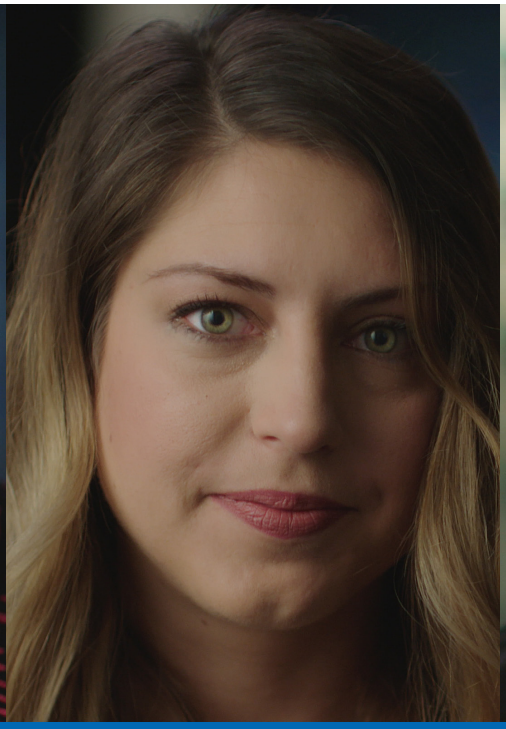




2020 Levy Fact Book

Presented to the

Franklin County Board of Commissioners

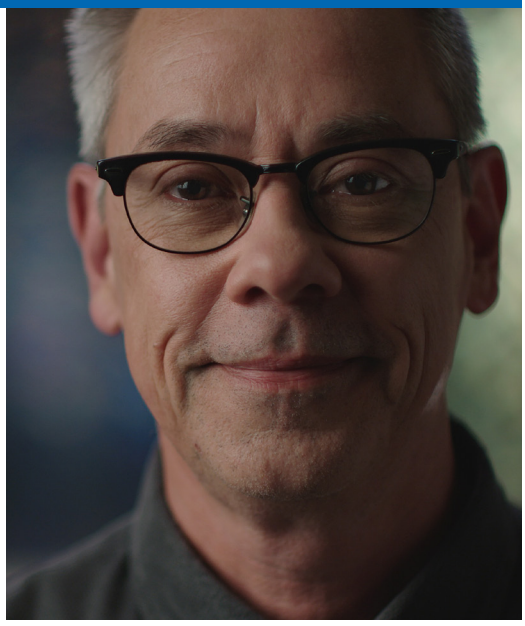
and the

Human Services Levy Review Committee

ADAMH

Alcohol, Drug and Mental Health Board of Franklin County

Where Better Begins.



CONTENTS

A. EXECUTIVE SUMMARY

The Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County recommends that the Franklin County Board of Commissioners place a 2.2 mill renewal with a 1.09 mill increase property tax levy for a 10-year period on the November 3, 2020 general election ballot. The new millage will generate approximately $35 million annually in new revenue. These additional resources will address the following needs in Franklin County:

30+
Contract Providers

20+
Specialty Service Contracts

More than
331,117
Consumers*

*Based on Claims Data Submitted by Contract Providers 2017-2019

1. Operating Deficit

ADAMH is anticipating to end the current levy cycle with a $13.6 million annual operating deficit. The Board has made significant new investments over the past few years to address immediate and emerging community needs, including:

- The Maryhaven Addiction Stabilization Center opened in 2018 providing three levels of care for people who experience an opioid overdose. In 2019, over 50% of individuals who completed all levels of care were successfully discharged.
- Netcare Access mobile crisis response teams that collaborate with the Columbus Division of Police and the Franklin County Sherriff's Office to determine the proper routing and care for individuals in crisis - to the Netcare crisis unit, local emergency departments or hospitals – resulting in a significant decrease of individuals being transported to the Franklin County Jail. In 2019, the teams responded to 2,233 calls involving 910 individuals in crisis with 99.9% being diverted from the Franklin County Jail.
- Laurel Green Supportive Housing, which provides 40 rent-subsidized apartments with stable, onsite-supportive service for individuals with a mental illness exiting Residential Care Facilities.
- Summer day camps that provided instruction to 2,600 youth across Franklin County in 2019 about the risks of alcohol and other drugs while building self-esteem, resiliency, leadership and life skills.
- Peer Recovery Support Training that allows individuals to use their lived experience with mental health or substance use disorders to provide encouragement and inspire others on their own recovery journeys.
- Respite Program for Caregivers via Concord Counseling, which provides specially trained mental health professionals to support caregivers, including senior caregivers, in the important task of supporting their loved ones. During the first year, the program provided support for 27 families and in year two, they exceeded that number within the first six months by supporting 37 families.

Approximately 60% of the new millage request will be used to maintain core investments in the community.

2. Guardianship Service Board

With the passage of the proposed levy, ADAMH will allocate $2 million in new revenues annually to support the Franklin County Guardianship Service Board (GSB). These resources (7% of new levy revenues) will be used to serve 800 clients each year by the Guardianship Service Board and to address the backlog (1,800) of cases in Franklin County that are

currently pending. The use of social workers rather than attorneys can better assess the need of clients and ensure a better outcome when needs arise. GSB investments comprise approximately 7% of the new millage request.

3. Franklin County Mental Health & Addiction Crisis Center

The Franklin County Commissioners have agreed to loan ADAMH $10 million in capital to fund a new Franklin County Mental Health & Addiction Crisis Center (FCMHACC). ADAMH's intent is to repay this loan over 10 years beginning in 2022. FCMHACC capital constitutes approximately 3% of the new millage request.

4. Population Growth

Franklin County's population is anticipated to grow by more than 8% over the next decade. The influx of new residents (more than 100,000) is unique in that Franklin County is the only urban center in Ohio with a projected net gain in population. Inflation adjusted per capita levy revenue investments peaked in 2007 ($57.14 per Franklin County resident). Current (2018) per capita investments are $37.62 per resident, over 34% less than 2007. With the approval of the proposed new millage, per capita investments would be $56.19 per resident in 2022. Population growth constitutes approximately 11% of the new millage request.

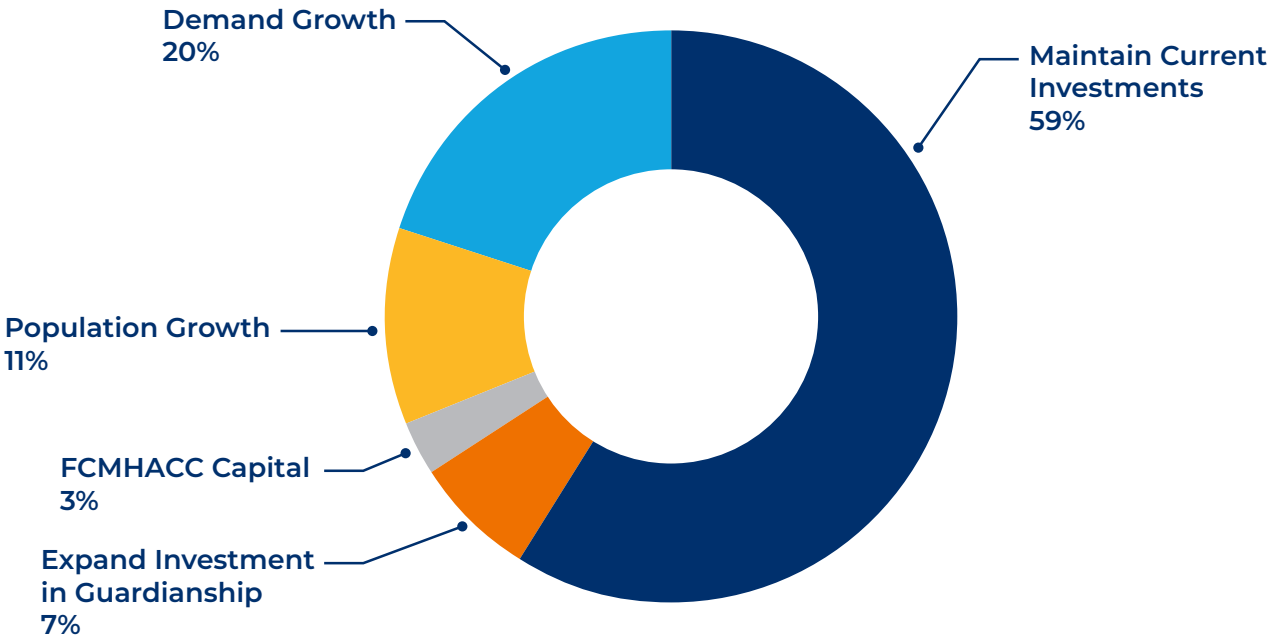
5. Demand Growth

The ADAMH Board, in working with our community partners in Central Ohio, has been given access to market-specific data that indicates the overall demand for outpatient behavioral health services in Franklin County is anticipated to increase by 23% over the next 10 years. The demand for behavioral healthcare services, net of population growth, constitutes 20 percent of the new millage request.

The unmet demand for behavioral health services in Franklin County has manifested itself in many ways. Two discrete examples include:

- Almost 30,000 mental health crisis episodes are treated in Franklin County annually. The vast majority of these episodes are addressed in hospital emergency departments instead of a clinically appropriate crisis center.
- Maryhaven's Addiction Stabilization Center, recently established in response to the opioid epidemic, was on "divert" status 35 percent of the time in 2018 due to this high demand.

Figure 1: ADAMH Board of Franklin County – New Revenue Investments



Approximately
85%
of all ADAMH consumers live below the federal poverty level

Approximately 60% of consumers being served are new to the ADAMH System of Care since 2017, demonstrating continuous and increasing demand for new consumer service. Additionally, 135,745 people were served in the ADAMH System of Care in 2019, which is a 41% increase from 2017. An increase in millage is imperative for ADAMH to meet the increasing demand for mental health and substance use disorder services in Franklin County.

Since its inception in 1967, ADAMH has served resident constituents of all ages, races, genders, cultures and faiths by providing funding to agencies with the goal of reducing the incidence of mental health problems and eliminating the abuse of alcohol and other drugs in the county.

We facilitate availability of this critical assistance through 30+ contract providers and 20+ specialty service contracts that provide services and care in six categories:

Figure 2: Number of Consumers Served by Category in 2019

* Approximately 80% of the funds allocated by the Board are set up through reimbursement models such as fee-for-service claiming and block grants requiring "encounter" claims submissions; the remaining 20% are block grants that do not require service claims and various specialty contracts. Therefore, these consumer counts do not include the consumers who receive services that do not require claims. For example, the total number of consumers served within the Family Supports category in 2019 is close to 5,400; these data are reported directly from providers and do not appear in the SHARES claims/member system. Additional information available upon request.

Approximately 85% of all ADAMH consumers live below the federal poverty level—nearly 87% of these consumers have an income that is less than 50% of the federal poverty level.

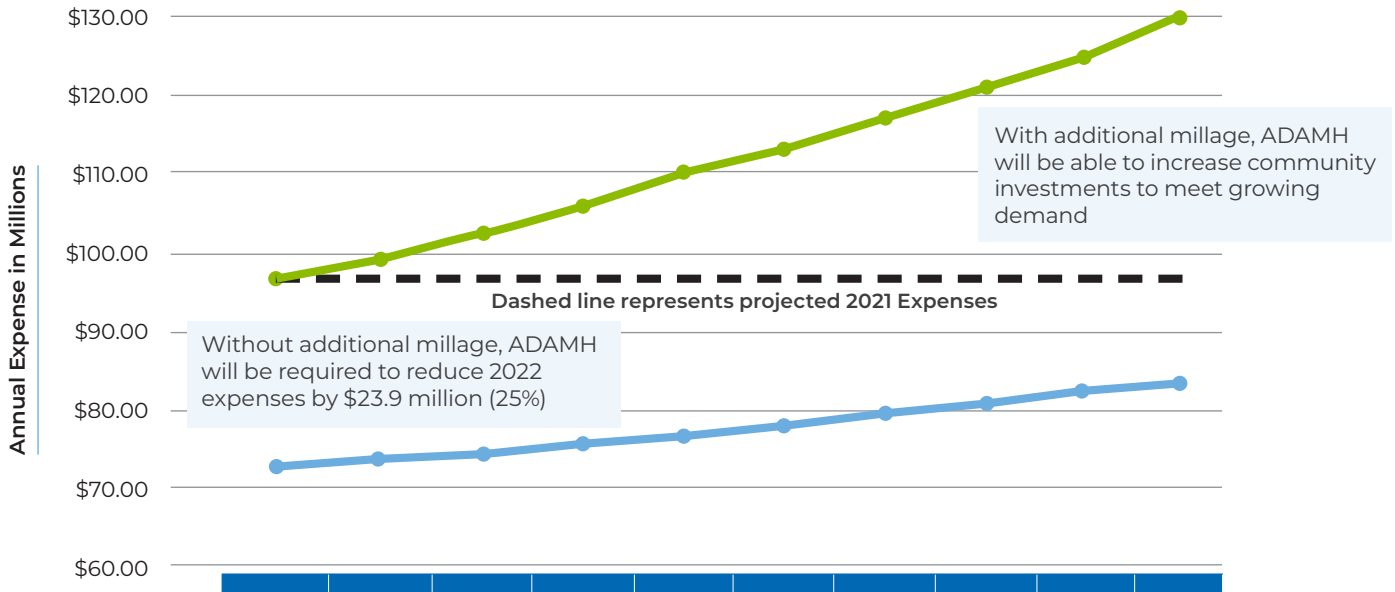
ADAMH-funded services are available to any Franklin County resident, including crisis services such as the 24/7 Adult Crisis Line through Netcare (614.276.CARE [2273]), the 24/7 Youth Crisis Line through Nationwide Children's Hospital (614.722.1800) and the Suicide Prevention hotline through North Central Mental Health (614.221.5445). ADAMH also funds prevention services in every public school district in Franklin County that teach youth the risks of substance use and connect at-risk students with ongoing mental health treatment before a crisis emerges. These community wide services are in addition to the treatment services funded by ADAMH for anyone who does not have coverage or adequate coverage through private health insurance, Medicaid or Medicare.

More than 71% of the ADAMH system's resources come from a single 2.2 mill property tax levy. ADAMH has maintained the same millage for almost 30 years. Since 1991, ADAMH's levy has been renewed once (2015) and replaced two times (1996 and 2005).

As we continue to plan for the decade before us – and beyond – ADAMH recommends a 2.2 renewal with a 1.09 mill increase property tax levy for a 10 year period to be placed on the ballot for the Tuesday, November 3, 2020 election. The passage of this levy Is critical to both maintain ADAMH's current level of service and/or expand programs to address urgent and emerging community needs.

While alternative levy options are provided (please see Section I 2 on page 69, Levy Options), it must be noted that a renewal levy without additional millage will not sustain ADAMH beyond 2022 without significant reductions to current community investments. As the chart below indicates, the passage of only a renewal levy would require ADAMH to reduce annual expenditures by $23.9 million (25%). A renewal with an additional 1.09 mills would enable ADAMH to responsibly increase community investments to keep pace with forecasted population and demand growth over the next 10 years.

Table 1: ADAMH Board of Franklin County – 2022-2031 Projected Expenditures
Renewal vs. Renewal +1.09 Mill New



	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
Renewal +1.09	$96.47	$99.11	$102.44	$106.14	$109.47	$113.17	$117.02	$121.00	$125.12	$129.72
Renewal Only	$72.59	$73.19	$74.39	$75.86	$76.86	$78.13	$79.42	$80.74	$82.09	$83.78

We have prepared the 2020 Levy Fact Book for the consideration of Franklin County Commissioners, Franklin County Human Services Levy Review Committee and Franklin County community leaders. It offers insight into our efforts to provide funding to agencies and providers that support our enduring mission of helping people get better; of improving people's lives; and of nurturing and advancing the work of mental health and substance use prevention, treatment and recovery programs.

Thank you for your consideration of this timely request.

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B. AGENCY OVERVIEW

Mission

Our mission is to improve the well-being of our community by reducing the incidence of mental health problems and eliminating the abuse of alcohol and other drugs in Franklin County.

Vision

Citizens in need of care will receive the most progressive and effective mental health and addiction treatment and prevention services available. The unique cultural and individual needs of each consumer will guide how the services are provided, and treatment will always be provided in a timely manner. ADAMH's commitment to these goals establishes its role as a vital partner in Franklin County's healthcare network and will help to de-stigmatize mental illness.

Community experts offered

341

distinct programs to Franklin County residents

1. Categories of Service

ADAMH funds mental health and substance use services for residents of Franklin County. We do not provide direct services, but instead contract with more than 30 not-for-profit agencies located in neighborhoods across Franklin County, supporting those with mental illness and helping people live addiction-free lives.

Figures from 2019 show that ADAMH-funded provider agencies offered 341 distinct programs to Franklin County residents across six different categories explained in further detail on page 18.

- **Treatment**
- **Crisis**
- **Housing**
- **Prevention**
- **Recovery Supports**
- **Family Supports**

The services are provided on a sliding fee scale, meaning that any Franklin County resident can receive needed services and are charged based on income and circumstance. Specifically, ADAMH provides resources for those who are uninsured and those in need of services not covered by Medicaid, such as housing, transportation, crisis services and more. Also, ADAMH provides services that benefit the entire community such as crisis, early intervention and prevention services.

ADAMH funds programs in our community that help people living with such illnesses as schizophrenia, depression, anxiety and substance use disorders. Examples of people served in the ADAMH System of Care include:

- An elementary school student who learns about making good choices and the risk of drugs in a summer camp program.
- A suburban high school student struggling with an addiction to pain killers who is linked to services through school-based initiatives.

- A New American who is balancing the culture change of living in a new country with the trauma experienced while living in a refugee camp.
- A college student who discovers he has schizophrenia and doesn't have insurance finds an affordable treatment option.
- An adult with a persistent mental illness who receives job training.
- An older adult dealing with depression who reaches out to the local suicide prevention line.

The ADAMH Board of Trustees is made up of 18 citizen volunteers who provide leadership and direction in forming policies and allocating funds. Board members must be residents of Franklin County and interested in improving the work of mental health or substance use disorder programs. Ten members are appointed by the Franklin County Board of Commissioners and eight by the Ohio Department of Mental Health and Addiction Services (OMHAS).

More than 71% of the ADAMH system's resources come from a single property tax levy approved by voters. The remainder comes from federal, state and local funding sources. It should be noted that the last time ADAMH was granted any new millage was 29 years ago. (See Levy History; Election Results, page 69)

We are recommending a 2.2 mill renewal with a 1.09 mill increase property tax levy for a 10 year period be placed on the Tuesday, November 3, 2020 ballot to both maintain our current level of service and also create and/or expand programs to address emerging and urgent community needs for adult and youth treatment and crisis care, housing, prevention, recovery supports and family supports.

We believe it is also important for our system to provide supportive services such as job training, peer supports and integrated healthcare services as the population of Franklin County continues to grow.

More than

71%

of the ADAMH system's resources come from a single property tax levy approved by voters

The last time ADAMH was granted any new millage was

29

years ago

2. Collaborations

Working in collaboration with more than 30+ local non-profit organizations located in neighborhoods across Franklin County is essential to meeting the needs of our community. These community experts provide quality mental health and substance use disorder treatment and prevention services and supportive services like housing, job training and peer supports.

Table 2: 2020 ADAMH Providers		
Africentric Personal Development Shop	Eastway	OhioGuidestone
Alvis House	House of Hope	Ohio State University
Buckeye Ranch	Huckleberry House	PEER Center
CHOICES for Victims of Domestic Violence	Maryhaven	Primary One Health
Columbus Health Department	Mental Health America of Franklin County	Schottenstein Chabad House
Columbus Urban League	NAMI Franklin County	Southeast
Community for New Direction	National Church Residences	St. Vincent Family Centers
Community Housing Network Inc.	Nationwide Children's Hospital	Syntero
CompDrug	Netcare Corporation	Twin Valley Behavioral Health-CSN
Concord Counseling Services	North Central Mental Health Services	UMADAOP of Franklin County
Directions for Youth and Families	North Community Counseling	Village Network

In addition to the Provider network, ADAMH also collaborates with more than 30 community agencies and organizations to enrich services to Franklin County residents through specialty contracts and community partnerships.

2020 ADAMH Specialty Contracts

- Aperture Education
- Case Western Reserve (IDDT-ACT)
- Central Ohio Area Agency on Aging
- Central Ohio Hospital Council (COHC)
- City of Hilliard
- City of Reynoldsburg
- Community Shelter Board (CSB)
- Franklin County Board of Developmental Disabilities (FCBDD)
- Franklin County Common Pleas Drug Court
- Franklin County Family and Children First Council
- Franklin County Juvenile and Domestic Relations Court
- Franklin County Municipal Court
- Franklin County Probate Court
- Franklin County Sheriff's Office
- HandsOn Central Ohio
- Heartland High School
- Legal Aid Society of Columbus
- Local Outreach to Suicide Survivors (LOSS) Community Services
- National African American Male Wellness Walk
- OQ Measures
- OSU-College of Social Work

ADAMH Community Partners:

- Central Ohio Hospital Council
- City Commission on Black Girls
- City of Columbus
- Columbus and Franklin County Addiction Plan
- Columbus Department of Public Safety
- Columbus Division of Fire
- Columbus Division of Police
- Columbus Foundation
- Columbus Metropolitan Housing Authority
- Columbus Kappa Foundation - Kappa Alpha Psi
- Columbus State Community College
- Community Refugee & Immigration Services (CRIS)
- Ethiopian Tewahedo Social Services
- Franklin County Auditor
- Franklin County Board of Commissioners
- Franklin County Children Services
- Franklin County Coroner's Office
- Franklin County Prosecutor's Office
- Franklin County Public Facilities Management
- Franklin County Public Health
- Franklin County Reentry Task Force
- Franklin County Treasurer
- MACC (Multiethnic Advocates for Cultural Competence)
- Mount Carmel Health System
- Nationwide Foundation
- Ohio Department of Job and Family Services
- Ohio Department of Mental Health and Addiction Services
- Ohio Foundation for Psychology
- OhioHealth
- Ohio Opioid Education Alliance
- Osteopathic Heritage Foundations
- RecoveryOhio
- The Ohio State University Wexner Medical Center

ADAMH works in collaboration with more than

30

local non-profit organizations located in neighborhoods across Franklin County

3. Federal and State Mandates

As authorized by the Ohio Revised Code 340.01 (APPENDIX 2) and 340.03 (APPENDIX 3), ADAMH makes a difference in our community by restoring and improving people's lives through mental health and substance use disorder services. ADAMH meets these state mandates by:

Plan Planning services and programs based on the needs of our community

Fund Funding mental health and substance abuse treatment, prevention and recovery support services

Evaluate Evaluating the quality and effectiveness of the services delivered in our system.

4. ADAMH Staffing

ADAMH employs approximately 50 staff who work in one of seven departments, which include:

- **Leadership**
- **Clinical Services**
- **Community Engagement and Prevention**
- **Finance and Business Operations**
- **Information Services**
- **Planning and Evaluation**
- **Public Affairs**

[See APPENDIX 4]

Table 3: 2014-2019 Staffing Changes

Year	# of Employees	Comments
2014	48	Added a new position to add a social media component to Public Affairs.
2015	47	Shifted work within positions and redesigned Public Affairs to save cost and better meet community needs.
2016	49	Added more staff for SHARES Enterprise Claiming System & COG areas to assist with claiming process.
2017	47	Moved housing duties to clinical services and removed Chief Administrative Officer position and responsibilities.
2018	49	Added another Adult Clinical Manager to better address behavioral health issues in growing adult population and added additional capacity in IT relating to supporting internal staff.
2019	50	Added additional staff to Public Affairs in order support community events and also added the Policy Monitoring position to research and monitor policy at the State level.

Over the past five years, the number of staff employed at ADAMH hovered around 50 employees, but shifted back and forth yearly depending on the focus and/or adjustments made for the current year's needs.

In many cases, ADAMH staff levels adjusted based on organizational needs relating to internal work, business operations (SHARES Enterprise Claiming System), and community need, including the rise of the opioid epidemic and the need to monitor the community with more visiblity.

C. NEEDS AND SERVICE LEVELS

1. Prevalence Estimates and Community Needs

Prevalence refers to the percent of a population who are affected by a condition in a given period of time. Prevalence of behavioral health conditions is typically estimated based on surveys of random samples of the population. The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey of Drug Use and Health (NSDUH) is a widely used source of prevalence data. NSDUH data is reported at the national, state and sub-state level. Within Ohio, NSDUH prevalence estimates are available for larger counties, including Franklin County. This ability to estimate prevalence rates specifically for Franklin County is a major strength of this data source.

There are, however, several limitations to the NSDUH data source as it pertains to this county-level needs assessment. First, SAMHSA only reports the county-level data for certain age groups (18+ and 12+), although estimates for additional age group categories are reported for the national and state-level data. Second, the NSDUH does not provide prevalence estimates for children under age 12. Finally, the county-level data is not reported by race/ethnicity.

More than one in five adults (21.6% among ages 18+) is estimated to have experienced Any Mental Illness (AMI) in the past year. A smaller proportion (4.6%) is estimated to have experienced Serious Mental Illness (SMI) in the past year (estimates show that 4.4% of adults had serious thoughts of suicide and 7.9% experienced a major depressive episode in the past year). County estimates of past-year use of select substances for the age group 12 and older are available from SAMHSA for data from 2014-2016 (the most recent sub-state region reports available): 0.3% for heroin; 2.15% for cocaine; 16.3% for marijuana; 26.8% for tobacco and 54.8% for alcohol (past month use of alcohol for ages 12-20 is 21.7%). *(2014-2016 Substate Estimates of Substance Use and Mental Illness, 2018)*

County-level estimates for children are more difficult to obtain. SAMHSA does, however, report state-level NSDUH data for youths aged 12-17, including the prevalence of Past-Year Major Depressive Episodes (MDE) for adolescents; 13.7% of Ohio youth in 2017-2018 were estimated to have experienced an MDE within the past year. Data from the 2017 National Youth Risk Behavior Survey suggest that 17.2% of US youths had seriously considered attempting suicide in the past year, with significant disparities by gender, age, sexual minority status, and other characteristics. Also, among ages 12 to 17, the 2017-2018 NSDUH for Ohio estimates that approximately 4.0% had a substance use disorder (SUD) in the past year; even greater percentages of Ohio youths are shown to have used alcohol or illicit drugs in the past month (9.6% and 7.5%, respectively). *(2018 NSDUH detailed tables, 2019)*

Suicide is a serious public health concern in our community. According to data from the Ohio Department of Health's Public Information Warehouse, in 2017 Franklin County had an age-adjusted suicide rate of 12.6 per 100,000 persons. *(Ohio public health Information warehouse - Mortality, 2020)*

More than
1 in 5
adults is estimated to have experienced Any Mental Illness (AMI) in the past year

13.7%
of Ohio youth were estimated to have experienced a Major Depressive Episodes (MDE) within the past year

In 2017, Franklin County had an age-adjusted suicide rate of
12.6
per
100,000
persons

During the current levy cycle, ADAMH contract agencies served more than

330,000

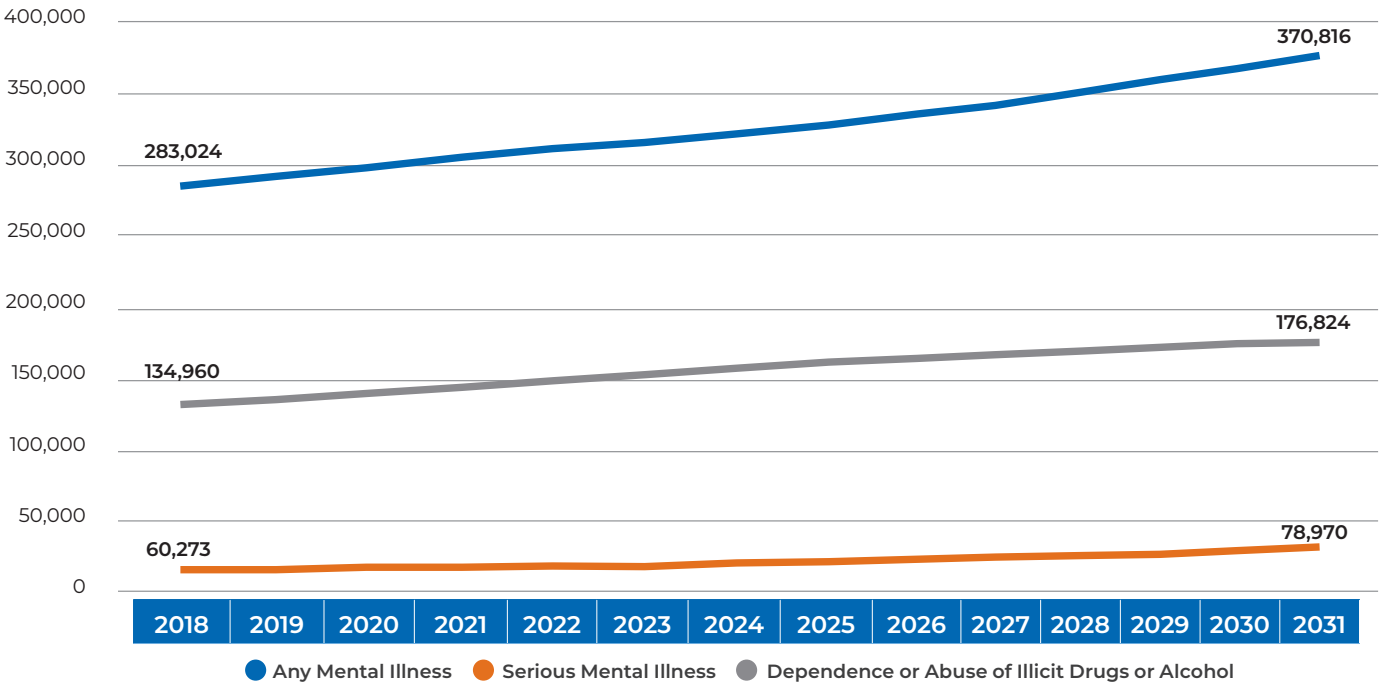
consumers

The terms “co-occurring disorders,” “comorbidity” and “dual diagnosis” refer to two disorders or illnesses occurring at the same time for the same person. According to the 2018 NSDUH survey, 19.3% of US adults with a substance use disorder in the past year also were identified to have any mental illness. This estimate rises to 27.8% with serious mental illness or 22.8% with a serious depressive episode in the last year. (2018 NSDUH detailed tables 2019) Other comorbidities can exist along with mental health diagnoses; depending on the methodology of the study and diagnostic criteria used, various studies reveal that the co-occurrence of mental illness with intellectual disabilities/developmental disabilities can range from 14 to 75% *(Buckles, Luckasson, & Keefe, A systematic review of the prevalence of psychiatric disorders in adults with intellectual DISABILITY, 2003–2010 2013)*.

