent on hospital, foundation and individual contributions. Hospital contributions make up around 65% of our operating revenue for the medical recovery program with foundations at around 25%.
- Since inception, local hospital contributions, while generous, have never exceeded 70% of the total expense of operation of the medical recovery program.
- Sadly, our contributions from the hospitals has not been as sustainable or consistent as would like and rarely are secured for more than one year at a time.
- In FY 2016, hospital contributions covered only 65% of the cost of a bed day and without longer term commitments for support from the hospitals for the current year and subsequent years; we anticipate that this number will continue to go down as costs increase.
- Last year the Center experienced a \$269,000 gap in funding. This gap is expected to grow to nearly \$593,000 in the next year when the Center relocates and expands by over 40% in capacity. Inclusion in the Indigent Care tax levy would allow the center to close this gap and have a sustainable income source for the life of the levy.
- Even if included in the Levy, we still face a 195K shortfall – we are prepared to cover this shortfall through our yearly fundraising and individual contributions. Our request for inclusion in this Levy is vital.
- Several entities, including the Hamilton county commissioners, Strategies to End Homelessness and University Hospital Medical Center have encouraged us to seek inclusion in the Indigent Care Tax Levy, another reason for our request today.
- We are requesting inclusion at \$500,000 per year. THANK YOU FOR YOUR CONSIDERATION.



Working together to reduce the infant mortality rate
in Cincinnati and Hamilton County

February 2017

What is “infant mortality rate”?

- Deaths per 1,000 live births in a specific geographic location
- “Live birth” in Ohio includes any baby who is born and either:
has a pulse OR takes a breath OR shows movement of
voluntary muscles
- Counted until first birthday

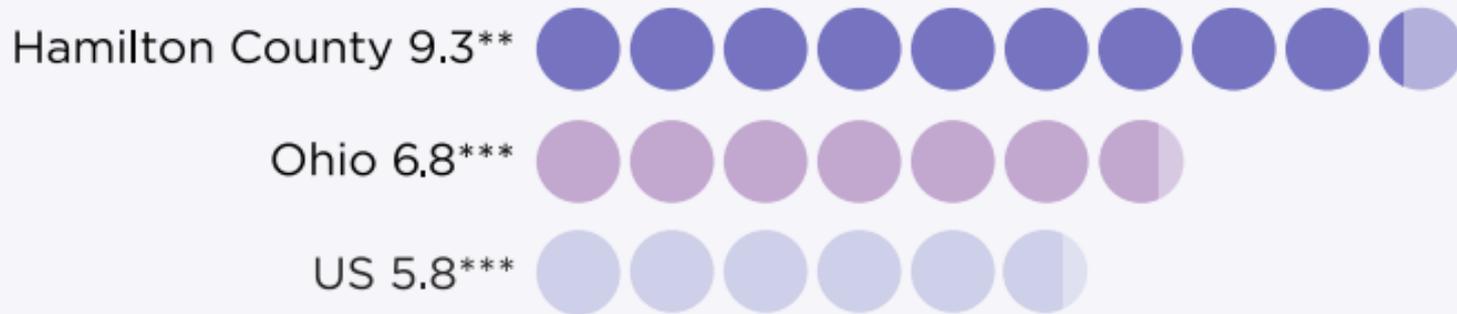


Our Crisis

In Hamilton County 508 babies died from 2011-2015.

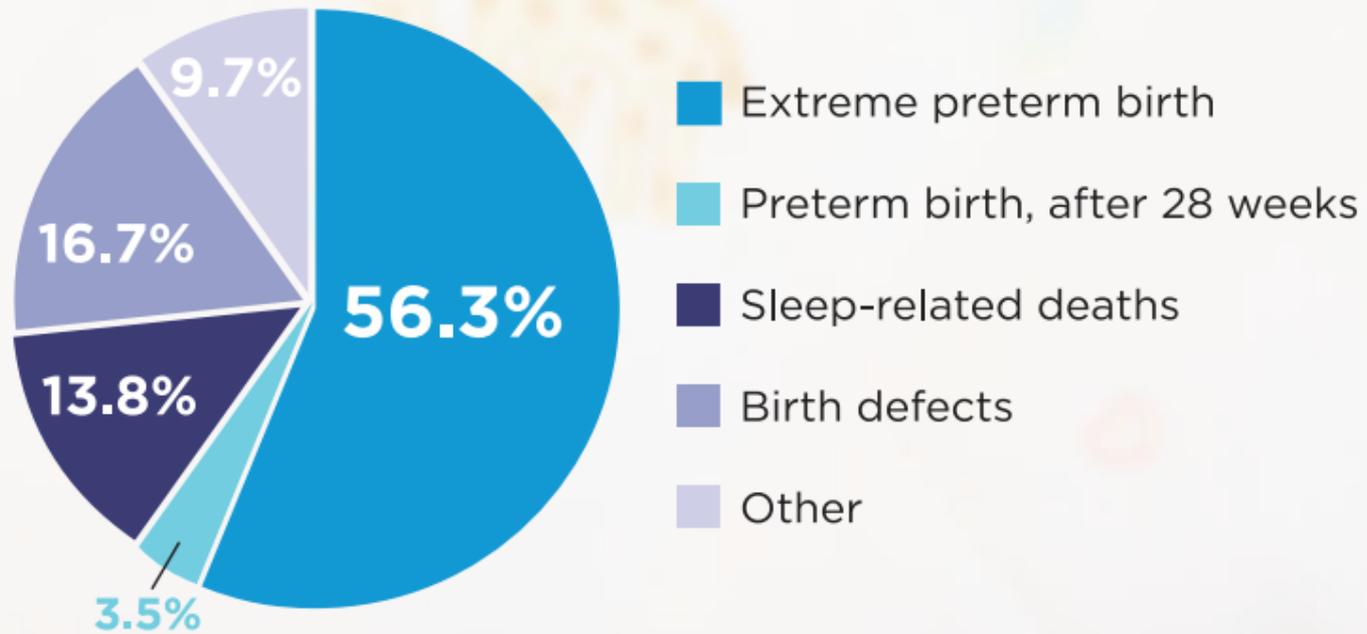
This rate of infant deaths ranks us 219th out of the 231 US counties with populations of greater than 250,000.* That is unacceptable.

Infant deaths per 1000 live births

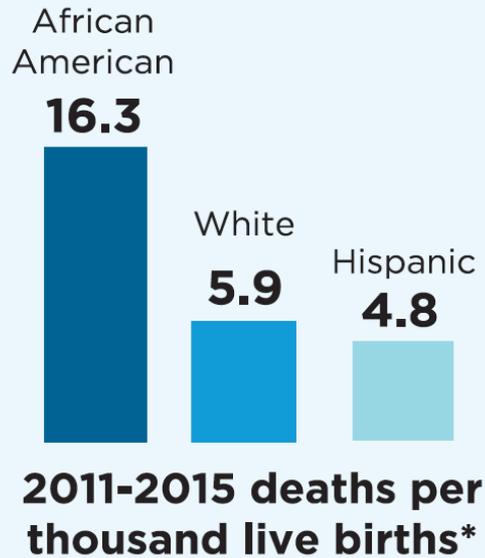


Source: US: 2013 CDC data; Ohio: 2014 ODH data; County is 2011-2015 vital records data compiled by Hamilton County Public Health and confirmed with Cincinnati Health Department.

