



Alcohol, Drug and Mental Health Board of Franklin County
Human Services Levy Review Committee Report
November 2015



June 25, 2015

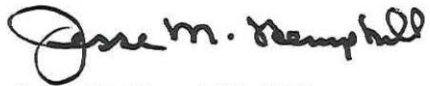
Marilyn Brown, President
Paula Brooks, Commissioner
John O'Grady, Commissioner
Franklin County Board of Commissioners
373 S. High St., 26th Floor
Columbus, Ohio 43215-6314

Dear Commissioners:

After a thorough analysis of the levy requested by the Alcohol, Drug and Mental Health Board of Franklin County, it is the recommendation of the Human Services Levy Review Committee that the Board of Commissioners place a renewal of the expiring 2.2 mill levy on the November 3, 2015 ballot for a 5-year period effective for tax collections beginning January 1, 2017. Enclosed is a detailed levy review report that supports our recommendation.

Thank you for the opportunity to serve Franklin County in such a meaningful way.

Sincerely,



Jesse M. Hemphill, CPA
Chair, Human Services Levy Review Committee

Cc: Kenneth Wilson, County Administrator

FOREWORD

2015 ADAMH

Human Services Levy Review Committee

Report

On March 30, 1999, the Franklin County Board of Commissioners passed Resolution No. 311-99 (see Appendix A) creating the Human Services Levy Review Committee consisting of seven (7) members to fulfill the following charge:

- Review social service levy requests
- Evaluate potential levy impact on service population, other social service providers, and the community
- Evaluate agency program performance to voted levy objectives
- Conduct ongoing financial reviews of levy funded social service agencies
- Provide recommendations regarding proposed millage amounts and the timing of levy requests

Current Committee members appointed by the Franklin County Board of Commissioners are (see Appendices A-G for appointment resolutions):

1. James A. Bowman, President and CEO
National Affordable Housing Trust
2. Denise Bronson, Ph.D., Professor
The Ohio State University
3. Jerome E. Friedman, Associate Vice President for External Relations & Advocacy
The Ohio State University Wexner Medical Center
4. Jesse M. Hemphill, CPA, President and CEO
Hemphill & Associates, Inc. – **Chairman, Human Service Levy Review Committee**
5. Jean Carter Ryan, President
Columbus-Franklin County Finance Authority
6. Zachary T. Talarek, CPA, Director
Franklin County Office of Management and Budget
7. Nathan P. Wymer, Senior Government Relations Director
Nationwide

The Committee is staffed by:

Heidi B. Hallas, Sr. Performance Analyst 2
Justin Nahvi, CPA, CGMA, MBA, Sr. Performance Analyst
Franklin County Office of Management and Budget (OMB)

**2015
ADAMH**

**Human
Services
Levy
Review
Committee**

Report

The Human Services Levy Review Committee (HSLRC) evaluates levy requests from both a financial and programmatic perspective to assure that information provided by human services agencies that seek levy approved funding have demonstrated prudent program and financial planning.

Committee staff works with the various agencies to compile and analyze the data presented to Committee members. Committee staff also prepares issue-oriented analyses and presents their findings to Committee members.

Committee staff works with Franklin County Children Services (FCCS), Franklin County Board of Developmental Disabilities (FCBDD), Franklin County Alcohol, Drug and Mental Health (ADAMH) Board, and Franklin County Office on Aging (FCOA) to submit financial and program information for the Committee's consideration, and to provide regular updates regarding the agency activities and progress on HSLRC recommendations. This approach ensures the HSLRC can knowledgeably evaluate each levy request, which facilitates their evaluation of future funding requests.

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EXECUTIVE SUMMARY

Background

The Franklin County Board of Commissioners, as the taxing authority for Franklin County, received a request from the Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County on February 27, 2015. The request was to place a county-wide property tax levy of 2.7 mill on the November 3, 2015 ballot. This request included a renewal of the existing 2.2 mill, 10-year levy expiring December 31, 2016 plus a 0.5 mill increase. On behalf of the Board of Commissioners, Commissioner Marilyn Brown, President, forwarded ADAMH's request to the Human Services Levy Review Committee (HSLRC). The Commissioners asked the Committee to review the request and advise them of the Committee's recommendations.

After reviewing the ADAMH presentation and written levy proposal, the HSLRC and its staff formulated a series of follow-up questions for ADAMH staff. ADAMH was given the opportunity to address the Committee's questions in writing and during a follow-up face-to-face meeting.

Agency Overview

ADAMH funds mental health and substance abuse services for Franklin County residents to help them live healthy, productive lives. This is accomplished through contracts with more than 33 local non-profit organizations located in neighborhoods across the County. These agencies provide mental health and substance abuse treatment and prevention services and supportive services like housing, job training and peer supports. The services are provided on a sliding fee scale, meaning that any resident can receive needed services and be charged on the basis of income and circumstance.

The ADAMH Board of Trustees is made up of 18 citizen volunteers who provide leadership and direction in forming policy and allocating funds. All Board members come from diverse backgrounds. Board members must be residents of Franklin County and interested in mental health or substance abuse 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).

Over 71% of the ADAMH system's resources come from a single property tax levy approved by voters. ADAMH is currently operating with a 10-Year, 2.2 mill replacement levy that began collections in 2007. Other funding sources include federal, state, and local funds.

Human Services Levy Review Committee's Levy Recommendation

After the HSLRC's review of ADAMH's programmatic, operational, and financial information, the Committee recommends that a renewal of the expiring 2.2 mill levy for a period of 5 years be placed on the November ballot. The recommendation is based on the HSLRC Recommended Fiscal Plan through 2021 (see page 29). A levy renewal, in addition to the available cash reserves, will be sufficient to maintain current community mental health and substance abuse service levels in Franklin County while ADAMH

reacts to the changing state of behavioral healthcare. The recommendation is supported by the following:

- 1. ADAMH is financially supporting behavioral health care in a rapidly evolving political and business environment. The five year levy time frame allows ADAMH to assess the impact of recently approved and pending legislative and regulatory changes that have a direct relation to available funding and service provision.** It is difficult to forecast need in mental health and substance abuse services over ten years. A number of major federal and state legislative changes have shifted the behavioral health paradigm since the passage of the last ADAMH levy in 2005. The Mental Health Parity and Addiction Equity Act, enacted in 2008, required health insurance issuers to ensure that financial requirements are no more restrictive than those related to physical health care. This increased access to mental health and substance abuse treatment for a number of individuals who had health insurance but were unable to afford behavioral healthcare. The Affordable Care Act was signed into law by President Obama in March 2010, increasing the number of people who were covered by health insurance and therefore reducing the number of individuals who may seek treatment through community behavioral health services supported by levy funds. In State Fiscal Year (SFY) 2012, the administration of Medicaid for behavioral healthcare was elevated to the State of Ohio from the local Alcohol, Drug and Mental Health Boards. This freed ADAMH from their previous Medicaid Match responsibilities, which was \$9.8 million in levy funds in SFY 2010. Finally, in October 2013, the Ohio General Assembly's Controlling Board approved funding to extend Medicaid coverage to more low income Ohioans who previously had no source of health care coverage. Some of these individuals were receiving mental health and addiction treatment services paid for with levy funds. A number of these changes were recently enacted and their full impact on the ADAMH continuum of care has yet to be determined.

Several additional changes are currently pending that may further redefine the payers of behavioral health services. The Centers for Medicare and Medicaid Services released a proposed rule in 2015 for enforcing parity requirements with respect to Medicaid managed care, CHIP, and Medicaid alternative benefit plans. The Ohio Office of Health Transformation's 2016-2017 Budget Proposal to Modernize Medicaid Benefits includes the creation of a special benefit program for adults with severe mental illness. This program would expand Medicaid eligibility to adults with severe and persistent mental illness (SPMI) with income up to 300 percent of the Federal Benefit Rate as well as provide home and community based services to these individuals under the 1915(i) authority. This Medicaid eligibility expansion for the SPMI population could result in substantial costs savings to the ADAMH levy fund.

The ADAMH levy book indicates that a levy renewal would be sufficient to maintain current service levels in Franklin County, while still providing a cash reserve of three months at the end of a five year renewal levy. Based on the HSLRC Recommended Fiscal Plan, additional funds would be available to meet emerging

needs through 2021. At the same time, ADAMH could fully realize the levy savings associated with these policy changes that could be redirected to address needs identified in the community behavioral health system.

2. **The HSLRC believes that given the available ADAMH cash balance, it is prudent to ask voters to approve a 2.2 mill renewal levy for a period of five years that can be sufficiently justified.** The HSLRC is concerned about proposing a levy that is seen as too large given the current cash reserves held by ADAMH. The requested renewal of the existing 2.2 mill levy plus a 0.5 mill increase for a 10-year period would have resulted in a 26.0% increase in the ADAMH property tax costs to a Franklin County homeowner. This increase to the taxpayer is difficult to justify in relation to the amount of reserves ADAMH has available.

The HSLRC requests that ADAMH provide a Mid-Levy Review update to the Committee in 2019 that includes operational and programmatic updates as well as the outcome measures and data ADAMH is collecting related to those measures. The Committee would like to see an outcome dashboard at the Mid-Levy Review as well as the next time ADAMH proposes to place a levy on the ballot. ADAMH should also provide a status update on the HSLRC Operational and Programmatic Recommendations discussed in the following section.

HSLRC Operational and Programmatic Recommendation

In addition to the levy recommendation, the HSLRC has made several operational and programmatic recommendations to ADAMH as part of the levy review process. The first is to create a mechanism and process to identify and analyze future need at the local level, especially related to changing federal and state policies. In an effort to integrate care and financing, ADAMH should explore and implement different provider payment models to increase cost effectiveness and focus on consumer centered outcomes. The HSLRC also recommends that ADAMH address the issue of employee turnover among network providers. Finally, ADAMH should identify and invest in prevention and early intervention strategies to reduce the prevalence of mental health and addiction in Franklin County.

INTRODUCTION

Per Ohio Revised Code (ORC) 340.01, 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 to provide addiction services and mental health services. The Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County funds behavioral health services for residents in the community. In addition to entering into contracts with public and private providers for the provision of community mental health and addiction services, ORC 340.03 mandates that ADAMH serves as the community addiction and mental health services planning agency, investigate complaints alleging abuse or neglect of any person receiving these services, evaluate if local providers satisfy certification standards, approve fee schedules and related charges for services, and assist the Probate Court in determining whether there is probable cause that a respondent is subject to involuntary hospitalized and designate a provider for the placement of each person involuntarily committed.