The size of the Franklin County population has grown over the past decade and is projected to continue growing in the coming years. In addition, Franklin County is becoming increasingly diverse and is slightly younger than other Ohio counties.

The Franklin County population was 1,310,300 in 2018. Prevalence estimates were then applied to that population number for each category (see source notes below). For each year following, a growth of 2.1% is applied—all the way through 2031. The prevalence estimates are applied to the total FC population recognizing that the prevalence estimates are for age subsets.

Table 4: Estimates of Franklin County Residents with Any Mental Illness, Serious Mental Illness, or Dependence/Abuse of Drugs/Alcohol



Any Mental Illness in the Past Year among Adults 18 or Older: 21.6%, NSDUH Substate Estimate 2014-2016

Serious Mental Illness in the Past Year among Adults 18 or Older: 4.6%, NSDUH Substate Estimate 2014-2016

Dependence or Abuse of Illicit Drugs or Alcohol in the Past Year among Individuals Aged 12 or Older: 10.3%, NSDUH Substate Estimate 2012-2014

2. ADAMH Consumer Populations and Demographic Profiles

During the current levy cycle (2017 through 2019), ADAMH contract agencies served more than 330,000 consumers providing treatment, crisis, housing and prevention services as well a recovery supports and family supports. Almost 265,000 of those served were youths and adults within Columbus Public Schools, all 16 suburban school districts and throughout the community receiving prevention services. Approximately 60% of consumers being served are new to the ADAMH system of care since 2017, demonstrating the ongoing demand for new consumer service.

Table 5: Consumers by Service Category*

	2017	2018	2019	Overall
Overall	**96,337**	**120,973**	**135,745**	**331,117**
Crisis	8,680	16,274	24,395	44,260
Family Supports	49	62	67	145
Housing	830	1,087	398	1,930
Prevention	75,562	91,495	98,100	264,926
Recovery Supports	4,345	4,848	5,027	8,800
Treatment	13,911	13,626	15,237	29,651

* Approximately 80% of the funds allocated by the Board are set up through reimbursement models such as fee-for-service claiming and block grants requiring "encounter" claims submissions; the remaining 20% are block grants that do not require service claims and various specialty contracts. Therefore, these consumer counts do not include the consumers who receive services that do not require claims. For example, the total number of consumers served within the Family Supports category in 2019 is close to 5,400; these data are reported directly from providers and do not appear in the SHARES claims/member system. Additional information available upon request.

ADAMH serves Franklin County residents in all age groups, from youth to older adulthood, including:

- **At-risk youth**
- **People in crisis**
- **People without safe and stable housing**
- **People with severe and persistent mental illness**
- **People with a substance use disorder**
- **People living in recovery**
- **Families who support someone with a mental illness or addiction**
- **Anyone living in Franklin County**

The average age of an ADAMH consumer is 34 and remains stable from year-to-year. The majority (approximately 40%) of consumers are adults between 25 and 44, and adults 60 and over account for about 10% of all consumers. Approximately 11% of all consumers are between the ages of 12 and 17.

ADAMH uses the SHARES claims and member system to collect information on member demographics. The information available is gender, race, and ethnic origin. Approximately 45% of consumers are women and 55% are men. For ADAMH consumers that provided race data, 56% are white and 38% are black or African American. In that same group of consumers, 97% identify as not Hispanic or Latino.

Approximately 85% of all ADAMH consumers live below the federal poverty level—nearly 87% of these consumers actually have an income that is less than 50% of the federal poverty level.

Since the start of our current levy cycle,

66.7%

of all consumers had a Mental Health diagnosis

Based on analysis of claims data, we are able to determine the distribution of consumers by principal diagnosis. These diagnoses can be grouped into three main categories: mental health, substance use or another type of diagnosis. Consumers can receive services within a period of time associated with one or more of the three categories. Over 66% of claims data specifies a mental health diagnosis (48.5% MH only, 10.5% MH and other, 4.2% MH and SUD and 3.5% MH/SUD/other). Claims data specifying a substance use disorder diagnosis totals 28% (15.9% Substance Use only, 4.4% SUD and other, 4.2% MH and SUD, and 3.5% MH/SUD/other). The distribution of diagnostic categories for 2017 to 2019 have remained relatively stable and only minor fluctuations have been observed.

Figure 3: Consumer Diagnoses, 2017-2019*

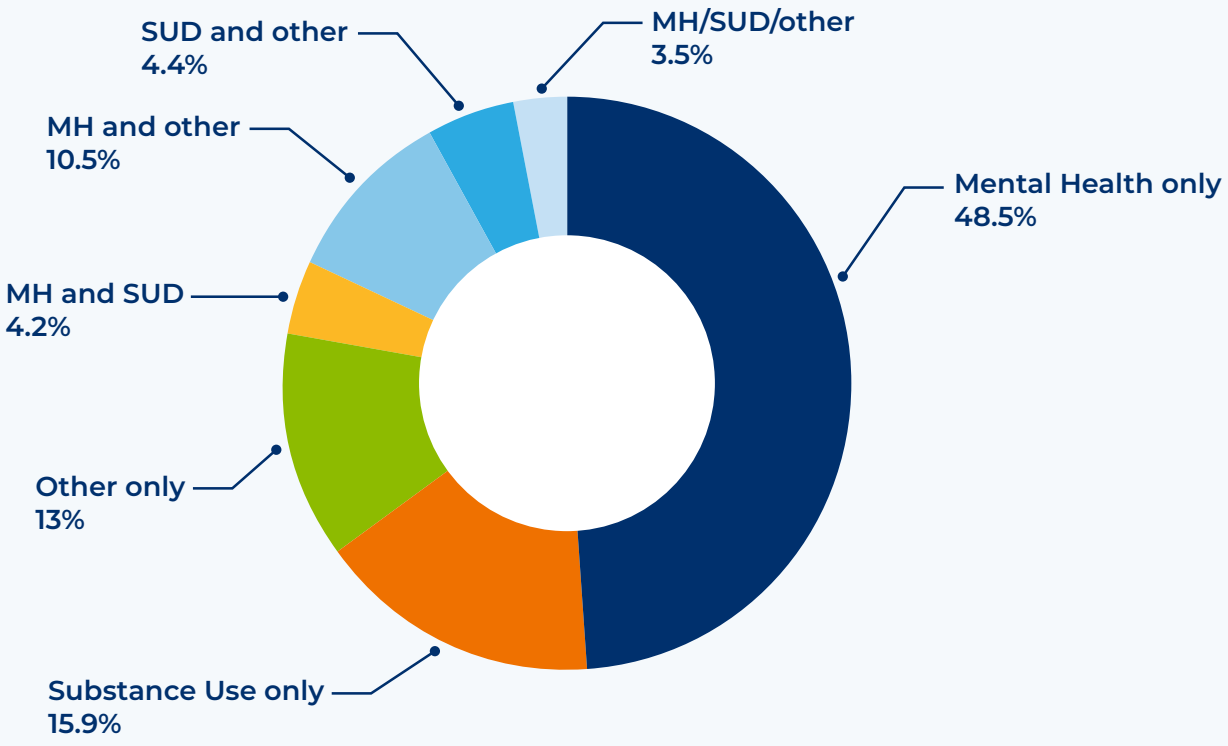


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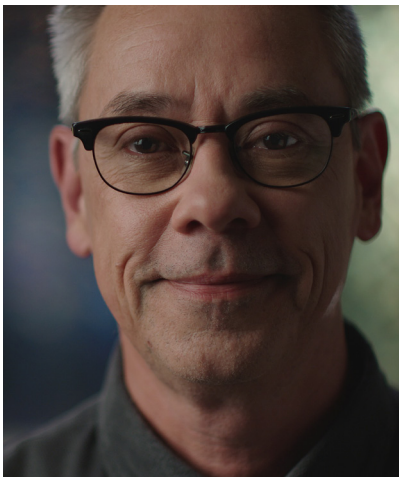
Table 6: Consumer Demographics by Contract Year				
	2017	2018	2019	Overall
Gender				
Female	9,541	9,405	10,737	19,625
Male	11,931	11,361	12,544	23,928
Unknown/not reported	6	9	9	18
Race				
Alaskan Native	11	6	9	16
American Indian	53	49	51	96
Asian	162	125	139	301
Black or African American	6,342	5,546	5,793	10,951
Multi-Racial	504	481	655	1,200
Native Hawaiian or Other Pacific Islander	26	27	27	55
White	8,893	7,837	8,542	15,969
Unknown/not reported	5,487	6,704	8,074	14,983
Hispanic Origin				
Cuban	7	8	11	18
Mexican/Mexican American/Chicano	113	120	138	265
Not Hispanic or Latino	15,575	13,439	14,311	27,149
Other Hispanic or Latino	253	234	293	548
Puerto Rican	63	66	67	132
Unknown/not reported	5,467	6,908	8,470	15,459
Age				
0 - 5	357	382	369	
6 - 11	792	658	761	
12 - 17	2,644	2,213	2,784	
18 - 24	2,264	2,071	2,393	
25 - 44	8,218	8,559	9,599	
45 - 59	5,203	4,858	5,092	
60+	2,000	2,034	2,292	
Percent of Federal Poverty Level of Household				
0 - 49.99	8,962	9,146	10,911	22,151
50 - 99.99	1,404	1,598	1,876	3,338
100 - 199.99	1,287	1,521	1,904	3,387
200+	493	548	701	1,260
Unknown/not reported	9,332	7,962	7,898	13,435
Diagnoses				
Mental health only	11,190	10,027	12,227	21,150
Substance use only	3,437	3,326	3,674	6,933
Other only	2,955	3,682	3,477	5,655
MH and SUD	907	649	763	1,827
MH and other	2,040	1,713	1,985	4,558
SUD and other	494	999	761	1,934
MH/SUD/Other	455	379	403	1,514

***The figures shown are for demographics data known to the Board. For various characteristics, some amount of missing data exists in the SHARES system—the number of cases that are unknown or not reported is also shown below the demographic characteristic category lists for context.**
****People over 250% of Federal Poverty Level pay for a portion of their care.**
*****Counts presented in the Overall column are unique counts for all consumers served from 2017 to 2019. Some consumers received services in multiple years.**



3. Referrals and Access to the ADAMH System of Care

If someone is seeking a referral or linkage to service, there are two options. Adults can contact Netcare Access if they are in need of immediate assistance. Netcare can assess individuals in crisis and provide a referral to any certified provider. Youth and parents can contact Nationwide Children's Hospital if they believe they are experiencing a crisis. Alternatively adults or youth can contact a provider directly to seek mental health and substance use disorder treatment. Programs such as supportive and transitional housing require direct linkage from a hospital or mental health provider. Other programs, such as prevention programs, are geared toward specific populations who may be at higher risk, or be determined to benefit from the programing.

24/7 Franklin County Crisis Lines

Adult – Netcare, 614.276.CARE (2273) or toll free 1.888.276.2273

Youth (17 and under) – Nationwide Children's Hospital, 614.722.1800

A complete list of providers is located in the ADAMH directory and on our website at adamhfranklin.org. If a person does not have access to the internet and needs a copy of the directory, ADAMH will mail one. Anyone can request a copy of the directory at the ADAMH offices, located in Columbus at 447 East Broad Street, or by calling 614.224.1057.

ADAMH funding is used to purchase behavioral healthcare services for the uninsured and under-insured residents of Franklin County. If a resident has Medicaid or other private insurance, ADAMH will cover the cost of most community crisis and recovery support services.

If someone is in the shelter system and is in need of behavioral health services, they can ask to see a shelter advocate, conveniently located at the shelter, to access a navigator for treatment. Single men and women in need of shelter should call 1.888.474.3587, which serves as the "front door" to the shelter system and is managed by the Community Shelter Board (CSB).

From 2017 to 2019, ADAMH-funded ADAMH-funded agencies provided treatment and other non-prevention services

29,450

unique consumers each year

4. Historical Service Levels

ADAMH's main source of data regarding the numbers of residents served by ADAMH-funded programs and providers is the SHARES members and billing system. With available approved claims data, we are able to produce counts of Franklin County residents and determine the agencies that provide paid services by category. Out of the 33 agencies that ADAMH contracted with in 2019, 24 provided treatment services, 12 provided crisis services, 3 provided family supports, 5 provided housing services, 21 provided prevention services and 19 provided recovery supports. From 2017 to 2019, ADAMH-funded agencies provided treatment and other non-prevention services to an average of 29,450 unique consumers each year. The annual average for prevention services is approximately 88,386.

The consumer counts in the following table are unique for each provider and service category.

Table 7: Consumers Served In 2019						
	Crisis	Family Supports	Housing	Prevention	Recovery Supports	Treatment
Africentric Personal Development Shop				270		118
Alvis			68	52	20	6
Buckeye Ranch				980	53	190
Choices for Victims of Domestic Violence					68	116
Columbus Area Integrated Health Systems **	188				115	822
Columbus Public Health				10,865		549
Columbus Urban League				812		
Community for New Direction	2	10		2,049	304	245
Community Housing Network			112		1,426	
CompDrug				11,180	185	622
Concord Counseling Services	544	39		6,166	490	726
Directions for Youth and Families				9,656		96
Eastway				455		
House of Hope					82	244
Huckleberry House	352		54		55	172
Maryhaven	2,343		105	4,009	70	848
Mental Health America						
National Alliance on Mental Illness						
Nationwide Children's Hospital	1,312			1,174		890
National Church Residences					424	
Netcare	19,310				293	2,048
North Central Mental Health Services	237			14,435	156	3,316
North Community Counseling Centers	219			186		1,457
Ohio State University Hospitals	129					52
OhioGuidestone		18		931		20
PEER Center				4,316	889	
Schottenstein Chabad House				1,353		
Southeast Healthcare	1,375		124	4,068	1,116	2,363
St. Vincent Family Center				2,898		207
Syntero				21,228	19	855
Twin Valley Behavioral Healthcare					104	223
UMADAOP				1,017		
Village Network	43				42	621

*** Approximately 80% of the funds allocated by the Board are set up through reimbursement models such as fee-for-service claiming and block grants requiring "encounter" claims submissions; the remaining 20% are block grants that do not require service claims and various specialty contracts. Therefore, these consumer counts do not include the consumers who receive services that do not require claims. For example, the total number of consumers served within the Family Supports category in 2019 is close to 5,400; these data are reported directly from providers and do not appear in the SHARES claims/member system. Additional information available upon request.**

****ADAMH no longer contracts with this provider but has transferred services to other ADAMH-funded providers.**

In 2018 the stabilization center was on divert EMS transports only, or full divert of admissions, for approximately

127

days total

which accounts for

35%

of the time

Within the county crisis continuum of care, some agencies must at times divert new admissions due to being at full capacity. While the Maryhaven Addiction Stabilization Center serves individuals at all times of the day and in 2018 was able to admit almost 2,250 individuals needing service related to a recent overdose experience, there was a significant amount of time spent on divert as capacity was reached. During that time, the stabilization center was on divert for EMS transports or full divert of admissions for approximately 127 days total, which accounts for 35% of the time. Similarly, Netcare has had to divert police transports to other emergency departments around the county 56% of the time. These data suggest an unmet demand for crisis stabilization services remains in the community.

5. System of Care

Treatment: Behavioral health treatments are ways of helping people with mental illnesses or substance use disorders. For example, counseling and more specialized psychotherapies seek to change behaviors, thoughts, emotions, and how people see and understand situations. Medications for mental and substance use disorders provide significant relief for many people and help manage symptoms to the point where people can use other strategies to pursue recovery. For many people, the most effective behavioral health approach involves a combination of counseling and medication. Early treatment is best. A trained professional should do a full evaluation to make the diagnosis. No single treatment works best. Treatments must address each person's needs and symptoms.

Crisis Care: While the names of crisis services vary from community to community, they each have the goal of providing services to individuals to avoid hospitalization or involvement with the criminal justice system. Crisis services are commonly described as a continuum starting at prevention, moving to early intervention, then to response, and finally to postvention. Each step includes a collection of services designed to reduce the likelihood someone would need care in the most restrictive setting.

Housing: Safe, decent and affordable housing is a basic necessity and a key to recovery for people with a mental illness or addiction. ADAMH supports and invests in housing initiatives on behalf of people with mental health and substance use disorders so they can lead a healthy and productive life in the community. ADAMH funds housing programs that include varying levels of treatment support along with a safe place to live.

Transitional - Time-limited residential program with an expected length of occupancy of approximately 120 days and goals to transition to permanent housing.

Supportive - Rent subsidized housing with some form of on-site supportive service available 24 hours per day.

Service Enriched – Permanent rent subsidized housing with an on-site Resident Manager that provides an additional level of security and support.

Recovery Housing – Drug and alcohol-free housing where people

in recovery from a substance use disorder can continue on their recovery journey and receive ongoing support.

Independent Housing – Rent subsidized housing for individuals who are stable in their recovery and are receiving outpatient services.

Prevention Services: Prevention and early intervention strategies can reduce the impact of mental and substance use disorders. Prevention approaches focus on helping people develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors. Substance use and mental disorders can make daily activities difficult and impair a person's ability to work, interact with family, and fulfill other major life functions. Mental illness and substance use disorders are among the top conditions that cause disability in the United States. In addition, drug and alcohol use can lead to other chronic diseases such as diabetes and heart disease. Preventing mental and/or substance use disorders and related problems is critical to Americans' behavioral and physical health. SAMHSA's prevention and early intervention efforts promote informed decision-making and healthy behaviors.

Recovery Supports: Recovery-oriented care and recovery support systems help people with mental and substance use disorders manage their conditions successfully.

Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. There are four major dimensions that support recovery:

- **Health** – Overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.
- **Home** – Having a stable and safe place to live.
- **Purpose** – Conducting meaningful daily activities and having the independence, income, and resources to participate in society.
- **Community** – Having relationships and social networks that provide support, friendship, love, and hope.
- **Hope** – The belief that these challenges and conditions can be overcome – is the foundation of recovery. The process of recovery is highly personal and occurs via many pathways. Recovery is characterized by continual growth and improvement in one's health and wellness that may involve setbacks. Because setbacks are a natural part of life, resilience becomes a key component of recovery.

Family Supports: Family support services are community-based services that assist and support family members and loved ones in their role as caregivers. The services may include education, advocacy, mentoring and more, all with the goal to enhance skills and solve problems in order to achieve relational harmony.

Note: Descriptions of System of Care are consistent with Substance Abuse and Mental Health Services Administration (SAMHSA definitions).

Safe, decent and affordable housing is a basic necessity and a key to recovery for people with a mental illness or addiction

Consumer Self-Sufficiency

Allowing individuals to direct their services based on their identified needs and goals leads to more independence and self-sufficiency. This is done through a variety of supports available in our community. When managing one's health, programs like Wellness, Recovery Action Planning (WRAP) and Whole Health Action Management (WHAM) are evidence-based groups that focus on not only mental and emotional health, but incorporate physical and spiritual health and how to plan for a crisis, work with multiple medical providers, and outline steps toward the achievement of a self-identified wellness goal.

Allowing individuals to direct their services based on their identified needs and goals leads to more independence and self-sufficiency

Another growing support for our community is the use of Peer Recovery Support. This evidence-based best practice allows someone to work directly with a staff member who also is living in recovery with mental health diagnosis or a substance use disorder. Working with a mentor who can share their lived experience provides hope and guidance to an individual. Peers assist with goal planning, accessing resources, facilitating recovery groups and developing pro-social activities that foster personal interests, friendships and improved quality of life.

Assistance for individuals with social isolation is provided by The P.E.E.R. Center (Peers Enriching Each other's Recovery), with two locations offering support 365 days a year. Substance-free group recreational activities are offered for individuals living in recovery and hosted by certified Peer Recovery Support staff. A similar program is available at the Pathway Clubhouse, operated by Concord Counseling Services. This accredited best practice is a social setting with a focus on employment. Members of the Pathway Clubhouse work together in a variety of tasks such as the lending library, kitchen/hospitality and the Treasures on Broad resale shop. The funds raised allow participants to offset the cost of an annual educational/recreational travel opportunity, an annual member art show where all proceeds from the sales are given to the artist and numerous other social gatherings.

While the Pathway Clubhouse prepares individuals to look for work, it also offers transitional and independent employment supports. Several providers in the community offer direct vocational services through a job club model, a readiness course that prepares someone for an interview with an updated resume and social media support, or the evidence-based model of Supported Employment. Other providers are able to link to workforce programs in the community to assist an individual to further their education, obtain a vocational certificate, or find meaningful employment.

For individuals who need information or advocacy with treatment, recovery supports, or other community resources, the ombudsman services through the Get Connected program at Mental Health America Franklin County help to meet those needs. The staff are able to provide information or clarification for an individual to become their own best advocate. They will also offer information about partners and programs in the community an individual may access to meet their needs or utilize toward a goal of independence and self-sufficiency.

6. Duration of Service

The services ADAMH funds are grouped into six different categories: treatment, crisis, housing, prevention, recovery supports and family supports. ADAMH defines an episode of care differently across these categories. It is important to understand ADAMH is often not the only payor of services and therefore the episodes calculated may not directly align to the admission and discharge details providers document for consumers..

Table 8: SERVICE DURATION BY CATEGORY					
Treatment	Crisis	Housing	Prevention	Recovery Supports	Family Supports
199 days	2 days	24 months	varies	227 days	190 days

Treatment: Although varying in setting, diagnoses, and unique needs of the consumer, the average duration of treatment services for the ADAMH consumer is approximately 199 days.

Crisis: Crisis services are brief in duration and as mentioned above intended to reduce an individual's need for care in a more restrictive setting. As such, an average length of stay for crisis care services is approximately 2 days.

Housing: Housing can be time-limited/transitional or a more permanent placement within either supportive or independent housing units. Consumers remain in permanent housing units for an average of 2 years.

Prevention: As with most other service types, prevention services can vary greatly in the duration of programming. Programs in this category may consist of single occurrences, 6- to 12-week sessions (such as summer camps), or longer year-round programs.

Recovery Supports: Support services during the process of recovery are offered in many different settings and for different needs. These services are utilized by ADAMH consumers for an average of 227 days.

Family Supports: Family supports offered within the community can include services like respite care and support groups, and on average these services are utilized for about 190 days.

7. Population Projections

According to estimates from the US Census Bureau, Franklin County's population grew 13.1% over the decade between 2007 and 2016, equivalent to an increase of about 150,000 residents. The rate of increase has increased in recent years; 2018 population estimates show that Franklin County added another 35,720 residents compared to 2016. Except for a slowdown of growth from 2017 to 2018, the county has been on a general trend of increasing year-over-year percent population growth since 2007.

In 2018 alone, Franklin County gained 82 new residents a day *(Central Ohio Population to Reach 3 Million by 2050, 2018)*. The Mid-Ohio Regional Planning Commission forecasts significant population growth in the county and surrounding areas through 2050. The Ohio Development Services Agency projects Franklin County's population size will grow more than 8% from 2020 to 2030 *(Ohio Development Services Agency Population Projections: County Totals, 2018)*.

Franklin County has experienced considerable in-migration from populations around the globe. According to the January 2018 New Americans Project Report, Franklin County has seen considerable increases in the populations of New Americans, compared to the state of Ohio and this region of the US. The distinct character of population growth in central Ohio and Franklin County specifically present the ADAMH Board with an opportunity to serve unique populations with varied backgrounds and cultural perspectives.

Additional information about New American populations can also be found in the following sections.

8. Demand and Service Needs

We anticipate that the demand for our provider services will only increase. The Ohio Development Services Agency is projecting the population in Franklin County to grow by more than 100,000 residents between 2020 and 2030. This growth rate (8%) is significantly higher than statewide estimates (0.35%) and is the only urban county in Ohio to have a projected net increase in residents. Considering this anticipated growth in population, we estimate that demand (including population growth) for mental health and alcohol and other drug addiction treatment, prevention and recovery support services will increase by 2.1% annually.

Taking into account the current prevalence, increased numbers served, and areas of known capacity deficits, it is important for ADAMH to also plan for the future in this levy request. ADAMH does not recommend projecting future demand based solely on observed population growth and has incorporated the forecast of a 23% increase in demand for behavioral health services in Franklin County over the next 10 years adopted by the Franklin County Mental Health and Addiction Crisis Center (FCMHACC's) Steering Committee, chaired by ADAMH and the Central Ohio Hospital Council. This forecast is based on the recommendations of the FCMHACC's Data and Technology Workgroup and market/industry analytics used by central Ohio hospital systems in their planning efforts. The market/industry analytics not only account for the effect of population growth, but incorporate epidemiological data on other sociocultural and behavioral factors associated with behavioral health demand, economic factors such as the cost of health care and impact of high-deductible plans, policy impacts related to insurance coverage and new national payment models and pilots, other innovations and changes directly or indirectly impacting residents and their need for services.

Franklin County's population size will grow more than

8%

from 2020 to 2030

As Franklin County's population grows and increases its diversity, it is important to understand the prevalence of mental health and substance use disorders. (*See additional information about prevalence in Section C1, page 11.)*

Beyond these traditional prevalence estimates, related public health concerns continue to impact Franklin County. Suicide is a serious public health concern in our community. According to data from the Ohio Department of Health's Public Information Warehouse, in 2017 Franklin County had an age-adjusted suicide rate of 12.6 per 100,000 persons.

