Alcohol, Drug and Mental Health Board of Franklin County
2015 2.2 Mill Renewal Levy with .5 Mill Increase Proposal

HSLRC Meeting Minutes
March 5, 2015

The Human Services Levy Review Committee (HSLRC) meeting was called to order by Ken Wilson on March 5, 2015 @ 3:16 pm.

ROLL CALL

HSLRC members present: Jesse Hemphill, Jim Bowman, Denise Bronson, Ken Wilson, and Nathan Wymer.

HSLRC members absent: Jerry Friedman and Jean Carter Ryan

A committee quorum was present upon the arrival of Jesse Hemphill and Denise Bronson.

Office of Management and Budget (OMB): Zak Talarek, Heidi Hallas, and Justin Nahvi.

Alcohol, Drug and Mental Health Board (ADAMH): Rory McGuiness (Vice Chair), Damon Muldoon (Secretary), Peggy Anderson (Treasurer), David Royer, Jonathan Wylly, Mark Lambert, Susan Lewis Kaylor, Kythryn Carr Hurd, Dr. Kevin Dixon, Dr. Delaney Smith, and Aimee Shadwick

WELCOME AND INTRODUCTION

Ms. Hallas opened the meeting by welcoming everyone and asking all the participants to introduce themselves. Each person in attendance provided a brief introduction.

ELECTION OF HSLRC CHAIRPERSON

The election was tabled until the next HSLRC meeting due to the lack of a committee quorum during this time of the meeting.

PRESENTATION OF THE ADAMH 2015 LEVY PROPOSAL

David Royer presented an Executive Overview of the levy fact book. ADAMH is requesting a renewal of a 2.2 mill levy plus a 0.5 mill increase. (See the Human Services Levy Review Committee March 5, 2015 slides). The increase in millage is the first increase requested in 24 years (slide 2). A switch to a 5 year levy cycle would require programmatic cuts in the first year of the levy (slide 3). A comparison of the levy agency funding in Franklin County and the number of clients served was displayed during the presentation (slide 4).

Further information on the cuts in State funding to ADAMH over a 10 year period was provided to express the significant reductions over the period. Medicaid clients can receive recovery supports through ADAMH levy funds, such housing, peer support and other services that are not reimbursed through the Medicaid system. There has been a decline in state revenue (slide 6). The savings from the expansion of Medicaid was estimated at $9.0 million; the actuals through three quarters of 2014 was $3.7 million (slide 7). If an individual is terminated from Medicaid, the individual comes back on ADAMH funding. ADAMH is the safety net of last resort for mental illness. Poverty is a driver for mental health services.

Levy funds represent 71% of the ADAMH 2014 revenue (slide 8). Ninety percent of ADAMH 2014 expenditures are spent in the community (slide 9). ADAMH participates in the Council of Governments to collaborate on costs for the development of a shared case management system between Cuyahoga, Hamilton, and Franklin counties.

Levy collections in 2015 will be less than the first year of the current levy due to property devaluation and reduction of TPPT (slide 10). The agency currently collects less revenue as compared to the level of revenue collected when the last levy was renewed in 2005.

A straight renewal could not support services over next 10 years (slide 11). Mr. Royer indicated that ADAMH can fiscally do a 5 year renewal. However, this would require higher millage in year 6 (0.78 mill vs. 0.5 mill). Levy collections support 71% of annual expenditures for the agency with 90% of all revenue distributed annually for treatment services to customers. 55% of the requested 0.5 millage increase would be allocated towards current operating costs due to the decline in revenue since 2008. A straight renewal of the existing levy would require $16.9 million in operating cuts equating to 25-35% reductions in services.

ADAMH prepared three levy options and the fiscal consequences of each scenario (slide 12). The options include the requested 2.2 mill with a .5 increase, costing a homeowner $17.50 per $100,000 of valuation annually, a 5 year renewal that would require higher millage in year 6 and a 5 year renewal and 5 year replacement with a 10% increase in property valuations would require $50 million in service cuts over the 10 year period.