Cause of Infant Death 2011-2015*



Inequality

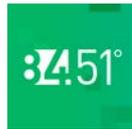


Nationally and locally, African American babies are more likely to be born too early and to die before their first birthday. This is true even when controlling for parents' socioeconomic status.



Cradle Cincinnati 101

Our Partners

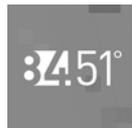


Amgis Foundation
 Buenger Foundation
 The Cooperative Society

Healthy Roots Foundation
 The Jacob G. Schmidlapp Trust
 William J. Purdy

Revo Biologics
 The Schiff Foundation
 The Sutphin Family Foundation

Our Partners



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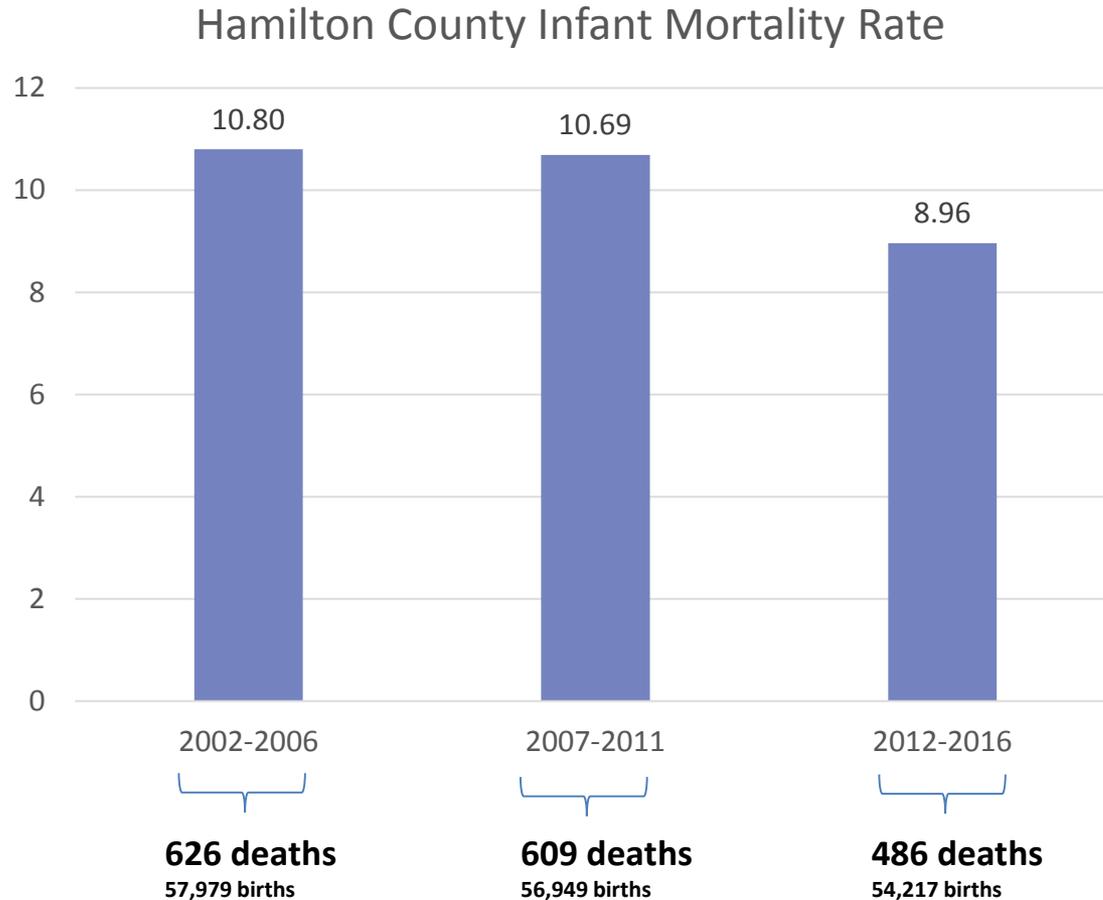
Infant Mortality: our current theories of change



Strategy	Underlying theory
Cradle Cincinnati Learning Collaborative	Using quality improvement to improve 12 measures of prenatal care will improve birth outcomes for women on Medicaid.
Cradle Cincinnati Connections	Better connecting existing services and bringing a slate of new services to four high risk zip codes will improve population level outcomes for that geography.
Communications strategies	Educating families on spacing and smoking will reduce incidents of those behaviors and improve preterm birth rate. Educating families on safe sleep will improve sleep practices and reduce sleep related deaths.
Community Activation and Co-creation	Families from high risk communities have solutions that, if resourced and implemented, will reduce infant deaths.
Investment in CHWs through Ohio Medicaid	Reaching 1,000 new moms with a Community Health Worker will reduce preterm birth and sleep related deaths.
Increasing local data integrity and capacity	A better system of information and feedback loop for the community of providers will inspire programmatic changes in strategy and approach.
Real Men Onboard	Fathers have been under-engaged and have the ability to teach us and inform new strategies.
Happy to Wait	Improving the physical environment of prenatal care will improve engagement with prenatal care and that will improve birth outcomes.

It's working...

15 years of Infant Mortality, 2002-2016

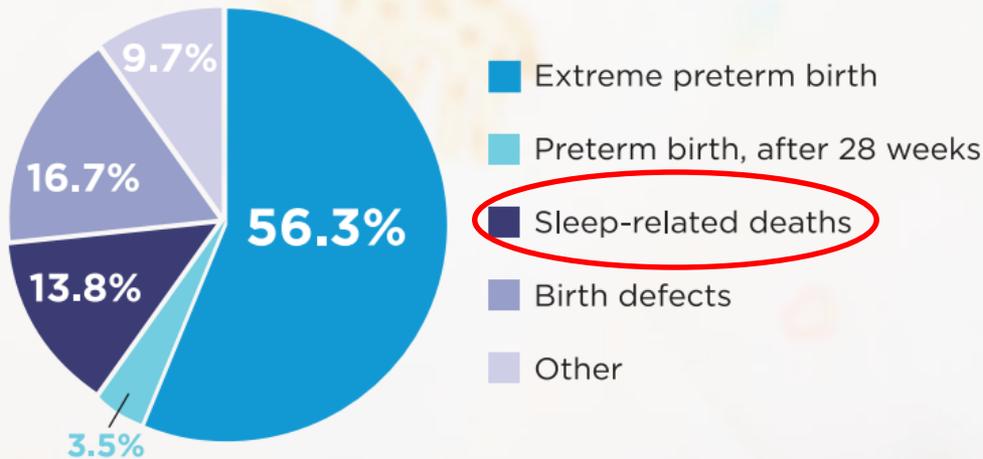


- 16% decrease from 2007-2011 to 2012-2016
- 123 fewer infant deaths
- 4 out of 5 years from 2007-2011 we were among the worst 10 counties in the country; that hasn't been true since