As ADAMH continues to support Franklin County through investments to address the needs of residents, we have seen the number of individuals served grow throughout the current levy cycle. (*See additional information about the number of consumers served through treatment and other non-prevention services in Section C4, page 15-17.)*

Even with the increasing numbers served through ADAMH investments, within the county crisis continuum of care, where some of the most vulnerable individuals are served, agencies must at times divert new admissions due to being at full capacity. (*See additional information about time spent on divert in Section C4, page 18.)*

With the requested levy resources, ADAMH will continue to work with

community partners to plan, fund, and evaluate current, expanded, and new investments based on community needs. Examples of these needs include crisis services, Residential Treatment Facilities (RCFs), suicide prevention services, guardianship services, peer support services, and family support services.

Using the projections of a 23% increase in demand for behavioral health services in Franklin County over the next 10 years adopted by the Franklin County Mental Health and Addiction Crisis Center (FCMHACC's) Steering Committee, plans for the FCMHACC currently project to have 26,000 encounters in its first year with annual increases based on population growth and other demand factors annually thereafter. (*See additional projection information in Section C7, page 21.)*

According to research from National Association of State Mental Health Program Director, the need for Residential Treatment Facilities (RCFs) continues to grow. An RCF is a licensed facility that is staffed 24 hours a day/seven days a week that provides room, board, personal care and clinical services on-site as part of the treatment stay. The facility is owned and operated by a certified provider agency for the clinical/medical services provided on-site. Reasons for this placement level of care are more clinically driven than environmental and is a step down option from acute care settings. Unlike other housing programs, ADAMH bears the entire cost of both housing and recovery supports less any client contribution. ADAMH currently utilizes four of its residential care facilities for step down from acute care settings when this is the appropriate level of care for the consumer and capacity is available. These residential treatment programs include Redmond and Carpenter House, operated by Southeast Healthcare; and Norwich House, operated by North Central Mental Health. The average length of stay is 180 days. Currently in Franklin County, there are very limited resources available to cover the cost of residential care for uninsured children. The lack of resources can result in families being forced to relinquish custody to their children to Franklin County Children Services for placement in a residential care facility.

The average length of stay at a residential care facility is

180 days

Peer Support

Peer recovery support services are a best practice and are an integral part of such evidence-based best practices as Assertive Community Treatment. The benefits of peer support services include a reported increase in mental wellness, a reduction in the utilization of services, enhanced sense of self-efficacy and increased hope *(Lawton-Smith, Peer support in mental health: Where are we today?, 2013)*. ADAMH supports and funds the hiring of peer support specialists by ADAMH providers. To support these efforts, ADAMH also provided funding to Mental Health America of Franklin County (MHAFC) to develop and coordinate the Peer Recovery Support Training program.

Peer support is a service that allows individuals to use their lived experience with mental health or substance use disorders to inspire others, to give encouragement and empower them to live their best life. All staff working as peer support specialists must hold the credential that is available through the Ohio Department of Mental Health and Addiction Services (OhioMHAS). MHAFC coordinates the trainings for people and helps to guide them through the certification

The benefits of peer support services include a reported increase in mental health, a reduction in the utilization of services, enhanced sense of self-efficacy and increased hope

process with OhioMHAS. MHAFC surveyed employers and peers in Franklin County about the strengths and challenges both groups have when hiring peer support specialists. From that survey, ADAMH encourages providers to hire peer support specialists and requires them to pay a minimum of $15 per hour (livable wage). There are 171 certified peer recovery support specialists in Franklin County as of January 1, 2020.

The Guardianship Service Board

The Guardianship Service Board (GSB) is appointed as the guardian of the person for adult residents of Franklin County with a substantial mental impairment or developmental disability who have been declared incompetent by the Franklin County Probate Court. GSB serves those with presenting situations that require legal authority to act, such as health care or residential decisions and those with no other adult or entity available and/or appropriate to be a guardian.

Appointed guardians make routine visits and prepare care plans for clients. In addition, guardians advocate for clients and engage family members to improve clients' quality of life. The use of social workers instead of attorneys can better assess client need and ensure a better outcome when needs arise.

Annually, the Franklin County Probate Court indicates there are approximately 700 new cases filed and in need of a Guardian. The Probate Court further estimates that approximately 2/3 of all new cases filed have a behavioral health diagnosis and are therefore designated ADAMH cases. In addition to the annual volume of incoming cases, the court routinely receives requests from attorney guardians, to be removed and replaced. Currently there are approximately 1,800 cases with pending resignations from attorneys waiting on a new guardian appointment. It is estimated that the majority of those cases are behavioral health in nature and are therefore designated as ADAMH cases.

D. CURRENT LEVY CYCLE

1. New Services and Accomplishments

ADAMH has launched or enhanced a number of innovative programs to meet emerging community needs. Highlights of some of the most notable programs are included below followed by a table of other investments that have been made during the current levy cycle.

Near East Side Service Expansion

ADAMH helped to launch an innovative partnership between PrimaryOne Health and Southeast Healthcare to provide both mental health and primary care services on the Near East Side after the closure of Columbus Area Integrated Health Services. PrimaryOne provides general mental health services while Southeast Healthcare provides services for individuals with severe and persistent mental illness. Mental health services provided through this partnership include counseling, psychiatric services, case management, mobile psychiatric outreach and substance use disorder treatment, including Medication Assisted Treatment (MAT). Additional services provided through this partnership will include pediatric care, OB/GYN care, dental, vision, diabetes and hypertension management, medication management, nutrition, physical therapy, employment services, transportation assistance, mobile outreach and healthcare for the homeless community. In addition to receiving funding from ADAMH, both organizations, which are federally qualified health centers, will accept general health insurance and Medicaid.

Addiction Stabilization Center

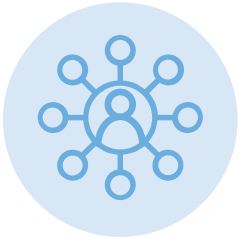
The Addiction Stabilization Center, identified in the Franklin County Opiate Action Plan, opened in January 2018. The center provided 55 new beds in the community offering three levels of care: 1) Triage and Admission 2) Detoxification 3) Residential Treatment. The center is located south of downtown and is operated by Maryhaven. If a person is medically cleared, Emergency Medical Services (EMS) can take the person directly to the Addiction Stabilization Center to engage in treatment immediately rather than taking them to the emergency room. If the person is already at the emergency room, the Repid Response Emergency Addiction and Crisis Team (RREACT), operated by Southeast Healthcare, can transport the person to the Stabilization Center. The center has a doctor, nurse practitioners, clinical staff and peer recovery specialists. The Addiction Stabilization Center served 1,500 people in 2018 and 2,610 people in 2019.

Mobile Crisis Teams

ADAMH supported and funded the development of mobile crisis teams with law enforcement, hospital emergency departments and community mental health providers to assist with mental health or overdose crisis situations.

Both the Columbus Division of Police (CPD) and the Franklin County Sheriff's Office have partnered with Netcare to take a clinician with them when responding to a call involving a mental health crisis. CPD reported that between October 2018 and September 2019 the team participated in 5,040 calls for service and made 864 transports. Only

Funds allocated during the current levy cycle:



$1,450,973

$16,811,864

$7,133,627

six people were transported to jail. All others were transported to an ADAMH provider, a hospital or a private residence/location.

The Mobile Overdose Response program, managed by Southeast Healthcare, responds in partnership with the local emergency departments. When a person overdoses and is transported to any of the central Ohio emergency departments, RREACT will be called out to the emergency department in order to engage the individual with the intent to link them to immediate treatment in the community.

$2,273,001

New Suicide Prevention Services

ADAMH continues to expand the suicide prevention services we fund in the community. The county's suicide prevention hotline is operated by North Central Mental Health Services and receives an average of 9,300 calls each year from area residents. The service includes 24-hour crisis intervention phone lines, including: suicide prevention hotline, senior hotline and teen hotline. North Central provides extensive Gatekeepers' Training for volunteers who work on the hotlines. ADAMH funded the expansion to the suicide prevention hotline to include a text option.

ADAMH funded services for LOSS (Local Outreach to Suicide Survivors) Community Services to provide crisis and ongoing support to families who lost a loved one to suicide. ADAMH supported the expansion of services that LOSS Community Services offers to include suicide prevention training called Question. Persuade. Refer. (QPR) training. This training provides three simple steps anyone can learn to help save a life from suicide and is geared to general community members.

With support from ADAMH, the Franklin County Suicide Prevention Coalition has been revitalized. The coalition is coordinated by Mental Health America of Franklin County and includes community organizations, community mental health providers, law enforcement, Veteran's organizations, and organizations that serve New Americans. The coalition developed a resource website to help residents and community partners identify resources within the community. They also coordinated a first responders training in November 2019 and organized the showing of a movie in collaboration with The Ohio State University entitled *The S Word* in September 2018.

$679,500

Youth-Led Prevention

In 2018, ADAMH began funding pilot programs using youth-led prevention, which provides a platform for the youth voice in planning, implementation and evaluation of prevention activities. The pilot program included five Columbus community-based organizations and programs in three suburban schools. The youth empowerment conceptual framework is utilized with its four core areas of development:

- PEER PREVENTION: Youth work with other youth their same age or cross age doing activities that promote AOD prevention, mental health or social emotional development;
- SERVICE LEARNING: Youth engage in unpaid activities, intended to be of social use or benefit of the public or its institutions;
- POSITIVE YOUTH DEVELOPMENT: Youth acquire social skills and

leadership skills for their personal growth and development;

- YOUTH EMPOWERMENT: Youth engage in the planning, developing and implementation of a project.

Youth-led initiatives through ADAMH involved 80 youth leaders, 14 adult allies and 4,600 youth impacted through projects and events *(Franklin County Youth-Led primary Prevention Initiative)*.

Examples of youth-led projects are The Paragon Project and Rise Sister Rise. The Paragon Project is a collective of musicians, artists and poets who attend the Grammy Award Winning Fort Hayes Metropolitan Education Center. The mission of the group is to leverage contemporary music to address social issues impacting youth. In 2018, Paragon Project released the album *The Paragon Project Vol III - Note To Self* with accompanying lyric books. The songs were written and performed by high school students and alumni, which focused on ways to overcome challenges. *(The Paragon Project)* Rise Sister Rise launched their "I Am Good Enough" campaign, which was implemented based on dialogue which stemmed from the Black Girl Think Tank. This think tank was created to provide a safe space for girls to critically analyze and discuss the quality of life issues that affect black girls in their community and school.

Peer Recovery Specialist Training and Employment

ADAMH began funding Mental Health America of Franklin County to provide training courses and guidance for people living in recovery to become Peer Recovery Support Specialists credentialed through the Ohio Department of Mental Health and Addiction Services (OhioMHAS). Peer Support is a service that allows individuals to use their lived experience with mental health or substance use disorders to inspire others, to give encouragement and empower them to live their best life. There are 171 certified peer recovery support specialists in Franklin County. In addition to the training course, ADAMH began providing funding for providers to hire Peer Recovery Specialists at a minimum of $15 per hour (livable wage).

$156,290

Housing (Laurel Green)

Laurel Green opened in 2018 through a partnership with Community Housing Network, providing supportive housing to an additional 39 ADAMH consumers with greater needs coming out of Residential Care Facilities. ADAMH provided capital funds for Laurel Green and provides funding for onsite services provided by Concord Counseling. Supportive housing is rent subsidized housing, through Columbus Metropolitan Housing Authority, with some form of on-site supportive service available 24 hours per day. The tenant pays no more than 30% of household income towards rent.

$193,809*

**These funds were allocated for services. An additional $1,550,000 was allocated as capital funds*

Below is a brief overview of investments made during the levy cycle from 2017 to 2019.

Table 9: Timeline of Accomplishments

Year	Initiative	Description
2017	Recovery Housing	Provided funding for House of Hope to open two new abstinence-based homes.
2017	MAT Expansion	Provided funding for House of Hope to expand services at the Reeb Avenue Center to offer Medication Assisted Treatment.
2017	Family Respite Services	Supported Concord Counseling's launch of a respite program for caregivers of adult loved ones with a severe and persistent mental illness.
2017	Mobile Opiate Response	Expanded investments in mobile response services, which connects a clinician with a person who has overdosed and received naloxone, to include all Franklin County emergency departments.
2017	Recovery Support App	Provided funding for the pilot and evaluation of a recovery support app. The Ascent App Pilot Program provided 120 people receiving medication assisted treatment with 24/7 peer support and recovery resources. ADAMH partnered with the following organizations on the pilot: CompDrug, Southeast, Maryhaven, Franklin County Specialty Dockets, Franklin County Adult Probation.
2017	Same-Day Treatment Admissions	ADAMH network providers began referring, serving, and being reimbursed for same-day incentives effective November 6, 2017. Since then, 786 same day referral payments have been requested.
2017	Suicide Postvention Services	Initiated the LOSS (Local Outreach to Suicide Survivors) program provided by LOSS Community Services allows trained volunteers to respond to the scene of a suicide to support survivors and provide information regarding available resources. LOSS reached 2,467 survivors within 63 minutes of receiving a request for support.
2017	Vivitrol in the County Jail	Provided funding for medical evaluation, oversight, and purchase of medication assisted treatment for individuals with a substance use disorder preparing for release from county jail in the form of Vivitrol injections.
2018	Addiction Stabilization Center	The Addiction Stabilization Center, operated by Maryhaven, opened in January 2018. The center provides 55 new beds in the community offering three levels of care: 1) Triage and Admission 2) Detoxification 3) Residential Treatment. The center has a doctor, nurse practitioners, clinical staff and peer recovery specialists.
2018	Youth-Led Primary Prevention Programs	In February 2018, ADAMH supported eight youth-led primary prevention programs: five Columbus community-based and three in suburban schools.
2018	Housing Expansion	Community Housing Network selected Concord Counseling as the onsite services provider at Laurel Green to provide on-site supportive services beginning July 2018. These services include a resident manager to live on site and provide afterhours support to residents as well as on-site supportive services including engagement, groups and socialization activities 8 a.m. – 5 p.m. Monday through Friday.
2018	Mobile Crisis Team	Provided funding to Netcare Access for a mobile crisis response team collaborating with the Columbus Police Department. As part of this program, social workers provided outreach, engagement, assessment and crisis resolution in the community in conjunction with a Crisis Intervention Team trained officer on mental health related calls.

Timeline of Accomplishments - continued

Year	Initiative	Description
2018	Peer Support	Netcare hired peer supporters for its crisis center, stabilization unit and transitional facility. Initiated with current coverage of first shift and second shift on weekdays and midnight to noon on weekends. The crisis stabilization unit (CSU) and Miles House each have a peer covering 40 hours a week. They are seeking additional coverage of CSU and the Miles House for 36 hours on weekends.
2018	Peer Recovery Support Training Program	Provided funding to Mental Health America of Franklin County to facilitate and coordinate the recruitment, certification and employment of Peer Recovery Support staff.
2018	The P.E.E.R. Center Expansion	Provided funding for The P.E.E.R. Center to add qualified staff to the East and West locations, as well as increase programs offered, and participants served.
2018	MAT Expansion	Provided funding for Columbus Public Health, OhioGuidestone and Southeast Healthcare to provide Suboxone to individuals who are uninsured and are in need of medication assisted treatment (MAT) and outpatient treatment.
2018	Outreach and Engagement	Provided funding for Southeast Healthcare to provide outreach, engagement, assessment and referral services to participants of the Reeb Avenue Center five days a week in the South Side community.
2018	Denial, Ohio campaign	As a result of the Franklin County Opiate Action Plan, the Nationwide Foundation established a fund at The Columbus Foundation with an initial $2 million donation to create the Ohio Opioid Education Alliance. In June of 2018, the alliance launched a multimillion-dollar media campaign, titled “Denial, Ohio”, which was designed to engage parents and caregivers in preventing the use of opioids among our community’s youth. Today, the alliance is comprised of more than 90 public, private and non-profit organizations.
2018	Where Better Begins.	Launched a public awareness campaign in November 2018 featuring 31 individuals who have benefited from services offered within the ADAMH System of Care and are now living fuller, healthier, happier lives. This anti-stigma campaign is continuing to run through 2020.
2018	Stop to Live Prescription Drug Prevention Program	Provided funding to support alcohol and other drug education for children with disabilities.

Timeline of Accomplishments - continued

Year	Initiative	Description
2019	Family Advocate Program	Funded Mental Health America of Franklin County to establish the Family Advocate Program providing advocacy, guidance and support to family members and caregivers of an individual with a mental health diagnosis, throughout their recovery.
2019	Community Housing Network Capital Investment	Purchased 3.406 acres of land on Harmon Avenue for the potential development of a county-wide crisis center.
2019	Cultural Competence Training Series	Funded The Ohio State University College of Social Work to coordinate quarterly cultural competence training events on campus for ADAMH system staff clinicians/administrators, as well as OSU social work students and faculty to improve their service to diverse communities.
2019	Directions for Youth and Families Capital Campaign	Provided funding for a one-time capital investment of $250,000 to Directions for Youth and Families (DFYF) toward construction of new Crittendon Community Center.
2019	Youth Mentoring	OhioMHAS provided pass-thru funding to support teens mentoring children with disabilities
2019	Urban Workforce Development Project Initiative	OhioMHAS pass-thru funding was used to provide training and development opportunities for prevention service providers – coordinated by the Franklin County Workforce Development Collaborative.
2019	Heartland High School Recovery Coach	Provided funding for a recovery coach to provide services at Heartland High School, including referral development, prospective student engagement and recovery supports.
2019	North Community Expansion of Integrated Dual Diagnosis Treatment/ Assertive Community Treatment Team (IDDT/ ACT)	Expanded funding to North Community Counseling Centers for a new IDDT/ACT team to serve adults who have been diagnosed with a severe and persistent mental illness, who are frequent utilizers of crisis services and may have other barriers to participating in treatment
2019	Community for New Direction Mental Health Expansion	Expanded mental health services for people with a severe and persistent mental illness, including an IDDT/ACT team, with minority provider Community for New Direction.
2019	Pathway Clubhouse expansion	Funded Concord Counseling Center to expand the transitional and supported employment services as part of the Pathway Clubhouse.
2019	Naloxone distribution	Provided funding to Southeast Healthcare for the purchase 2,500 Naloxone kits for distribution to the ADAMH provider network, the Maryhaven Addiction Stabilization Center and the Franklin County Jail.

Timeline of Accomplishments - continued

Year	Initiative	Description
2019	Expansion of peer services	Additional funding allowed for new peer services with Southeast Healthcare in Emergency Rooms.
2019	Near East Side Service expansion	Launched an innovative partnership between PrimaryOne Health and Southeast Healthcare to provide both mental health and primary care services on the Near East Side in response to Columbus Area Integrated Health Services closing.
2019	Mobile Opiate Response Team Enhancement	Initiated a pilot program with Southeast Healthcare to embed peers at specific emergency rooms to allow for the more rapid engagement of individuals in need of treatment for Opiate Use Disorder.
2019	Hilliard and Reynoldsburg Drug Court/Recovery Court	Provided matching funds to the City of Hilliard and the City of Reynoldsburg to fund a mayor's drug court/recovery court in each of these communities.
2019	LOSS Community Services Suicide Prevention	Expanded funding to LOSS Community Services to expand services to include Question, Persuade, and Refer prevention training for community stakeholders.
2019	Mental Health America of Franklin County - African American Community Ambassadors Pilot Support Program	Provided funding to Mental Health America of Franklin County to pilot a support program for African American community ambassadors or helping professionals who are on the front lines supporting, advocating for, and addressing the needs/barriers faced by other community residents of color.
2019	North Community Counseling Centers - Capital Request	Provided capital funding to North Community Counseling Center to purchase a property on the east side for use as a residential care facility serving people who experience serious and persistent mental illness and are exiting an acute care setting.

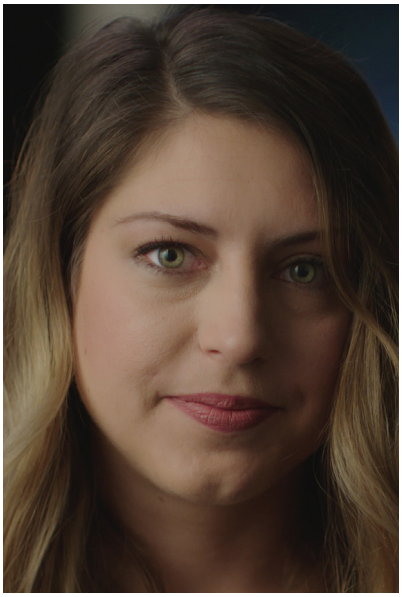
2. Major Cost Efficiencies

In the post-Medicaid expansion environment, providers struggled to expend ADAMH resources allocated for treatment services. In response, ADAMH convened a workgroup in 2018 to address the following goals:

- Adjust future provider investments (allocations) based on historical utilization
- Incentivize system-wide services above current levels
- Create a more nimble funding environment to meet emerging or unforeseen community need.
- Standardize reimbursement rates while maintaining a competitive rate structure in the marketplace (Medicaid and commercial insurance)

The following recommendations from the workgroup were adopted beginning in 2019:

- Provider investments (allocations) were adjusted to reflect historical utilization. This resulted in a net reduction of provider-specific investments.



- A funding set-aside was approved to be used as a Performance Utilization Pool (PUP). If an eligible allocation exceeds the base funding level during the year, ADAMH will continue to reimburse the provider for the additional services rendered.
  - In 2019, 22 providers (40 programs) were reimbursed with $5.7 million in PUP funds.
- ADAMH unit rates for services that may be reimbursed by multiple funders (i.e. Medicaid, commercial insurance) were adjusted to maintain a competitive balance in the marketplace.
- ADAMH standardized additional services that are reimbursed at a fixed rate. In 2019, 46 service codes have a uniform rate regardless of the provider rendering the service. As a point of reference, only 16 codes were set up as "fixed fees" in 2016.

During the current levy cycle, ADAMH has initiated two pilot programs to incentivize providers to treat clients in a community-based setting instead of a more expensive level of care.

- "Same Day" Incentive Pilot– promote community-based service delivery for opiate-addicted clients on the same (or next) day. Studies have shown that a seamless transition from a crisis level of care to community-based care decreases the likelihood of recidivism and is more cost effective.
- Adult Crisis Incentive Pilot – the focus of this pilot program is to link clients with a history of multiple crisis episodes at Netcare to Acute Support service programs with community providers. Reducing the number of crisis episodes benefits the recovery of clients, lowers the demand for finite crisis care in Franklin County and is more cost effective.

3. Challenges

Behavioral Health Redesign and Medicaid Challenges

Behavioral health redesign and significant operational problems at the Ohio Department of Medicaid have had an immediate and significant impact on ADAMH consumers, the non-profit behavioral health providers in the ADAMH System of Care and ADAMH specifically. Director Maureen M. Corcoran recently outlined many of these challenges in the Ohio Department of Medicaid's 2019 Year End Summary to Governor DeWine.

According to Corcoran, Ohio's error rate for eligibility determination for Medicaid is 43.49%, double the national average of 20.6% leaving many children and adults without health coverage. Understaffed ADAMH providers must now work with five different Managed Care Organizations (MCOs) rather than a single state agency. A claim format that is acceptable at one MCO may be denied when working with one of the other four. This proves to be a challenge for provider staff as they are unable to streamline this process. Additionally, the changes in behavioral health service code changes, delayed claims payments, inability to enroll providers in managed care plans in a timely manner, and general confusion caused significant cash flow problems for ADAMH providers in 2018 and 2019. Adopting a new code set with new unit definitions caused a shift from a time-based

unit of measure to measuring by encounters. This change in coding, according to Corcoran, resulted in "inadequate reimbursement for certain key services." Providers were forced to transition from billing based on their agency to billing based on each individual staff member rendering services. Where reimbursement rates used to be based on fixed rates, they are now based on varying unit rates determined by the credentialing of the rendering provider. Corcoran also explained that during this time of transition, "plans and resources intended for provider training and technical assistance were abandoned without explanation."

"In July 2018, the first month of managed care implementation, less than 1/3 of the normal amount of funds was paid out to community providers. The first six months of billing implementation resulted in providers being paid 43% of the dollars they were owed for services rendered during that time period." *(Corcoran, 2019 Year End Summary to Governor DeWine)*

Workforce Shortage

Based on seven behavioral health provider organizations' completion of Mental Health America Franklin County's Occumetrics workplace wellbeing assessment from 2017-2019, average turnover was about 30% with an upward trend as more and more employees began to exit the behavioral health workforce and fewer candidates were available to replace them. Respondents to the survey indicated their turnover intention as about 40% who at least sometimes thought about quitting and actively looked for another job. Studies show that turnover intention indeed predicts actual turnover. *(Workplace Wellbeing Data Analysis of a Sample of Franklin County BH Providers, 2020)*

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As this trend continues to build, the ADAMH System of Care will experience difficulties in maintaining employees and hiring replacements when employees choose to leave. This will result in a lack of continuity of care for clients, which will in turn negatively impact outcomes. A depleted workforce will also result in employees who are overworked and exhausted.

This report from MHAFC also shows that statistically significant factors related to turnover are job satisfaction, inadequate pay, emotional exhaustion, inadequate supervision time and organizational culture.

Focus group conversations additionally revealed workforce related issues such as:

- too much work to do for the time and staffing levels available
- being tired from feeling stretched too thin and being understaffed
- emotional exhaustion from overwhelming client needs and workloads that are difficult to manage
- work demands feeling unrealistic and employees feeling pressure to overproduce
- supervisors who are stretched too thin and need more time to be able to provide clinical supervision and processing time with their supervisees

(Workplace Wellbeing Data Analysis of a Sample of Franklin County BH Providers, 2020)

In central Ohio between 2002 and 2014, Franklin County had the highest number of refugee arrivals in Ohio, accounting for nearly half (48.4%) of all refugees resettled in the state

Population Growth and Change

As previously mentioned, Franklin County's population has grown more than 20% since 2000 and is projected to grow more than 8% from 2020 to 2030 (Source: Ohio Development Services Agency). In addition to significant population growth, Franklin County has experienced in an increase in residents who are New Americans.

- In central Ohio between 2002 and 2014, Franklin County had the highest number of refugee arrivals in Ohio, accounting for nearly half (48.4%) of all refugees resettled in the state *(Impact of Refugees in Central Ohio, 2015)*.
- When immigrants move to a new social location, they face a myriad of hardships in adjusting to their new environment. Further, lack of employment, absence of reliable social and education services such as housing, health-care, and schools, are some of the primary determinants that impede overall immigrant well-being. Additionally, unaddressed past traumatic experiences from many of their homelands are resulting in post-traumatic stress disorder.
- Community members and service providers described the increase in alcohol, substance, and opioid misuse among New Americans and gaps in their capacity to handle these issues.
- Need for culturally responsive services will be critical moving forward with these populations. ADAMH funded several initiatives to address the emergent needs of New Americans. This has been well received, but additional needs are being asked by those working with these populations. "The majority of human service organizations in central Ohio (68%) are providing services to the New American populations, but the population still has limited access to these services. This is particularly true in legal and mental health services, where demand for services is high, but accessibility remains highly uneven (The New American Project Research Report – Ohio State College of Social Work, 2018)."

Since 1983, 16,596 refugees from around the world were resettled in the Columbus metro area—most of them (59.2%) in the past 10 years. (*Impact of Refugees in Central Ohio 2015 Report* 2015).

Opioid Epidemic

After sharp increases in 2016 and 2017, Ohio saw a 22.5% decrease in unintentional drug overdoses in 2018 (3,764), making it the lowest overdose death rate since 2015. Although unintentional drug overdoses are decreasing across the state, Franklin County continues to see an increased number of drug overdose deaths as our population grows dramatically. In 2018, there were 476 unintentional drug overdose deaths in Franklin County, an increase of 10.4% from 2017 and 51.6% increase from 2016. *(2018 Ohio Drug Overdose Report, 2019)*. Already in 2020, Franklin County has seen a surge in overdoses according to the Franklin County Coroner. From January 31, 2020 to February 7, 2020, 23 people died from an accidental overdose, which is nearly double the average.