The Franklin County Board of Commissioners, as the taxing authority for Franklin County, received a request from ADAMH on February 27, 2015. The request was to place a county-wide property tax levy of 2.7 mill on the November 3, 2015 ballot (see Appendix H). This request included a renewal of the existing 2.2 mill, 10-year levy expiring December 31, 2016 plus a 0.5 mill increase.

On behalf of the Board of Commissioners, Commissioner Marilyn Brown, President, forwarded ADAMH's request to the Human Services Levy Review Committee (HSLRC). The Commissioners asked the Committee to review the request and advise them of the Committee's recommendations.

This report is the Human Services Levy Review Committee's response to the Board of Commissioners' request to review ADAMH's levy proposal and provide recommendations.

OVERVIEW

FRANKLIN COUNTY VISION

The vision is to provide responsible, efficient, and effective government that delivers outstanding public services through innovative leadership and sound fiscal management, and improves the quality of life for the residents of Franklin County.

AGENCY MISSION

The ADAMH Board of Franklin County's 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.

ALCOHOL, DRUG, AND MENTAL HEALTH BOARD

ADAMH funds mental health and substance abuse services for Franklin County residents to help them live healthy, productive lives. This is accomplished through contracts with more than 33 local non-profit organizations located in neighborhoods across the County. These agencies provide mental health and substance abuse treatment and prevention services and supportive services like housing, job training and peer supports. The services are provided on a sliding fee scale, meaning that any resident can receive needed services and be charged on the basis of income and circumstance.

In addition to contract agencies, ADAMH collaborates with other organizations in the community to help meet the needs of consumers and family members. They often work with community partners on joint initiatives to better serve the most in-need residents. Community partners include the Columbus Area Neighborhood Centers, Columbus Police Department, Franklin County Children Services, Franklin County Job and Family Services, Franklin County Common Pleas and Municipal Courts, NAMI Ohio, and the United Way of Central Ohio.

The ADAMH Board of Trustees is made up of 18 citizen volunteers who provide leadership and direction in forming policy and allocating funds. All Board members come from diverse backgrounds. Board members must be residents of Franklin County and interested in mental health or substance abuse 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).

Over 71% of the ADAMH system's resources come from a single property tax levy approved by voters. ADAMH is currently operating with a 10-year, 2.2 mill replacement levy that began collections in 2007. Other funding sources include federal, state, and local funds.

PREVALENCE OF MENTAL ILLNESS AND SUBSTANCE ABUSE/DEPENDENCE

Based on county level prevalence rate estimates from the Substance Abuse and Mental Health Services Administration (SAMHSA), almost one in four (24.10%) residents 18 years and older (219,479 individuals) in Franklin County experienced Any Mental Illness (AMI) in the past year. Approximately one in 20 (6.48%) adults is estimated to have experienced a Serious Mental Illness (SMI). According to the U.S. Department of Health and Human Services, "Adults with a serious mental illness are persons: (1) age 18 and over, (2) who currently or at any time during the past year, (3) have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM), (4) that has resulted in functional impairment which substantially interferes with or limits one or more major life activities...All of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects." For Franklin County residents 12 years and over, SAMSHA estimates that one in ten (10.88%) were estimated to be affected by dependence or abuse of illicit drugs or alcohol.

ADAMH indicated that county-level prevalence estimated for children are difficult to obtain. Using state level data for Ohio from SAMHSA, ADAMH estimated that 8.90% of children age 12-17 experiences a major depressive episode in the past year. Finally, the Institute of Medicine reported that 17.00% of children age 0-17 in the United States have one or more mental, emotional, and behavioral disorder.

A number of individuals 18 and older who experience mental illness may have co-occurring disorders. According to ADAMH the terms “co-occurring disorders,” “comorbidity,” and “dual diagnosis” refer to two disorders or illnesses occurring at the same time for the same person. ADAMH used the U.S. prevalence rate from SAMHSA to estimate the rate in Franklin County. Among adults with AMI in the past year, 19.20% had substance abuse dependence or abuse in the past year. This rate was greater for those with SMI, with 27.30% also experiencing substance abuse dependence or abuse in the past year. According to the Robert Wood Johnson Foundation, 68.0% of adults with mental illness have at least one physical health condition.

According to ADAMH, suicide is a growing public health concern in the local community. According to the Ohio Suicide Prevention Foundation, Franklin County has a suicide rate of 11.7 per every 100,000 persons, which is slightly higher than the national average of 11.5 per 100,000 persons. Franklin County ranks 38 out of 88 Ohio counties, with 1 being the county with the highest suicide rate.

CURRENT SERVICES

Between 2009 and 2013, ADAMH supported services reached a number of Franklin County residents. ADAMH contract agencies provided mental health and addiction treatment services to 70,700 consumers (unduplicated count). Half of those consumers were new to the ADAMH system of care and 20.7% were under the age of 18. Of the total ADAMH consumers receiving treatment services, 17.0% were dual diagnosis consumers who received both mental health and addiction services. For the same five year period, ADAMH providers delivered mental health and addiction prevention services to 110,023 adults and 98,850 youth under the age of 18.

Since behavioral health services may be covered by Medicaid, Medicare, and private insurance, ADAMH serves as the “payer of last resort” for mental health and treatment services provided to residents in Franklin County. This role has been evolving due to recent policy changes at the federal and state level. The Mental Health Parity and Addiction Equity Act, enacted in 2008, required health insurance issuers to ensure that financial requirements are no more restrictive than those related to physical health care. This increased access to mental health and substance abuse treatment for a number of individuals who had health insurance but were unable to afford behavioral healthcare. The Affordable Care Act was signed into law by President Obama in March 2010, increasing the number of people who were covered by health insurance and therefore reducing the number of individuals who may seek treatment through community behavioral health services supported by levy funds.

In State Fiscal Year (SFY) 2012, the administration of Medicaid for behavioral healthcare was elevated to the State of Ohio from the local Alcohol, Drug and Mental Health Boards.

This freed ADAMH from their previous Medicaid Match responsibilities, which was \$9.8 million in levy funds in SFY 2010. Finally, in October 2013, the Ohio General Assembly's Controlling Board approved funding to extend Medicaid coverage to more low income Ohioans who previously had no source of health care coverage. Some of these individuals were receiving mental health and addiction treatment services paid for with ADAMH levy funds.

Prior to the implementation of ACA and Medicaid expansion, the U.S. Census Bureau indicated that 68.0% of Franklin County residents had private health insurance, 18.0% were uninsured, and 14.0% were covered by Medicaid, Medicare, other public insurances, or a combination of both private and public insurance. The State of Ohio estimated that 67,721 uninsured Franklin County residents age 18-64 years old were eligible for Medicaid due to the expansion. Since a number of these policy changes were recently enacted, ADAMH indicated that it is still unclear how many individuals will remain uninsured or under-insured with very high deductibles.

In addition, many of the following services on the SAMHSA comprehensive behavioral health continuum, for which ADAMH serves as the "payer of last resort," are not covered by Medicaid. Those services not covered by Medicaid or covered with restrictions in 2012 are marked with an asterisk (*).

Acute Intensive Services

- Medically monitored intensive inpatient
- Peer-based crisis*
- Urgent care
- 23-hour crisis stabilization*
- 24/7 crisis hotline*

Out-of-home Residential Services

- Crisis residential/stabilization*
- Clinically-managed 24-hour care*
- Clinically-managed medium intensity care*
- Adult mental health residential*
- Children's mental health residential*
- Youth substance abuse residential*

Intensive Support Services

- Substance abuse intensive outpatient
- Substance abuse ambulatory detoxification
- Partial hospital
- Assertive community treatment (ACT)*
- Intensive home-based treatment (IHBT)*
- Multi-systemic therapy (MST)*

Outpatient Services

- Individual or group evidence based therapies
- Family therapy*

- Multi-family therapy (MFT)*
- Consultation to caregivers

Medication Services

- Medication management
- Medication Assisted Therapy (MAT) for addiction*
- Laboratory services

Engagement Services

- Assessment
- Specialized evaluation (psychological, neurological)
- Service planning
- Consumer/family education
- Outreach

Prevention (Including Promotion)

- Screening, brief intervention, and referral to treatment
- Brief motivational interviews*
- Parent training
- Facilitated referrals
- Wellness recovery support*
- Warm line (talk line providing emotional support and information)*

Community Support (Rehabilitative)

- Parent/caregiver support
- Skill building
- Case management
- Behavioral management
- Comprehensive community support
- Supported Employment*
- Permanent Supported housing*
- Recovery Housing*
- Therapeutic mentoring*
- Day habilitation

Other supports (Habilitative)

- Respite*
- Supported education*
- Transportation

Recovery Supports

- Peer support*
- Recovery support coaching*
- Recovery support center services*
- Supports for self-directed care*
- Continuing care of substance use disorders*

ADAMH indicated that traditional treatment services, such as outpatient counseling, medication management, and group counseling are only part of what most individuals need to recover and achieve wellness. As previously listed, many of recovery services needed to assist in consumer independence are not covered by Medicaid. These include housing, integrated health care initiatives, and employment and vocational programs. With the elevation and expansion of Medicaid and the passage of the Affordable Care Act, ADAMH has been able to use local levy resources for an array of support services offered to consumers, and in some cases family members, in the system of care. In 2013, ADAMH expended \$22.8 million on recovery support services for 13,276 individuals.

ADAMH currently contracts with 33 behavioral health providers for mental health and substance abuse treatment, prevention, and recovery support services in Franklin County (see below). In 2014, ADAMH invested more than \$66.7 million in behavioral health services for residents of Franklin County. Of this amount, \$45.6 million (68.4%) is supported by the ADAMH levy.