*2016 rate based on preliminary data
**All data from Hamilton County FIMR

Safe Sleep, 2007-2016

Cause of Infant Death 2011-2015*

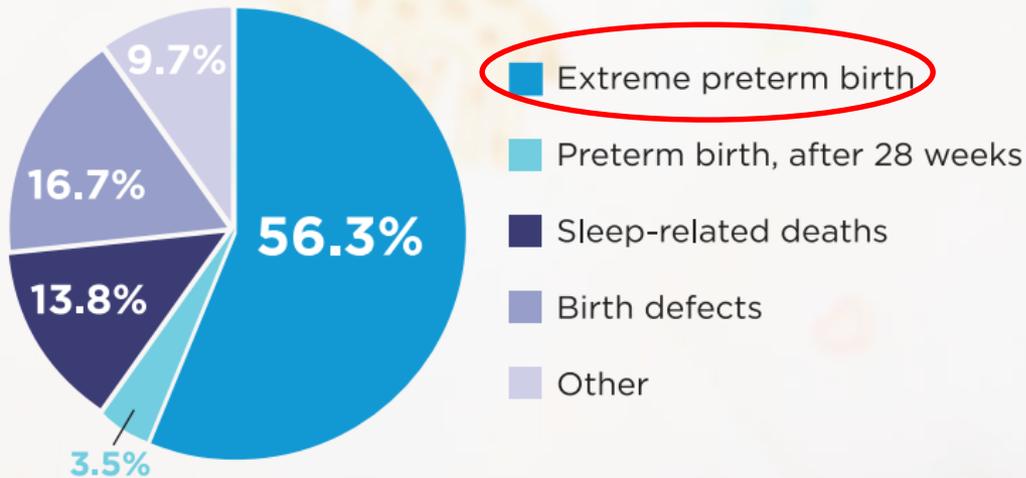


23%
improvement

(2007-2011 vs 2012-2016)

Extreme preterm birth, 2007-2016

Cause of Infant Death 2011-2015*



**14%
improvement**

(2007-2011 vs 2012-2016)

In 2016, Hamilton County had...

- The fewest number of preterm birth related deaths on record.
- The fourth year in a row of below average sleep related deaths.
- The fewest African American infant deaths on record.

Any progress made is the result of the hard work
of dozens of partners.

Together, we have a long, long way to go.

What's next

- Connect more women to social support: current state is that only 21% of moms connect prenatally to evidence based social programs.
- Continue and greatly expand successful safe sleep messaging.
- Make best practice extreme preterm birth prevention the standard of care across a complex system.



www.cradlecincinnati.org

Executive Director, Ryan Adcock: 513-803-1285

 @CradleCincy

 facebook.com/cradlecincinnati

Cradle Cincinnati, Hamilton County Health and Hospitalization Levy

Expanding individualized, evidence-based approaches to prenatal care for women insured by Medicaid in order to reduce extreme preterm birth.

The problem: Hamilton County has one of the highest infant mortality rates in the country. Local infant deaths are driven overwhelmingly by our high rate of extreme preterm birth (babies born at less than 28 weeks gestation). The burden of these poor outcomes is inequitably distributed among women with low socio-economic status who are insured by Medicaid.

Infrastructure in place for success: Cradle Cincinnati is a partnership between dozens of local organizations. Included in the collaborative is every maternity hospital, all five Medicaid Managed Care plans and a group of prenatal care providers who collectively serve more than 90% of the Medicaid insured population. In the past several years, we have piloted several programs to transform prenatal care that we believe are responsible for a statistically significant drop in extreme preterm birth in Hamilton County. This funding would allow us to sustainably take these strategies to scale.

Key metric: reducing the number of <28 week births. We are able to track this measure in near real time. We will also develop a series of process measures as we implement interventions.

Evidence-based strategies to implement or expand:

Strategies will be individualized for specific partner sites and implemented by a combination of case managers, navigators and community health workers.

- Inter-pregnancy care for women on Medicaid who have recently experienced a preterm birth in order to reduce repeat preterm births.
- Smoking cessation through 5 A's approach and group counseling to help women quit tobacco use during pregnancy.
- Expansion of successful Centering Pregnancy programs that are proven to reduce the incidence of preterm birth.
- Expanded access to and education around LARCS in order to improve pregnancy spacing.
- Increased use of progesterone which is proven to reduce the incidence of extreme preterm birth.
- Expansion of Moving Beyond Depression model and standardized use of depression testing in order to reduce the prevalence of postpartum depression.

Additional budget will be allocated for administrative oversight, evaluation and measurement.