ADAMH has responded to the opioid epidemic through a number of new and expanded programs and collaborations mentioned throughout this fact book, such as the creation of the Maryhaven Addiction Stabilizing Center, the development of Mobile Opiate Response teams with Southeast Healthcare and law enforcement

and the expansion of Medication Assisted Treatment Programs across the county. Despite these efforts, overdose deaths in Franklin County continue to rise. The Maryhaven Addiction Stabilization Center was on divert from accepting new approximately 35% of the time. The need is still increasing.

Aging population

According to 2018 Census Bureau projections, residents 65 and older will outpace children by 2030 for the first time. One-fifth of the total population, including all Baby Boomers, will have reached the traditional retirement age of 65. Older adults are living longer and are more racially and ethnically diverse. *(Gibson, Age 65+ adults are projected to Outnumber children by 2030, 2018)* . Additionally, older adults can be affected by mental illnesses to a greater degree. Over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache disorders) and 6.6% of all disability (disability adjusted life years-DALYs) among people over 60 years is attributed to mental and neurological disorders. *(Mental Health of Older Adults, 2017)*.

Homelessness

According to a 2015 assessment by the U.S. Department of Housing and Urban Development, 564,708 people were homeless on a given night in the United States. At a minimum, 140,000 or 25% of these people were seriously mentally ill, and 250,000 or 45% had any mental illness. By comparison, a 2016 study found that 4.2% of U.S. adults have been diagnosed with a serious mental illness.

People who experience homelessness often struggle with one or more disabling condition that directly impacts their ability to maintain or obtain housing and meet other basic needs. Among adults served in emergency shelters, 47% report that they have a disability (53% of single adults and 27% of adults in families).

Additional stress from living in precarious housing and experiencing homelessness can exacerbate a disability and contribute to unhealthy behaviors. The opioid crisis in particular is affecting a growing number of people, including those who experience homelessness, and requires increased coordination among crisis response providers. Acute and chronic mental health issues experienced by people who are homeless also require a degree of expertise and level of support that is largely outside the capacity of shelter and re-housing providers. Further improvements are needed to assure people with a wide variety of health needs can be safely sheltered while being re-housed. Cross-system collaborative strategies can assure people have immediate access to the type, level, and intensity of health care and behavioral health care support needed while they resolve their homelessness and stabilize in housing as quickly as possible. *(A Place to Call Home: A framework for action to address homelessness in Columbus and Franklin County, Ohio, 2018)*

Table 10:	Sheltered				Housed	
Self-Reported Disability Type (All Adults*)	**Single Men**	**Single Women**	**Adults in Families**	**All Sheltered Adults**	**Adults in PSH**	**Adults in RRH**
Alcohol abuse	14%	9%	0%	7%	22%	0%
Developmental	8%	9%	19%	7%	8%	8%
Drug abuse	9%	11%	1%	5%	20%	1%
Both alcohol & drug abuse	13%	13%	1%	7%	12%	0%
Chronic health condition	27%	37%	18%	24%	28%	6%
HIV/AIDS	3%	4%	0%	1%	5%	0%
Mental illness	36%	51%	32%	33%	76%	17%
Physical/medical	33%	34%	11%	25%	26%	8%

*Adults may report one or more disabling conditions and, therefore, may be included in one or more disability types.

People who experience homelessness often struggle with one or more disabling condition that directly impacts their ability to maintain or obtain housing and meet other basic needs

Studies show that homelessness can be a traumatic event that influences a person's symptoms of mental illness. The time spent homeless can be related to higher levels of psychiatric distress, higher levels of alcohol use and lower levels of perceived recovery in people with previous mental illness. In Franklin County, we still experience a high number of individuals being released from a in-patient psychiatric hospitalization to homelessness. The need for additional permanent supportive housing, recovery housing and transitional housing is still significant.

4. Cultural Competence Initiatives

ADAMH strives to incorporate cultural competence in all we do while also implementing targeted outreach and engagement services with emerging communities through select providers in our system of care. Additionally, the board has created services for various immigrant and refugee populations, ethnic minority communities (e.g., Asian, African American, Latino/Hispanic, Somali, Bhutanese Nepali), faith-based services, LGBTQ+, gender-specific (Somali/Latino women's support groups), and other specialty programs through our provider network. For example, Buckeye Ranch provides care specific to the Somali community, North Community Counseling Services targets the Bhutanese Nepali community and Columbus Public Health offers services specific to the Latino community. Additionally, many of ADAMH's prevention programs target a wide range of youth from minority and immigrant/refugee populations. Recent meetings with the Community Refugee Immigration Services, Ohio State University College of Social Work Faculty (developers of New Americans Report), US Together and other services providers indicate the need for additional services continues to grow.

The Community Connector Initiative, established by ADAMH in 2016, is an effort to recruit community health workers from minority neighborhoods to connect their neighbors with appropriate opiate specific treatment and resources. Community for New Direction (CND) is the administrative service organization for this initiative and The Kappa Columbus Foundation is the service provider. The goal of the Community Connector Initiative is to combat the heroin epidemic with a multi-pronged approach: outreach, education and referrals in minority neighborhoods.

The Ethiopian Tewahedo Social Service Community Navigator Program, which launched in 2018, conducts outreach to immigrant and refugee populations who are in need of services. When consumers are identified, they are sent to our family care manager and bilingual advocates. Here, they conduct an intake session - the RHS-15 refugee screening tool for mental health assessment - for each new client, and they determine the next steps in case management. All employees of family care are well trained in domestic violence, advocacy and trauma. The bilingual advocates continue to provide workshops throughout the year as well as provide linkages to safe shelter, immigration attorneys, doctors and support groups. Jewish Family and Community Services East Bay Mental Health Programs focus on assessing each refugee or immigrant to determine their mental health status and needed services along with providing interpreting services, self-care groups and referrals.

ADAMH has been working collaboratively with the faith-based community since 2006, with several other initiatives taking place more recently. Since 2017, ADAMH hosted an annual Faith Leaders' Symposium focusing on self-care. Faith leaders are often considered first responders for their congregational members and the communities they serve. According to a study of senior faith leaders by Duke Divinity School, their service-work is a leading cause of burnout and other related health conditions (e.g., depression, anxiety, heart disease) due to the pressures of always helping others, thus neglecting their own care. The ADAMH annual symposium works to provide resources for faith leaders and encourages them to take time for their own mental health and well-being. Nearly one hundred faith leaders attend this annual event and request ADAMH to expand supports for them.

ADAMH has been working collaboratively with the faith-based community since

2006

The cultural competence work continues to evolve and expand due to the education and awareness of diverse communities. Moreover, the development of culturally-traditional / focused services is helping to reduce the stigma that impacts many diverse communities. For example, ADAMH helped initiate the African American Male Wellness Walk Mental Health Barbershop Talk Series and in 2019 a pilot to host counselors in barbershops to engage those reluctant to participate in traditional mental health counseling.

These and other innovative strategies and programs are meeting those from diverse communities in community outposts where they can receive care and support.

ADAMH is also represented on various local and statewide committees to expand service to diverse communities. These include the Multiethnic Advocates for Cultural Competence, RecoveryOHio Minority Health Workgroup (Office of the Governor), City of Columbus Commission on Black Girls, Ohio Foundation for Psychology (supports for minority and other students in the field), and other community projects.

ADAMH is represented on the RecoveryOhio Minority Health Workgroup, which works to make recommendations on reducing overdose deaths among minority populations. In 2017, black non-Hispanic males had the highest overdose death rate in Ohio *(2017 Ohio Drug Overdose Data: Demographic Summary 2018)*. The working group hears from those impacted by mental health and substance use disorders from across the state, in order to learn about their concerns regarding disparities in prevention, early intervention, treatment and recovery supports. They will then develop solutions to resolve these discrepancies and ensure the state has the tools needed to provide culturally appropriate services to meet the needs of all Ohioans. *(Governor DeWine Forms RecoveryOhio Minority Health Working Group 2019)*

In 2019, ADAMH provided funding for The Ohio State College of Social Work to provide quarterly cultural competence trainings for staff who work in the ADAMH System of Care and students/faculty within the College of Social Work. The trainings had more than 400 participants who had the opportunity to earn continuing education units that is required for maintaining their social work credentials. This work furthers best practices in working with culturally diverse communities.

ADAMH is in a unique position to be involved in multiple systems and collaborative responses

5. Human Services Levy Review Committee (HSLRC) Recommendations

Create a mechanism and process to identify and analyze future needs

ADAMH is in a unique position to be involved in multiple systems and collaborative responses, such as the Opiate Action Plan / Columbus and Franklin County Addiction Plan, specific to the behavioral health needs and services in the community.

Through our involvement in multiple planning efforts, ADAMH has expanded services where a need was identified, worked with provider networks and hospital systems in coordinating and improving delivery systems (such as incentivizing the delivery of opioid use disorder services the same or next day following an overdose experience), and aligned metrics of success across various community responses.

Ongoing barriers include the ability to share data across social service agencies and regularly/more frequently assessing community behavioral health needs (including the social determinants of health).

Ongoing monitoring and policy analyses by ADAMH staff:

- Journal articles / emerging evidence-based practices (i.e. Addiction Stabilization Center, Crisis Center, Signs of Suicide)
- Review of supporting work by community partners specifically related to the State Health Assessment (SHA)/State Health Improvement Plan (SHIP) and County Community Health Improvement Plan (CHIP) 2018-2020 (from Franklin County Public Health)
- Priority Area 2: Mental Health/Behavioral Health and Addiction
- Assisted with development of the metrics for the Franklin County County Health Assessment (CHA)
- Rise Together: A Blueprint for Reducing Poverty in Franklin County (2019)

Explore and implement different provider payment models to increase cost effectiveness and focus on consumer centered outcomes

- Value-based contracting
- In late 2017, an initiative was launched to incentivize same-day access to services for individuals with Opioid Use Disorders (OUDs).
  - Through the end of 2019, there have been 700 distinct consumers with at least one State Disability Insurance (SDI) referral resulting in an incentive payment, totaling $548,452 in incentive payments to 6 different providers since the SDI initiative was launched.
  - 548 distinct consumers with at least one SDI referral resulting in an incentive payment, totaling $421,051 in incentive payments to 6 different providers since the SDI initiative was launched.
- 3 initiatives have launched in 2019, and while it is too early to report on outcome data, we can report the following:
  - 4 providers are participating in a pilot which incentivizes positive outcomes on social-emotional learning within community and

school-based prevention programs serving youth in grades K-12.

- 4 providers are participating in a pilot which incentivizes positive outcomes on AoD risk awareness within community and school-based prevention programs serving youth in grades 9-12.
- 5 providers are participating in a pilot which incentives the utilization of acute support service funds to avoid adult consumers from readmitting to Netcare.

Address the issue of employee turnover among ADAMH network providers

- **ADAMH / OSU College of Social Work Master's Degree Cohort**

  ADAMH has partnered with OSU College of Social Work to host classes for a master's degree cohort. ADAMH hosted the cohort three semesters in 2019, serving 38 participants. Participation in the cohort can vary but normally includes 15 - 20 people per semester. Participants register for classes with the cohort that take place at ADAMH through OSU College of Social Work.

- **Workforce Development Initiative**

  ADAMH initiated work with OSU College of Social Work on a system-wide workforce development initiative. ADAMH will engage an external behavioral health workforce expert to help ADAMH staff identify strategies to address high employee turnover within the ADAMH System of Care. Strategy development is underway with plans to make additional progress by Spring 2020.

Identify and invest in prevention and early intervention strategies to reduce the prevalence of mental health and addiction in Franklin County

In the current levy cycle, ADAMH has increased prevention investments by more than 75% ($10.1 million in 2016, $17.9 million in 2019). Below are some highlights of new and expanded prevention and early intervention programs:

- **School-Based Prevention and Intervention Services**

  ADAMH has increased annual prevention and early intervention investments by 40% in all Franklin County public school districts. In 2017, $4,079,655 went toward school-based programs. This investment grew to $5,574,528 in 2019. In addition, ADAMH recently received a $1.9 million dollar award from OhioMHAS to support prevention work in all public and charter schools in Franklin County.

  For over a decade, investigators from the Research and Training Center for Children's Mental Health have been studying the role of school-based mental health services in systems of care for children with emotional/behavioral disorders and their families. Effective and integrated school-based mental health services will be key in the current transformation of children's mental health services in Franklin County and throughout America. Schools will be central to providing support for the nation's youth in an increasingly complex societal context. Recent federal initiatives and acts promote the schools' role as an effective vehicle to meet the social and emotional needs of all children while achieving the highest academic standards. The 1999 Report of the Surgeon General on the Mental Health of the Nation, the 2001 No Child Left Behind Act,

ADAMH has invested heavily in prevention, early intervention and treatment in all

16

Franklin County public school districts

and the 2003 report from the New Freedom Commission on Mental Health have all focused attention on the potential of increasing the effectiveness and capacity of school-based mental health services to improve the emotional well-being of all children as well as their academic achievement. *(School-based mental health services)*

- **School Investments overview with SUD expansion**

ADAMH is proud to sponsor services in all 16 public school districts in the county, however, services are not yet offered in each school building or to every grade. It is imperative that these services be expanded upon to reach every student in our county. Twelve providers within our System of Care offer mental health and SUD (Substance Use Disorder) prevention services throughout the districts. In 2017, ADAMH expanded prevention offerings with an allocation to OhioGuidestone for services in Hamilton Local School District, which resulted in prevention services being offered in all 16 Franklin County public school districts. Common services in all districts include prevention and early intervention services, consultation with parents and caregivers, referral and linkage to community resources and treatment plus professional development of school personnel and collaboration with community partners.

In 2017, ADAMH began utilizing the Strategic Prevention Framework (SPF) uniformly with providers through the development of the SPF Learning Collaborative. This learning collaborative brought together all of the prevention providers that ADAMH funds in Franklin County's 16 public school districts and providers who offered community-based services to provide technical assistance on the SPF. In the first year of the learning collaborative, ADAMH introduced providers to each phase of the SPF, directed them to free online training on the SPF through SAMHSA Center for the Application of Prevention Technologies (CAPT) and assisted them in strengthening relationships with the schools to determine the needs, create community profile, logic models and plans for implementation and evaluation. In the second year of the collaborative, ADAMH led the prevention providers in efforts to enhance their implementation and evaluation plans and to build the prevention workforce capacity by obtaining CEU's toward prevention. ADAMH provided technical assistance to providers around prevention education and ways to increase providers' knowledge of prevention to enhance service delivery. ADAMH is gearing up for the third year of the SPF collaborative, which will focus on sustainability, cultural competency and workforce development.

The ADAMH Board of Trustees passed a Board Action in August 2018 which provided additional funding to six identified providers for the implementation of substance use prevention in the suburban schools. The target population of this action includes Franklin County's suburban K-12 students, their parents and district personnel. This additional allocation, coupled with the utilization of the SPF, has allowed for the implementation of strategic substance use prevention interventions in Franklin County suburban schools. These efforts have worked toward increased readiness to address substance use problems in these communities, decreased in risk factors and increased protective factors to guard against future substance use for suburban youth. Each district has been able to identify risk and protective factors around substance use, and their respective ADAMH network providers have worked with the schools to identify interventions that are the best fit for each respective district.

Summer Camp Overview

For the last several years, ADAMH has expanded its summer camp program throughout Franklin County. Thousands of youth attend these day camps each year. Camps promote positive social-emotional development, which reduces the likelihood that youth will use alcohol and other drugs while increasing academic enrichment during the summer.

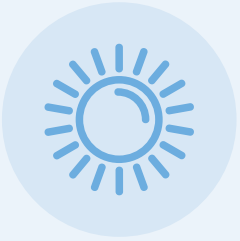
ADAMH continues to reauthorize a funding allocation in order to continue support for community-based summer camp locations, additional administrative expenses, and public affairs promotional materials. The primary purpose of this funding was to offer small, community-based organizations operating summer programming to youths ages 5 to 18 (specifically targeted to camps with approximately 50 children enrolled) an opportunity to increase the number of children served or increase the program duration (days or hours). All camps were also required to leverage ADAMH dollars with support from other funding sources.

Camps are operated for a period of four to nine weeks throughout the summer season, starting with the end of the school year and ending in late summer. Funding from the grant is awarded to three types of program operators:

1. continued funding for "expansion" camps that were part of the 2016 and 2017 program years
2. summer-only camps operated by ADAMH network providers through previously allocated resources
3. faith-based programs that were previously funded under a separate line item

One of the key considerations for camps is their success in attracting participants and maintaining attendance throughout the course of summer programming. Expansion camps are selected for continued participation, in part, due to being located in (or drawing children from) Franklin County ZIP codes determined to be "high risk" for youth due to higher rates of single-parent households with low income and educational achievement, as well as high transience (household has moved one or more times in the past year). The ADAMH network provider-operated camps and faith-based programs are also funded based on connections to these communities through other adjunct and year-round program activities.

All summer camps funded through this initiative meet the objectives of providing a safe space for out-of-school time, providing opportunities for children to enhance social-emotional competencies, obtaining accurate information about substance use, establishing positive friendships with peers and relationships with caring and supportive adults, having a balanced meal as well as sustaining learning to avoid the summer learning loss. They also provide a valuable opportunity for mental health and substance use prevention education in vulnerable populations of Franklin County youth. Brain Power, an alcohol and other drug prevention curriculum developed by NIDA, explores the science behind drug use, explaining the effects of drugs on the brain and body. Social and Emotional Learning (SEL) is also a focus of these summer camps. Staff are trained to teach core competencies across diverse settings to help youth navigate the world more effectively by gaining skills that help them manage emotions,



Camps promote positive social-emotional development, which reduces the likelihood that youth will use alcohol and other drugs while increasing academic enrichment during the summer

set and achieve goals, maintain positive relationships and make responsible decisions.

Suicide Prevention

ADAMH continues to fund suicide prevention hotlines through North Central Mental Health Services, which include a general 24/7 hotline, a teen hotline, and a hotline for seniors. Staff and trained volunteers also provide awareness education about depression and suicide to schools, youth groups, civic organizations and professional groups. In 2018, the general suicide prevention hotline expanded to include an option for texting during limited hours: Monday through Friday, noon to 10 pm. With additional resources, the option to text could be expanded upon, allowing for a more comfortable avenue of outreach for younger generations and those who experience anxiety over making phone calls. In January 2020, Franklin County saw 20 deaths to suicide, 37% of which were age 20 to 29 and only 16% were over the age of 50. With this local shift to younger age groups being affected, the option for texting is increasingly important. Investments for suicide prevention efforts totaled $926,036 in 2019, an increase of more than 60% from investments made in 2017. (See information on expanded suicide prevention services on page 26.)

ADAMH also funds the Franklin County Youth Crisis Line, operated by Nationwide Children's Hospital. This line (614.722.1800) assists individuals at risk for suicide, homicide, self-destructive behavior, violence and other behavioral/mental health concerns in order to keep them and others save and to provide them with consistent, effective care in the least restrictive clinically appropriate setting. Beginning in 2019, the Columbus Police Department began direct triage of all calls involving youth in crisis to the Youth Psychiatric Crisis Line at Nationwide Children's Hospital. It is anticipated that over 3,000 calls will be made to this line annually.

Narcan Distribution/Education

Naloxone(Narcan) is a medication designed to rapidly reverse opioid overdose. Naloxone is currently the only medication available to reverse the effects of an opiate overdose. This continues to be a need as the number of overdose deaths in Franklin County has continued to increase despite a drop in fatal overdoses throughout Ohio. Naloxone is an extremely safe medication that only has a noticeable effect in people with opioids in their systems. ADAMH funds Naloxone trainings throughout Franklin County and began offering a training at all of our system orientations for employees in our System of Care. In 2018, total of 640 ADAMH network employees participated in ADAMH-sponsored naloxone trainings and, as a result, received naloxone kits. An additional 198 kits were distributed in 2018 to the Maryhaven Addiction Stabilization Center and the RREACT team as additional resources for their consumers and family members. Investments in Narcan distribution and training increased from just $66,303 in 2017 to $247,285 in 2019.

CIT

The Crisis Intervention Team (CIT) Training Program is a partnership between ADAMH, the Columbus Division of Police, Mental Health America of Franklin County, NAMI Franklin County and Netcare

12
providers
within the ADAMH System of Care provide mental health and SUD (Substance Use Disorder) prevention services

Access. This program helps those experiencing a mental illness or substance use disorder receive understanding and fair treatment by law enforcement. Franklin County residents may request a police officer who has received specialized training in mental health and substance use disorders (a CIT officer) when calling 9-1-1. CIT officers receive approximately 40 hours of training which covers topics such as psychiatric disorders, substance use disorders, de-escalation techniques and legal issues related to mental health and substance use. They also receive empathy training from individuals with lived experience in mental illness and gain exposure to the viewpoints of family members of those living with a mental illness. These week-long trainings consist of 35-40 officers and typically occur quarterly. In 2019, we had six CIT trainings, one of them being for specifically for dispatchers, and a total of 194 first responders were trained (27 dispatchers, 4 EMT/Fire and 163 patrol officers). As of August 26, 2019, 36% of Franklin County police officers (1,046) and 46% of Franklin County Sheriff's Office corrections staff (147) have completed CIT training. CIT Training investments totaled $89,468 in 2019.

Mental Health First Aid

Mental Health First Aid is offered to all interested Franklin County residents free of charge through a partnership between ADAMH and Mental Health America of Franklin County (MHAFC). This 8-hour training gives people the tools to identify when someone might be struggling with a mental health or substance use problem and to connect them with appropriate support and resources. The curriculum is developed by Mental Health First Aid and courses are limited to no more than 30 people per training. In 2019, ADAMH expanded the program with MHAFC to begin offering Youth Mental Health First Aid in Franklin County. This training is designed to teach adults who regularly interact with young people how to help an adolescent (age 12-18) who is experiencing a mental health or addiction challenge or is in crisis. Since 2017, Mental Health America has held 27 Adult and Youth Mental Health First Aid trainings and trained approximately 1,200 people. ADAMH invested $29,536 into Mental Health First Aid trainings in 2019.

In 2019

194

first responders were trained.

These include:

27 Dispatchers

4 EMT/Fire

163 Patrol Officers

E. PERFORMANCE MEASURES

1. Determining Success

Every three to five years, the ADAMH Board of Trustees sets new strategic priorities for ADAMH and the broader system of care based on business environment issues that face Franklin County. Strategic priorities are further defined and strategic results, or key performance indicators, are developed with targets which may take the entire five years to work on incrementally. The ADAMH Board of Trustees' strategic results effectively provide guideposts for the allocation of staff and funding resources. Board staff then develop plans annually to address the strategic priorities and results with additional operational goals across three distinct lines of business: consumer care; performance accountability; and support services. These annual plans are the cornerstone of the accountability platforms used by board staff: key performance indicators are regularly monitored via ADAMH-STAT, focused monitoring activities and quality improvement planning are discussed in Performance Monitoring and priority cross-functional projects are planned and monitored through project management.

ADAMH's accountability platforms are designed to assure public resources are used in the most efficient and effective manner to serve as many consumers (i.e. customers) as possible with quality alcohol/drug and mental health treatment and prevention services. ADAMH determines success of our community investments and our progress under our strategic priorities by using three core accountability platforms: ADAMH-STAT, Performance Monitoring, and project management.

ADAMH-STAT and Key Performance Indicators

ADAMH-STAT, ADAMH's performance accountability and quality improvement system based on the CitiStat model out of Baltimore, Maryland, is the primary accountability platform that establishes the metrics of the most pressing business environment challenges related to ADAMH's responsibilities to plan, fund, and evaluate mental health and substance use treatment, prevention and recovery support services. These operational results, monitored in ADAMH-STAT, must align to ADAMH's strategic priorities or its mission, vision or core values.

Externally focused results are determined by reviewing national and state benchmarks and best practice standards of behavioral healthcare. Internally focused results are based on compliance with federal, state, and local laws and regulations as well as quality standards for high performance organizations. Upon plan approval, program staff members utilize project management and business intelligence tools to meet the milestones or create deliverables associated with their results.

Every year, the Board of Trustees is provided with a report that acts as a close-out of the year's specific goals, a snapshot of ADAMH's progress at meeting milestones aligned with the strategic and operational results. The report shows how each operational ADAMH-STAT result aligns with the Board of Trustees strategic priorities and results and offers narrative around the progress made, the effort expended in order to achieve the goal, the work of our providers and community partners, and the quantitative status of the result. For 2018, 26 results were presented in this close out report; of these, 15 were achieved, 8 showed considerable progress made toward achieving the result, and 3 goals were not met.

Performance Monitoring and Focused Monitoring with Quality Improvement Plans

The purpose of the Performance Monitoring platform is to support focused monitoring and drill-down analyses related to provider performance at selected levels of analysis in regard to key performance indicators. The collection, analysis, and reporting on these data are provided to ADAMH staff, provider agencies, and key stakeholders to ensure the quality operation of programs and to best assure that ADAMH-funded services are purchased in the most efficient and effective manner to meet the needs of Franklin County residents with mental health illnesses and substance use disorders.

To ensure the effective use of public funds, the accountability of the provider network and quality improvement efforts related to service delivery within our system, ADAMH routinely evaluates key performance indicators in ADAMH-STAT and selects areas of interest for focused monitoring activities. Two areas summarized below are consumer outcomes and consumer satisfaction:

Consumer Outcomes

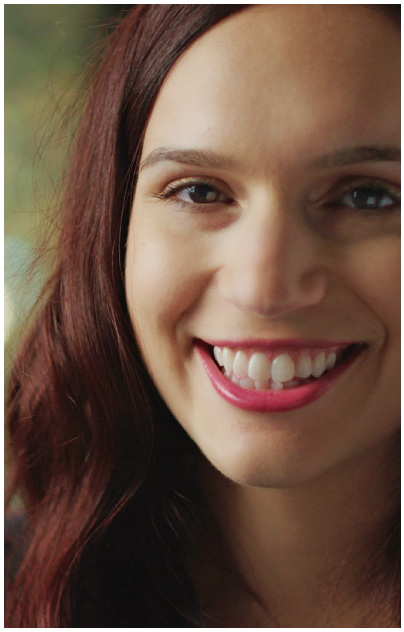
ADAMH evaluates network outcomes by service population and type primarily through systematic data collection efforts. The most comprehensive of these is the year-round collection of consumer outcomes with questionnaires for age and service type: adults receiving mental health services report to providers every 6 months or less information regarding quality of life, symptom distress and social connectedness using the Ohio Scales for Adults form; parents of youths ages 5 to 17 receiving mental health services report information regarding problem severity and functioning using the Ohio Scales for Youth-Parent form; and adults receiving services for a substance use disorder report on their substance use and risk and protective factors with the Brief Addiction Monitor form.

ADAMH is adopting the valid and reliable tools from the OQ Measures suite of questionnaires. These include the OQ-45.2 for adults and the OQ-30.2 for youths ages 4 to 17, and these tools will be replacing the currently utilize Ohio Scales forms. The OQ-Analyst system will allow providers to monitor their consumer outcomes in real time and at repeated time points during the course of a consumer's episode of care. Data from the system will also be extracted by the Board to produce monitoring and outcomes reports for program/provider evaluation and ultimately to be integrated into a value-based system of payments.

ADAMH also engages in other forms of data collection, reporting, and program evaluation. The twice yearly, system-wide consumer satisfaction survey, discussed at more length below, allows ADAMH to monitor how consumers of ADAMH-supported services feel regarding access, cultural sensitivity, and housing satisfaction, among others.

Additionally, as part of ADAMH support of youth summer camps run by more than 20 provider agencies and community groups, data on knowledge of the risks of alcohol and other drugs is collected and assessments of campers' social-emotional competence and growth over the course of the camp is measured using the strengths-based Devereaux Student Strengths Assessment mini form (DESSA-mini). During the summer of 2019, students demonstrated considerable gains in both knowledge of AoD and social-emotional growth. More than half of campers had a score of 80% or better on the AoD knowledge quiz, and 90% were identified as being in the 'typical' or 'strength' category on social-emotional competence at the conclusion of summer programming.