An overview on the demand for services over time was displayed (slide 13). ADAMH serves as the foundation of the local mental health and addiction services. ADAMH reimbursement rates are higher than Medicaid rates. Nonprofit providers are losing money on the Medicaid rates. Over the past five years, 50% of customers were new to the system due to population and poverty increases locally.

Cost of treatment is less than the cost of incarceration (slide 14). The rate of psychiatric hospitalization for homeless individuals is 100 times higher than those of non-homeless individuals. Mental health and substance abuse cost $80-100 billion a year in lost wages. There has been an increase in homelessness in the community.

For the proposed increase in revenue, 45% would be allocated for an expansion of services such as crisis care intervention. ADAMH underwrites a number of beds at Nationwide Children's Hospital (NCH). In the levy fact book, NCH is reporting an 84.0% increase in patients seeking psychiatric care in emergency rooms. Also, ADAMH and NCH are partnering on inpatient beds (slide 16). A single system will need to be developed to mirror the same quality of inpatient beds as NCH.

A secondary initiative would include the diversion of mentally ill individuals from being placed in the County Jail. According to Mr. Royer, it is harder for a person with mental illness to get out of jail than those without. A report is due in April/May from the Council of State Governments (CSG) with recommendations related to this issue. Overall, jail is not an optimal placement for mentally ill individuals.

A third initiative pertains to suicide prevention programs throughout the County with an emphasis on youth suicides. Rates of suicide in Franklin County are above national average and there has been an increase in youth suicides. Over the last two years, ADAMH has developed partnerships with all but one school district in Franklin County. ADAMH believes long term academic success is dependent on the emotional wellbeing of the child.

A fourth initiative pertains to a reduction in opiate usage locally. Rates of opiate use continues to skyrocket, up 64% since 2009.

A final initiative relates to an expansion of housing assistance for customers. ADAMH currently has a wait list for housing. Safe, stable, affordable housing is a key component to recovery. Partnerships are a key component for this area of service and the agency outlined the many partners used to deliver housing support locally.

The Board does not have a role in determining the number of inpatient beds in the county. There is a strong link between mental illness and physical illness. ADAMH partners with agencies for medical treatment of

their customers. However, crisis care within an emergency room needs to be avoided for the care of the customer. ADAMH has developed a task for with all local hospitals to develop a plan for crisis care over a ten year period. Mr. Royer stated that we are significantly under bedded in Central Ohio. The crisis system is overwhelmed and we need to increase community support to reduce the number of individuals in crisis (slide 17). The long term strategy is to link primary care and mental health services in order to reduce adult crisis services and institute continued care of customers. The problem we face is to sustain these investments.

The goal is to add 25 units each year of permanent housing over the next 10 years due to a waitlist of 3,000 customers (slide 18). ADAMH partners with Ohio Housing Finance Authority, Community Shelter Board and Ohio Department of Alcohol and Drug Addiction Services to meet housing needs.

With the expansion of Medicaid, Medication Assisted Treatment is now a reimbursable expense so ADAMH has a partner to pay for MAT, especially related to the single adult male population (slide 19).

Franklin County has a suicide rate of 11.7 per every 100,000, higher than the national average (slide 20).

ADAMH consumers spend 15 days longer in jail than non-consumers (slide 21).

In summary there are significant unmet mental health needs in the community. The agency is committed to develop a 10 year programmatic plan to address these needs.

QUESTIONS & ANSWERS

Ms. Hallas - Is the five-year total on slide 13 an unduplicated count? Mr. Wylly indicated that it is.

Dr. Bronson – There is a need to connect and partner with so many other agencies in the community. As you are thinking of financing going forward, how do partnerships with other organizations fit into the finances at ADAMH? Mr. Royer responded that each collaboration brings different partners to the table. Ms. Carr Hurd stated that Multi-Systemic Therapy is a partnership with Franklin County Children Services (FCCS), ADAMH, and Family and Children First Council. Functional Family Therapy is funded jointly with FCCS, ADAMH, and Juvenile Court in equal amounts. Mr. Royer said for housing projects, ADAMH may be a significant funder in the amount of money, but a minority funder due to the benefit from tax credits and the Ohio Housing Finance Authority. Ms. Lewis Kaylor stated that ADAMH is asked to contribute more on resident on-site supportive services (only small amount of bricks and mortar). Mr. Royer believes the best mental health systems are funded by federal, state and local partners. At this point ADAMH doesn't rely on state support. Treatment is not the only critical component of services. The overall community needs to provide safety net services as well.