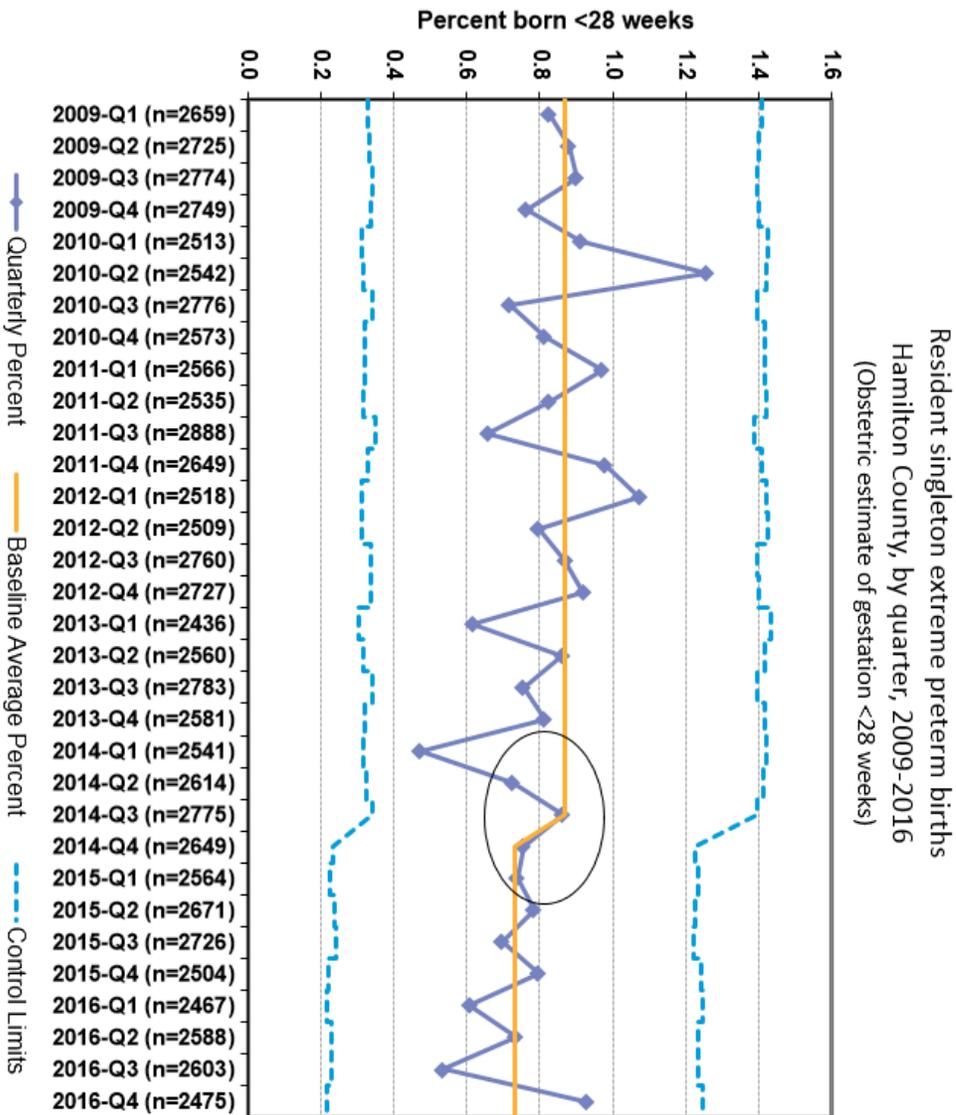
Return On Investment

Extreme Preterm Birth, while affecting a relatively small number of individuals, is extremely expensive for our community. A 2015 analysis by the Cradle Cincinnati and the UC Economics Center revealed that our community spends \$43 million on medical care for these infants each year. Add to that the ongoing, often life-long expenses associated with the morbidity caused by extreme preterm birth, and that number continues to climb. However, this is an issue where even small wins can make an impact. By shifting these births just one week later, we would save \$25 million. Investing in evidence-based interventions will be well worth the cost.

Top 30 Hamilton County Neighborhoods Impacted by Extreme Preterm Birth

Neighborhood	# of <28 week births, 2006-2016
WESTWOOD	62
COLERAIN TOWNSHIP	42
FOREST PARK	41
COLLEGE HILL	33
SPRINGFIELD TOWNSHIP	31
WEST PRICE HILL	30
EAST PRICE HILL	28
WINTON HILLS	25
OTR-PENDLETON	23
WEST END	23
GREEN TOWNSHIP	22
NORTH COLLEGE HILL	22
AVONDALE	21
MT. AIRY	20
SPRINGDALE	20
ROLL HILL	19
MT. AUBURN	18
NORWOOD	18
EVANSTON	16
NORTHSIDE	16
SOUTH CUMMINSVILLE-MILLVALE	15
MOUNT HEALTHY	13
ROSELAWN	12
DELHI TOWNSHIP	12
READING	12
SYMMES TOWNSHIP	12
SOUTH FAIRMOUNT	11
LINCOLN HEIGHTS	11
BOND HILL	10
NORTH FAIRMOUNT-ENGLISH WOODS	10

Source: Hamilton County Public Health. Updated by J.



- A statistically significant improvement happened in late 2014 and has been sustained since.
- This improvement is responsible for \$13 million in savings along with lower mortality and morbidity.

Michael Garfield
CEO and SVP

1701 Mercy Health Place
Cincinnati, OH 45237

February 27, 2017

Lisa Webb
Tax Levy and Finance Specialist
Hamilton County Government

Dear Ms. Webb:

Mercy Health – Cincinnati would like to thank the Hamilton County Commission for the opportunity to present on Wednesday, March 1, at the Indigent Care Levy hearings.

Mercy Health is well-positioned to support the Commissioners and to partner with area organizations in addressing serious and pressing community health needs. Our Ministry calls us to care for the poor and under-served. We do this every day with a focus on high-quality, cost-efficient care. Further, we strive to measure our outcomes to ensure that the care we provide produces results that measurably improve the health of the communities we serve.

We presently address needs that the County Commissioners have identified as serious issues, including:

- **Dental care:** As HMA noted in its 2015 report, Mercy Health's emergency rooms treated 39% of Hamilton County's nearly 11,566 dental care patients. Of those patients treated in Hamilton County, 78% were Medicaid/charity patients. There is a clear need to expand dental services in Hamilton County. We are exploring opportunities to establish a dental care clinic in Hamilton County.
- **Opioid Addiction:** With grant funding, we have embedded behavioral health technicians in a number of our emergency departments to ensure overdose patients have immediate access to addiction and recovery services. A Ministry goal, as set by our system Board of Trustees, is to support community health in terms of the opioid epidemic. On a monthly basis, we measure our progress in extending our patients' care beyond the emergency department. In 2016, we cared for nearly 500 Medicaid/charity overdose patients and are strongly positioned to advance this work more widely.
- **Infant Mortality:** Through our Family Birthing Center clinics in Hamilton County, we provide Medicaid/charity patients with vital prenatal services including information that decreases the likelihood of infant mortality. We also are part of Cradle Cincinnati, which works with area hospitals and other organizations to address the key drivers of infant mortality.

Mercy Health has demonstrable expertise in addressing key population health issues in Hamilton County. Combined with our commitment to measuring outcomes and reporting results on a monthly basis, we are in a position not only to support this important work but also to provide Hamilton County Commissioners with actionable data that demonstrate successes and opportunities for refinement to which they may not have had access in the past.

I look forward to presenting to the Commission this Wednesday.

Sincerely,



Michael W. Garfield
CEO and SVP, Mercy Health – Cincinnati

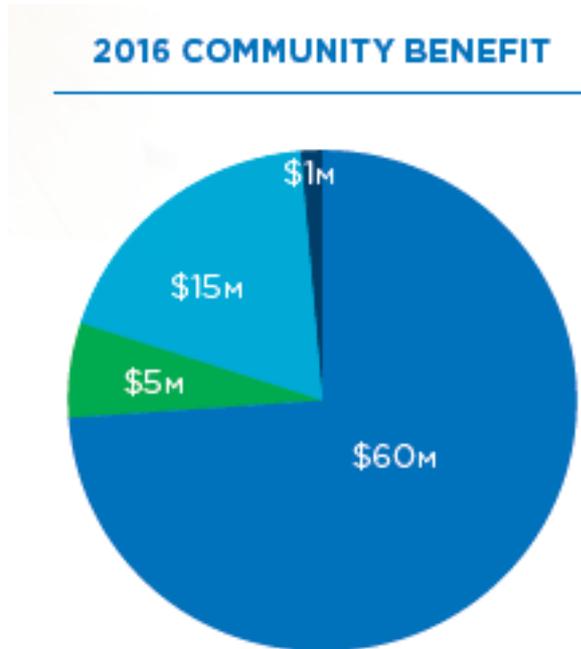


Hamilton County Tax Levy Review Committee
Indigent Care Levy, March 1, 2017

Michael Garfield
CEO & SVP, Mercy Health - Cincinnati

Mercy Health in Hamilton County

Community Benefit



\$1M	Charity care
\$60M	Cost of unreimbursed care for those who qualify for Medicaid
\$5M	Programs for the poor and under-served
\$15M	Benefits to the broader community
\$81M	Total

Dental Care – Unmet Needs

Health System	Visits	Market Share of Hamilton County Residents' Dental-related ED Visits
Mercy Health	4481	39.0%
UC Health	2681	23.2%
TriHealth	2273	19.6%
Cincinnati Children's Hospital	1064	9.2%
The Christ Hospital	799	6.9%

In its 2015 report, HMA found that in Hamilton County as of 2008, 36% of non elderly adults age 18-64 and 61% of those 65 and older lack dental insurance and dental safety net providers are uniformly overwhelmed. Few dentists take Medicaid patients, as a result, emergency departments at the area's five health systems carry 98% of the burden of providing emergency dental care in Hamilton County.