The measurement and reporting of consumer outcomes provides ADAMH with the capacity to manage consumer care, improve the service delivery system and account for public records. Successful outcomes are important because they show that treatment works, consumers receive quality and effective care and there are great returns on public investment.



ADAMH's accountability platforms are designed to assure public resources are used in the most efficient and effective manner to serve as many consumers as possible with quality alcohol/ drug and mental health treatment and prevention services

Consumer Satisfaction

Each year, ADAMH conducts a survey of consumers in order to gauge satisfaction with the services they receive from ADAMH-funded programs. Two months are designated as survey periods each year: one in March, another in July. To measure satisfaction with each service type (crisis, family supports, housing, prevention, recovery supports,

and treatment), eight survey questionnaires adapted from the nationally recognized Mental Health Statistics Improvement Program (MHSIP) consumer and family/youth surveys and supplemental surveys used by the Ohio Department of Mental Health and Addiction Services were given to consumers of ADAMH services. The questionnaires measure five different domains of consumers' perceptions of services received:

- **General Satisfaction**
- **Access**
- **Provider Cultural Sensitivity**
- **Housing Satisfaction**
- **Social Connectedness**

Results are reported yearly and show the levels of satisfaction for each provider in the ADAMH network and for the system overall. ADAMH has set a system target of 85% of all responses to be in the favorable range and each provider is expected to meet this goal as well. In 2019, 89% of all valid responses received indicated favorable views of the services consumers received in terms of general satisfaction. The system is very near the target for the measure of perceived access (83% favorable), and there is identified room for improvement regarding housing satisfaction (70%); while the other two measures well exceed the target (93% for cultural sensitivity; 92% for social connectedness).

ADAMH Board of Franklin County conducts an annual survey of consumers in order to gauge satisfaction with the services they receive from ADAMH-funded programs

Project Management and Cross-functional Work

The purpose of the Project Management platform is to offer project management oversight and support to ADAMH staff by providing an organized structure that standardizes project-related processes, tools, and techniques for cross-functional projects; providing tools for Senior Staff to authorize and monitor team commitments so the appropriate resources are available to complete projects; and working with project teams to initiate, plan, execute, monitor and control, and close authorized projects. Throughout each planning cycle, priority projects identified for active monitoring and success criteria are established and evaluated and subsequently reported to our Board of Trustees in a manner similar to ADAMH's other accountability platforms.

2. Performance Measures and Community Impact

Appropriate performance measures are determined based the type of program and service provided.

Below are examples from 2017 and 2018 ADAMH-STAT reports to demonstrate the performance measures tracked by ADAMH staff in collaboration with provider agencies. The results from 2019 are still under review. (More information about ADAMH-STAT is included on page 44.)

STRATEGIC PRIORITY: ACCESS TO QUALITY CARE SERVICES

Strategic Result: **Value-Based Payment Strategies** – By January 1, 2022, 100% of allocations will have established quality metrics.

- 2018 Close Out - ADAMH continues to work with providers to develop quality metrics appropriate for the continuum of services funded. In 2019, ADAMH will be introducing a new standardized outcome tool to measure social-emotional learning in youth prevention programs.
- 2017 Close Out - ADAMH staff are finalizing alignment of allocations to quality metrics in order to allow for routine evaluation of programs.

Strategic Result: **Diversion from High Acuity Care** – By January 1, 2021, a 100% increase in number of consumers who are diverted from higher levels of care as appropriate.

- 2018 ADAMH-STAT Result: **Crisis Service Utilization (Adult)** – 20% decrease in the number of adults who meet the criteria of a frequent utilizer of Netcare services.
  - RESULT NOT ACHIEVED Although the number of adults identified as frequent utilizers of Netcare services was unchanged from 2017 to 2018, individuals were addressed on a case-by-case basis to develop a personalized plan of action. This included community care conferences with multiple stakeholders involved in the person's care.

Strategic Result: **Payment for Quality Prevention Practices** – By January 1, 2022, 100% of prevention provider contracts will have rate differentials available, offering foundation payments for recognized best practices and models.

- 2018 ADAMH-STAT Result: Summer Camps (Social Emotional Learning Reporting) - 100% of selected summer camps will incorporate social emotional learning in program curriculum and report the results.
  - RESULT ACHIEVED 100% of selected camps incorporated social emotional learning, including self-awareness, social awareness, decision making and relationship skills, in program curriculum and reported the results in 2018. This type of programming creates an environment where children and staff can increase their capacity to manage their own emotions in a way that is respectful to others as they uncover new pathways to discovery, allowing each individual to have a memorable summer of growth. 42% of campers at all ADAMH-funded summer camps who were initially identified with a social-emotional competency "need" were given a rating of "typical" or "strength" at the end of summer programming.

42%

of campers at all ADAMH-funded summer camps who were initially identified with a social-emotional competency "need" were given a rating of "typical" or "strength" at the end of summer programming

64%

of caregivers and family members reported a reduction in perceived stress following respite services

Strategic Result: Payment for Quality Care – By January 1, 2022, 100% of treatment provider contracts will include value-based contracting mechanisms to assure payment for quality treatment services.

- 2018 ADAMH-STAT Result: Addiction Stabilization Center Same-Day Incentives - 50% of individuals who complete detoxification services at the Maryhaven Addiction Stabilization Center will receive services at discharge through the same day incentive program.
  - PROGRESS MADE Although only 11% of individuals discharged from the Maryhaven Addiction Stabilization Center (MASC) detoxification program subsequently received services via the ADAMH same-day incentive program, 63% of people, 945 out of 1,501, from the MASC completed detox. Netcare, RREACT, MASC, the jail in reach program and the opiate liaison program all provide referrals through the same-day incentive program. Any provider who offers MAT, residential, or intensive outpatient treatment can be a recipient of a same day referral. Individuals receiving care through the same-day incentive program in 2018 were referred to Columbus Area, Community for New Direction, House of Hope, Maryhaven or Southeast, Inc.
- 2018 ADAMH-STAT Result: Consumer Complaints - 98% of consumer complaints will be resolved within three working days.
  - PROGRESS MADE 198, or 92%, of 215 consumer complaints were resolved within three working days.

Other Results Under Priority Not Aligned to a Result:

- 2017 ADAMH-STAT Result: Consumer Complaints/Grievances - 100% of complaints or grievances received by ADAMH will be responded to within prescribed timelines.
  - NOT MET 93% of consumer complaints and grievances were resolved within the prescribed timeline. This does not mean that consumer complaints were not resolved but took longer than anticipated due to external factors. The result is designed to continually improve timeliness of resolutions.

STRATEGIC PRIORITY: HEALTHY FAMILIES

Strategic Result: Quality Family Supports – By January 1, 2021, a 50% increase in number of individuals receiving family support services, including respite care, who report increased social connectedness.

- 2018 ADAMH-STAT Result: Social Connectedness – 100% of programs providing family support services, including respite care, will report levels of social connectedness for the caregivers or family members served.
  - RESULT ACHIEVED As part of the consumer satisfaction surveying project, social connectedness responses were received from consumers in 100% of selected family support programs.
- 2018 ADAMH-STAT Result: Stress Reduction – 50% of caregivers and family members will report a reduction in stress following a respite intervention.
  - RESULT ACHIEVED 64% of caregivers and family members reported a reduction in perceived stress following respite services.

STRATEGIC PRIORITY: INNOVATION TO EMERGING NEEDS

Strategic Result: **Cultural Initiatives** – By January 1, 2018, ADAMH will develop at least one new cultural initiative to address emerging needs of immigrant, refugee, or faith-based communities.

- 2018 Close Out – COMPLETED IN 2017 Two cultural initiatives were developed in 2017 that addressed faith-based communities and the immigrant and refugee families of the Ethiopian Tewahedo community. The 2017 Faith Leader Symposium was held on February 28, 2017. The 2018 symposium was held on March 13, 2018.
- 2017 Close Out – COMPLETED - A BOARD ACTION, Community Navigator Program, supported Ethiopian Tewahedo Social Services with funds to establish a Community Navigator Program designed to provide outreach, education and ultimately referral services to immigrant and refugee families. Two community navigators have been hired.

Strategic Results: **Reduction in Fatal Overdoses** - By January 1, 2021, a 50% reduction in number of Franklin County overdose deaths.

- 2018 ADAMH-STAT Result: Service Linkage from Mobile Opiate Crisis Team - 45% of individuals who have an initial contact with the mobile opiate crisis team will be linked with at least one follow up service.
  - RESULT ACHIEVED From November 2017 through December 2018, 51% of individuals who had an initial contact with the mobile opiate crisis team were linked with at least one follow up service. This represents 770 individuals linked with services out of 1,522 who had contact with the mobile response team.

STRATEGIC PRIORITY: PREVENTION AND COMMUNITY ENGAGEMENT

Strategic Result: **Community Partnerships** – By January 1, 2020, a 50% increase in number of community partners.

- 2017 ADAMH-STAT Result: Community Mini-Grants - 60% of ADAMH mini-grant applications will be from first-time applicants with a focus on organizations in zip codes not supported by the 2016 mini-grant program.
  - IN PROGRESS 47% of ADAMH mini-grant applications were from first-time applicants.

Strategic Result: **AoD Risk Awareness** – By January 1, 2020, a 50% increase in the number of youth and emerging adults receiving alcohol and other drug prevention services demonstrating awareness of the risks of drugs and alcohol..

- 2018 ADAMH-STAT Result: Summer Camps (AoD Knowledge Gain) – 10% increase in the number of summer camp participants who report increased knowledge of the risks of alcohol and other drugs.
  - RESULT ACHIEVED 81% more summer camp participants reported increased knowledge of the risks of alcohol and other drugs from baseline to follow-up assessments in 2018 compared to 2017 numbers.

51%

of individuals who had an initial contact with the mobile opiate crisis team were linked with at least one follow up service

44,828

Franklin County residents were reached by community collaboration and engagement activities in 2018

- 2018 ADAMH-STAT Result: Transitional-Age Youth (AoD Knowledge Gain) – 10% increase in the number of participants in ADAMH-funded, transitional-age youth programs who report increased knowledge of the risks of alcohol and other drugs.
  - PROGRESS MADE After participating in an ADAMH-funded program, 15% of transitional age youth (16 to 24) responded in a posttest that use of identified substances is a great risk for people their age.
- 2017 ADAMH-STAT Result: Summer Day Camp Monitoring – 100% of identified summer day camps will demonstrate children served gain knowledge of the risks of alcohol and other drugs.
  - NOT MET One out of 11 summer day camps (10%) demonstrated that at least 65% of children served gained knowledge of the risks of alcohol and other drugs. Eight out of 11 (73%) demonstrated that at least half of children served gained this knowledge.
- 2017 ADAMH-STAT Result: Summer Day Camper Knowledge Gain – 100% of children participating in ADAMH-funded summer camps will demonstrate knowledge gain regarding the risk of alcohol and other drugs.
  - NOT MET Overall, 56% of children participating in ADAMH-funded summer camps demonstrated a gain in knowledge regarding the risk of alcohol and other drugs.

Strategic Result: Community Support - By January 1, 2020, ADAMH will experience increasing rates of favorable positions regarding community support and satisfaction with ADAMH services.

- 2018 ADAMH-STAT Result: Community Collaboration and Engagement - 65,000 Franklin County residents will be reached by ADAMH community collaboration and engagement activities.
  - PROGRESS MADE ADAMH estimates that 44,828 Franklin County residents were reached by community collaboration and engagement activities in 2018. Some activities include health fairs, presentations, ADAMH mural program and the paid advertising campaign.

Strategic Result: Decreased Crisis Service Utilization – By January 1, 2021, a 30% decrease in number of youth and adults in Franklin County will utilize crisis services.

- 2018 ADAMH-STAT Result: Crisis Calls and Chats - 10% increase in the number of calls and chats to Netcare's crisis line.
  - RESULT ACHIEVED The number of calls and chats to Netcare's crisis line increased 16% in 2018, with 102,445 calls and chats, compared to 2017, with 88,118 calls and chats.

Strategic Result: Training for First Responders – By January 1, 2021, a 50% increase in community first responders who have completed mental health and substance use disorder trainings.

- 2018 Close Out – 401 community first responders completed mental health first aid or Crisis Intervention Team (CIT) training in 2018. An increase in the completion of these trainings by first responders will ensure that emergency services staff are appropriately equipped to respond to mental health and alcohol or other drug crisis situations.

- 2017 Close Out - An increase in the completion of mental health first aid training by first responders will ensure that emergency services staff are appropriately equipped to respond to mental health and alcohol or other drug crisis situations.

Strategic Result: Housing Stability – By January 1, 2021, a 50% increase in the number of people experiencing mental health and substance use disorders who live in safe, stable and affordable housing.

- 2018 ADAMH-STAT Result: Housing Stability - 80% of ADAMH consumers residing in permanent supportive housing will retain that housing for at least 12 months.
  - PROGRESS MADE 73% of ADAMH consumers residing in permanent supportive housing retained that housing for at least 12 months.
- 2018 ADAMH-STAT Result: Transitional Housing Utilization - 90% of individuals who access transitional housing will experience a positive discharge within 120 days of admission.
  - RESULT NOT ACHIEVED 83% of individuals experienced a positive discharge from transitional housing, however only 36% of all individuals experienced a positive discharge within 120 days after moving into transitional housing.

3. New Performance Measures

To address the Board of Trustee's emphasis on AOD Risk Awareness for youths and emerging adults, a new questionnaire is being explored. One current candidate for replacing the current data collection tool is an adaptation of the Drug Free Communities questionnaire for measuring use and perceptions of the acceptance and risk associated with substances. AoD risk data are collected currently for youths enrolled in school-based prevention programs. Following this quality improvement effort, the use of the tool may be expanded to gauge patterns of use and perceptions of risk with enrollees of community programs.

With the adoption of the OQ Measures for assessing the outcomes for consumers of mental health services, the Board can report on a more robust list of measures of well-being. The youth tool measures the following subscales: somatic distress, social isolation, conduct problems, aggression, hyperactivity/distractibility, depression/anxiety, and additional critical items/flags for clinicians not currently included with the Ohio Scales (hypomania, obsessive thoughts, substance use, PTSD, paranoia, risk management, and suicide). The adult version includes measurement of these subscales: symptom distress, interpersonal relations, and social role, and additional critical items/flags not currently included with the Ohio Scales (suicidal thoughts, violent thoughts, and substance use). The OQ-Analyst system provides many translations necessary for the diverse language groups in Franklin County and offers more ways of collecting data from consumers.

More broadly, the ADAMH Board is endeavoring to streamline its outcomes data collections to align with a standardized evaluation framework divided by the 6 outcomes/service type categories. As a more uniform system of outcomes and value is implemented, the Board can progress further toward payment models based in value and less in the traditional fee-for-service reimbursement.

F. BUSINESS ENVIRONMENT

Recent policy changes at the state and federal level will continue to provide opportunities and challenges to ADAMH in the provision of quality, timely and appropriate mental health and substance use treatment healthcare. Population growth, persistent poverty, changing community demographics, access to care and uncertainty about the role of state government in meeting the behavioral healthcare needs, beyond the scope of Medicaid, brings unprecedented challenges, as well as opportunities.

1. Challenges

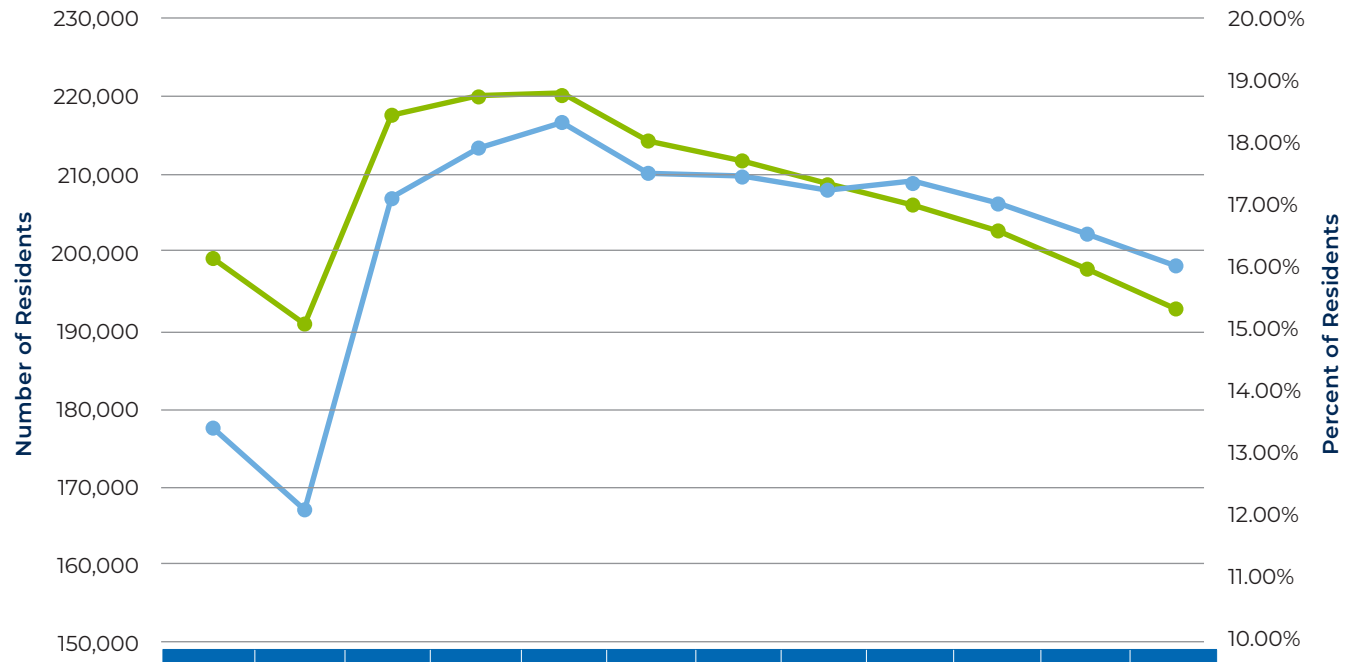
Population Growth

Franklin County's population size has grown steadily over the past decade and is projected to grow more than 8% from 2020 to 2030 (Source: Ohio Development Services Agency). The expected increase in population growth is referenced in multiple places within this fact book for more information.

Persistent Poverty

Based on the most recent U.S. Census data, poverty in Franklin County remains a significant issue. While the percentage of Franklin County residents who live below 100 percent of poverty declined slightly between 2007 (16.2%) and 2018 (15.5%), the number of residents living in poverty increased by 11.6% (from 177,575 to 198,207).

Table 11: Franklin County Residents Living Below 100% of Federal Poverty Level – 2007-2018



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
# Residents	177,575	166,917	207,183	213,899	216,974	210,197	210,322	208,629	208,972	205,476	201,260	198,207
% Residents	16.2%	15.1%	18.4%	18.8%	18.8%	18.0%	17.7%	17.3%	17.1%	16.6%	16.0%	15.5%

Immigration

- The percentage of Franklin County residents who were born outside the U.S. rose from 6% in 2000 to 10.6% in 2018. ADAMH must continue to strengthen and expand culturally competent contract services that are delivered by culturally-capable professionals. In central Ohio between 2002 and 2014, Franklin County had by far the highest number of refugee arrivals in Ohio, accounting for nearly half (48.4%) of all refugees resettled in the state (Impact of Refugees in Central Ohio, 2015).
- When immigrants move to a new social location, they face a myriad of hardships in adjusting to their new environment. Further, lack of employment, absence of reliable social and education services such as housing, health-care, and schools, are some of the primary determinants that impede overall immigrant well-being (Potoky-Tripodi, *Best practices for social work with refugees and Immigrants*. 2004). Additionally, unaddressed past traumatic experiences from many of their homelands are resulting in post-traumatic stress disorder.
- Community members and service providers described the increase in alcohol, substance, and opioid misuse among New Americans and gaps in their capacity to handle these issues. Additionally, service providers are reporting growing mental health and addiction challenges with New Americans – including domestic violence, suicidality, alcohol use increase, gambling and other problems – which require culturally responsive services.
- Expanding services to address the emergent needs of New Americans has been well received, but additional needs are being asked by those working with these populations. "The majority of human service organizations in central Ohio (68%) are providing services to the New American populations, but the population still has limited access to these services. This is particularly true in legal and mental health services, where demand for services is high, but accessibility remains highly uneven."

  (New Americans project - Research Report 2018)

Access to Care

As a result of Medicaid expansion at the state level, and ACA at the federal level, the number of uninsured individuals has declined in Franklin County.

According to the "2018 Ohio Medicaid Group VIII Assessment" published by the Ohio Department of Medicaid:

- Since 2014, 15.6% of Franklin County residents (age 19-64) were enrolled in Medicaid's expansion program at some point in time.
- As of November 2017, 8.4% of Franklin County residents (age 19-64) were currently enrolled in the "expansion" program.
- 32.7% of "expansion" enrollees met survey screening criteria for depression or anxiety and 13% had a primary depression diagnosis.
- 9.8% of "expansion" enrollees" received a primary diagnosis for any substance use disorder and 7.9% received a primary diagnosis for opioid use disorder.

32.7%

of Medicaid expansion enrollees met survey screening criteria for depression or anxiety.

An estimated
75,406
Adults
and
12,462
Children
in Franklin County
were uninsured
in 2016

However, there is a significant number of Franklin County residents that remain uninsured or under-insured with very high deductibles for mental health and/or addiction services. An estimated 75,406 adults and 12,462 children in Franklin County were uninsured in 2016 (source: County Health Rankings & Roadmaps – a collaboration between the University of Wisconsin and the Robert Woods Foundation). In addition, many necessary services, as directed by the Ohio Revised Code, are not covered under the Medicaid program.

ADAMH has a role to play in serving as a "payer of last resort" for the following services from the Ohio Revised Code continuum:

(1) Prevention and wellness management services;

(2) Outreach and engagement activities;

(3) Assessment services;

(4) Care coordination;

(5) Residential services;

(6) At least the following outpatient services:

- **(a)** Non-intensive;
- **(b)** Intensive, such as partial hospitalization and assertive community treatment;
- **(c)** Withdrawal management;
- **(d)** Emergency and crisis.

(7) Where appropriate, at least the following inpatient services:

- **(a)** Psychiatric care;
- **(b)** Medically managed alcohol or drug treatment.

(8) At least all of the following recovery supports:

- **(a)** Peer support;
- **(b)** A wide range of housing and support services, including recovery housing;
- **(c)** Employment, vocational, and educational opportunities;
- **(d)** Assistance with social, personal, and living skills;
- **(e)** Multiple paths to recovery such as twelve-step approaches and parent advocacy connection;
- **(f)** Support, assistance, consultation, and education for families, friends, and persons receiving addiction services, mental health services, and recovery supports.

(9) In accordance with section 340.033 of the Revised Code, an array of addiction services and recovery supports for all levels of opioid and co-occurring drug addiction;

(10) Any additional elements the department of mental health and addiction services, pursuant to section 5119.21 of the Revised Code, determines are necessary to establish the community-based continuum of care.

(a) Ensure that the rights of persons receiving any elements of the community-based continuum of care are protected;

(b) Ensure that persons receiving any elements of the community-based continuum of care are able to utilize grievance procedures applicable to the elements.

2. Policy and Funding Impact

State Policy Environment

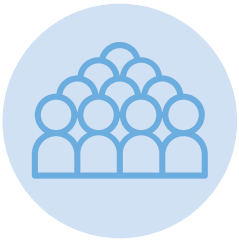
As of the publishing of this fact book, there is no imminent threat to repeal Medicaid expansion or the Affordable Care Act. However, there are several Federal requirements and State initiatives that could have a material impact on how behavioral healthcare services are funded in the future.

- **Medicaid Expansion** – starting on January 1, 2014, Medicaid expansion began covering Ohioans between the ages of 19 through 64 with incomes at or below 138% of Federal Poverty Levels. For this subset of Medicaid enrollees, the Federal government initially covered 100% of the expansion costs. In 2020, the percent of reimbursement the Federal government will cover (Federal Financial Participation rate) will drop to 90%. Ohio will be required to cover the cost of the remaining 10% with State or Local resources. The financial burden shift could result in a reduction in the number of clients enrolled in Medicaid if Ohio elects to tighten eligibility requirements.
- **Work Requirements** – Ohio was recently granted a Medicaid waiver that requires "expansion" Medicaid clients to work a minimum of 20 hours per week to maintain coverage. The most recent assessment conducted by the Ohio Department of Medicaid (ODM) finds that 93.8% of "expansion" enrollees either already meet the work requirement or meet the exemption criteria approved in the waiver. Residents who lose Medicaid coverage will need to find alternative insurance or use ADAMH resources for their behavioral healthcare.
- **SUD 1115 Demonstration Waiver** – SUD 1115 Demonstration Waiver – Ohio was recently granted a Medicaid waiver that allows providers to exceed the 16-bed maximum threshold for SUD residential facilities and bill Medicaid. This 5-year waiver expires in September 2024. ODM has not decided if they will pursue extending the waiver (extension would require Centers for Medicare & Medicaid Services approval). If the waiver expires, ADAMH may need to increase residential funding or reduce bed capacity (to stay within 16 bed limit and leverage Medicaid).

Medicaid Behavioral Health Redesign

ODM began a new initiative in 2018 (Behavior Health Redesign) to "modernize" the Medicaid program. To date, the following initiatives have been implemented:

- Adopted a new code set based on national standards that reimburses Medicaid BH services based on the credential levels of the rendering provider (staff degree/certification).
- Integrated BH services into managed care. There are currently five managed care organizations (MCO) administrating the BH Medicaid system in Ohio.



Between 2007 and 2018 the number of Franklin County residents living in poverty increased by

11.6%

As previously mentioned, the BH Medicaid Redesign has resulted in numerous issues for both Medicaid recipients and providers. In the 2019 Year End Summary from Ohio Department of Medicaid Director Maureen Corcoran to Governor DeWine, Director Corcoran highlighted several issues with BH Redesign implementation. Excerpts from the 1/13/2020 letter:

- *"It has become clear that the state of Medicaid program, as we inherited it, was a mess."*
- *"...the Behavioral Health Redesign and folding behavioral health services into managed care during the last administration significantly disrupted Ohio's system of behavioral health providers and services."*
- *"The implementation was the worst I have seen in my professional career of more than 30 years."*
- *"The first **six months** of billing implementation resulted in providers being paid **43% of the dollars** they were owed for services rendered during this time period."*
- *"Community provider agencies went out of business"*

The Ohio Department of Medicaid is currently rebidding MCO contracts for Ohio. The selection of new MCOs and/or changes to regional penetration of MCOs will present additional challenges for providers with Medicaid contracts.

The next planned phase in BH redesign is to grant MCOs additional discretion on:

- Selection of community providers that an MCO will contract. Currently, MCOs are required to contract with any provider that is certified to deliver BH services
- Client benefit plans (type and intensity of services that a client is eligible)
- Prior authorization requirements for select services/programs

The next phase of BH redesign may negatively impact both client and providers' treatment capacity, access to care and continuity of services.

State & Federal Funding

With the national opioid epidemic, there have been several temporary legislative funding earmarks that have occurred in the past few years.

- The 21st Century Cures Act was a two-year federal earmark passed in December 2016. ADAMH received a total of $3.2 million in federal Cures funds that were used to purchase naloxone, mobile opioid response and opioid admission and triage services.
- A subsequent federal act, the State Opioid Response (SOR) grant was passed by Congress in federal fiscal year 2020. To date, ADAMH has received $650,276 in SOR revenue. These funds have been used for a statewide public service announcement campaign (Denial, Ohio) and recovery housing services.
- State legislation earmark funds in the SFY 2018-19 biennial budget for crisis stabilization services. ADAMH received a total of $2.1 million over this two-year period. Funds were used to purchase addiction admission and triage services and mental health crisis intervention

services.