Africentric Personal Development Shop	NAMI Franklin County
Alvis House	National Church Residences
Amethyst	Nationwide Children's Hospital
Buckeye Ranch	Neighborhood House, Inc.
Choices for Victims of Domestic Violence	Netcare Corporation
Columbus Area Integrated Health Services	North Central Mental Health Services
Columbus Public Health	North Community Counseling Services
Columbus Urban League	Ohio State University – TBI Network
Community for New Direction	The P.E.E.R. Center
Community Housing Network (CHN)	Schottenstein Chabad House
CompDrug	Southeast, Inc.
Concord Counseling Services	St. Vincent Family Centers
Directions for Youth & Family	Syntero
House of Hope	The Village Network
Huckleberry House	Twin Valley Behavioral Healthcare – Community Support Network
Maryhaven	UMADAOP of Franklin County
Mental Health America of Franklin County	

During this levy cycle, ADAMH developed a value-based contracting initiative to incentivize provider performance based on quality and price of their services and not just quantity of services. Performance output and outcome metrics have been identified to evaluate the effectiveness of the services and link payment structures to incentivize the best possible performance. Over the last three contract years, ADAMH entered into 18 performance-based contracts valued at over \$1.0 million with seven providers.

NOTEWORTHY ACCOMPLISHMENTS

ADAMH highlighted a number of noteworthy accomplishments that were achieved in the current levy cycle. The following are just some of the accomplishments reported:

Crisis Intervention Team (CIT) Training

Beginning in 2006, ADAMH conducted voluntary trainings for public safety officers to receive 40 hours of training in psychiatric disorders, substance abuse issues, de-escalation techniques, and legal issues related to mental health and substance abuse. This was achieved through a collaboration with the Columbus Police Department, NAMI Ohio, NAMI Franklin County, Mental Health America of Franklin County, and Netcare.

Multi-systemic Therapy

Through a collaboration with the Franklin County Family and Children First Council and Franklin County Children Services, ADAMH supported the expansion of Multi-systemic Therapy. This includes home-based services for youth and their families to reduce serious behavior problems.

Increased Housing Capacity

ADAMH added the following housing units to meet the demand for safe and affordable housing in Franklin County for individuals who are mentally ill and/or dual diagnosed:

- 2006 - 33 units of permanent supportive housing at E. Broad Street location (CHN)
- 2007 - 42 units of permanent supportive housing at Southpoint Place (CHN)/Neil Ave
- 2007 - 15 units of transitional housing at YMCA for homeless men with no income who are being discharged from Twin Valley Behavioral Healthcare
- 2010 - 41 units of permanent supportive housing at Dogwood Glen location (CHN)
- 2013 - 91 units of permanent supportive housing at Inglewood (CHN), Franklin Station (CMHA), CHAT House (Alvis House), and Recovery Houses (House of Hope)
- 2013 - 2 units of transitional housing at YWCA for homeless women with no income who are being discharged from Twin Valley Behavioral Healthcare

IDDT/ACT Team Initiative

Created five Integrated Dual Disorder Treatment (IDDT) /Assertive Community Treatment (ACT) teams to serve high-risk adult consumers utilizing the evidenced based community-based treatment teams to provide an array of intensive treatments emphasizing community psychiatric supportive treatment (CPST), pharmacological management, peer support services, outreach, and vocational services to adults with severe and persistent mental illnesses and/or an accompanying substance use disorder. Between 2008 and 2014, IDDT/ACT teams collectively served 532 consumers and reduced hospitalizations, increased housing stability, and decreased recidivism into the criminal justice system.

Functional Family Therapy (FFT)

In 2008, ADAMH collaborated with Behavioral Health Juvenile Justice (BHJJ), Franklin County Children Services, and Franklin County Juvenile Court to provide treatment using a Functional Family Therapy (FFT) treatment mode. FFT is an evidence-based intervention for families who have significant conflict and youth who have behavioral health issues and are involved with children services and/or the juvenile justice system.

New System Investments

As a result of Medicaid elevation, ADAMH funded new “system investments” in 2011 to obtain more capacity including programming for addicted pregnant women, alcohol and other drug (AOD) detox and recovery, coaches, AOD residential treatment, dual diagnosis treatment, human trafficking, immigrant supports, integrated care, juvenile justice early intervention, and LGBTQ care. ADAMH invested in a crisis services unit at Nationwide Children’s Hospital to serve youth in mental health crisis in need of short term crisis stabilization services with the goal of diverting them from inpatient psychiatric treatment.

Three C Recovery and Healthcare Network

In 2012, ADAMH formed a Council of Governments (COG) with the Hamilton County Mental Health and Recovery Services Board and the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County known as the Three C Recovery and Healthcare Network. The COG was formed to fund and implement a community mental health and addiction management information system, known as SHARES, to support the component of ADAMH’s statutory responsibility for developing, funding, overseeing and evaluating mental health and substance abuse care for their respective jurisdictions.

Quality Legal Assistance for Consumers

In 2013, ADAMH collaborated with the Legal Aid Society of Columbus to ensure ADAMH consumers have quality legal assistance for issues like appealing benefits, domestic/family matters, evictions, etc.

School-Based Services

Beginning in 2013, ADAMH collaborated with 14 suburban school districts to provide more than \$2.3 million for prevention, early intervention, treatment and referral services for elementary, middle, and high school students. Services range from mental health school-based services (e.g. suicide prevention), AOD prevention/intervention services, and early detection/screenings.

Integrated Care Health Care Initiatives

ADAMH currently funds six integrated care initiatives with four ADAMH contract providers. Prevention, early detection, and treatment of both behavioral health and physical health needs must be addressed in order to achieve overall wellness. In 2014, ADAMH opened the Southeast, Inc. Integrated Healthcare Center at Franklin Station, the first ever integrated care clinic at a permanent supportive housing facility in collaboration with Southeast and Columbus Metropolitan Housing Authority (CMHA).

Consumer Advocacy

ADAMH funded RecoveryWorks! in partnership with the Center for Vocational Alternatives (COVA) to promote self-directed recovery through a personalized approach. Consumers can seek support and empowerment through Recovery Guides and find support on their wellness journey through the use of technology.

ADAMH LEVY REQUEST

LEVY HISTORY

Franklin County's first levy for the funding of ADAMH supported services was passed in 1970 for .75 mill for 5 years and subsequently renewed in 1974 for a period of 10 years. Voters approved an increase to .80 mill in 1984 for a period of 5 years. Another increase passed in 1988 for a new levy amount of 1.2 mill for a period of 5 years. In 1991, voters approved an additional 1.0 mill increase for a 2.2 mill, 5 year levy. The 2.2 mill ADAMH levy was approved by Franklin County voters as a 10 year replacement levy in both 1995 and 2005.

CURRENT MILLAGE

Voted Millage	Effective Millage*	Year Collections Began	Duration (Years)	2015 Collection Estimates^
2.2	2.193655	2007	10	\$59,313,477.74

*Effective Residential Rate

^ADAMH levy collection estimates above are for tax year 2014, collected in 2015.

ADAMH is currently operating with a 10 year, 2.2 mill replacement levy that began collections in 2007. The levy was passed on November 8, 2005 by a 62.8% margin and is estimated to generate \$59.3 million in revenue for tax year 2014, collection year 2015. The ADAMH levy currently has an effective residential/agricultural rate of 2.193655 mill and an effective commercial/industrial rate of 2.2 mill.

REQUESTED MILLAGE

In February 2015, ADAMH requested that the Board of Commissioners place a county-wide property tax levy of 2.7 mill on the November 3, 2015 ballot. This request included a renewal of the existing 2.2 mill, 10-year levy expiring December 31, 2016 plus a 0.5 mill increase for a period of 10 years. ADAMH's levy request estimated that the levy would generate \$71.6 million in 2017, the first year of collections. This amount would be \$14 million more than the actual 2014 levy revenue.

According to the ADAMH request, the 2.2 mill renewal levy with a 0.5 mill increase for a period of 10 years would allow ADAMH to adjust investments for the increasing costs of services over the 10 years. In addition, ADAMH would be able to increase community investments by \$5.1 million for each year of the levy for youth crisis services, adult emergency and crisis psychiatric services, permanent supportive housing, heroin/opiate and AOD addiction treatment, adult and youth suicide prevention, and re-entry services. Finally, ADAMH indicated that the requested levy provides for sufficient levy reserves throughout the levy cycle.

HUMAN SERVICES LEVY REVIEW COMMITTEE REVIEW AND RECOMMENDATIONS

REVIEW PROCESS

The goal of the levy review is to fully understand the request, confirm the needs expressed by ADAMH, and validate the financial, consumer, and community impact of the proposed service levels. Committee staff began this levy review with the formation of a Levy Review Plan that identified the initial scope of the review through objectives. Each objective also included sub-objectives. The main objectives were as follows:

- What circumstances have led to ADAMH's current levy request?
- What are the levy options?
- Does ADAMH's forecast reasonably and logically project future revenues to provide reasonable assurance of accuracy?
- Does ADAMH's forecast reasonably and logically project expenditures to provide a reasonable assurance of accuracy?
- Will resources be sufficient to support the operations of ADAMH?
- What will the passing of the levy accomplish?

After reviewing ADAMH's presentation and written levy request, the HSLRC and its staff formulated a series of follow-up questions for ADAMH staff. Subsequent meetings and ADAMH responses produced additional questions, which in turn produced key issues identified by both the Committee and staff. ADAMH staff was given the opportunity to address these key issues as well as address additional questions from the Committee at meetings held in April.

As a result of this process, the levy review involved significant information sharing between the HSLRC, Committee staff, County Administration, and ADAMH staff. Individuals representing each party were involved throughout the process to discuss key issues impacting selected areas and proposed recommendations.