HMA further noted that Mercy Health's emergency rooms treated 39% of Hamilton County's 11,566 dental patients who visited the ED for help. 78% of those patients were Medicaid/charity care patients.

Caring for Dental Patients

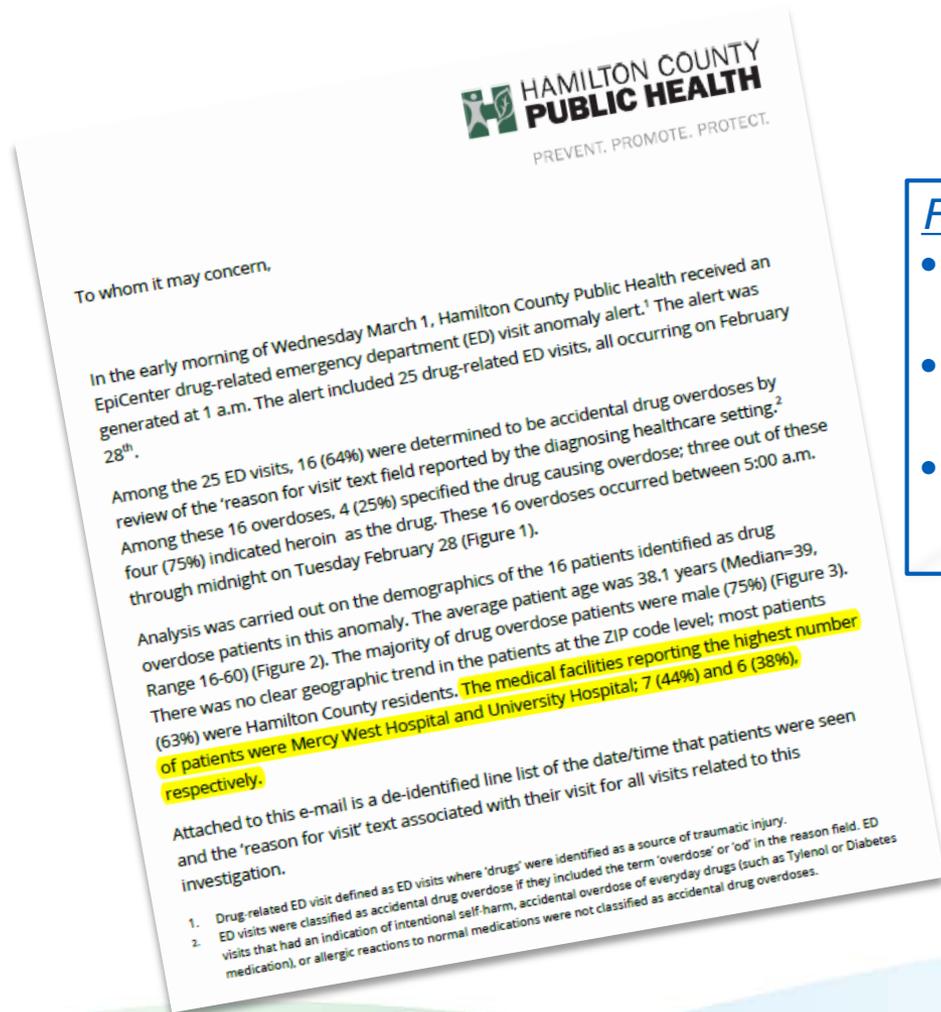
2015 Dental Patients		
Diagnosis Group	Number of Cases	Indigent Expense
Managed Medicaid	2263	\$2,358,825
Medicaid Pending	22	\$20,884
Self-Pay	786	\$709,131
Traditional Medicaid	423	\$578,839
Total	3494	\$3,667,679

2016 Dental Patients		
Diagnosis Group	Number of Cases	Indigent Expense
Managed Medicaid	2226	\$2,021,901
Medicaid Pending	14	\$13,493
Self-Pay	720	\$865,903
Traditional Medicaid	281	\$433,669
Total	3241	\$3,334,966

Dental Care - Addressing Unmet Needs

Dental Care – Addressing Unmet Needs

Appendix C: Supplemental Information from New Funding Requestors



February 28, 2017

- 25 drug related ED visits
- 16 accidental drug overdoses
- 7 patients (44%) at Mercy West Hospital

Caring for Opiate-dependent Patients

Hamilton County Mercy Health Emergency Department Hospital Visits Due to Unintentional Drugs Overdoses in 2016

	Mercy Health – Anderson Hospital	The Jewish Hospital – Mercy Health	Mercy Health – West Hospital
Q1	45 (22% of annual total)	74 (19%)	105 (16%)
Q2	44 (21%)	86 (22%)	121 (18%)
Q3	78 (38%)	144 (37%)	319 (47%)
Q4	39 (19%)	85 (22%)	132 (19%)
Grand Total	206	389	677

Caring for Opiate-dependent Patients

2015 Opiate-dependent Patients		
Diagnosis Group	Number of Cases	Indigent Expense
Managed Medicaid	357	\$2,902,147
Medicaid Pending	2	\$4,436
Self-Pay	63	\$341,094
Traditional Medicaid	84	\$887,924
Total	506	\$4,135,601

2016 Opiate-dependent Patients		
Diagnosis Group	Number of Cases	Indigent Expense
Managed Medicaid	360	\$3,768,903
Medicaid Pending	1	\$1,406
Self-Pay	62	\$419,986
Traditional Medicaid	68	\$1,417,607
Total	491	\$5,607,902

Opiate Dependency Care – Current State

- 1. Screening, Brief Intervention, and Referral to Treatment (SBIRT) public health initiative**
- 2. Voluntary Inpatient Medically-Assisted Detoxification:**
 - Mercy Health offers a voluntary service where patients can schedule an admission for inpatient-level, medically-assisted detoxification.

Opiate Dependency Care - Action Plan

1. With support from indigent levy funds, Mercy Health would **develop multiple care delivery points for substance use disorders** throughout Hamilton County.
2. Mercy Health will augment the addiction treatment clinics with **medical residency training**.
3. Develop a comprehensive **Pain Management Center**.

Indigent Care Levy Request

In an effort to partner with Hamilton County to address the growing concerns with dental and opiate issues, Mercy Health requests the TLRC to recommend:

Addressing Unmet Dental Needs	\$4M
Addressing the Opiate Epidemic	\$1M

Thank you for your time.
Questions?



Mercy Health - Hamilton County Indigent Care Levy

Expanding individualized, evidence-based approaches to opiate use disorder

The problem

Improving the health of our communities is at the heart of Mercy Health's mission. There are few greater immediate threats to the citizens of Hamilton County than the opiate epidemic, which resulted in 403 overdose deaths in 2016, according to Hamilton County Coroner Dr. Lakshmi Sammarco. In the same year, Mercy Health cared for 901 opiate dependent patients, providing nearly 4.5M in uncompensated care. Far more are living with addiction and opiate use disorder. For this reason, Hamilton County needs a comprehensive approach to combat the dual epidemics of opiate use disorder and injection related infections.