Local Government Funding

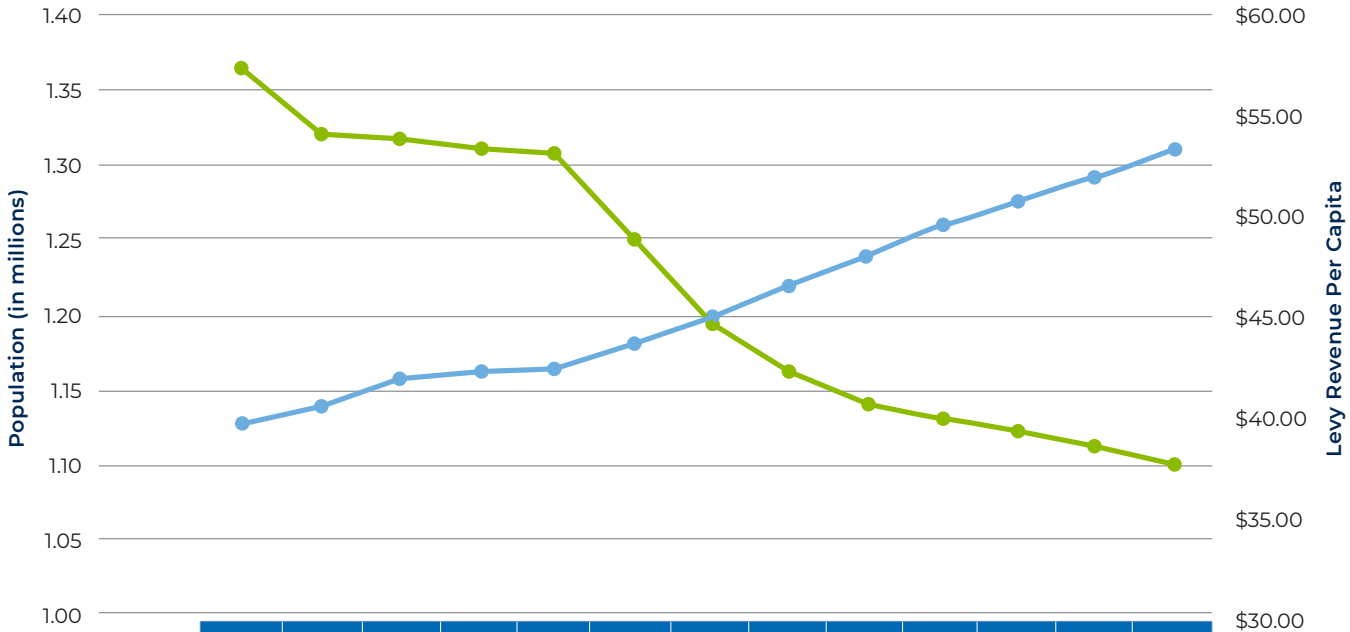
ADAMH levy revenue collections peaked in 2010 ($65 million) and have not fully recovered since ($60 million in 2019). Two factors have driven this decline:

- **Housing Values** – During the 2011 Sexennial assessment, Franklin County's assessed values declined by 6.2%.
- **Tangible Personal Property (TPP) Tax** – House Bill 66 resulted in major Ohio business tax reforms. One key change was the phase-out of taxing business personal property (equipment, fixtures, inventory, etc.). This phase-out was initially planned to occur through 2018, but with the recession, the phase-out was accelerated. Financially, ADAMH's TPP revenues peaked in 2005 ($4.8 million) and were completely phased-out in 2015.

Between 2007 and 2018, Franklin County's population has increased by 16% and the number of residents in poverty has increased over 11%. During this same period, actual ADAMH levy revenues receipts have decreased by more than 7%.

Indexed for inflation, the amount of ADAMH levy investment per capita in Franklin County has decreased from $57.14 per resident to $37.62 per resident (a 34% reduction).

Table 12: Franklin County Population and Inflation Adjusted (Index=2007) Per Capita ADAMH Levy Revenues 2007-2018



	2007	2008	2009	2010	2010	2011	2012	2013	2014	2015	2016	2017	2018
Population	1.13	1.14	1.16	1.16	1.17	1.18	1.20	1.22	1.24	1.26	1.27	1.30	1.31
Per Capita Revenue	$57.14	$54.12	$53.77	$53.16	$53.03	$49.12	$44.10	$42.15	$40.58	$39.72	$39.24	$38.51	$37.62

G. OPERATIONAL NEEDS

1. Staffing Needs

The anticipated staffing level for the new levy cycle is 55 positions. It is projected that ADAMH will create two new positions associated with the new Enterprise System. It is likely they will be needed because of continued health care reform and the ever-evolving changes that it brings to the health care landscape. Work may additionally be created and shifted between existing positions and/or functions because of the anticipated new direction the Board is headed in, including a more innovative and more collaborative approach to providing behavioral health care within Franklin County. These new positions and the shift in work will help move the Board forward in this manner.

2. Technology Initiatives

In 2012, ADAMH formed a council of governments (COG) with the Cuyahoga and Hamilton Boards to implement a community mental health and addiction management information system, called SHARES. The COG was formed to create administrative and financial efficiencies. In February of 2019 the Cuyahoga Board left the COG, and Hamilton will be independently implementing a new enterprises system replacement of SHARES in 2020. As such, at the conclusion of the current SHARES vendor contract, in September of 2020 the COG will be dissolved, essentially eliminating any financial efficiencies previously gained. This, in addition to the desire to provide efficiencies and more closely align to Behavioral Health Redesign billing practices, ADAMH will transition its current claiming and enrollment system, SHARES.

To enhance ADAMH's ability to fulfill the statutory responsibilities with progressive technology and enterprise-wide functionality, the new enterprise system will replace SHARES for the Board and its provider agencies. A new enterprise system is necessary in order to provide continued support for the payor role of the ADAMH Board, as a component of the local authority's statutory responsibility for developing, funding, overseeing, and evaluating mental health and substance use care for the county.

To provide a more flexible and efficient claiming and enrollment system for our provider network, ADAMH has submitted an RFP for an enterprise system to replace SHARES. This RFP was initiated in December of 2019 with the following requirements:

- Implementation of an integrated managed care information system application that will meet the known, expected, and future management, monitoring, and reporting requirements of the Board;
- Specific hardware recommendations for operating the application, if not a SaaS/hosted solution;
- Project management of the installation, implementation, data conversion, and system setup of the application;
- On-site and remote user training and complete up-to-date operation, technical, and user documentation for all job roles and functions, including the ADAMH Board's enrollment, claims, data,

clinical and fiscal functional areas. The training plan should include provider agency use of a provider interface (portal);

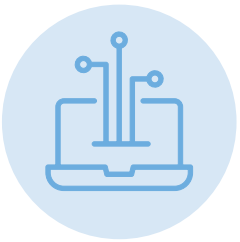
- A post-implementation review and sign off period;
- Ongoing support relative to maintenance and enhancement of the application;
- ADAMH staff will require adequate permissions to the production environment to function as the first line of help desk support for the provider agencies using the system, regardless of the SaaS/Self-hosted nature of the implementation.

The vision for this new system is a shared information system environment where the Board will administer the system to determine eligibility and claim payment requirements. The intent of this system is to streamline processes, align provider experience with business practices of Medicaid managed care organizations and Medicaid behavioral health redesign and minimize in-house support efforts and resources. Additional goals include the ability to administer benefit plans with defined subsets of eligible services, code sets that are compatible with Ohio Medicaid behavioral health redesign and management of benefit limits.

The new system will bring back-office processing functions that are currently being handled by the SHARES vendor in-house. We estimate the need to add 2 additional staff members to serve these functions. Bringing these functions in-house offers more control over the processes, increases the response time for troubleshooting and decreases annual costs.

Dependent upon on the vendor selected, ADAMH estimates the initial year cost of implementation to be $523,000, followed by an annual operating cost of $120,000 (including licenses, hosting, and support and maintenance). Adding two internal business analyst staff positions ($~100,000 per staff including benefits) to bring in-house back office processing (currently performed by the SHARES vendor as BPO services) would estimate the total annual cost of the new enterprise system following implementation to be $320,000. ADAMH currently pays $562,000 per year for SHARES (which includes the BPO services). Using this model, we project to realize a cost savings after year 2 of the new system to be roughly $242,000.

In summary, this technology initiative will impact the board by providing cost savings, improved performance, and more control over the system. This will add value to the provider agencies by more closely aligning with behavioral health redesign billing practices.



This technology initiative will impact the board by providing cost savings, improved performance, and more control over the system. This will add value to the provider agencies by more closely aligning with behavioral health redesign billing practices.

3. Capital

Homelessness continues to be a growing problem in our community, especially when it comes to affordable housing. Individuals with mental health and addiction must have stable housing to recover and manage their illness. ADAMH will continue to develop permanent supportive housing projects for our consumers. In addition, we know from our network providers treating individuals with addiction, the biggest challenge is safe and drug free housing. ADAMH is committed to continuing the development of Recovery Housing in Franklin County. In addition, there are emerging needs within our current network of care for both expansion and renovations of current community mental health and addiction centers.

4. New Providers

For the last two decades, our provider network has been limited to the same providers, with a few exceptions. ADAMH truly values our provider community and the work being done to address behavioral healthcare needs. Currently, there are 70+ OhioMHAS certified providers to provide mental health treatment services and 30+ OhioMHAS certified providers to provide substance use disorder treatment services. The number of prevention certified providers also continues to rise.

In the coming months, the ADAMH Board will invite all certified providers to become part of conversations and learning collaboratives hosted by ADAMH. The intent is to begin to fully understand the needs and resources identified and provided by all providers in our community. Ultimately, this work will assist the Board to determine community need and strategic planning. Furthermore, we expect to collaborate more with providers and all community partners.

H. REVENUE AND EXPENSES

1. Historical Revenue and Expenditures

Table 13: ADAMH Board of Franklin County Historical Revenue and Expenditures
Calendar Years 2016-2021

	ACTUAL				PROJECTED	
	2016	**2017**	**2018**	**2019**	**2020**	**2021**
Beginning Cash	**$84,347,492**	**$70,493,683**	**$77,762,984**	**$65,120,824**	**$58,046,386**	**$41,198,520**
Revenue:						
Levy Funds	$57,893,161	$58,982,618	$59,702,466	$59,970,685	$60,462,656	$60,761,783
Federal Funds	$6,825,943	$8,056,539	$8,154,604	$9,959,467	$8,387,939	$7,268,978
State Funds	$6,079,784	$5,970,353	$5,648,883	$8,415,089	$6,927,040	$6,843,706
Local Funds	$1,266,725	$1,684,972	$3,221,579	$3,357,196	$5,619,114	$3,496,614
Misc Funds	$804,808	$1,897,114	$1,393,475	$2,697,782	$1,563,194	$500,000
Total Revenue	**$72,870,422**	**$76,591,596**	**$78,121,007**	**$84,400,219**	**$82,959,942**	**$78,871,080**
Expenditures:						
Personal Services	$3,755,231	$3,670,846	$3,794,333	$3,897,123	$4,458,105	$4,551,780
Fringe Benefits	$1,478,831	$1,530,630	$1,632,780	$1,665,419	$1,891,393	$1,959,691
Materials & Services	$2,793,409	$2,960,344	$1,699,131	$1,827,216	$3,303,500	$2,658,386
Capital Outlays	$12,211	$0	$12,475	$515,403	$4,170,000	$4,025,000
Grants (Guardianship)	$551,177	$540,109	$539,856	$714,165	$706,118	$100,000
Interfund / Debt Service	$0	$0	$0	$1,232,829	$0	$0
Social Services	$78,133,371	$60,620,367	$83,084,592	$81,622,503	$85,278,691	$83,206,107
Total Expenditures	**$86,724,230**	**$69,322,295**	**$90,763,167**	**$91,474,657**	**$99,807,807**	**$96,500,963**
Ending Cash Balance:	**$70,493,683**	**$77,762,984**	**$65,120,824**	**$58,046,386**	**$41,198,520**	**$23,568,637**

In reviewing the ADAMH Historical Revenue and Expenditures chart, a few significant items to note include:

Annual Operating Deficit

ADAMH is projecting a $13.6 million operating deficit (net of one time capital) to end the current levy cycle. The operating deficit is calculated by subtracting annual expenses from annual revenues. This deficit aligns closely to the approved HSLRC plan adopted in 2015 ($12 million operating deficit).

Cash Reserves

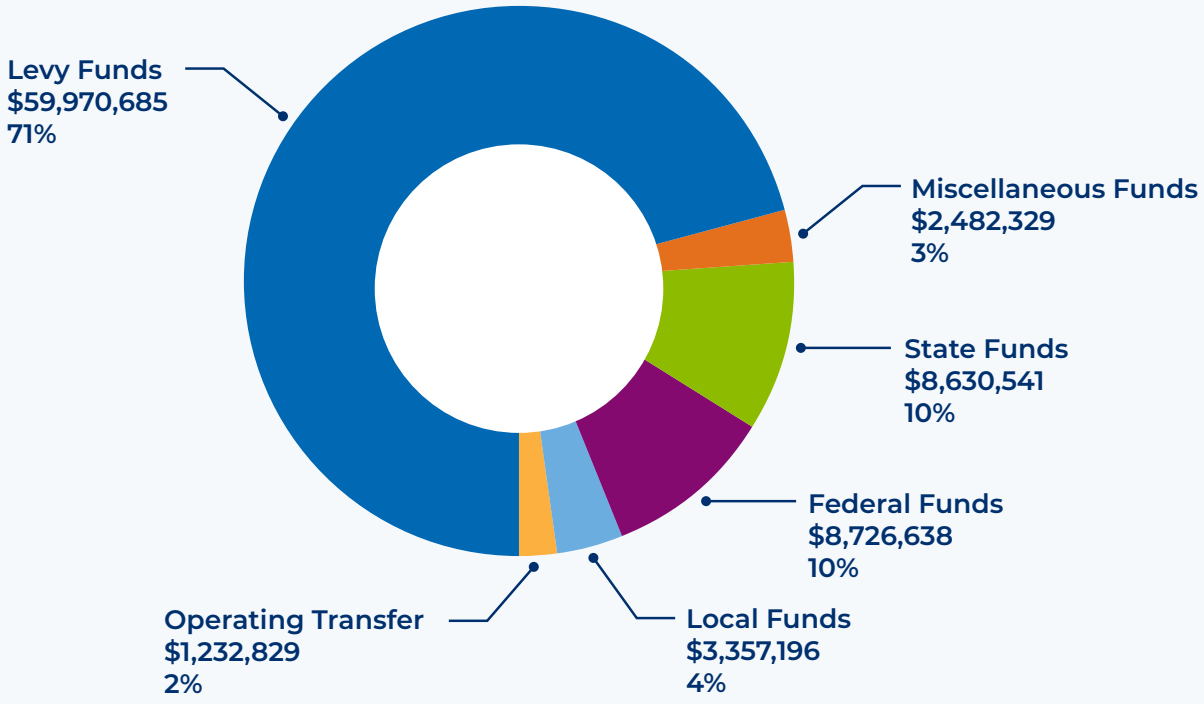
ADAMH's Operating Cash Reserve policy is to maintain a minimum of 90 days cash on hand. ADAMH is projecting the cash reserve at the end of the currently levy cycle (2021) to be 89 days.

Capital

ADAMH has allocated $8 million capital in 2020-21 to be used to partially fund the construction of a new Franklin County Mental Health and Addiction Crisis Center.

ADAMH revenues are currently derived from four primary funding sources:

Figure 4: ADAMH Board of Franklin County
2019 Actual Revenues



Source: MUNIS

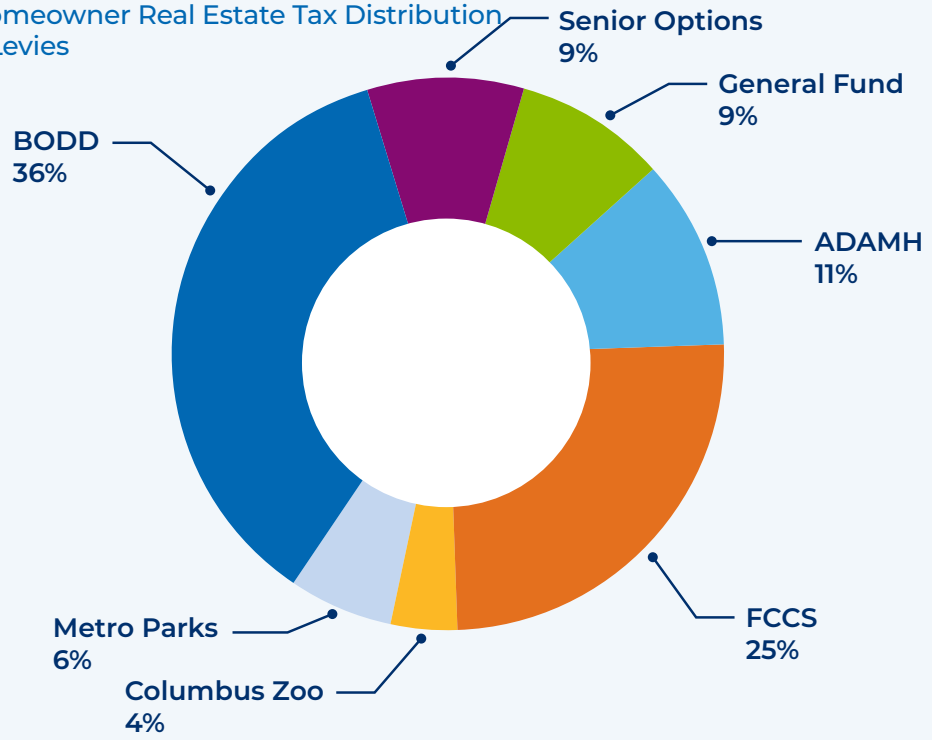
2. Revenue Sources

ADAMH Levy

Current levy revenue is generated through a 5-year, 2.2 mill renewal property tax levy approved by voters in November 2015. The 2019 levy revenue was approximately $60 million. Levy revenues are used to purchase social services (mental health and alcohol and other drug treatment and prevention services) and annual ADAMH administrative expenditures to plan, fund and evaluate the services purchased.

As the *2019 Homeowner Real Estate Tax Distribution* chart below indicates, of the seven countywide levies (including the Franklin County General Fund), the ADAMH levy constitutes 11% of the overall distribution of homeowner real estate tax.

Figure 5: 2019 Homeowner Real Estate Tax Distribution for Countywide Levies



Source: Franklin County Auditor website

Levy revenues during the current cycle have increased by 2%, but are still 8% less than the $65 million received in 2010. Two factors materially impacted levy revenue collections in the past ten years. Housing values declined by more than 6% in Franklin County as a result of the national recession and state business tax reform has resulted in the elimination of Tangible Personal Property (TPP) tax receipts.

Federal Revenue

ADAMH receives the majority of federal revenues from OhioMHAS. All Federal revenues are used to purchase social services (mental health and alcohol and other drug treatment and prevention services). Federal revenues in 2019 were $8.7 million. More than 50% of federal revenues are derived from the Substance Abuse Prevention and Treatment (SAPT) block grant. Other Federal revenues sources include Title XX, the Mental Health Block Grant, the 21st Century Cures Act and State Opioid Response (SOR) grant. Calendar year 2019 was the last year of Cures funding. SOR funding is anticipated to continue until 2022.

State Revenue

ADAMH receives the majority of state revenues from OhioMHAS. All state revenues are used to purchase social services (mental health and alcohol and other drug treatment and prevention services). State revenues in 2019 were $8.6 million.

Approximately $2.6 million of 2019 state funds were associated with time-sensitive legislative earmarks for crisis services and substance abuse stabilization. ADAMH anticipates that once the current biennial budget expires, funding will revert back to a more historic baseline of $5.8 million per year.

Local Revenue

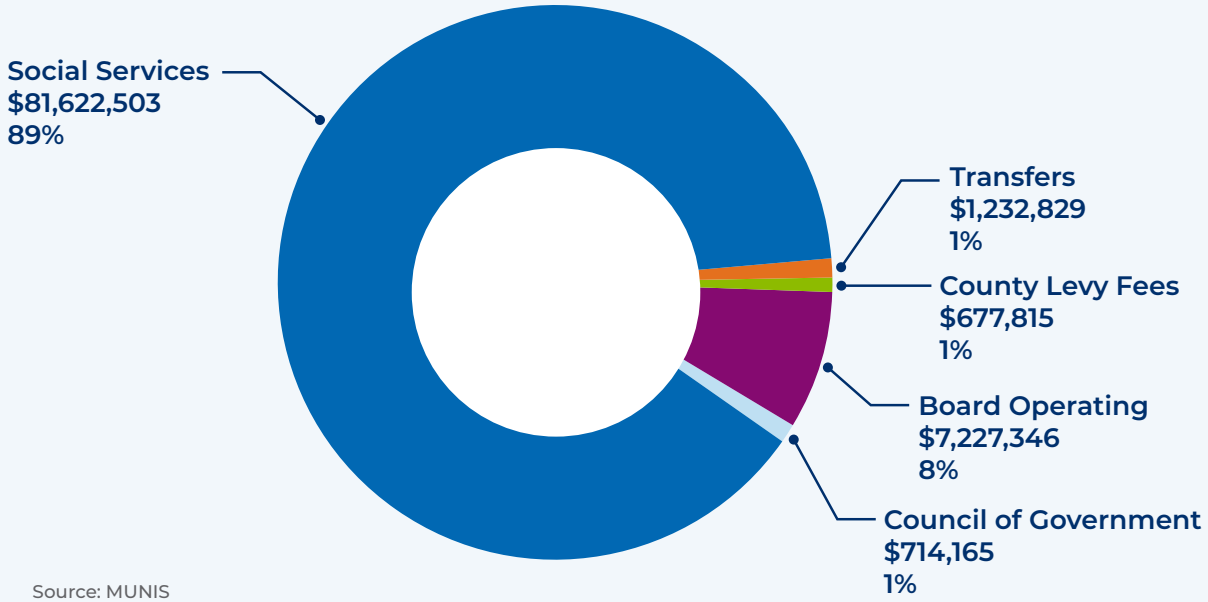
In addition to local levy funds, local revenues are received from the City of Columbus, the Columbus Foundation, Franklin County Children Services, Franklin County Board of Developmental Disabilities, Franklin County Commissioners, and various Franklin County courts. Local funds are typically used to purchase evidence-based treatment programs that address specific populations (i.e., criminal justice, adolescents, gender-specific) in need of services. Revenue levels are contingent upon grant awards, which vary from year to year.

Local revenues in 2019 were $3.4 million. More than $2.5 million of these funds were designated to be used for the Ohio Opioid Education Alliance “Denial, Ohio” public service announcement (PSA) campaign. ADAMH anticipates managing PSA funds through 2021. Local revenues are projected to return back to more usual levels ($1.4 million) in 2022.

ADAMH expenditures can be summarized in five categories:

- Social Service Expenditures
- Board Operating Expenditures
- Transfers
- County Levy Fees
- Council of Government

Figure 6: ADAMH Board of Franklin County
2019 Actual Expenditures



Source: MUNIS

3. Expenditures

Social Services Expenditures

In 2019, ADAMH invested more than $81 million in behavioral health services for residents of Franklin County. Of this amount, $64.1 million (79%) is supported by the ADAMH levy. Social service expenditures constitute 89% of the expense budget. In 2020, ADAMH has contracted with 33 organizations (see chart below) through our agency service plan and budget process to provide mental health and alcohol and other drug addiction treatment, prevention and recovery support services.

Table 14: 2020 ADAMH Providers		
Africentric Personal Development Shop	Eastway	OhioGuidestone
Alvis House	House of Hope	Ohio State University
Buckeye Ranch	Huckleberry House	PEER Center
Choices for Victims of Domestic Violence	Maryhaven	Primary One Health
Columbus Health Department	Mental Health America of Franklin County	Schottenstein Chabad House
Columbus Urban League	NAMI Franklin County	Southeast Healthcare
Community for New Direction	National Church Residences	St. Vincent Family Centers
Community Housing Network Inc.	Nationwide Children's Hospital	Syntero
CompDrug	Netcare Corporation	Twin Valley Behavioral Health-CSN
Concord Counseling Services	North Central Mental Health Services	UMADAOP of Franklin County
Directions for Youth & Families	North Community Counseling	Village Network

ADAMH Operating Expenditures

ADAMH operating expenses include salaries, fringe benefits, materials and services and capital for ADAMH. Operating expenses in 2019 supported up to 50 ADAMH and three Council of Government staff. Operating expenses constituted 8% of total expenditures.

Key ADAMH operating assumptions for the remainder of the current levy cycle include:

- Council of Government (COG) phase-out – 2020 will be the last year of operations for the COG. ADAMH has issued an RFP to replace the existing enterprise system (Member enrollment and claim system) currently managed by the COG. With the selection of a new enterprise system, ADAMH anticipates it will require two additional ADAMH staff to manage the system in-house. The cost of the new positions is projected to be fully offset by lower vendor costs associated with the new enterprise system.
- Franklin County Mental Health and Addiction Crisis Center – ADAMH projects an $8 million expenditure in capital in 2020-21 to partially fund the construction of a new crisis center. Other anticipated capital funding sources include the Franklin County Commissioners, the three major adult hospitals in Franklin County, state capital and philanthropic organizations.

Transfers: ADAMH operating transfers in 2019 included $1.2 million to consolidate four federal funds into one fund.

County Levy Fees: Levy fees are assessed by the Franklin County Auditor's Office for levy collection and advertising expenses. Levy fees average 1.0 to 1.5% of gross revenues and amounted to 1% of total expenses in 2019.

Council of Government Expenditures: The COG was formed under Chapter 167 of the Ohio Revised Code. The COG is a collaboration between Hamilton and Franklin Counties for the management of an enterprise system (SHARES). As previously addressed, the COG will be dissolved in 2020. COG expenses constituted 1% of total expenses in 2019.

Table 15: ADAMH Board of Franklin County
Estimated Revenue and Expenditures
Calendar Years 2022-2031
10 Year Renewal with additional 1.09 Mill

	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
Beginning Cash	**$23,568,637**	**$37,156,536**	**$48,678,702**	**$57,446,620**	**$63,092,526**	**$65,994,258**	**$65,775,091**	**$62,303,568**	**$55,443,329**	**$45,052,929**
Revenue:										
Levy Funds	$95,072,591	$95,645,632	$96,221,758	$96,800,980	$97,383,312	$97,968,765	$98,557,354	$99,149,090	$99,743,986	$100,342,054
Fringe Funds	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978
State Funds	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706
Local Funds	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114
Misc Funds	$500,000	$500,000	$500,000	$500,000	$500,000	$500,000	$500,000	$500,000	$500,000	$500,000
Total Revenue	**$110,059,388**	**$110,632,430**	**$111,208,555**	**$111,787,778**	**$112,370,109**	**$112,955,563**	**$113,544,151**	**$114,135,887**	**$114,730,783**	**$115,328,852**
Expenditures:										
Personal Services	$4,688,333	$4,828,983	$4,973,852	$5,123,068	$5,276,760	$5,435,063	$5,598,115	$5,766,058	$5,939,040	$6,361,900
Fringe Benefits	$2,018,481	$2,079,036	$2,141,407	$2,205,649	$2,271,819	$2,339,973	$2,410,172	$2,482,478	$2,556,952	$2,712,670
Materials & Services	$2,711,554	$2,765,785	$2,821,101	$2,877,523	$2,935,073	$2,993,775	$3,053,650	$3,114,723	$3,177,017	$3,240,558
Capital Outlays	$625,000	$50,000	$50,000	$300,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000
Grants (Guardianship)	$2,000,000	$2,060,000	$2,121,800	$2,185,454	$2,251,018	$2,318,548	$2,388,105	$2,459,748	$2,533,540	$2,609,546
Interfund / Debt Service	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000
Social Services	$83,378,122	$86,276,460	$89,282,478	$92,400,178	$95,633,708	$98,987,372	$102,465,632	$106,073,119	$109,814,634	$113,695,155

Estimated Revenue and Expenses: 2022-2031 Levy Cycle

The Estimated Revenue and Expenditures 2022-2031 Levy Cycle chart on the next page is ADAMH's projected revenue and expenditures for the next proposed levy cycle (2022 - 2031) based on a 10-year 2.2 mill renewal with a 1.09 mill increase property tax levy.