RECOMMENDATIONS

In evaluating the ADAMH's request, the HSLRC spent a significant amount of time reviewing the operational and programmatic aspects of the agency, availability of services, and future needs, as well as performing an in-depth financial analysis. After the HSLRC's review of ADAMH's programmatic, operational, and financial information, the Committee recommends that a renewal of the expiring 2.2 mill levy for a period of 5 years be placed on the November ballot. The recommendation is based on the HSLRC Recommended Fiscal Plan through 2021 (see page 29). A levy renewal, in addition to the available cash reserves, will be sufficient to maintain current community mental health and substance abuse service levels in Franklin County while ADAMH reacts to the changing state of behavioral healthcare. The recommendation is supported by the following:

- 1. ADAMH is financially supporting behavioral health care in a rapidly evolving political and business environment. The five year levy time frame allows ADAMH to assess the impact of recently approved and pending legislative and regulatory changes that have a direct relation to available funding and service provision.** It is difficult to forecast need in mental health and substance abuse services over ten years. A number of major federal and state legislative changes have shifted the behavioral health paradigm since the passage of the last ADAMH levy in 2005. The Mental Health Parity and Addiction Equity Act, enacted in 2008, required health insurance issuers to ensure that financial requirements are no more restrictive than those related to physical health care. This increased access to mental health and substance abuse treatment for a number of individuals who had health insurance but were unable to afford behavioral healthcare. The Affordable Care Act was signed into law by President Obama in March 2010, increasing the number of people who were covered by health insurance and therefore reducing the number of individuals who may seek treatment through community behavioral health services supported by levy funds. In State Fiscal Year (SFY) 2012, the administration of Medicaid for behavioral healthcare was elevated to the State of Ohio from the local Alcohol, Drug and Mental Health Boards. This freed ADAMH from their previous Medicaid Match responsibilities, which was \$9.8 million in levy funds in SFY 2010. Finally, in October 2013, the Ohio General Assembly's Controlling Board approved funding to extend Medicaid coverage to more low income Ohioans who previously had no source of health care coverage. Some of these individuals were receiving mental health and addiction treatment services paid for with levy funds. A number of these changes were recently enacted and their full impact on the ADAMH continuum of care has yet to be determined.

Several additional changes are currently pending that may further redefine the payers of behavioral health services. The Centers for Medicare and Medicaid Services released a proposed rule in 2015 for enforcing parity requirements with respect to Medicaid managed care, CHIP, and Medicaid alternative benefit plans. The Ohio Office of Health Transformation's 2016-2017 Budget Proposal to Modernize Medicaid Benefits includes the creation of a special benefit program for adults with severe mental illness. This program would expand Medicaid eligibility to adults with severe and persistent mental illness (SPMI) with income up to 300 percent of the Federal Benefit Rate as well as provide home and community based services to these individuals under the 1915(i) authority. This Medicaid eligibility expansion for the SPMI population could result in substantial costs savings to the ADAMH levy fund.

The ADAMH levy book indicates that a levy renewal would be sufficient to maintain current service levels in Franklin County, while still providing a cash reserve of three months at the end of a five year renewal levy. Based on the HSLRC Recommended Fiscal Plan, additional funds would be available to meet emerging needs through 2021. At the same time, ADAMH could fully realize the levy savings associated with these policy changes that could be redirected to address needs identified in the community behavioral health system.

2. **The HSLRC believes that given the available ADAMH cash balance, it is prudent to ask voters to approve a 2.2 mill renewal levy for a period of five years that can be sufficiently justified.** The HSLRC is concerned about proposing a levy that is seen as too large given the current cash reserves held by ADAMH. The requested renewal of the existing 2.2 mill levy plus a 0.5 mill increase for a 10-year period would have resulted in a 26.0% increase in the ADAMH property tax costs to a Franklin County homeowner. This increase to the taxpayer is difficult to justify in relation to the amount of reserves ADAMH has available.

Historically, the HSLRC meets with ADAMH to review their services and financial information when it is time to put the levy on the ballot. The last levy cycle was 10 years and a number of significant changes occurred in the community behavioral health system. The HSLRC requests that ADAMH provide a Mid-Levy Review update to the Committee in 2019 that not only includes operational and programmatic updates but also the outcome measures and data ADAMH is collecting related to those measures. The Committee would like to see an outcome dashboard at the Mid-Levy Review as well as the next time ADAMH proposes to place a levy on the ballot. Finally, ADAMH should provide a status update on the HSLRC Operational and Programmatic Recommendations discussed in the following section.

OPERATIONAL AND PROGRAMMATIC RECOMMENDATIONS

Issue 1: Identifying Future Needs

The mental health and addiction services field has been impacted by a number of policy and regulatory changes at the federal and state level during the current levy cycle. Mental Health Parity and the ACA on a national level, as well as Medicaid elevation and expansion in Ohio, have resulted in an expanded number of funding sources for treatment services previously funded by ADAMH. Since many changes were recently enacted, ADAMH has indicated that the full impact on the local continuum of care has yet to be determined. Several additional policy changes are on the horizon that may further redefine the payers of mental health and addiction services. As behavioral healthcare is further integrated with physical healthcare, these important legislative changes have a direct impact on the role of ADAMH going forward.

Human Services Levy Review Committee Recommendation 1: **Create a mechanism and process to identify and analyze future needs.**

Further analysis is necessary in order to project the future needs of community behavioral health consumers and the appropriate payer of the services in order to meet the need for mental health and addiction services in Franklin County. The HSLRC recommends creating a mechanism and process to identify the impact of these legislative changes at the local level. This will allow ADAMH to identify, react, and respond to coming changes in an organized and timely manner, as well as having the data to guide future funding decisions and ensure appropriate service capacity is available. This is especially important as the population in Franklin County continues to increase while state support for non-Medicaid mental health and addiction services has declined with no indication that it will return to its previous levels in the near future.

Issue 2: Integrating Care and Financing

ADAMH currently provides payment to network providers for treatment services under a fee for service model. According to ADAMH, the reimbursement rates for Medicaid supported mental health and addiction treatment services has not increase in 20 years in the State of Ohio. Until last year, ADAMH maintained the same reimbursement rate as Medicaid. Recognizing that the providers could no longer survive on the same rates for 20 years and relieved of their Medicaid match obligations, ADAMH increased the provider reimbursement rates by 3.0% in the current contract period. In addition, the ADAMH levy request includes annual inflation adjustments of 2.0% for all providers through the next levy cycle. However, the fee for service reimbursement model focuses on the quantity of treatment services and does not incentivize provider performance based on quality and price of their services. Fee for service models also offer little or no incentive for a provider to deliver efficient care or prevent unnecessary care.

Human Services Levy Review Committee Recommendation 2:
Explore and implement different provider payment models to increase cost effectiveness and focus on consumer centered outcomes.

Instead of continuing the fee for service model with increasing reimbursement rates to address community behavioral health provider solvency, ADAMH should continue to explore best practices for behavioral healthcare reimbursements that sufficiently reimburses providers for the cost of providing mental health and addiction treatment and prevention services while rewarding cost efficiencies and improved consumer-based results. The HSLRC recognizes that ADAMH is working to address this issue as part of the following Strategic Result: “By January 2017, ADAMH will streamline service delivery to increase system efficiencies, expand access to care, and sustain clinical quality and cultural competency through value-based contracting.” As part of the progress to date, ADAMH entered into 18 performance-based contracts valued at over \$1.0 million with seven providers over the three previous contract periods.

The HSLRC recommends that the performance output and outcome metrics that ADAMH has identified to evaluate these performance-based contracts for effectiveness of services and linking payment structures to incentivize the best possible performance should be analyzed to determine the feasibility of successfully expanding these reimbursement models to the over \$71.0 million budgeted for contract social services in 2017 and beyond where appropriate. The implementation of SHARES, the community mental health and addiction management information system, over the next year should facilitate the integration of consumer care and financing across the provider network by expanding ADAMH’s capacity to monitor outcome measures at the program level.

Issue 3: Provider Employee Retention

Among the Network and System Challenges listed in the levy report, ADAMH indicated that results from a recent survey of network providers indicated that recruiting and retaining qualified staff continues to be one of the greatest challenges facing the system. Providers reported that in competing for licensed and certified staff, it is very difficult for the community behavioral health system to offer competitive salary and benefit packages when compared to private healthcare systems.

Human Services Levy Review Committee Recommendation 3:
Address the issue of employee turnover among ADAMH network providers.

While ADAMH identified employee turnover as a challenge in the provider network, a detailed plan for reducing this rate was not provided to the HSLRC. Hiring and retaining qualified staff impacts provider employee morale, staff costs, system capacity, and most importantly consumer outcomes. A plan for addressing employee turnover using identified best practices should be developed and implemented over the next levy cycle. While the provider staff are not employed by ADAMH, ADAMH should use its influence as a major payer source to set expectations and encourage plan adoption by provider agencies.

The HSLRC strongly recommends that ADAMH partner with other county social service agencies, such as Franklin County Children Services, to develop a county-wide plan for addressing employee turnover among caseworkers, licensed social workers and counselors, and their related support positions. The HSLRC has seen this issue among several county agencies and is concerned about the long term impact of the lack of an efficient and experienced workforce on county social service levels, the quality of services provided, consumer outcomes, and agency expenditures. A collective approach may result in a better outcome than each entity continuing to attempt to address the same issue within their own “silos.” In addition to looking at strategies to address the current workforce situation, innovative initiatives should be considered to support those interested in entering the social services field or currently in a social work or counseling higher education program.

Not only should the plan be implemented over the next five years, ADAMH should also track and measure the success of the plan among network providers. The successful implementation of a plan to address employee turnover should result in better client outcomes as well as a reduction in the provider costs associated with staff turnover, including separation, recruitment, hiring, and training costs.

Issue 4: Reducing the Prevalence of Mental Health and Addiction

According to the ADAMH levy request, the estimated penetration of ADAMH-funded prevention and early intervention programs provided by network providers in 2013 was only 14.0% of children (age 0 to 17) and 4.0% of adults (over the age of 18) living in Franklin County. ADAMH indicated that these rates are quite low but it should be noted that there are challenges with tracking the number of prevention program participants that have an impact on the rates. The 2014 Needs Assessment also indicated that the greatest areas of need over the next 5-7 years include:

- Universal prevention programs to reduce the prevalence of mental illness and addiction, such as school-based alcohol and other drug prevention, and social-emotional learning programs.
- Early intervention programs for young people at risk of mental, emotional and behavioral disorders; parenting programs; and caregiver support.