Infrastructure in place for success

In Hamilton County, Mercy Health's footprint consists of three hospitals, six emergency departments (ED), nearly 7,000 employees, and approximately 160 other points of care. This vast network includes primary and specialty care practices, imaging centers and labs. In 2016, we cared for patients through 164,000 emergency department visits and 30,000 inpatient admissions.

Mercy Health has changed its culture of care to reduce the stigma of addiction disorders by treating all patients, no matter their condition, without shame and without judgement. Treatment options already in place include the "Screening, Brief Intervention, Referral for Treatment" (SBIRT) screening program, and Clinical Opiate Withdrawal Scale (COWS) protocol. These approaches are inclusive of an electronic order-set, partnership with community providers of Medication Assisted Treatment (MAT) and supplying Narcan (Naloxone) overdose response kits to at risk patients and families. Through our Behavioral Health Institute, we have clinical expertise with intensive outpatient therapy to complement social and medical therapies for Hamilton County residents seeking treatment.

Key metric

Sobriety at 30 days post detoxification. Mercy Health tracks this measure and will expand upon processes already in place. Mercy Health will also develop a series of process measures as we implement interventions, including expanding the database of those with opiate use disorders across healthcare systems using existing electronic medical records platforms.

Evidence-based strategies to implement and expand

The U.S. Department of Health and Human Services (HHS) has brought five specific strategies to fight the opioid epidemic that will save lives and reduce injection-related infectious disease. These are: (1) improving access to treatment and recovery services; (2) promoting use of overdose-reversing drugs; (3) strengthening our understanding of the opioid epidemic through better public health surveillance; (4) providing research and support for pain management and addiction; and (5) advancing better practices for pain management. During the past two years, Mercy Health has increased its experience and data collection/analysis in each of these five areas.

Mercy Health's proposal provides demonstrable scale that would enable the execution of the five aforementioned points contained within the Surgeon General's Report on Alcohol, Drugs, and Health.

- 1) SBIRT public health initiative - This data forms the basis for a comprehensive, HIPPA-compliant database of opiate use disorder patient. Emergency departments can share this information across healthcare systems through "Care Everywhere." This allows for a continuum of care that follows the patient.
- 2) COWS voluntary inpatient medically-assisted detoxification - Mercy Health offers a voluntary program for patients to schedule admission for inpatient-level, medically-assisted detoxification run in partnership with community-based MAT providers.
- 3) Chronic disease management of opiate use disorder - Through formal partnerships with MAT providers, Mercy Health cares for medical co-morbidities through existing free or reduced cost clinics with options for treating hepatitis C and HIV. Mercy Health used trained peer counselors as care coordinators and hospital and ED based case management to provide holistic care for patients.
- 4) Improve access to care - With support from indigent levy funds, Mercy Health will continue to develop multiple care delivery points for substance use disorders throughout Hamilton County. Mercy Health will augment the addiction

Appendix C: Supplemental Information from New Funding Requestors

treatment clinics with medical residency training, develop a comprehensive pain management center and grow prevention efforts by developing and supporting comprehensive community education and awareness programs and scaling them across the region. We also will continue to provide care consistent with the recommendations in the Surgeon General's report, including universal neonatal drug screening and treatment of neonatal abstinence syndrome at Anderson and West Hospitals, the most eastern and western geographic points of Hamilton County.

Return on investment

Epidemiologic database management of the local opiate epidemic as recommended by Centers for Disease Control and HHS will significantly reduce redundancy in resources and overlap in MAT providers community-wide, chronic pain management and harm reduction. More stable access to care in the outpatient setting reduces emergency department overuse across the county. Chronic disease management with comprehensive pain management reduces overdoses, increases compliance with rehab and helps to return citizens back to useful employment.

Additionally, the Washington State Institute for Public Policy developed a standardized model using scientifically rigorous standards to estimate the costs and benefits associated with various prevention programs. Benefit-per-dollar cost ratios ranged from small returns per dollar invested to more than \$64 for every dollar invested. In 2012 the National Institute on Drug Abuse estimated a \$4 to \$5 return on every dollar invested in medication assisted therapy.

In the first quarter of 2017, Mercy Health has incurred approximately \$1,780 in expenses to care for each patient who has presented in one of its emergency departments with an overdose. By establishing a strong care infrastructure as outlined previously, we believe we can reduce these expenses drastically and ensure that we are caring for patients in appropriate recovery settings. While the true impact this holistic approach will have on the community remains to be seen, a partnership with Hamilton County will allow Mercy Health to expand upon the services Mercy Health is already providing to the community.

Additionally, there is also the potential to reduce costs to the county related to emergency medical services, law enforcement agencies working to relieve the burden of opiate usage, the criminal justice system and healthcare services provided to the inmate population.

Expanding dental services for the poor, under-served and underinsured in Hamilton County

The problem

Hamilton County has become increasingly burdened by a lack of accessible dental care services. More than 11,000 individuals sought dental services in our community's emergency rooms in 2014. A staggering 78% of this population are charity care or Medicaid recipients. Thirty-nine percent of these individuals were seen at a Mercy Health facility. This data comes from Health Management Associates' (HMA) July 2015 report titled "Hamilton County Oral Health Needs Assessment." These numbers are likely to increase secondary to an aging population, where one in five over the age of 65 have less than 3% of their teeth remaining. Medicare, one of the largest health programs that covers 55 million elderly people, does not cover dental-related treatment. According to the American Dental Association, more than one-third of Americans have no dental coverage. Additionally, only 38% of dentists accept Medicaid patients and even then, may only see a limited number. Resources are scarce and training programs limited. Simply put, the dental safety net is overwhelmed.

Nationally, according a recent Washington Post article ("The Painful Truth About Teeth," May 13, 2017), hospital visits for dental problems cost an estimated \$1.6 billion annually. Locally, Mercy Health treated more than 3,000 dental patients in its emergency rooms in 2016, providing approximately \$3M in uncompensated care from Medicaid and self-pay patients. The hospital emergency department is generally not equipped to address dental issues, keeping patients on a perpetual cycle of antibiotics and opioids to treat pain and not the underlying problem. Hamilton County is not immune to this issue, as emergency rooms are in need of dentistry competency, resources and personnel. HMA's assessment noted that in Hamilton County, the number of adult emergency department visits for dental care per 100,000 population is nearly 65% higher than the national average of 1,339 vs. 857.

Infrastructure in place for success

Working with community partners including Federally Qualified Health Centers (FQHCs) and utilizing the scope of Mercy Health's Hamilton County footprint, we can assist in improving patient access for dental services.

Appendix C: Supplemental Information from New Funding Requestors

Presently, we have extended our resident physician coverage to other organizations within our community. This engagement is a function of our Internal Medicine Residency program at The Jewish Hospital. Given its tremendous success, Mercy Health proposes expanding resident programs to include dentistry, serving those without access to care. Mercy Health already provides school-based health centers in four Cincinnati Public Schools and would consider expanding dental services into those centers.

Key metric

Improve access to dental services for Hamilton County residents; decrease emergency room visits for dental care; and reduce the financial burden to the broader community. Our analysis shows this could also impact opioid and antibiotic prescription reduction measures.