Mr. Hemphill - Just to confirm, your contribution is resources and personnel? Mr. Royer responded yes, they have 47 employees working with 35 non-profit community agencies. ADAMH has reduced their employees by 20%. ADAMH has a goal to apply for grants to supplement their services. They make reimbursements to local providers who provide direct services to consumers.

Mr. Wilson - Do you have a profile of the new consumer that is impacting the increased population? Mr. Royer replied that the consumers are all people like us, representing a cross section of the population. The severely mentally ill struggle with lifelong poverty as well as comorbidity. Dr. Smith reported that people with mental illness live 20 years less than those without.

Mr. Bowman - What proportion of consumers live in permanent supportive housing? Mr. Royer stated they know that last year, a small percentage of adults ADAMH serves are living in permanent supportive housing. According to Ms. Lewis Kaylor the demand far exceeds available housing. As for as the homeless population, ADAMH has been working on a more proactive approach with the Community Shelter Board. Over 140 adults couldn't secure housing when they were discharged from Twin Valley Behavioral Health and Netcare last year. ADAMH is working to look at alternatives for transitional/permanent supportive

housing. Community Housing Network is the primary partner for the creation of units. According to Mr. Royer, 144 individuals discharged into community with no housing is a negative statistic. Another is the number of individuals in the jail who do not have a support structure to keep them out of the jails. These speak to the system not being sized to meet the needs of the community, both in terms of population and cultural demand. The system is sized for 1995-2000 needs.

Mr. Wymer - Are you involved with the dialogue on infant mortality? Mr. Royer has met with the directors of the other boards regarding this issue. ADAMH, JFS, BDD, and FCCS met with the task force and they have been asked for support in 2016. They know that addiction and depression are contributing factors to the statistics. They also need to address the youth that are coming into NCH for treatment so they don't have lifelong struggles.

Mr. Wymer - Can you talk a little more about the Council of Governments? Mr. Wylly indicated that the driver to form the COG was the development of a new system to replace MACSIS. The SHARES system will allow for the payment of claims and provide an understanding of the cost drivers with detail. ADAMH is working with Hamilton and Cuyahoga counties to split the costs of developing the system. They would like to grow it to include other counties.

Ms. Hallas - The Medicaid rates are lower than ADAMH so how do you ensure the right funding source is charged? Mr. Wylly stated that if the billing system knows if someone is Medicaid eligible then the claim on the levy funds will be denied. This is the same reason that they would know that they are not paying for the same claims covered by FCCS.

Mr. Hemphill - What percentage of the increase is going to sustain existing services and what percentage is going to new services? Mr. Royer stated that $5 million would be used for new services and the remaining $9 million would be used to support current services. If they renew, they can go for five years and then would either need additional millage or reduce $16.5 million in services. They do cancel contracts and encourage mergers, such as helping to underwrite the mergers of 8 agencies into 4. ADAMH disinvests in items that they do not think is productive. With technology, they have reduced the footprint of staffing without losing productivity.

Mr. Hemphill - On the operational side, some of cost is dealing with the increase in the number of clients? Mr. Royer said to think of it as an HMO, someone is there to make those changes and also reconcile with Medicaid. Mr. Wylly indicated they are able to reverse charges to the levy funds when they later determine a client should have been charged to Medicaid and can ask providers to then bill Medicaid as the appropriate payer source. Agencies also have a sliding scale to determine a client's ability to pay.