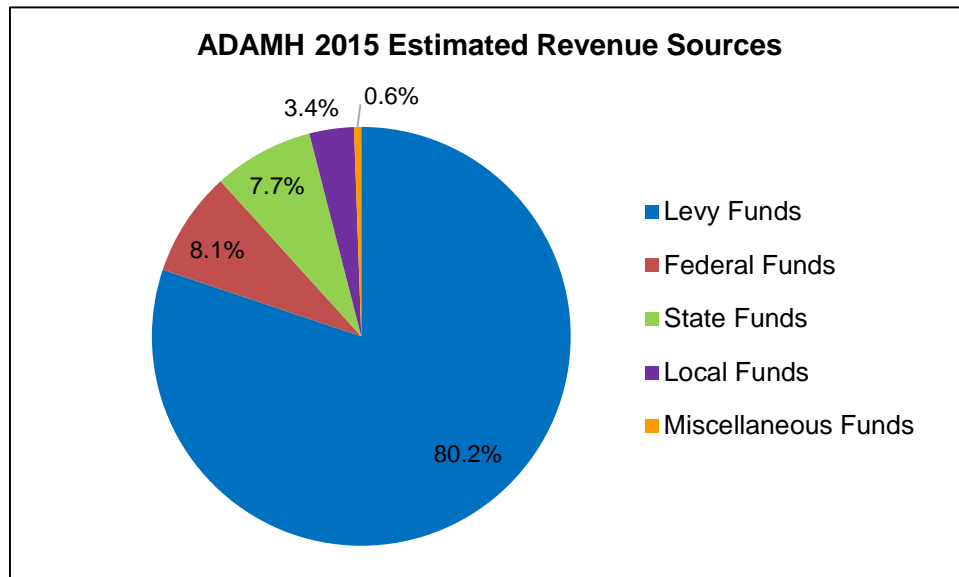
***Human Services Levy Review Committee Recommendation 4:* Identify and invest in prevention and early intervention strategies to reduce the prevalence of mental health and addiction in Franklin County.**

As previously discussed, federal and state policies expanded the number of available payer sources for treatment services as well as the number of people covered by Medicaid and private insurance. ADAMH levy funds once used to pay for these treatment services can now be redirected towards evidence based prevention and early intervention programs in Franklin County. ADAMH took the first step in making those additional investments in 2013 by collaborating with 14 suburban school districts to provide more than \$2.3 million for prevention, early intervention, treatment and referral services for elementary, middle, and high school students.

While the HSLRC acknowledges that a number of individuals with severe mental illness will continue to use the community behavioral health system over their life span, there is significant opportunity to provide prevention services to the many residents who have not participated in an ADAMH supported program, such as drug and alcohol prevention services, social emotional learning programs, and early intervention programs for those at risk for mental illness. Instead of reacting to the problem when individuals are in crisis, better and more cost effective outcomes can be achieved with these increased preventative investments. Levy funds should be used to identify and target sub-populations and “hot spots” where prevention and early intervention services are most needed in order to leverage available resources.

All new investments should be evaluated to ensure the intended outcomes are being met in order to validate the continuation of funding in subsequent years. ADAMH has the opportunity to utilize the new SHARES system to improve their tracking of the number of residents who participate in prevention and intervention programs and monitor the outcome measures at the program level.

OVERVIEW OF REVENUE



The main sources of non-general fund revenue in the 2015 Budget for ADAMH are: Levy property tax revenue, which represents 80.2%, Federal funds at 8.1%, and State funds at 7.7%. As shown in the chart above, other sources of revenue include Local funds, such as revenue received from other Franklin County agencies and foundations. The final revenue source is Miscellaneous funds, which currently includes reimbursements from the Three C Recovery and HealthCare Network Council of Governments (COG) to the ADAMH Board of Franklin County for expenditures paid on the COG's behalf.

During the current levy cycle, ADAMH levy revenue collections peaked in 2010 at \$65.0 million and have steadily declined since. Due to the decrease in property tax collections and the Tangible Personal Property Tax (TPPT) reimbursement, 2014 levy fund actuals were \$57.4 million. As a result of the 2008-2009 recession, housing values in Franklin County declined by 6.2% during the 2011 sexennial assessment. Under the State of Ohio's operating budget bill for State Fiscal Year (SFY) 2006-2007 (H.B. 66), the reimbursements to counties and other governmental entities to make up for revenue losses related to the elimination of the TPPT were to be phased out from 2011 through 2018. However, the passage of Ohio's operating budget bill for SFY 2012-2013 (H.B. 153) accelerated the TPPT phase out. ADAMH's TPPT revenues peaked in 2005 at \$4.8 million and are less than \$1.1 million in 2015.

While developing the 2015 levy request, ADAMH staff considered historical performance, current indicators, and future needs. The expiring 2.2 mill levy accounts for four-fifths of the agency's annual income in 2015. According to ADAMH, without these funds the agency's ability to meet the needs of the community would be severely compromised. The February 2015 resolution by the ADAMH Board requested the Franklin County Board

of Commissioners to place ADAMH request, the 2.2 mill renewal levy with a 0.5 mill increase for a period of 10 years on the November 3, 2015 ballot.

The request of a renewal levy allows homeowners to retain their current rollback benefits that include the state paying up to 12.5% of their property tax bill on the 2.2 mill levy. As part of Amended Substitute House Bill 59 of the 130th Ohio General Assembly, beginning in tax year 2013, the ten and two and one-half percent rollbacks would no longer apply to new levies enacted after the August 2013 election. The levies that no longer qualify for the state rollback include additional levies, the increase portion of renewal with increase levies, and the full effective millage of replacement levies. As a result of HB 59, taxpayers would have been responsible for the full effective millage on a 2.2 mill replacement levy. Due to the economic recession, decreasing property values in Franklin County, limited new construction, and lower tax collection rates, increases that have been historically associated with a replacement of a property tax levy were minimal. Changes to the rollback reimbursement and added cost to taxpayers influenced ADAMH's decision to base their request on a renewal levy.

ADAMH Levy Request Assumptions

Although ADAMH requested a renewal of the existing 2.2 mill, 10 year levy expiring plus a 0.5 mill increase be placed on the November ballot, the levy fact book prepared by ADAMH included Option 2: 5 Year Renewal with a 5 Year Renewal plus 0.78 Mill Increase in 2022. This scenario indicated that the cash balance in 2021 would be sufficient to meet the 90 days cash balance requirement at the end of the 5 year renewal levy cycle. The HSLRC decided to use ADAMH's Option 2 Scenario as the basis of their 2.2 mill, 5 year renewal levy recommendation. The following are the 2017 – 2021 revenue assumptions built into ADAMH's Option 2 scenario:

Local Tax Levy Funds

- A renewal levy will be passed in 2015, collected in 2017 for a period of 5 years. The projection for 2017 levy collections is \$1,132,784 more than 2014 actuals.
- New construction in Franklin County will grow slowly and influence collections by approximately one percent each year.
- The State of Ohio will continue to replace tangible personal property tax dollars at approximately \$1.1 million annually.

Federal Funds

- Federal funds are projected to remain at the projected 2016 levels for the duration of the new levy cycle.

State Funds

- State funds are projected to remain at the projected 2016 levels for the duration of the new levy cycle.

Local Funds

- Local funds are projected to remain at the projected 2016 levels for the duration of the new levy cycle.

Miscellaneous Funds

- Miscellaneous funds are projected to remain at the projected 2015 levels for 2016 and the duration of the new levy cycle.

HSLRC Recommendation

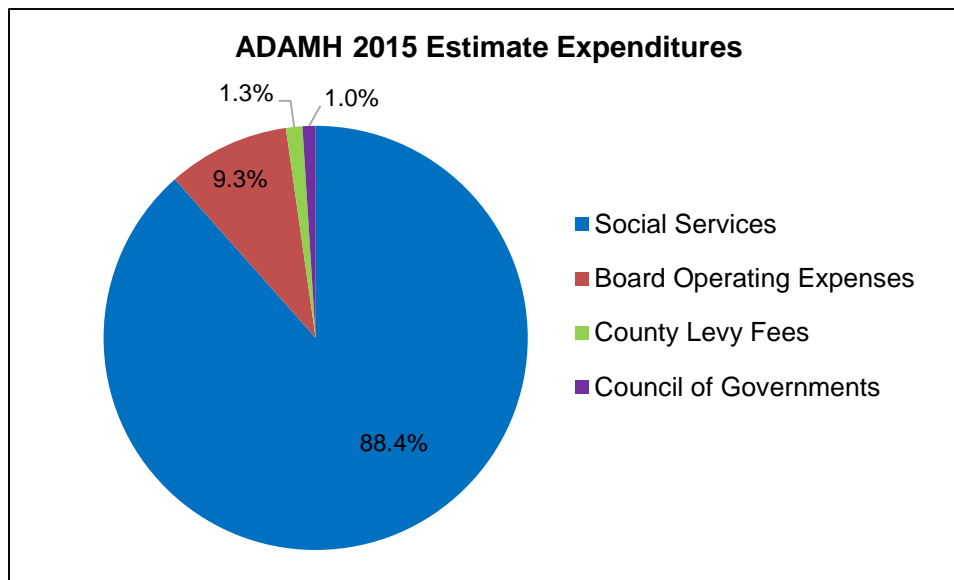
The HSLRC recommended 5 year 2.2 mill renewal levy scenario concurs with the revenue assumptions in ADAMH's Option 2 scenario. ADAMH's actual revenue for the previous three years (2012 – 2014), the projected revenue for the remainder of the current levy cycle (2015 – 2016), and the HSLRC Recommended Revenue Scenario for the new 5 year 2.2 mill levy cycle (2017 – 2021) is on the following page.

ADAMH Historical Actuals and HSLRC Projected Revenue (Calendar Years 2012-2021)

HSLRC Recommended 5 Year 2.2 Mill Renewal Levy (2017-2021)

	<u>2012</u> <u>Actuals</u>	<u>2013</u> <u>Actuals</u>	<u>2014</u> <u>Actuals</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>
Levy Funds	58,547,943	57,744,126	57,388,039	57,571,731	58,136,925	58,520,823	59,095,508	59,675,939	60,262,175	60,854,273
Medicaid Funds	50,935,003	544,895	0	0	0					
Federal Funds	8,904,258	8,019,871	6,903,598	5,836,436	7,261,469	7,261,469	7,261,469	7,261,469	7,261,469	7,261,469
State Funds	3,173,457	7,164,262	10,642,477	5,546,591	3,465,005	3,465,005	3,465,005	3,465,005	3,465,005	3,465,005
Local Funds	2,463,926	1,876,288	3,170,328	2,469,145	2,469,145	2,469,145	2,469,145	2,469,145	2,469,145	2,469,145
Misc Funds	512,565	907,277	2,376,433	400,000	400,000	400,000	400,000	400,000	400,000	400,000
Total Revenue	124,537,152	76,256,719	80,480,874	71,823,903	71,732,544	72,116,442	72,691,126	73,271,558	73,857,794	74,449,892

OVERVIEW OF EXPENDITURES



HSLRC members and staff performed a thorough analysis of the expenditures contained in ADAMH's levy book proposal. ADAMH divides its expenditures into four major categories: Social Services, Board Operating Expenses, County Levy Fees, and the Council of Governments. Approximately 90% of the agency's expenditures are budgeted for behavioral healthcare services (categorized as Social Services). ADAMH is projecting that Social Services will be 88.4% of actual expenditures in 2015. The remaining funds support the board operating expenses, such as salary, fringe benefits, and capital costs, county levy fees, and ADAMH's portion of the Three C Recovery and Healthcare Network COG expenses.