4. Key Projection Assumptions

Levy Revenues - Projected levy revenues are based on a 10-year, 2.2 mill renewal with a 1.09 mill increase. This scenario will generate an estimated $95.1 million in 2022 ($34.3 million more than 2021 levy revenue).

- Levy revenue in the subsequent 9 years (2023-2031) will grow 0.8% annually from new housing/business starts.
- Federal revenues will remain flat (2021 levels) for the duration of the next levy cycle.
- State revenues will remain flat ($5.8 million annually) once legislative earmarks expire in the current biennial budget.
- Local revenues will revert back to historical levels ($1.4 million annually) after the opioid PSA campaign ends.
- The cost to purchase mental health and alcohol and other drug addiction treatment, prevention and recovery support services will increase 1.59% (average CPI growth over past ten years) annually.
- Demand (including population growth) for mental health and alcohol and other drug addiction treatment, prevention and recovery support services will increase by 2.1% annually.
- ADAMH will set-aside $2 million (plus a 3% adjustment in subsequent years) annually to fund GSBs.
- $1.05 million annually for repayment of capital loan associated with the new Franklin County Mental Health and Addiction Crisis Center.
- The cost of ADAMH operations will increase by an average of 2.7% annually.
  - Supports 54.7 FTEs with a 5% annual vacancy assumption
  - Calendar Year 2031 includes an extra (27th) pay period for ADAMH staff.
  - $850,000 estimate for administrative building renovations over levy cycle.

5. Projected Cash Reserves

ADAMH's policy is to maintain a reasonable cash balance reserve to ensure that business is not financially or operationally disrupted in the event of unforeseen reduction in revenue or increase in liabilities. Operating reserves are set-aside from the levy's Unassigned Fund Balance and will be sufficient to meet the ADAMH Board's expense obligations for a 90-day period.

The projected ending cash balance at the current levy cycle (2021) is anticipated to be $23.6 million (89 days cash-on-hand).

Based on a 10 year renewal with an additional 1.09 Mills, the projected ending cash balance of the subsequent levy cycle (2031) is projected to be $30.6 million (86 days cash-on-hand).

I. LEVY REQUEST

ADAMH is requesting that the Franklin County Board of Commissioners place a 10-year 2.2 mill renewal with a 1.09 mill increase property tax levy on the November 3, 2020 general election ballot.

It is estimated the levy will generate $95.1 million annually ($35.1 million more than 2019 collections), and will cost the owner of a $100,000 house $105.53 annually (an additional $38.15 per year, which amounts to just more than $3 a month).

Example: Franklin County Homeowner

$100,000	Fair Market Value of home
x 35%	Assessment Percentage
$35,000	Assessed Value
x 0.00195	Effective Millage
x 0.875	State Rollback Factor
$59.86	Annual Taxes paid for Renewal portion of Levy
0.00109	1.09 Additional Mills
n/a	State Rollback Factor - not applicable on new millage
$38.15	
$98.01	**Total homeower cost of 2.2 renewal with a 1.09 mill increase**

The earliest date that ADAMH can go on the ballot to replace the current levy is November 2020. If the taxpayers pass the levy, collections will begin in 2022 and the levy will expire on December 31, 2031.

1. Levy History

ADAMH is currently operating with a single 5-year, 2.2 mill renewal levy that began collections in 2017. The levy was passed on November 3, 2015 by a 74.6% margin (218,943 of 293,448 Franklin County voters) and generates $60 million in revenue annually (2019).

The current voted and effective millage rates are as follows:

Table 16: Millage Rates

Voted Millage	Commercial/Industrial Effective Rate (2020)	Residential/Agriculture Effective Rate in 2020
2.2	2.05	1.95

Since ADAMH was created in 1967, levy results are as follows:

Table 17: Election Results

Month-Year	Result	Levy Request
May 1970	Failed	0.75 mill new, 5-year levy
November 1970	Passed	0.75 mill new, 5-year levy
November 1974	Passed	0.75 mill renewal, 10-year levy
November 1984	Passed	0.8 mill renewal, 5-year levy (.05 mill increase from 1974 levy)
November 1988	Passed	1.2 mill, 5-year levy (.4 mill increase from 1984 levy)
November 1991	Passed	2.2 mill, 5-year levy (1 mill increase from 1988 levy)
November 1995	Failed	2.4 mill, 10-year replacement levy (0.2 mill increase from 1991 levy)
November 1996	Passed	2.2 mill 10-year replacement levy
November 2005	Passed	2.2 mill 10-year replacement levy
November 2015	Passed	2.2 mill 5-year renewal levy

2. Levy Options

The following discussion details the three different levy options that ADAMH is proposing. In addition to the renewal scenarios presented below, ADAMH evaluated several replacement plus new millage scenarios, but determined the estimated annual revenue increase ($6 million) from rebasing the valuation year did not justify the additional expense that would be incurred by Franklin County homeowners. Homeowners would not receive non-business (10%) and owner-occupied (2.5%) tax credits if a replacement levy is passed.

It is worth noting that a renewal levy with no additional millage is not sustainable beyond the first year (2022) without material reductions to community investments. If no new millage is approved, ADAMH will need to reduce annual expenditures by $23.9 million (25% reduction) in 2022.

Listed in the table below is a summary of levy request options and the planned investment factors that would be addressed in each scenario.

Table 18: Levy Request Options

	Option A	Option B	Option C
Planned Investment Factors Addressed:	**10 Yr Renewal +1.09 Mill New**	**10 Yr Renewal +0.88 Mill New**	**5 Yr Renewal +0.84 Mill New**
Eliminate Operating Deficit	Yes	Yes	Yes
Annual Inflation (1.59%)	Yes	Yes	Yes
Annual Population Growth (0.78%)	Included in Demand Forecast	Yes	Included in Demand Forecast
Annual Demand Forecast (2.1%)	Yes	No	Yes
FCMHACC $10 million Capital Loan	Yes	Yes	Yes
Guardianship ($2 mill/year +3%)	Yes	Yes	Yes

[1] Inflation adjustment is based on 10 year average (1.59%) of Consumer Price Index, Midwest Urban

For additional context, the table below is an estimation of additional millage needed for each of the planned investment factors.

Table 19: Levy Request Options

	Option A 10 Yr Renewal +1.09 Mill New		Option B 10 Yr Renewal +0.88 Mill New		Option C 5 Yr Renewal +0.84 Mill New	
Incremental Mill Adjustment for:	**Mill Increase**	**% of Total Increase**	**Mill Increase**	**% of Total Increase**	**Mill Increase**	**% of Total Increase**
Deficit + Inflation	0.651	60%	0.651	74%	0.559	67%
Guardianship +3% subsequent annual adjustment	0.073	7%	0.073	8%	0.071	8%
Capital Loan	0.033	3%	0.033	4%	0.035	4%
Population Growth + Inflation	0.121	11%	0.121	14%	0.065	8%
Demand Growth + Inflation	0.216	20%	n/a	n/a	0.112	13%
Total Mill Increase (rounded)	**1.09**	**100%**	**0.88**	**100%**	**0.84**	**100%**

[1] Inflation adjustment is based on 10 year average (1.59%) of Consumer Price Index, Midwest Urban.

Based on funding volatility over the past several years, ADAMH recommends a 10 year levy term for both our primary and secondary proposals. As previously mentioned, the Medicaid system is currently experiencing significant challenges. These issues have directly led to Provider closures in Ohio. A 10-year ADAMH levy term will help stabilize the funding base for our network of community providers.

3. Operating Deficit

ADAMH is projecting to end the current levy cycle (2021) with an operating deficit of $13.6 million and 89 days cash on hand ($23.6 million). The projected operating deficit is closely aligned to the 2015 HSLRC recommended plan ($12 million).

The operating deficit is calculated by subtracting annual expense (net of one-time capital) from annual revenues.

Calendar Year 2021 Operating Deficit

Total Revenues	$78,871,080
Total Expenditures	$96,500,963
(less) One Time Capital	($4,025,000)
Operating Expenditures	$92,475,963
Operating Deficit	**($13,604,883)**

ADAMH began the current levy cycle (2017) with $49.1 million in Budget Stabilization Reserve. The Budget Stabilization Reserve is the amount of cash available to deficit finance (i.e. spend down) cash reserves over the duration of the levy cycle while maintaining 90 days cash on hand (i.e. operating reserve).

The Budget Stabilization Reserve was utilized to create or expand numerous programs in Franklin County during the current levy cycle. Below is a partial list of new or expanded programs with current 2020 investment amounts.

Table 20: New & Expanded Programs

Type	Category	Description	2020 Investment
New Program	Substance Use	Addiction Stabilization Center	$4,639,865
New Program	Substance Use	Mobile Opiate Response Teams	$1,625,962
Program Expansion	Substance Use	School-Based AoD Risk Awareness	$403,171
New Program	Substance Use	Denial Ohio PSA Campaign	$255,000
New Program	Crisis	Columbus Police Mobile Crisis Support Team	$519,494
New Program	Crisis	Franklin County Sheriff Mobile Crisis Support Team	$407,779
Program Expansion	Crisis	Emergency Response Services	$690,543
Program Expansion	Crisis	Probate Pre-Screen	$344,108
Program Expansion	Crisis	Community Crisis Response	$239,585
New Program	Incentive	Performance Utilization Pool	$5,000,000
New Program	Incentive	Opiate Performance Incentives	$1,000,000
New Program	Incentive	Value Based Contracting	$1,000,000
			$16,125,507

Dollar amount represents only the increased investment for "Program Expansion" category.

The Budget Stabilization Reserve was also used to fund the following one-time capital investments in the current levy cycle:

Table 21: 2017-2020 Capital Investments

Provider	Capital Investment	Amount
Choices for Victims of Domestic Violence	Capital Campaign	$250,000
Community for New Direction Inc.	Recovery Residence	$348,900
Community Housing Network Inc.	Laurel Green	$1,550,000
Community Housing Network Inc.	Creekside Place	$650,000
Concord Counseling Services	Community Mental Health Care	$147,000
Directions for Youth and Families Inc.	Capital Campaign	$250,000
House of Hope For Alcoholics	Facilities - Capital	$150,000
House of Hope For Alcoholics	Recovery Residence	$600,000
Maryhaven	Addiction Stabilization Center	$500,000
North Community Counseling Centers Inc.	Residential Care Facility	$1,000,000
		$5,445,900

4. Growth Projections

Annual Inflation

The annual inflation rate used to adjust Provider service investments is 1.59%. This rate reflects the average Consumer Price Index (Midwest – All Urban Consumers) over the past 10 years (2009-2018).

Annual Population Growth

The Ohio Development Services Agency is projecting the population in Franklin County to grow by more than 100,000 residents between 2020 and 2030. This growth rate (8%) is significantly higher than statewide

Table 22: 2020-2030 Population Estimates

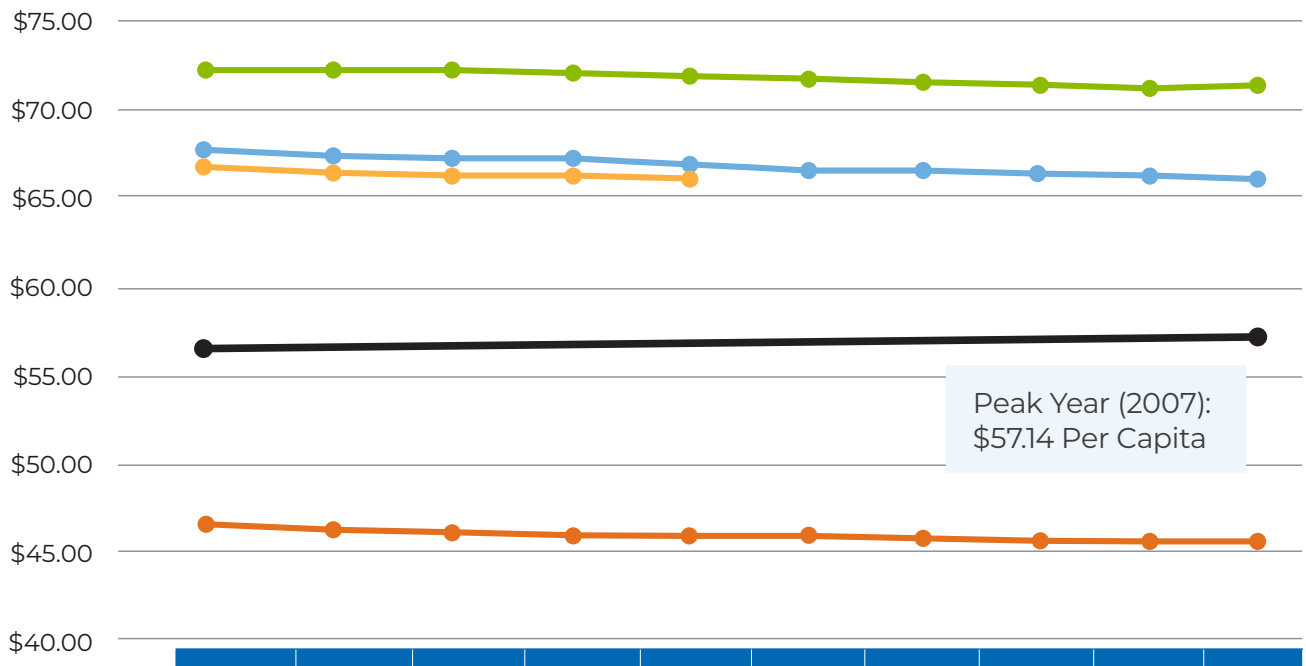
County	Urban Center	2020 Estimate	2030 Estimate	Change in Population	Percent Change
Cuyahoga	Cleveland	1,209,550	1,154,210	(55,340)	-4.58%
Franklin	Columbus	1,291,320	1,394,980	103,660	8.03%
Hamilton	Cincinnati	790,600	785,900	(4,700)	-0.59%
Lucas	Toledo	430,450	420,080	(10,370)	-2.41%
Mahoning	Youngstown	224,680	212,240	(12,440)	-5.54%
Montgomery	Dayton	513,830	496,650	(17,180)	-3.34%
Stark	Canton	368,210	361,130	(7,080)	-1.92%
Summit	Akron	534,150	528,990	(5,160)	-0.97%
	Ohio Total	**11,574,870**	**11,615,100**	**40,230**	**0.35%**

Source: Ohio Development Services Agency - April 2018

The annual population rate used to adjust Provider service investments for the next levy cycle is 0.78%.

The graph below reflects the projected per capita investment of levy revenues for the next levy cycle for each of the three proposed options. In addition, a renewal-only scenario and the "peak" per capita year (2007) is also reflected in the graph.

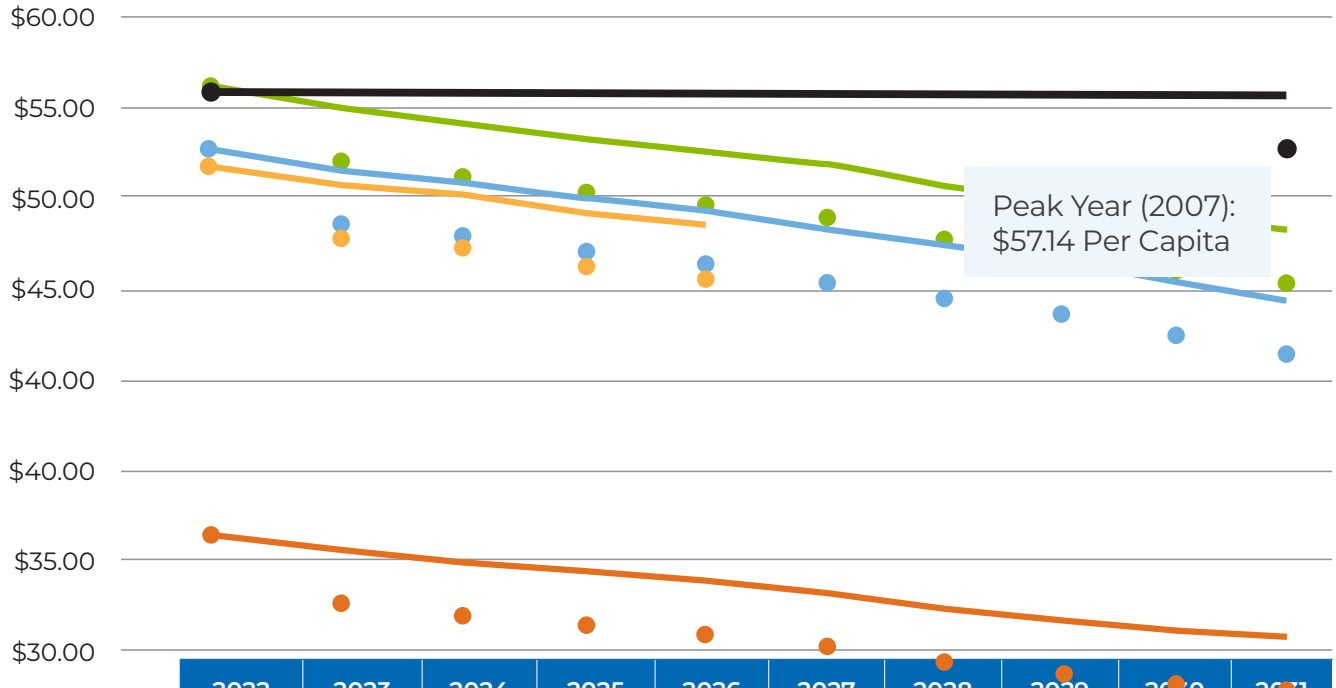
Table 23: Franklin County Population Projected Per Capita ADAMH Levy Revenues



	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
Renewal Only	$46.56	$46.42	$46.29	$46.16	$46.02	$45.89	$45.76	$45.62	$45.49	$45.36
Option A	$72.49	$72.36	$72.23	$72.10	$71.97	$71.85	$71.72	$71.59	$71.46	$71.33
Option B	$67.52	$67.39	$67.26	$67.14	$67.01	$66.88	$66.75	$66.62	$66.49	$66.36
Option C	$66.58	$66.45	$66.32	$66.19	$66.06					

As the graph below indicates, when historical and projected inflation is taken into account, the per capital investment for the three proposed options is less than the 2007 investment level.

Table 24: Franklin County Projected Population and Inflation Adjusted (Index=2007) Per Capita ADAMH Levy Revenues 2022-2031



	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
Renewal Only	$36.09	$35.42	$34.77	$34.13	$33.50	$32.88	$32.27	$31.67	$31.08	$30.51
Option A	$56.19	$55.22	$54.26	$53.31	$52.38	$51.47	$50.58	$49.70	$48.83	$47.98
Option B	$52.35	$51.43	$50.53	$49.64	$48.77	$47.91	$47.07	$46.24	$45.43	$44.63
Option C	$51.61	$50.71	$49.81	$48.94	$48.08					

Annual Demand Growth

The Annual Demand Growth factor is a market specific analysis shared by our community partners. This analysis indicates that demand for Behavioral Healthcare services in Franklin County will grow by 23% in the next 10 years. The growth factor includes both projected population growth and other factors, including:

- **Epidemiology**
- **Economy and Consumerism**
- **Policy**
- **Innovation and Technology**
- **System of Care**

Levy Options A and C include the demand variable as a factor in the request. Option B only includes projected population growth.

Capital Loan for FCMHACC

The Franklin County Commissioners have agreed to loan ADAMH $10 million in capital to fund a new Franklin County Mental Health Addiction Crisis Center (FCMHACC). ADAMH's intent is to repay this loan over 10 years beginning in 2022. ADAMH has budgeted $1.05 million per year ($1 million principal, $50,000 interest) to repay this loan.

5. Guardianship Service Board

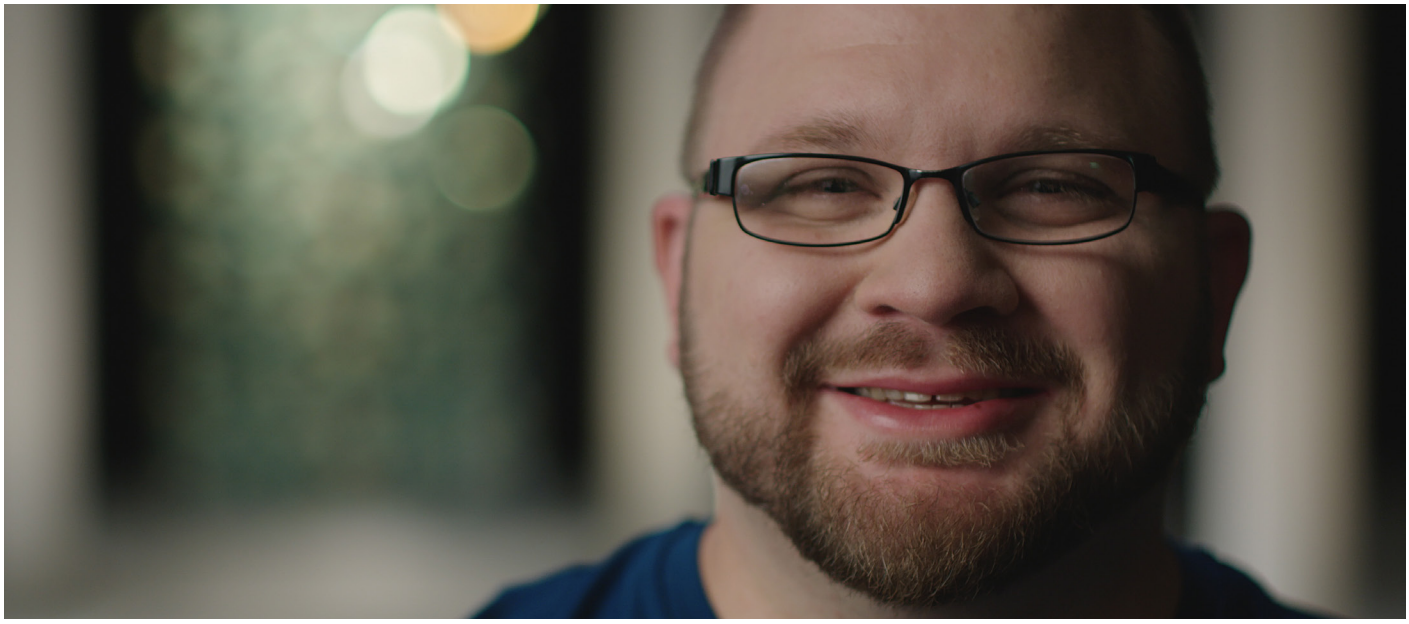
ADAMH has earmarked $2 million in 2022 revenues to support the Franklin County Guardianship Service Board (GSB). Each proposed levy option includes a 3% annual adjustment for the remainder of the next levy cycle. The annual GSB set-aside will fund 20 case workers who will manage an estimated 800 clients per year.

The GSB is appointed as the guardian of the person for adult residents of Franklin County with a substantial mental impairment or developmental disability who have been declared incompetent by the Franklin County Probate Court. GSB serves those with presenting situations that require legal authority to act, such as health care or residential decisions and those with no other adult or entity available and/or appropriate to be guardian.

Appointed guardians make routine visits and prepare care plans for clients. In addition, guardians advocate for clients and engage family members to improve clients' quality of life.

Annually the Franklin County Probate Court indicates there are approximately 700 new cases filed and in need of a guardian. The Probate Court further estimates that approximately two-thirds of all new cases filed, have a behavioral health diagnosis and therefore designated ADAMH cases. In addition to the annual volume of incoming cases, the court routinely receives requests from attorney guardians, to be removed and replaced. Currently there are approximately 1,800 cases with pending resignations from attorneys waiting on a new guardian appointment. It is estimated that the majority of those cases are behavioral health in nature and therefore designated as ADAMH cases. Currently the guardian caseload is categorized as follows:

- **31% Developmental Disabilities**
- **19% Behavioral Health**
- **14% Adult Protective Services**
- **20% Hospital Referrals**
- **16% Other**



6. Proposed Options

All options listed utilize the same assumptions as previously identified (refer to Revenues and Expenses: 2022- 2031 Levy Cycle discussion starting on the next page (77) of this fact book).

Option A: Property Tax Levy

- $12.4 million increase to community investments for each of the 10 years
  - **Crisis Services**
    - Increase operating investment for new Franklin County Mental Health and Addiction Crisis Center
    - Increase investment in acute crisis transition programs
  - **Treatment Services**
    - Expand investment in Evidence-Based programs
    - Expand investment in Medically Assisted Treatment programs
  - **Prevention Services**
    - Expand investment in School-Based Prevention
    - Expand investment in Suicide Prevention
  - **Housing Services**
    - Expand investment in Residential Care Facilities
    - Expand investment in Recovery Housing
  - **Family Support Services**
    - Expand investment in Guardianship Services Board
    - Expand investment in Family Education Support services
  - **Recovery Support Services**
    - Invest in a Recovery Oriented System of Care
    - Expand investment in Peer and Employment services
- Allows ADAMH to adjust investments for the increasing cost of services over 10 years
- Provides for sufficient levy reserves throughout the levy cycle (projected to end levy cycle with 86 days cash on hand).

Table 25: ADAMH Board of Franklin County
Estimated Revenue and Expenditures
Calendar Years 2022-2031
Option A: 10 Year Renewal with additional 1.09 Mill

	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
Beginning Cash	**$23,568,637**	**$37,156,536**	**$48,678,702**	**$57,446,620**	**$63,092,526**	**$65,994,258**	**$65,775,091**	**$62,303,568**	**$55,443,329**	**$45,052,929**
Revenue:										
Levy Funds	$95,072,591	$95,645,632	$96,221,758	$96,800,980	$97,383,312	$97,968,765	$98,557,354	$99,149,090	$99,743,986	$100,342,054
Fringe Funds	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978
State Funds	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706
Local Funds	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114
Misc Funds	$500,000	$500,000	$500,000	$500,000	$500,000	$500,000	$500,000	$500,000	$500,000	$500,000
Total Revenue	**$110,059,388**	**$110,632,430**	**$111,208,555**	**$111,787,778**	**$112,370,109**	**$112,955,563**	**$113,544,151**	**$114,135,887**	**$114,730,783**	**$115,328,852**
Expenditures:										
Personal Services	$4,688,333	$4,828,983	$4,973,852	$5,123,068	$5,276,760	$5,435,063	$5,598,115	$5,766,058	$5,939,040	$6,361,900
Fringe Benefits	$2,018,481	$2,079,036	$2,141,407	$2,205,649	$2,271,819	$2,339,973	$2,410,172	$2,482,478	$2,556,952	$2,712,670
Materials & Services	$2,711,554	$2,765,785	$2,821,101	$2,877,523	$2,935,073	$2,993,775	$3,053,650	$3,114,723	$3,177,017	$3,240,558
Capital Outlays	$625,000	$50,000	$50,000	$300,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000
Grants (Guardianship)	$2,000,000	$2,060,000	$2,121,800	$2,185,454	$2,251,018	$2,318,548	$2,388,105	$2,459,748	$2,533,540	$2,609,546
Interfund / Debt Service	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000
Social Services	$83,378,122	$86,276,460	$89,282,478	$92,400,178	$95,633,708	$98,987,372	$102,465,632	$106,073,119	$109,814,634	$113,695,155
Total Expenditures	**$96,471,490**	**$99,110,263**	**$102,440,638**	**$106,141,872**	**$109,468,377**	**$113,174,730**	**$117,015,674**	**$120,996,126**	**$125,121,183**	**$129,719,829**
Ending Cash Balance:	**$37,156,536**	**$48,678,702**	**$57,446,620**	**$63,092,526**	**$65,994,258**	**$65,775,091**	**$62,303,568**	**$55,443,329**	**$45,052,929**	**$30,661,952**

Option B: Property Tax Levy

- $5.7 million increase to community investments for each of the 10 years
  - **Crisis Services**
    - Increase operating investment for new Franklin County Mental Health and Addiction Crisis Center
  - **Treatment Services**
    - Expand investment in Evidence-Based programs
  - **Prevention Services**
    - Expand investment in School-Based Prevention
  - **Housing Services**
    - Expand investment in Residential Care Facilities
  - **Family Support Services**
    - Expand investment in Guardianship Services Board
  - **Recovery Support Services**
    - Invest in a Recovery Oriented System of Care
- Allows ADAMH to adjust investments for the increasing cost of services over 10 years
- Provides for sufficient levy reserves throughout the levy cycle (projected to end levy cycle with 92 days cash on hand).