Mr. Wilson - Talk about how ADAMH is going to participate with the criminal justice planning board and the findings on the CSG report? Mr. Royer stated they are planning to create jail liaison teams for screening and assessment. Ms. Carr Hurd indicated a team at Southeast will be notified of an inmate with mental health and/or addiction issues, an assessment will be completed, and the team will be engaged to link those in the jail with available services upon release. Ms. Carr Hurd also reported that they worked with the CSG to define the problem, screening and assessment tools, and how the people are ending up in jail rather than treatment.

According to Mr. Royer, one of the problems they have is that ADAMH is spending over $10.5 million on crisis services at Netcare plus $1.5 million at NCH for youth crisis and $400K at OSU Medical Center. Netcare was developed in 1999 and has not grown since then. 70% of Netcare consumers have insurance, but only 40% of revenue received is from non ADAMH payer sources. ADAMH supports the overhead costs at Netcare. In the last six months, there were 447 hours or 18.5 days that Netcare had to quit taking in patients, also known as divert. The problem is the CSG wants to expand crisis bed capacity to divert from the jail, and ADAMH is already spending 20% of the levy budget on crisis management. The only way Mr. Royer sees a way out of this on current resources is to cut community services to expand crisis services. This would be counter-intuitive to a long term solution. The issue has been brought up to Ohio

Department of Medicaid. ADAMH is underwriting 60 cents of every dollar on clients with Medicaid for crisis services. ADAMH doesn't have the room since they are already covering 60% of the cost.

Due to the patient mix in Netcare, it is becoming a dangerous place to work. Dr. Smith discussed staff turnover and assaults on staff at Netcare. Mr. Royer said it is very frustrating for police to divert these individuals to emergency rooms when Netcare is full as well as frustrating to the hospitals. A recommendation ADAMH has received is to hire off duty police officers at Netcare, however it costs a lot of money. Also, expanding Netcare is a very expensive proposition.

Mr. Wilson indicated this is a current concern as they look at addressing the issue of mental illness in the jail. Mr. Royer said ADAMH has also funded engagement teams at the homeless shelters, trying to get individuals to better engage in mental health and addiction treatment. This ongoing issue is also why there has been the development of specialty dockets in the courts. Even if you build more crisis capacity, many of the people are not ready to engage in treatment and will continue to cycle in and out of crisis and jail. The solution will require a lot of patience and a lot of money.

Mr. Bowman – What I'm hearing said is the wrong pocket syndrome? Mr. Royer stated that at the state hospital, 74 patients were on forensic status, meaning they had a psychiatric condition and criminal involvement, and 63 were on civil commitment, meaning they were simply sick and required hospitalization. This is a failure of the system. The question is where is your money better spent? How much should be in community support solutions instead of band aids? Mr. Royer stated that ADAMH is already doing much of the heavy lifting.

Ms. Hallas - System capacity issues have been discussed at previous board meetings. Is the system capable of handling more dollars? Mr. Royer indicated that a couple of realities are less people are attracted to this type of work. Pay and benefits are poor and work is stressful. There is a long term problem with workforce. ADAMH said the system has to do something to increase wages for people doing direct service work, especially given the student loan debt levels for bachelor and master degree students. The system loses a lot of seasoned people to Veterans Administration and State Hospitals. According to Mr. Royer, when you choose social work, you should not have to take a vow of poverty. The developed fee for service system creates ungodly expectations of productivity on the providers. The system needs to attract workers from other communities, not just the workers in technology or other fields, and this issue needs tackled in the next five years. Mr. Wylly stated that in the last five years, ADAMH has engaged with new providers (see page 81 of the fact book). As ADAMH purchases different types of services, they are adding new providers to the network to increase capacity.

CLOSING REMARKS

Mr. Hemphill thanked the ADAMH Board and Staff for their time in preparing the levy fact book and presenting the request to the Committee.

The next HSLRC meeting will be held Thursday, March 19th from 3:00-5:00pm at 373 S. High Street, 26th Floor in the West Conference Room.

ADAMH will meet again with the HSLRC on Thursday, April 2nd for further discussion related to the levy request. Ms. Hallas will send the HSLRC questions to ADAMH in advance of the meeting.

The meeting was adjourned at 4:45 pm.