Summary of ADAMH Expenditures

Social Services

ADAMH is estimating they will invest \$66.9 million for mental health and alcohol and other drug addiction prevention, treatment, recovery support services for residents in Franklin County in 2015. Services are provided by contracts with 33 organizations (see page 9) through their annual contract and budget process.

Board Operating Expenses

ADAMH staff costs represent the largest portion of the remaining agency expenditures. The anticipated staffing level for the remainder of the current levy cycle and the new levy cycle is 51 employees. This is down from a high of 57 employees in 2008, however it is an increase from the 47 employees ADAMH maintained in recent years. The estimated 2015 expenditures include \$3.8 million for personal services and \$1.6 million for fringe benefits, such as health care and retirement.

Other Board operating expenses include utilities, office furniture, office supplies and equipment, computers, trainings, and public relations. ADAMH estimates to expend \$1.4 million for these materials and services in 2015.

County Levy Fees

Levy fees are assessed by the Franklin County Auditor's Office and Franklin County Treasurer for levy collection and advertising expenses. These fees average 1.6% of gross levy revenues and are estimated at \$949,050 for 2015.

Council of Governments

The Three C Recovery and Healthcare Network COG was formed by ADAMH with the Hamilton County Mental Health and Recovery Services Board and the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County. The COG was formed to fund and implement a community mental health and addiction management information system, known as SHARES. The 2015 estimated expenditures are \$750,000.

ADAMH Levy Request Assumptions

The ADAMH levy request expenditure assumptions in the Option 2 Scenario based on a five year levy cycle (2017-2021) begin with the 2016 projected expenditures (the last year of the current levy cycle) as the basis for the projections for 2017. Other assumptions include:

- Personal Services and Fringe Benefits are projected to increase 2.0% annually.
- Materials & Services will increase 1.5% in 2017 and 1.6% annually for 2018-2021.
- Capital Outlays are budgeted annually at \$50,000 for the duration of the new levy cycle.
- Grants are budgeted annually at \$500,000 for the Council of Governments for the duration of the new levy cycle.
- Social Services increases 6.6% in 2016 due to a 2.0% inflation adjustment to levy allocations and the amount of levy funds used to maintain non-levy discretionary allocations, provider expenditures increasing from 85.0% of allocations in 2015 to 89.0%, and \$750,000 budgeted in contingency. For each year of the new levy cycle, there is a 2.0% inflation adjustment to levy allocations to providers and the amount of levy funds used to maintain non-levy discretionary allocations.

HSLRC Recommendation

The "Comparison of Levy Expenditures Scenarios" on page 27 includes the ADAMH Option 2 Scenario compared with the HSLRC Recommended Scenario. The HSLRC Recommendation includes 2015 and 2016 projections that were developed using a five year historical average of operating expenditures and actual expenditures through the 1st quarter of 2015. The HSLRC Recommended Scenario includes the following assumptions for the final two years (2015-2016) of the current levy cycle and the new five year levy cycle (2017-2021):

- Personal Services - After a 7.2% increase due to new positions in 2015, it will increase at 2.0% annually for 2016 and the duration of the new levy cycle.
- Fringe Benefits - After a 14.5% increase due to new positions in 2015, it will increase at 3.5% annually for 2016-2019 and 3.6% annually for 2020-2021. Healthcare is included at a 5.0% annual increase.
- Materials & Services - After an 18.6% increase in 2015 (due to ADAMH receiving a levy fee rebate in 2014 from the Auditor's Office as the result of a surplus declaration), it will increase annually at 1.6% for 2016 and the duration of the new levy cycle.
- Capital Outlays - Budgeted annually at \$50,000 for the duration of the new levy cycle.
- Grants - Expenditures related to the Council of Governments are budgeted annually at \$500,000 for the duration of the new levy cycle.
- Social Services - Includes the following assumptions by year:
 - 2015: Same amount as the ADAMH projected expenditures.
 - 2016: Increases 2.6% due to a 2.0% inflation adjustment to levy allocations and the amount of levy funds used to maintain non-levy discretionary allocations, provider expenditures increasing to 86.0% of allocations, and \$0 in contingency.
 - 2017: Increases 2.8% due to a 2.0% inflation adjustment to levy allocations and the amount of levy funds used to maintain non-levy discretionary allocations, as well as provider expenditures increasing to 87.0% of allocations.
 - 2018: Increases 2.8% due to a 2.0% inflation adjustment to levy allocations and the amount of levy funds used to maintain non-levy discretionary allocations, as well as provider expenditures increasing to 88.0% of allocations.
 - 2019: Increases 2.8% due to a 2.0% inflation adjustment to levy allocations and the amount of levy funds used to maintain non-levy discretionary allocations, as well as provider expenditures increasing to 89.0% of allocations.
 - 2020-2021: Increases 1.8% due to a 2.0% inflation adjustment to levy allocations and the amount of levy funds used to maintain non-levy discretionary allocations.

Based on the HSLRC recommendations, the Committee believes ADAMH will be able to maintain current services while adjusting for inflation at 2.0% annually and responding to an increase in system demand at 1.0% annually from 2016-2019. The final two years, 2020-2021 of the levy include adjustments for inflation at 2.0% annually.

Comparison of Levy Expenditure Scenarios

	2012 Actuals	2013 Actuals*	2014 Actuals	2015	2016	2017	2018	2019	2020	2021
ADAMH Option 2 Scenario										
Personal Services	3,414,056	3,351,714	3,489,311	3,787,029	3,862,770	3,940,025	4,018,825	4,099,202	4,181,186	4,264,810
Fringe Benefits	1,306,258	1,291,191	1,365,786	1,582,776	1,614,432	1,646,720	1,679,655	1,713,248	1,747,513	1,782,463
Materials & Services	1,583,084	2,150,011	1,958,178	2,595,255	2,615,093	2,654,855	2,698,361	2,742,645	2,787,720	2,833,603
Capital Outlays	46,481	36,990	0	20,000	50,000	50,000	50,000	50,000	50,000	50,000
Grants	101,850	225,000	412,700	750,000	500,000	500,000	500,000	500,000	500,000	500,000
Interfund	-	-	242,963	-	-	-	-	-	-	-
Social Services	108,193,263	60,895,508	66,749,011	66,852,061	71,263,640	72,549,665	73,861,409	75,199,389	76,564,128	77,956,163
Total Expenditures^	114,644,992	67,950,414	74,217,948	75,587,121	79,905,934	81,341,265	82,808,250	84,304,484	85,830,547	87,387,039
Annual Change in Expenditures		-40.7%	9.2%	1.8%	5.7%	1.8%	1.8%	1.8%	1.8%	1.8%
HSLRC Recommended Scenario										
Personal Services	3,414,056	3,351,714	3,489,311	3,742,062	3,816,759	3,892,950	3,970,665	4,049,935	4,130,789	4,213,261
Fringe Benefits	1,306,258	1,291,191	1,365,786	1,563,574	1,617,828	1,674,316	1,733,141	1,794,409	1,858,232	1,924,729
Materials & Services	1,583,084	2,150,011	1,958,178	2,322,000	2,359,152	2,396,898	2,435,249	2,474,213	2,513,800	2,554,021
Capital Outlays	46,481	36,990	-	20,000	50,000	50,000	50,000	50,000	50,000	50,000
Grants	101,850	225,000	412,700	750,000	500,000	500,000	500,000	500,000	500,000	500,000
Interfund	-	-	242,963	-	-	-	-	-	-	-
Social Services	108,193,263	60,895,508	66,749,011	66,852,061	68,581,572	70,482,719	72,438,198	74,449,389	75,814,128	77,206,163
Total Expenditures	114,644,992	67,950,414	74,217,948	75,249,697	76,925,311	78,996,885	81,127,253	83,317,945	84,866,951	86,448,174
Annual Change in Expenditures		-40.7%	9.2%	1.4%	2.2%	2.7%	2.7%	2.7%	1.9%	1.9%

*2013 Actuals decrease is related to the elevation of Medicaid to the State of Ohio

^Total Expenditures may vary from the ADAMH 2015 Levy Fact Book due to rounding

RECOMMENDED FISCAL PLAN

In developing the fiscal plan for the proposed levy, the HSLRC recommends that the ending cash balance be equal to at least three months of expenditures at the end of 2021. The HSLRC recommends that ADAMH end the requested levy cycle with a three month cash reserve of at least \$21.6 million, as indicated in the “HSLRC Recommended Fiscal Plan through 2021” on the following page. The Committee believes the additional cash reserve in the Recommended Fiscal Plan will enable ADAMH to have some flexibility in meeting unforeseen needs or making additional community behavioral health system investments through 2021.