Evidence-based strategies to implement and expand

According to HMA in its 2015 Hamilton County Oral Needs Assessment, there is a need for increased dental capacity for Medicaid and low-income uninsured populations. To address this need, Hamilton County must: “Advocate for increased Medicaid dental reimbursement rates and other state-level improvements; expand FQHC dental services on-site and/or contract with private providers for an enhanced rate in geographic areas of need; expand school-based dental services in priority Hamilton County school districts; and engage hospitals to support improved dental capacity including potential expansion and/or development of residency programs that target low-income and special needs populations.”

Similar to establishing patients in medical homes, Mercy Health intends to increase capacity at FQHCs through rotating dental practitioners and through community partnerships that establish dental homes in order to meet the unmet dental need of Hamilton County. The general dental practice residency program would provide access to underserved and high-risk patients who require care coordination. Mercy Health would seek to recruit dentists who are interested in practicing in Hamilton County and who believe in Mercy Health’s mission to care for the poor and underserved. Additionally, Mercy Health will utilize its Advocacy department to lobby for increased dental reimbursement rates that rise from the current 40.6% to a usual and customary average of 49.4% nationally. As noted, Mercy Health will consider expanding school based screening services with schools in Hamilton County.

Approach and Timeline:

- 2017: Anticipated filing with the Commission on Dental Accreditation
- 2018: First academic year with dental offices in one or more locations (hospital and FQHC settings)
- 2019: Addition of new affiliation agreements with local dentistry offices and clinics

Return on investment

Dental care plays a key role in good health and studies show that poor oral health is linked to cardiovascular disease, low infant birth weights and poor outcomes for students who are in pain due to their dental health. In 2016, Mercy Health incurred \$825 in expenses per patient (3,257) who presented to the emergency room with unmet dental care needs and provided approximately \$2.7M in uncompensated care to these patients.

Partnering with Hamilton County, Mercy Health could improve patient access to dental care and reduce emergency room encounters for a population desperately in need of oral healthcare. By establishing a community-wide dental residency program, it is Mercy Health’s intention to build a culture of community-based dentistry engaged in servicing the poor and under-served. Most importantly, providing a dental home for the low-income population will support successful healthcare outcomes in our community while reducing the burden on emergency departments not equipped to help patients with oral needs.



Michael W. Garfield
CEO & Sr. VP
Cincinnati Region

1701 Mercy Health Place
Cincinnati, Ohio 45237

May 25, 2017

Katie Stevenson
Research Assistant
Health Management Associates
65 East State Street, Suite 850
Columbus, OH 43215

Dear Katie,

Thank you for hosting a call with the Mercy Health team on May 24, 2017. We appreciate having been given the opportunity to discuss Mercy Health's Hamilton County Indigent Care Levy proposal. Mercy remains focused on a plan to expand our Ministry with Hamilton County two-fold, addressing the opiate addiction epidemic and meeting the dental needs of our communities poor and under-insured. As Mercy Health's footprint in Hamilton County consists of three hospitals, six emergency departments, approximately 160 sites of care, and nearly 7,000 employees, we believe we are well positioned to enable a united and collaborative community partnership in these two areas of public health.

Following up on the recommendations made during the conference call, we agree with the need to separate the requests into two separate funding opportunities. Mercy Health's initial proposal asked the Hamilton County Tax Levy Review Committee (TLRC) to consider partnering with us in the amount of \$5M to address the opiate epidemic and the unmet dental needs. As an effort to not compromise one ask with the other, below is our suggested recommendation for the TLRC to consider.

1. Expanding Individualized, evidence-based approaches to opiate use disorder - \$3,500,000

Mercy Health has changed its culture of care to reduce the stigma of addiction disorders by treating all patients, no matter their condition, without shame or judgement. Treatment options already in place include the "Screening, Brief Intervention, Referral for Treatment" (SBIRT) screening program, and Clinical Opiate Withdrawal Scale (COWS) protocol. These approaches are inclusive of an electronic order-set, partnership with community providers of Medication Assisted Treatment (MAT) and supplying Narcan (Naloxone) overdose response kits to at risk patients and families. Through our Behavioral Health Institute, we have clinical expertise with intensive outpatient therapy to complement social and medical therapies for Hamilton County residents seeking treatment. As we discussed during our meeting, Mercy Health has witnessed tremendous outcomes in Clermont County, which we believe can be easily replicated in Hamilton County, where the need is significant. In fact, there were 403 overdose deaths in 2016 alone. During that year, Mercy Health cared for over 900 opiate dependent patients, providing nearly 4.5M in uncompensated care. By replicating what Mercy Health has done in Clermont County, it is our goal to partner with Hamilton County to execute similar outcomes of success. Mercy Health stands to offer its mission and infrastructure to truly make significant strides in addressing this epidemic.

Katie Stevenson
May 30, 2017
Page 2

Although the return on investment is not easily calculated, it is clear that there is a need to drastically improve the current condition of care. By establishing a strong infrastructure, we believe we can reduce expenses to the community and ensure that we are caring for patients in appropriate settings.

Further, there is also the potential to reduce costs to Hamilton County related to emergency medical services, law enforcement agencies working to relieve the burden of opiate usage, the criminal justice system and healthcare services provided to the inmate population.

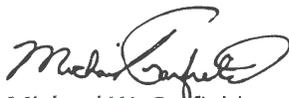
2. Expanding dental services for the poor, underserved and underinsured - \$1,500,000

As Health Management Associates identified in its 2015 Assessment and Recommendations to the Hamilton County Board of Commissioners, the burden of pain and suffering among low income adults in Hamilton County seeking dental related treatment is overwhelming. Many cannot afford or pay for dental insurance and do not know how to find low cost dental services, or they lack the transportation to access these services. As we discussed, these patients are presenting themselves to our emergency rooms at a high rate. With the largest market share (39%), Mercy Health hopes to promote improved alternatives and access points for dental patients by expanding the residency program through the inclusion of dental services at partnering FQHC's.

Partnering with Hamilton County, Mercy Health will improve patient access to dental care and reduce emergency room encounters for a population desperately in need of oral healthcare. By establishing a community-wide dental residency program, it is Mercy Health's intention to build a culture of community-based dentistry engaged in servicing the poor and under-served. Most importantly, providing a dental home for the low-income population will foster successful healthcare outcomes in our community while reducing the burden on emergency departments not equipped to help patients with oral needs.

Again, thank you for hosting this conversation. Should you have any questions, I can be reached at mwgarfield@mercy.com or (513) 952-5090. Mercy Health stands ready to supply data demonstrating the true cost of uncompensated care that we provide through our Ministry in Hamilton County and remains committed to addressing these important public health issues with our community leaders.