Table 26: ADAMH Board of Franklin County
Estimated Revenue and Expenditures
Calendar Years 2022-2031
Option B: 10 Year Renewal with additional 0.88 Mill

	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
Beginning Cash	**$23,568,637**	**$31,646,499**	**$38,669,369**	**$44,012,244**	**$47,373,832**	**$49,201,519**	**$49,191,335**	**$47,287,918**	**$43,434,485**	**$37,572,791**
Revenue:										
Levy Funds	$88,560,814	$89,081,762	$89,605,376	$90,131,667	$90,660,645	$91,192,317	$91,726,694	$92,263,784	$92,803,598	$93,346,143
Federal Funds	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978
State Funds	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706
Local Funds	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114
Misc Funds	$500,000	$500,000	$500,000	$500,000	$500,000	$500,000	$500,000	$500,000	$500,000	$500,000
Total Revenue	**$103,547,612**	**$104,068,559**	**$104,592,174**	**$105,118,465**	**$105,647,442**	**$106,179,114**	**$106,713,491**	**$107,250,582**	**$107,790,395**	**$108,332,941**
Expenditures:										
Personal Services	$4,688,333	$4,828,983	$4,973,852	$5,123,068	$5,276,760	$5,435,063	$5,598,115	$5,766,058	$5,939,040	$6,361,900
Fringe Benefits	$2,018,481	$2,079,036	$2,141,407	$2,205,649	$2,271,819	$2,339,973	$2,410,172	$2,482,478	$2,556,952	$2,712,670
Materials & Services	$2,711,554	$2,765,785	$2,821,101	$2,877,523	$2,935,073	$2,993,775	$3,053,650	$3,114,723	$3,177,017	$3,240,558
Capital Outlays	$625,000	$50,000	$50,000	$300,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000
Grants (Guardianship)	$2,000,000	$2,060,000	$2,121,800	$2,185,454	$2,251,018	$2,318,548	$2,388,105	$2,459,748	$2,533,540	$2,609,546
Interfund / Debt Service	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000
Social Services	$82,376,381	$84,211,886	$86,091,139	$88,015,183	$89,985,086	$92,001,940	$94,066,866	$96,181,008	$98,345,540	$100,561,663
Total Expenditures	**$95,469,750**	**$97,045,690**	**$99,249,299**	**$101,756,877**	**$103,819,755**	**$106,189,299**	**$108,616,908**	**$111,104,015**	**$113,652,089**	**$116,586,337**
Ending Cash Balance:	**$31,646,499**	**$38,669,369**	**$44,012,244**	**$47,373,832**	**$49,201,519**	**$49,191,335**	**$47,287,918**	**$43,434,485**	**$37,572,791**	**$29,319,395**

5-Year

2.2 Mill
Renewal

0.84 Mill
Increase

Option C: Property Tax Levy

- $7.5 million increase to community investments for each of the 5 years
  - **Crisis Services**
    - Increase operating investment for new Franklin County Mental Health and Addiction Crisis Center
    - Increase investment in acute crisis transition programs
  - **Treatment Services**
    - Expand investment in Evidence-Based programs
    - Expand investment in Medically Assisted Treatment programs
  - **Prevention Services**
    - Expand investment in School-Based Prevention
    - Expand investment in Suicide Prevention
  - **Housing Services**
    - Expand investment in Residential Care Facilities
    - Expand investment in Recovery Housing
  - **Family Support Services**
    - Expand investment in Guardianship Services Board
    - Expand investment in Family Education Support services
  - **Recovery Support Services**
    - Invest in a Recovery Oriented System of Care
    - Expand investment in Peer and Employment services
- Allows ADAMH to adjust investments for the increasing cost of services over 5 years
- Provides for sufficient levy reserves throughout the levy cycle (projected to end levy cycle with 89 days cash on hand).

Table 27: Alcohol, Drug and Mental Health Board of Franklin County
Estimated Revenue and Expenditures
Calendar Years 2022-2031

	2022	2023	2024	2025	2026
Beginning Cash	**$23,568,637**	**$29,404,421**	**$33,112,455**	**$34,003,728**	**$31,709,976**
Revenue:					
Levy Funds	$87,320,476	$87,831,501	$88,345,113	$88,861,322	$89,380,137
Federal Funds	$7,268,978	$7,268,978	$7,268,978	$7,268,978	$7,268,978
State Funds	$5,843,706	$5,843,706	$5,843,706	$5,843,706	$5,843,706
Local Funds	$1,374,114	$1,374,114	$1,374,114	$1,374,114	$1,374,114
Misc Funds	$500,000	$500,000	$500,000	$500,000	$500,000
Total Revenue	**$102,307,273**	**$102,818,298**	**$103,331,911**	**$103,848,120**	**$104,366,934**
Expenditures:					
Personal Services	$4,688,333	$4,828,983	$4,973,852	$5,123,068	$5,276,760
Fringe Benefits	$2,018,481	$2,079,036	$2,141,407	$2,205,649	$2,271,819
Materials & Services	$2,711,554	$2,765,785	$2,821,101	$2,877,523	$2,935,073
Capital Outlays	$625,000	$50,000	$50,000	$300,000	$50,000
Grants (Guardianship)	$2,000,000	$2,060,000	$2,121,800	$2,185,454	$2,251,018
Interfund / Debt Service	$1,050,000	$1,050,000	$1,050,000	$1,050,000	$1,050,000
Social Services	$83,378,122	$86,276,460	$89,282,478	$92,400,178	$95,633,708
Total Expenditures	**$96,471,490**	**$99,110,263**	**$102,440,638**	**$106,141,872**	**$109,468,377**
Ending Cash Balance:	**$29,404,421**	**$33,112,455**	**$34,003,728**	**$31,709,976**	**$26,608,533**

7. Property Owner Levy Cost Analysis

The table below reflects the cost to a homeowner for each of the three proposed options.

Table 28: ADAMH Board of Franklin County
Property Owner Levy Cost Analysis

	Option A	Option B	Option C
	10 Year, 2.2 mill Renewal with 1.09 mill increase	**10 Year, 2.2 mill Renewal with 0.88 mill increase**	**5 Year, 2.2 mill Renewal with 0.84 mill increase**
Fair Market Value of home	$100,000	$100,000	$100,000
Assessment Percentage	x 35%	x 35%	x 35%
Assessed Value	$35,000	$35,000	$35,000
Effective Millage	x 0.00195	x 0.00195	x 0.00195
State Rollback Factor	x 0.875	x 0.875	x 0.875
Annual Taxes paid for Renewal portion of Levy	$59.86	$59.86	$59.86
Additional Mills	0.00109	0.00088	0.00084
State Rollback Factor - not applicable on new millage	n/a	n/a	n/a
	$38.15	$30.80	$29.40
Total Cost	**$98.01**	**$90.66**	**$89.26**
Increase from Current Cost	**$38.15**	**$30.80**	**$29.40**

ADAMH
Alcohol Drug and Mental Health Board of Franklin County

RESOLUTION
REQUESTING PLACEMENT OF A 2.2 MILL RENEWAL WITH A 1.09 MILL INCREASE PROPERTY TAX LEVY ON THE NOVEMBER 3, 2020 BALLOT

WHEREAS, the ADAMH Board of Franklin County has the responsibility to contract for publicly funded mental health and substance use disorder treatment, prevention, crisis, family supports, housing and recovery support services for Franklin County residents; and

WHEREAS, ADAMH has been responsive to the community by being good stewards of resources entrusted through its role as planner, funder and evaluator of the ADAMH system of care; and

WHEREAS, ADAMH has one 2.2 mill property tax levy, which is due to expire on December 31, 2021; and

WHEREAS, ADAMH has determined the amount of county revenues needed, when combined with available state and federal revenues to effectively perform its functions and duties as required by Chapter 340 of the Ohio Revised Code; and

WHEREAS, a renewal with increased millage levy is crucial to maintain and expand vital services to an increasing number of Franklin County residents whose needs for services is projected to continue to grow; and

NOW, THEREFORE, BE IT RESOLVED by the ADAMH Board of Franklin County that it recommends the Franklin County Board of Commissioners submit to the electorate in the general election to be held on November 3, 2020, a 2.2 mill renewal with a 1.09 mill increase tax for the benefit of providing mental health and substance use disorder treatment, prevention, crisis, family supports, housing and recovery support services pursuant to Chapter 340 of the Ohio Revised Code, for a ten year period, first due in Calendar Year 2022.

WITNESS THEREOF, I hereunto subscribe my name on this twenty-fifth day of February, Two Thousand and Twenty.

Erica Clark Jones, CEO
ADAMH Board of Franklin County

Peggy Anderson, Board Chair
ADAMH Board of Franklin County

Date: February 25, 2020

Resolution #20200225-01

APPENDIX 1 – Acronyms

ACA	Affordable Care Act
ADAMH	Alcohol, Drug and Mental Health Board of Franklin County
AMI	Any mental illness
AOD	Alcohol and other drugs
CAPT	Center for the Application of Prevention Technologies
CEUs	Continuing Education Units
CHA	County Health Assessment
CHIP	Community Health Improvement Plan
CHN	Community Housing Network
CIT	Crisis Intervention Team
CMS	Centers for Medicare & Medicaid Services
CND	Community for New Direction
COG	Council of governments
CPD	Columbus Police Department
CSB	Community Shelter Board
CSU	Crisis Stabilization Unit
DALYS	Disability adjusted life years
DESSA-mini	Devereaux student strengths assessment mini-form
DFYF	Directions for Youth and Families
GSB	Guardianship Services Board
ICD-10	International Statistical Classification of Diseases and Related Health Problems (10th Revision)
IDDT/ACT	Integrated dual disorders treatment/assertive community treatment
LOS	Length of stay
LOSS	Local Outreach to Suicide Survivors
MAT	Medication-assisted treatment
MCO	Managed care organization
MDE	Major depressive episodes
MFR	Managing for Results
MHAFC	Mental Health America of Franklin County
MHSIP	Mental health statistics improvement program
NCH	Nationwide Children's Hospital
NIDA	National Institute on Drug Abuse
NSDUH	National Survey of Drug Use and Health
ODM	Ohio Department of Medicaid
OhioMHAS	Ohio Department of Mental Health and Addiction Services
OUDs	Opioid Use Disorders
PEER Center	Peers Enriching Each other's Recovery
PUP	Performance Utilization Pool
QPR	Question. Persuade. Refer. training
RCF	Residential care facility
RREACT	Rapid response emergency and addiction team
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPT	Substance abuse prevention and treatment block grant
SDI	State Disability Insurance
SEL	Social Emotional Learning
SHA	State Health Assessment
SHIP	State Health Improvement Plan
SMI	Serious mental illness
SOR	State Opioid Response
SPF	Strategic Prevention Framework
SUD	Substance use disorder
TPP	Tangible personal property
UMADAOP	Urban Minority Alcoholism and Drug Abuse Outreach Program
WHAM	Whole Health Action Management
WRAP	Wellness, Recovery Action Planning

APPENDIX 2 – Ohio Revised Code 340.01 Alcohol, Drug Addiction, and Mental Health Service District

(A) As used in this chapter:

(1) "Addiction," "addiction services," "alcohol and drug addiction services," "alcoholism," "certifiable services and supports," "community addiction services provider," "community mental health services provider," "drug addiction," "gambling addiction services," "included opioid and co-occurring drug addiction services and recovery supports," "mental health services," "mental illness," and "recovery supports" have the same meanings as in section 5119.01 of the Revised Code.

(2) "Medication-assisted treatment" means alcohol and drug addiction services that are accompanied by medication approved by the United States food and drug administration for the treatment of alcoholism or drug addiction, prevention of relapse of alcoholism or drug addiction, or both.

(3) "Recovery housing" means housing for individuals recovering from alcoholism or drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining alcohol and drug addiction services, and other alcoholism and drug addiction recovery assistance.

(B) An alcohol, drug addiction, and mental health service district shall be established in any county or combination of counties having a population of at least fifty thousand. With the approval of the director of mental health and addiction services, any county or combination of counties having a population of less than fifty thousand may establish such a district. Districts comprising more than one county shall be known as joint-county districts.

The board of county commissioners of any county participating in a joint-county district may submit a resolution requesting withdrawal from the district together with a comprehensive plan or plans that are in compliance with rules adopted by the director of mental health and addiction services under section 5119.22 of the Revised Code, and that provide for the equitable adjustment and division of all services, assets, property, debts, and obligations, if any, of the joint-county district to the board of alcohol, drug addiction, and mental health services, to the boards of county commissioners of each county in the district, and to the director. No county participating in a joint-county service district may withdraw from the district without the consent of the director of mental health and addiction services nor earlier than one year after the submission of such resolution unless all of the participating counties agree to an earlier withdrawal. Any county withdrawing from a joint-county district shall continue to have levied against its tax list and duplicate any tax levied by the district during the period in which the county was a member of the district until such time as the levy expires or is renewed or replaced.

Amended by131st General Assembly File No. TBD, SB 319, §1, eff. 7/1/2017.

Amended by131st General Assembly File No. TBD, HB 483, §610.21, eff.7/13/2016.

Amended by131st General Assembly File No. TBD, HB 483, §610.10, eff.7/13/2016.

Amended by131st General Assembly File No. TBD, SB 129, §5, eff. 9/13/2016.

Amended by131st General Assembly File No. TBD, SB 129, §3, eff. 9/13/2016.

Amended by131st General Assembly File No. TBD, HB 64, §110.10, eff.7/1/2017.

Amended by130th General Assembly File No. TBD, HB 483, §101.01, eff.7/1/2017.

Amended by130th General Assembly File No. 25, HB 59, §101.01, eff.9/29/2013.

Effective Date: 09-26-1990.

APPENDIX 3 – Ohio Revised Code 340.03 Boards of Alcohol, Drug Addiction, and Mental Health Services; Powers and Duties

(A) Subject to rules issued by the director of mental health and addiction services after consultation with relevant constituencies as required by division (A) (10) of section 5119.21 of the Revised Code, each board of alcohol, drug addiction, and mental health services shall:

(1) Serve as the community addiction and mental health planning agency for the county or counties under its jurisdiction, and in so doing it shall:

(a) Evaluate the need for facility services, addiction services, mental health services, and recovery supports;

(b) In cooperation with other local and regional planning and funding bodies and with relevant ethnic organizations, evaluate strengths and challenges and set priorities for addiction services, mental health services, and recovery supports. A board shall include treatment and prevention services when setting priorities for addiction services and mental health services. When a board sets priorities for addiction services, the board shall consult with the county commissioners of the counties in the board's service district regarding the services described in section 340.15 of the Revised Code and shall give priority to those services, except that those services shall not have a priority over services provided to pregnant women under programs developed in relation to the mandate established in section 5119.17 of the Revised Code.

(c) In accordance with guidelines issued by the director of mental health and addiction services under division (F) of section 5119.22 of the Revised Code, annually develop and submit to the department of mental health and addiction services a community addiction and mental health plan that addresses both of the following:

(i) The needs of all residents of the district currently receiving inpatient services instate-operated hospitals, the needs of other populations as required by state or federal law or programs, and the needs of all children subject to a determination made pursuant to section 121.38 of the Revised Code;

(ii) The department's priorities for facility services, addiction services, mental health services, and recovery supports during the period for which the plan will be in effect. The department shall inform all of the boards of the department's priorities in a timely manner that enables the boards to know the department's priorities before the boards develop and submit the plans.

In alcohol, drug addiction, and mental health service districts that have separate alcohol and drug addiction services and community mental health boards, the alcohol and drug addiction services board shall submit a community addiction plan and the community mental health board shall submit a community mental health plan. Each board shall consult with its counterpart in developing its plan and address the interaction between the local addiction and mental health systems and populations with regard to needs and priorities in developing its plan.

The department shall approve or disapprove the plan, in whole or in part, in accordance with division (G) of section 5119.22 of the Revised Code. Eligibility for state and federal funding shall be contingent upon an approved plan or relevant part of a plan.

If a board determines that it is necessary to amend an approved plan, the board shall submit a proposed amendment to the director. The director shall approve or disapprove all or part of the amendment in accordance with division (H) of section 5119.22 of the Revised Code.

The board shall operate in accordance with the plan approved by the department.

(d) Promote, arrange, and implement working agreements with social agencies, both public and private, and with judicial agencies.

(2) Investigate, or request another agency to investigate, any complaint alleging abuse or neglect

of any person receiving addiction services, mental health services, or recovery supports from a community addiction services provider or community mental health services provider or alleging abuse or neglect of a resident receiving addiction services or with mental illness or severe mental disability residing in a residential facility licensed under section 5119.34 of the Revised Code. If the investigation substantiates the charge of abuse or neglect, the board shall take whatever action it determines is necessary to correct the situation, including notification of the appropriate authorities. Upon request, the board shall provide information about such investigations to the department.

(3) For the purpose of section 5119.36 of the Revised Code, cooperate with the director of mental health and addiction services in visiting and evaluating whether the certifiable services and supports of a community addiction services provider or community mental health services provider satisfy the certification standards established by rules adopted under that section;

(4) In accordance with criteria established under division (D) of section 5119.22 of the Revised Code, conduct program audits that review and evaluate the quality, effectiveness, and efficiency of addiction services, mental health services, and recovery supports provided by community addiction services providers and community mental health services providers under contract with the board and submit the board's findings and recommendations to the department of mental health and addiction services;

(5) In accordance with section 5119.34 of the Revised Code, review an application for a residential facility license and provide to the department of mental health and addiction services any information about the applicant or facility that the board would like the department to consider in reviewing the application;

(6) Audit, in accordance with rules adopted by the auditor of state pursuant to section 117.20 of the Revised Code, at least annually all programs, addiction services, mental health services, and recovery supports provided under contract with the board. In so doing, the board may contract for or employ the services of private auditors. A copy of the fiscal audit report shall be provided to the director of mental health and addiction services, the auditor of state, and the county auditor of each county in the board's district.

(7) Recruit and promote local financial support for addiction services, mental health services, and recovery supports from private and public sources;

(8) In accordance with guidelines issued by the department as necessary to comply with state and federal laws pertaining to financial assistance, approve fee schedules and related charges or adopt a unit cost schedule or other methods of payment for addiction services, mental health services, and recovery supports provided by community addiction services providers and community mental health services providers that have contracted with the board under section 340.036 of the Revised Code;

(9) Submit to the director and the county commissioners of the county or counties served by the board, and make available to the public, an annual report of the addiction services, mental health services, and recovery supports under the jurisdiction of the board, including a fiscal accounting;

(10) Establish a method for evaluating referrals for court-ordered treatment and affidavits filed pursuant to section 5122.11 of the Revised Code in order to assist the probate division of the court of common pleas in determining whether there is probable cause that a respondent is subject to court-ordered treatment and whether alternatives to hospitalization are available and appropriate;

(11) Designate the treatment services, provider, facility, or other placement foreach person involuntarily committed to the board pursuant to Chapter 5122. of the Revised Code. The board shall provide the least restrictive and most appropriate alternative that is available for any person involuntarily committed to it and shall assure that the list of addiction services, mental health services, and recovery supports submitted and approved in accordance with division (B) of section 340.08 of the Revised Code are available to severely mentally disabled persons residing within its service district. The board shall establish the procedure for authorizing payment for the services and supports, which may include prior authorization in appropriate circumstances. In accordance with section 340.037 of the Revised Code, the board may provide addiction services and mental health services directly to a severely mentally

disabled person when life or safety is endangered and when no community addiction services provider or community mental health services provider is available to provide the service.

(12) Ensure that housing built, subsidized, renovated, rented, owned, or leased by the board or a community addiction services provider or community mental health services provider has been approved as meeting minimum fire safety standards and that persons residing in the housing have access to appropriate and necessary services, including culturally relevant services, from a community addiction services provider or community mental health services provider. This division does not apply to residential facilities licensed pursuant to section 5119.34 of the Revised Code.

(13) Establish a mechanism for obtaining advice and involvement of persons receiving addiction services, mental health services, or recovery supports on matters pertaining to services and supports in the alcohol, drug addiction, and mental health service district;

(14) Perform the duties required by rules adopted under section 5119.22 of the Revised Code regarding referrals by the board or community mental health services providers under contract with the board of individuals with mental illness or severe mental disability to class two residential facilities licensed under section 5119.34 of the Revised Code and effective arrangements for ongoing mental health services for the individuals. The board is accountable in the manner specified in the rules for ensuring that the ongoing mental health services are effectively arranged for the individuals.

(B) Each board of alcohol, drug addiction, and mental health services shall establish such rules, operating procedures, standards, and bylaws, and perform such other duties as may be necessary or proper to carry out the purposes of this chapter.

(C) Aboard of alcohol, drug addiction, and mental health services may receive by gift, grant, devise, or bequest any moneys, lands, or property for the benefit of the purposes for which the board is established, and may hold and apply it according to the terms of the gift, grant, or bequest. All money received, including accrued interest, by gift, grant, or bequest shall be deposited in the treasury of the county, the treasurer of which is custodian of the alcohol, drug addiction, and mental health services funds to the credit of the board and shall be available for use by the board for purposes stated by the donor or grantor.

(D) No member or employee of a board of alcohol, drug addiction, and mental health services shall be liable for injury or damages caused by any action or inaction taken within the scope of the member's official duties or the employee's employment, whether or not such action or inaction is expressly authorized by this section or any other section of the Revised Code, unless such action or inaction constitutes willful or wanton misconduct. Chapter 2744. of the Revised Code applies to any action or inaction by a member or employee of a board taken within the scope of the member's official duties or employee's employment. For the purposes of this division, the conduct of a member or employee shall not be considered willful or wanton misconduct if the member or employee acted in good faith and in a manner that the member or employee reasonably believed was in or was not opposed to the best interests of the board and, with respect to any criminal action or proceeding, had no reasonable cause to believe the conduct was unlawful.

(E) The meetings held by any committee established by a board of alcohol, drug addiction, and mental health services shall be considered to be meetings of a public body subject to section 121.22 of the Revised Code.

(F)

(1) A board of alcohol, drug addiction, and mental health services may establish a rule, operating procedure, standard, or bylaw to allow the executive director of the board to execute both of the following types of contracts valued at twenty-five thousand dollars or less, as determined by the board, on behalf of the board without the board's prior approval:

(a) Emergency contracts for clinical services or recovery support services;

(b) Standard service contracts pertaining to the board's operations.

(2) If a board establishes a rule, operating procedure, standard, or bylaw under division (F) (1) of this section, both of the following shall be the case:

(a) The board shall define the scope of contracts described in divisions (F) (1) (a) and (b) of this section in that rule, operating procedure, standard, or bylaw.

(b) The board shall disclose the existence of a contract executed pursuant to the rule, operating procedure, standard, or bylaw at the first board meeting that occurs after the contract was executed and ensure that a record of that disclosure is included in the written minutes of that meeting.

Amended by132nd General Assembly File No. TBD, SB 71, §1,eff. 3/23/2018.

Amended by132nd General Assembly File No. TBD, HB 49, §101.01, eff.9/29/2017.

Amended by131st General Assembly File No. TBD, SB 319, §1,eff. 7/1/2017.

Amended by131st General Assembly File No. TBD, HB 483, §610.21, eff.7/13/2016.

Amended by131st General Assembly File No. TBD, HB 483, §610.10, eff.7/13/2016.

Amended by131st General Assembly File No. TBD, SB 129, §5,eff. 9/13/2016.

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Amended by130th General Assembly File No. TBD, HB 483, §101.01, eff.7/1/2017.

Amended by131st General Assembly File No. TBD, HB 64, §101.01, eff.9/29/2015.

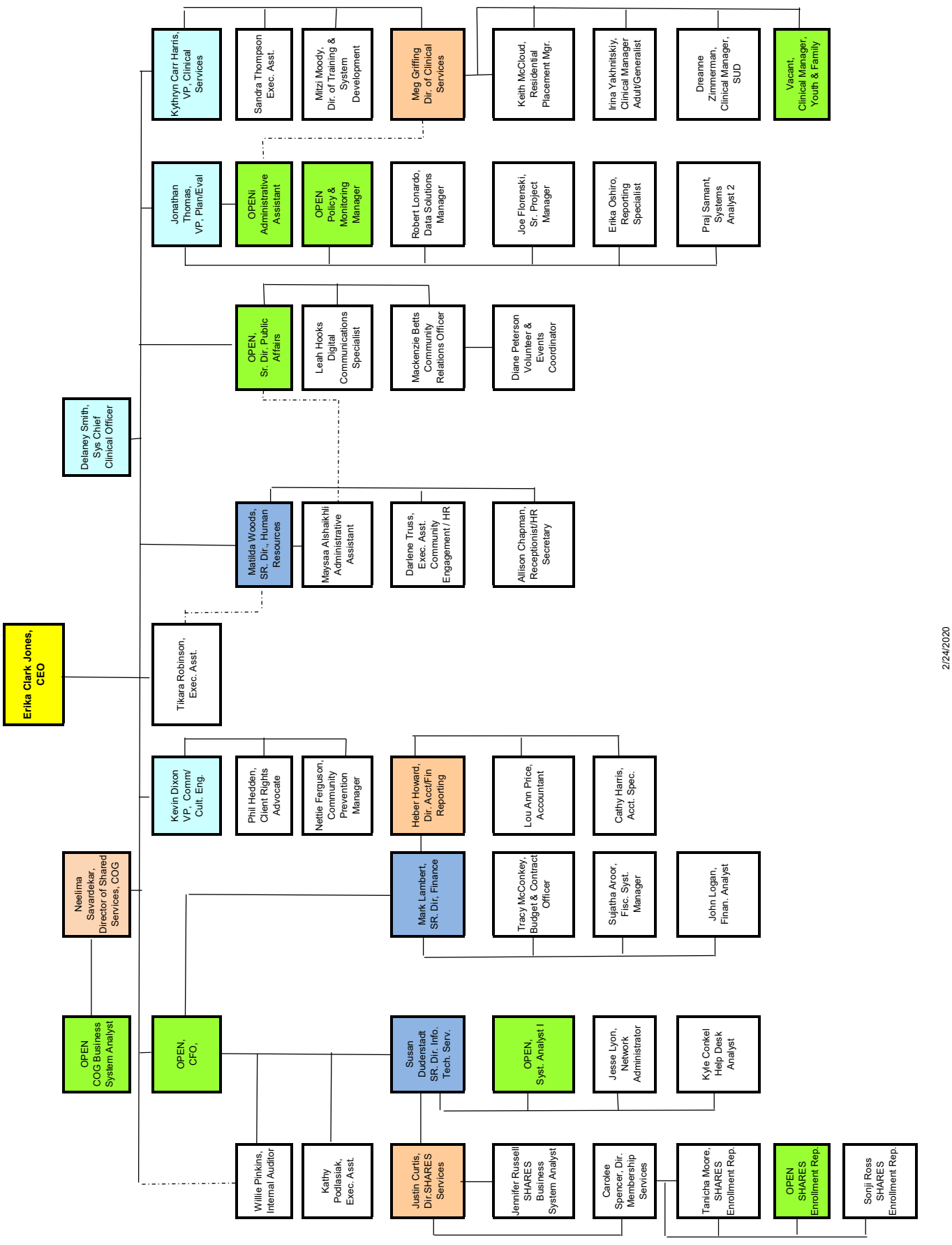
Amended by130th General Assembly File No. 25, HB 59, §101.01, eff.9/29/2013.

Amended by129th General Assembly File No.127, HB 487,§101.01, eff.9/10/2012.

Amended by129th General Assembly File No.28, HB 153,§101.01, eff.7/1/2011.

Effective Date:06-26-2003; 10-01-2005; 2006 HB699 03-29-2007; 07-01-2007; 2007 HB11907-01-2007

APPENDIX 4 – Table of Organization



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ADAMH

Alcohol, Drug and Mental Health Board of Franklin County

Where Better Begins.