HSLRC RECOMMENDED FISCAL PLAN THROUGH 2021

	<u>2012</u> <u>Actuals</u>	<u>2013</u> <u>Actuals</u>	<u>2014</u> <u>Actuals</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>
Beginning Cash:	64,374,557	74,266,717	82,573,022	88,835,948	85,410,154	80,217,387	73,336,944	64,900,817	54,854,430	43,845,273
Revenue:										
Levy Funds	58,547,943	57,744,126	57,388,039	57,571,731	58,136,925	58,520,823	59,095,508	59,675,939	60,262,175	60,854,273
Medicaid Funds	50,935,003	544,895	0	0	0					
Federal Funds	8,904,258	8,019,871	6,903,598	5,836,436	7,261,469	7,261,469	7,261,469	7,261,469	7,261,469	7,261,469
State Funds	3,173,457	7,164,262	10,642,477	5,546,591	3,465,005	3,465,005	3,465,005	3,465,005	3,465,005	3,465,005
Local Funds	2,463,926	1,876,288	3,170,328	2,469,145	2,469,145	2,469,145	2,469,145	2,469,145	2,469,145	2,469,145
Misc Funds	512,565	907,277	2,376,433	400,000	400,000	400,000	400,000	400,000	400,000	400,000
Total Revenue	124,537,152	76,256,719	80,480,874	71,823,903	71,732,544	72,116,442	72,691,126	73,271,558	73,857,794	74,449,892
Expenditures:										
Personal Services	3,414,056	3,351,714	3,489,311	3,742,062	3,816,759	3,892,950	3,970,665	4,049,935	4,130,789	4,213,261
Fringe Benefits	1,306,258	1,291,191	1,365,786	1,563,574	1,617,828	1,674,316	1,733,141	1,794,409	1,858,232	1,924,729
Materials & Services	1,583,084	2,150,011	1,958,178	2,322,000	2,359,152	2,396,898	2,435,249	2,474,213	2,513,800	2,554,021
Capital Outlays	46,481	36,990	0	20,000	50,000	50,000	50,000	50,000	50,000	50,000
Grants	101,850	225,000	412,700	750,000	500,000	500,000	500,000	500,000	500,000	500,000
Interfund	0	0	242,963	0	0	0	0	0	0	0
Social Services	108,193,263	60,895,508	66,749,011	66,852,061	68,581,572	70,482,719	72,438,198	74,449,389	75,814,128	77,206,163
Total Expenditures	114,644,992	67,950,414	74,217,948	75,249,697	76,925,311	78,996,885	81,127,253	83,317,945	84,866,951	86,448,174
Ending Cash Balance:	74,266,717	82,573,022	88,835,948	85,410,154	80,217,387	73,336,944	64,900,817	54,854,430	43,845,273	31,846,990

90 Days of Cash **21,612,044**
Remaining 10,234,946

TAX IMPACT ON LOCAL HOUSEHOLDS

In evaluating this levy plan, the Committee considered the immediate impact of the 2.2 mill renewal property tax levy on the households in Franklin County and the total homeowner support that would be provided to ADAMH if this levy is approved. According to this analysis, the Committee determined that a 2.2 mill renewal levy with the effective millage of 2.193655 **will be no additional cost to taxpayers** if this levy is approved by voters.

Cost to Franklin County Homeowner

	2015 Current Levy	2017 Proposed Levy
Market Value	\$100,000.00	\$100,000.00
% of Market	35%	35%
Assessed Value	\$35,000.00	\$35,000.00
Effective Millage	2.193655	2.193655
Gross Tax	\$76.78	\$76.78
less 10% Rollback	(\$7.68)	(\$7.68)
less 2.5% Rollback	(\$1.92)	(\$1.92)
Net Tax (Annual Cost to Homeowner)	\$67.18	\$67.18
Increased Annual Cost to Homeowner		\$0

APPENDICES

- A - Resolution No. 311-99, authorizing creation of a Human Services Levy Review Committee and appointed member, Denise Bronson
- B - Resolution No. 1254-00, appointment of Jesse Hemphill
- C - Resolution No. 0307-05, appointment of Nathan Wymer
- D - Resolution No. 0728-06, appointment of James Bowman
- E - Resolution No. 0088-07, appointment of Jerome Friedman
- F - Resolution No. 0239-10, appointment of Jean Carter Ryan
- G - Resolution No. 0242-15, appointment of Zachary T. Talarek
- H - ADAMH Levy Request – Submitted by Executive Director on February 27, 2015
- I - Letter from Board of Commissioners asking the Human Services Levy Review Committee to review the ADAMH levy request and provide recommendations

RESOLUTION NO. 311-99

MARCH 30, 1999

RESOLUTION AUTHORIZING THE
CREATION OF THE HUMAN SERVICES
LEVY REVIEW COMMITTEE, AND
APPOINTING ITS MEMBERS
(COMMISSIONERS)

WHEREAS, the Franklin County Board of Commissioners, as the taxing authority for the County, is responsible for certifying to the Board of Elections tax levies in excess of the ten mill limitation pursuant to ORC 5705.19; and

WHEREAS, the Franklin County Board of Commissioners desire to create a Human Services Levy Review Committee to conduct ongoing financial reviews of social service agencies, evaluate program performance to voted levy objectives, to review social service levy requests and provide recommendations regarding proposed millage amounts and the timing of levy requests, and to provide a holistic review of levy impacts on the community; and

WHEREAS, the Human Services Levy Review Committee will be comprised of seven (7) members appointed by the Franklin County Board of Commissioners; now, therefore, upon the motion of Commissioner Teater, seconded by Commissioner Shoemaker,

BE IT RESOLVED BY THE BOARD OF COMMISSIONERS, FRANKLIN COUNTY, OHIO:

- 1) That a Human Services Levy Review Committee is hereby created to conduct ongoing financial reviews of social service agencies and to provide recommendations to the Board of Commissioners regarding proposed millage amounts and the timing of levy requests for certification to the Board of Elections.
- 2) That the Human Services Levy Review Committee shall be comprised of seven (7) members appointed by the Board of Commissioners. Such membership shall be subject to change by resolution of the Board of Commissioners.
- 3) That the following persons are appointed to the Human Services Levy Review Committee:

William K. Willis, Jr., Chair
Franklin County Community Planning Council
1715 Franklin Park South
Columbus, Ohio 43205

Denise E. Bronson
Professor, College of Social Work
The Ohio State University
Stillman Hall
1947 College Road
Columbus, Ohio 43210

Chad Jester, Director of Public Affairs
Nationwide Insurance Company
One Nationwide Plaza
Columbus, Ohio 43215

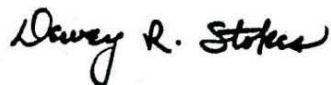
Linda J. Siefkas
Vice President and Manager – Columbus Office
Edward Howard & Company
50 West Broad Street, Suite 2200
Columbus, Ohio 43215

Matt Kallner, Director of Governmental Affairs
The Limited Company
Three Limited Parkway
Columbus, Ohio 43230

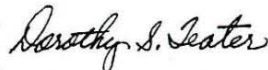
Charlene Powell, Finance Director
Franklin County Commissioners
373 S. High Street, 26th Floor
Columbus, Ohio 43215

Marvin G. Gutter, PhD., CPA
Vice President for Business and Administrative Services
Columbus State Community College
550 E. Spring Street
Columbus, Ohio 43215

Voting Aye thereon:



DEWEY R. STOKES, PRESIDENT



DOROTHY S. TEATER



ARLENE SHOEMAKER

BOARD OF COUNTY COMMISSIONERS
FRANKLIN COUNTY, OHIO

RESOLUTION NO 1254-00

December 5, 2000

RESOLUTION APPOINTING
 JESSE M HEMPHILL, CPA, TO THE
 HUMAN SERVICES LEVY REVIEW COMMITTEE
(COMMISSIONERS)


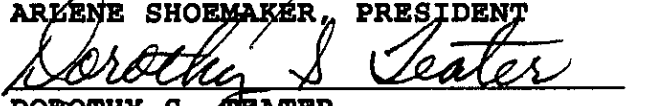
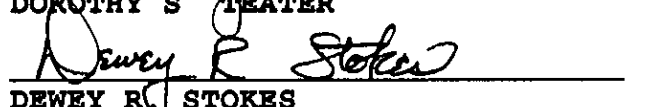
WHEREAS, a vacancy exists on the Human Services Levy Review Committee due to the resignation of William K Willis, Jr , now, therefore, upon motion of Commissioner Teater, seconded by Commissioner Stokes,

BE IT RESOLVED BY THE BOARD OF COMMISSIONERS, FRANKLIN COUNTY, OHIO

That the following person is hereby appointed to the Human Services Levy Review Committee, replacing William K Willis, Jr , to serve for an indefinite term

Jesse M Hemphill, CPA
 Hemphill & Associates, Inc
 471 East Broad Street, Suite 1306
 Columbus, Ohio 43215
 O - 461-6110

Voting Aye thereon


 ARLENE SHOEMAKER, PRESIDENT

 DOROTHY S TEATER

 DEWEY R STOKES
 BOARD OF COUNTY COMMISSIONERS
 FRANKLIN COUNTY, OHIO

Voting Nay thereon

ARLENE SHOEMAKER, PRESIDENT

DOROTHY S TEATER

DEWEY R STOKES
 BOARD OF COUNTY COMMISSIONERS
 FRANKLIN COUNTY, OHIO

GVW syb

cc Journal
 Board Member

RESOLUTION NO. 307-05

April 12, 2005

RESOLUTION APPOINTING
NATHAN WYMER TO THE
HUMAN SERVICES LEVY
REVIEW COMMITTEE
(COMMISSIONERS)

WHEREAS, pursuant to Resolution No. 311-99, adopted by the Board on March 30, 1999, the Human Services Levy Review Committee was created pursuant to ORC 5705.19 for the purpose of conducting ongoing financial reviews of social service agencies; and

WHEREAS, due to the resignation of Chad A. Jester, a vacancy exists on the Human Services Levy Review Committee; now, therefore, upon motion of Commissioner Stokes, seconded by Commissioner Brooks,

BE IT RESOLVED BY THE BOARD OF COMMISSIONERS, FRANKLIN COUNTY, OHIO:


That the following person is hereby appointed to the Human Services Levy Review Committee, replacing Chad A. Jester, to serve for an indefinite term:

Nathan Wymer
3835 Wedgwood Place Drive
Powell, OH 43065
614-249-7041

Voting Aye thereon:


MARY JO KILROY, PRESIDENT


DEWEY R. STOKES


PAULA L. BROOKS
BOARD OF COUNTY COMMISSIONERS
FRANKLIN COUNTY, OHIO

RESOLUTION NO. 728-06

September 19, 2006

RESOLUTION APPOINTING JAMES A. BOWMAN
AS A MEMBER OF THE HUMAN SERVICES LEVY
REVIEW COMMITTEE EFFECTIVE IMMEDIATELY
(COMMISSIONERS)

WHEREAS, Resolution No. 311-99 was adopted by the Franklin County Board of Commissioners on March 30, 1999, creating the Human Services Levy Review Committee pursuant to ORC 5705.19 for the purpose of conducting ongoing financial reviews of social services agencies; and