Sincerely,



Michael W. Garfield
Chief Executive Officer and SVP

cc: Debra Moscardino
Alicia Smith
Tom Murar



Commissioner Todd Portune
Hamilton County Commissioner
138 E. Court Street
Room 603
Cincinnati, OH 45202

February 17, 2017

Dear Commissioner Portune,

I am writing on behalf of The Visiting Nurse Association of Greater Cincinnati and Northern Kentucky (VNA) to formally request that the VNA be considered for inclusion as a recipient of the Indigent Care Tax Levy funding. The VNA has served this community since 1909, providing in home skilled nursing and therapy services regardless of the patient's ability to pay. The VNA is the only independent non-profit home health agency in the area serving over 3,000 individuals per year. Of our patient population, 43% are considered indigent and/or underinsured and 84% reside in Hamilton County.

The services the VNA provides aid in preventing complications and re-hospitalizations after a hospital stay. Our services, patient education and support also prevent avoidable emergency room use thus saving the community hundreds of thousands of dollars each year. A typical hospital admission costs an average of \$15,000 versus a 60-day home health episode which costs less than \$3,000. Of the patients under our care, only 7% experience re-hospitalization (within 30 days) compared to a national benchmark of 23%.

The VNA has been a vital safety net in this community for over 100 years, but recent changes in the healthcare environment are forcing us to seek additional funding in an effort to remain viable. While we accept indigent patients from every hospital, the greatest number of patients comes from University of Cincinnati Medical Center. We receive much of our revenue from Medicare and Medicaid, in addition to some private grants and United Way funding, yet there continues to be a serious gap which if not supported, would potentially leave many uninsured or under-insured patients without the care needed after a hospitalization.

The VNA has suffered operational losses the past several years as a result of our commitment to serve this patient population and our reserves are at a critical level. In order to continue to be the valuable asset to this community that we have been for more than a century, we must find alternative means to fund the gap. We have consistently provided well over \$1.5 M worth of charity care for at least the past 15 years. We respectfully request \$750,000 a year to ensure the VNA can continue to provide these crucial services to a most vulnerable population and remain viable.

Very Best Regards,

Valerie Landell
President and CEO

c: Commissioner Denise Driehaus
Commissioner Chris Monzel
Lisa Webb



Appendix C: Supplemental Information from New Funding Requestors

Visiting Nurse Association (VNA)

Levy Request Amount: \$750,000 each year for the 3 years of the levy

100% of levy funding would be used for patient care

Cost per visit is \$125. This cost includes the following:

Professional Staff salaries- 69%

Patient care Support Staff salaries (schedulers/supervisor) – 13%

Staff Benefits – 2%

Payroll Taxes – 6%

Technology – 2%

Supplies and Patient Equipment – 2%

Travel Expense/Mileage – 6%

VNA provides more than \$1.3 M of indigent care each year, but does not receive an adequate amount of funding to cover the costs of services. Current funding sources include:

Medicare – Medicare covers 100% of qualifying home health needs. Medicare pays episodically for a 60 day period with a single amount requiring effective management of resources. On average the VNA has a \$400 profit per patient per 60 day period. Excess funds from Medicare are utilized to cover the expenses of those who are uninsured or underinsured. Shifts in the market have reduced the Medicare mix to 40%.

Private Insurance – 10% of the patients served have commercial insurance. While each of the commercial insurance providers have unique contracts, none of the contracts provide reimbursement that is greater than costs or profitable, however, they do cover direct costs and are essentially break even.

Medicaid reimbursement varies from \$6-\$44/visit. VNA average visit cost is \$125, creating a \$121/\$81 loss per visit for 40% of the patients served.

10% of patients served have no insurance, fall 200% below poverty and have no other access to care.

United Way Funds - \$275,000 per year for home health services. It is important to note that United Way is in a major transition focusing on children and poverty. VNA will request funds again, but their mission no longer is in alignment with the United Way priorities for funding. United Way funding is announced in October.

In addition, VNA receives a small amount of donations equaling approximately \$20,000/year, and typically raises \$100,000/year in fundraising events that goes directly to support charity care.

Appendix C: Supplemental Information from New Funding Requestors

VNA is the only community based non-profit organization providing home health services in Hamilton County. They see individuals throughout the county, mostly in a 15-mile radius of the city. 12% of the people they serve have no other means to pay for care. 40% may have Medicaid and are indigent, but other home health agencies do not agree to serve them because of the reimbursement rate and the home environments of the underprivileged makes delivering services challenging.

The amount of levy funding requested will allow VNA to remain in business and continue providing over 3,000 home health visits per year. They currently are running a \$1M deficit each year. If no one serves this population they will go to the hospitals costing the health system even more money. The people they serve appear to have greater acuity since hospitals discharge people sooner. VNA is also affected by heroine epidemic and provide many visits for dressing changes for major wound care, and home infusions. The possibility of Medicaid funding being eliminated is also a threat.

VNA provides excellent care and ranks among the top in nation for quality outcomes. VNA uses best practices and utilizes technology as appropriate to reduce costs. As an example, VNA utilizes a telemonitoring system for individuals with chronic illnesses which allows them to monitor their vitals signs daily reducing nursing and travel costs.

Visiting Nurse Association, Hamilton County Health and Hospitalization Levy

Providing in home skilled nursing and therapy services to indigent uninsured and underinsured patients.

The problem: The VNA provides over \$1 Million a year in indigent care services to this community, but these services are now at risk due to lack of funding. Each home health visit cost approximately \$125, while saving hundreds of thousands of dollars in avoidable hospitalizations and emergency room visits. Individuals who require this service, to avoid major health care complications, are not able to receive the care from any other source. The Visiting Nurse Association is the only community based non-profit home health agency in our community.

Infrastructure in place for success: The Visiting Nurse Association (VNA) has provided care to the indigent, uninsured and underinsured since 1909 in Hamilton County, Ohio. Providing in home skilled nursing and therapy services to this population has saved countless lives and dollars by preventing complications and teaching individuals how to manage their own health and illnesses.

Key metric: Only 7% of patients served by VNA are re-hospitalized within 30 days after a hospital discharge compared to the national benchmark of 23%. Without the availability of VNA's home health services, indigent individuals will require longer hospitalizations and have a much greater risk of being re-hospitalized.

Evidence-based strategies to implement or expand: Through our clinical team, the following strategies, programs, and services will be offered to the high risk patients in their homes who are indigent, uninsured and/or underinsured.

- Reduce ED visits and hospital readmissions for low income patients with multiple chronic conditions by integrating care between health providers and providing care and education to these patients and their caregivers.
- Activate use of tool to assess patients at high risk for readmission.
- Continue to coordinate care across the community to ensure patient access to needed supplies, equipment, medications and community services.
- Expansion of successful Telehealth program to track vitals, report to physicians, and supplement home health visits.
- Further expansion of medication management program to educate patients on medication dosing, signs, symptoms, and access.
- Enhance specialized Diabetes Management and Heart Failure Programs providing care, education and resources for patients and caregivers.
- Partner with Acute Care hospitals to reduce length of stay.
- Partner with Acute Care hospitals to develop Emergency Room Diversion program so that appropriate patients can be sent home with Home Health services rather than admitted to the hospital.

Return On Investment: The services the VNA provide aid in preventing complications and re-hospitalization after a hospital stay. The services, patient education and support also prevent avoidable emergency room use thus saving the community hundreds of thousands of dollars each year. A typical hospital admission costs an average of \$15,000 versus a 60-day home health episode, which costs less than \$3,000.