WHEREAS, the committee is comprised of seven (7) members who serve for an indefinite term; now, therefore, upon motion of Commissioner Kilroy, seconded by Commissioner Stokes,

BE IT RESOLVED BY THE BOARD OF COMMISSIONERS, FRANKLIN COUNTY, OHIO:


That the following person is hereby appointed to the Human Services Levy Review Committee to replace Wade Steen, effective immediately:

James A. Bowman
National Affordable Housing Trust
2335 North Bank Drive
Columbus, Ohio 43220
614-451-9929

Voting Aye thereon:


Mary Jo Kilroy


Dewey R. Stokes


Paula Brooks, President
Board of County Commissioners
Franklin County, Ohio

RESOLUTION NO. 88-07

January 30, 2007

RESOLUTION APPOINTING JEROME FRIEDMAN
AS A MEMBER OF THE HUMAN SERVICES LEVY
REVIEW COMMITTEE EFFECTIVE IMMEDIATELY
(COMMISSIONERS)

WHEREAS, Resolution No. 311-99 was adopted by the Franklin County Board of Commissioners on March 30, 1999, creating the Human Services Levy Review Committee pursuant to ORC 5705.19 for the purpose of conducting ongoing financial reviews of social services agencies; and

WHEREAS, the committee is comprised of seven (7) members who serve for an indefinite term; now, therefore, upon motion of Commissioner Brown, seconded by Commissioner Brooks,

BE IT RESOLVED BY THE BOARD OF COMMISSIONERS, FRANKLIN COUNTY, OHIO:

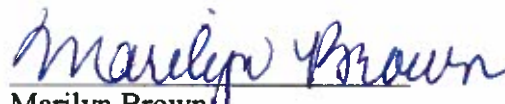
That the following person is hereby appointed to the Human Services Levy Review Committee to replace Amie Preston, effective immediately:

Jerome Edward Friedman
370 West Ninth Avenue
200G Meiling Hall
Columbus, Ohio 43210-1238
614-292-3856

Voting Aye thereon:


Mary Jo Kilroy, President


Paula Brooks


Marilyn Brown
Board of County Commissioners
Franklin County, Ohio

Resolution No. 0239-10

March 16, 2010

Resolution appointing Jean Carter Ryan to the Human Services Levy Review Committee effective immediately

(COMMISSIONERS)

WHEREAS, Resolution 311-99 was adopted by the Franklin County Board of Commissioners on March 30, 1999, creating the Human Services Levy Review Committee pursuant to ORC 5705.19 for the purpose of conducting ongoing financial reviews of social services agencies; and

WHEREAS, the Committee is comprised of seven (7) members who serve for an indefinite term; now, therefore

BE IT RESOLVED BY THE BOARD OF COMMISSIONERS, FRANKLIN COUNTY, OHIO:

That, effective immediately, the following individual is hereby appointed to the Human Services Levy Review Committee to replace Marvin G. Gutter, Ph.D. who has resigned:

Jean Carter Ryan
Executive Director
Columbus-Franklin County Finance Authority
150 South Front Street, Suite 200
Columbus, Ohio 43215
614-225-6068

DLB:skm

Resolution No. 0242-15

March 10, 2015

Resolution appointing Zachary T. Talarek as a member of the Human Services Levy Review Committee

(Board of Commissioners)

WHEREAS, Resolution No. 311-99 was adopted by the Franklin County Board of Commissioners on March 30, 1999, creating the Human Services Levy Review Committee pursuant to ORC 5705.19 for the purpose of conducting ongoing financial reviews of social service agencies; and

WHEREAS, the committee is comprised of seven (7) members who serve for an indefinite term; now, therefore

BE IT RESOLVED BY THE BOARD OF COMMISSIONERS, FRANKLIN COUNTY, OHIO:

That the following person is hereby appointed to the Human Services Levy Review Committee to fill the unexpired term of Kenneth Wilson:

Zachary T. Talarek
Director
Franklin County Office of Management & Budget
373 South High Street, 26th Floor
Columbus, Ohio 43215
(614) 525-2519

Prepared by: Erik Janas

Derek Anderson, Chair
 Rory McGuinness, Vice Chair
 Damon Muldoon, Secretary
 Peggy Anderson, Treasurer

David A. Royer, CEO

Africentric Personal Development Shop, Inc.
 Alvis House
 Amethyst, Inc.
 Buckeye Ranch
 COVA (Center of Vocational Alternatives)
 Central Ohio Area Agency on Aging
 CHOICES for Victims of Domestic Violence
 Columbus Area Integrated Health Services, Inc.
 Columbus Public Health
 Columbus Urban League
 Community for New Direction
 Community Housing Network, Inc.
 CompDrug
 Concord Counseling Services
 Directions for Youth & Families
 HandsOn Central Ohio
 House of Hope for Alcoholics, Inc.
 Huckleberry House, Inc.
 Maryhaven, Inc.
 Mental Health America of Franklin County, Inc.
 NAMI Franklin County
 National Church Residences
 Nationwide Children's Hospital Behavioral Health Services
 Neighborhood House
 Netcare Corporation
 North Central Mental Health Services
 North Community Counseling Centers, Inc.
 St. Vincent Family Centers
 Schottenstein Chabad House Friendship Circle Southeast, Inc.
 Syntero, Inc.
 The P.E.E.R. Center
 The Village Network
 TBI Network
 Twin Valley Behavioral Healthcare Community Support Network
 Urban Minority Alcoholism and Drug Outreach Program of Franklin County, Inc.

February 27, 2015



The Honorable Marilyn Brown, President
 Franklin County Commissioner's Office
 373 S. High Street, 26th Floor
 Columbus, OH 43215

Dear Commission Brown:

Please find the attached resolution passed by the ADAMH Board of Trustees as well as the accompanying 2015 Levy Fact Book that details the levy request for the ADAMH system of care. The resolution requests that a 2.2 mill renewal with a 0.5 mill increase levy be placed on the November 3, 2015 ballot.

The ADAMH Board of Franklin County's single 2.2 property tax levy, which expires on December 31, 2016, has sustained the ADAMH system of care for more than 24 years, amid recent significant divergence in forecasted versus actual planning assumptions due to the Great Recession and the subsequent devaluation of property values. Additionally, the dramatic decline in state investment in mental health & addiction recovery services in Franklin County means that 71% of the revenues come from the local levy. We believe the analysis provided in the Levy Fact Book details a compelling rationale for the requested small increase to address the stagnated revenues, current unmet needs and projected needs for the next 10 years in our community.

We look forward to working with the Human Services Levy Review Committee and the Board of Commissioners to discuss any questions or concerns as you review the 2015 Levy Fact Book. Thank you for your continued leadership in addressing the mental health, addiction treatment and prevention/wellness needs of Franklin County residents.

Best regards,

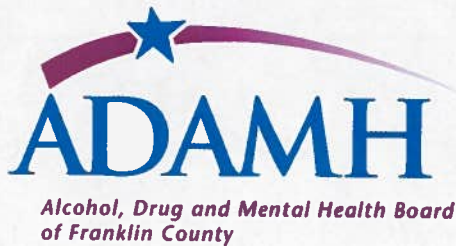
David A. Royer
 CEO

cc: Commissioner John O'Grady and Commissioner Paula Brooks
 Human Services Levy Review Committee
 Ken Wilson
 Erik Janas
 Heidi Hallas

Attachments: ADAMH Board Resolution; 2015 Levy Fact Book (electronic & hard copies)

447 East Broad Street, Columbus, Ohio 43215-3822 614.224.1057 614.224.0991 FAX
www.adamhfranklin.org

Treatment Works. Recovery Happens.



RESOLUTION
REQUESTING PLACEMENT OF A 2.2 MILL RENEWAL WITH A 0.5 MILL
INCREASE PROPERTY TAX LEVY ON THE NOVEMBER 3, 2015 BALLOT

WHEREAS, the ADAMH Board of Franklin County has the responsibility to contract for publicly funded mental health and substance abuse treatment, prevention services and supportive services for adults and youth of Franklin County; 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, 2016; 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 ADAMH's ability to maintain and expand vital services to an increasing number of youth and families 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 and requests that the Franklin County Board of Commissioners submit to the electorate in the general election to be held on November 3, 2015, a 2.2 Renewal with a 0.5 mill Increase tax for the benefit of providing mental health and substance abuse treatment and prevention services and supportive services pursuant to Chapter 340 of the Revised Code, for a ten-year period, first due in the calendar year 2017.

WITNESS THEREOF, I hereunto subscribe my name on this twenty fourth day of February, two thousand and fifteen.



David A. Royer, CEO
ADAMH Board of Franklin County



Derek Anderson, Chair
ADAMH Board of Franklin County

Date: February 24, 2015

Resolution: 20150224-01

Commissioner Marilyn Brown • Commissioner Paula Brooks • Commissioner John O'Grady
President

March 2, 2015

Jesse M. Hemphill, CPA, Chairman
Hemphill & Associates, Inc.
471 East Broad Street, Suite 1306
Columbus, Ohio 43215

Dear Chairman:

The Alcohol, Drug, and Mental Health (ADAMH) Board of Franklin County has submitted to the Board of Commissioners a request to seek voter approval of a 2.7 mill, 10-year levy in November 2015. The request includes a renewal of the existing 2.2 mill, 10-year levy due to expire in 2016 and a 0.5 mill increase. The proposed 2.7 mill levy will support mental health, addiction treatment, prevention, and wellness services provided to Franklin County residents.

Pursuant to Resolution No. 311-99, the Board of Commissioners is submitting the ADAMH Board's levy request to the Human Services Levy Review Committee (HSLRC) for a thorough financial and policy analysis. Attached are materials prepared by the ADAMH Board and staff for your review. The Board of Commissioners is requesting that the HSLRC provide final recommendations regarding the ADAMH Board's levy request by June 26, 2015.

Please review this request and advise the Board of Commissioners as to your committee recommendations. Thank you in advance for your assistance.

Sincerely,



Marilyn Brown, President
Franklin County Board of Commissioners

Enclosure

Cc: Commissioner Paula Brooks
Commissioner John O'Grady
Human Services Levy Review Committee members
David Royer, CEO, ADAMH Board of Franklin County
Kenneth Wilson, County Administrator
Erik Janas, Deputy County Administrator
Heidi Hallas, Sr. Performance Analyst 2, OMB