

November 2020

The Alcohol, Drug and Mental Health Board of Franklin County

Human Services Levy Review Committee Report



2020 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 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 on 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 B-H for appointment resolutions):

1. James A. Bowman, Director
Bowman Advisory Group
2. Michael Curtin
Franklin County Resident
3. Jerome E. Friedman
Franklin County Resident
4. Rose Handon, Ph.D., Director, Consumer Advocacy & Protection
State of Ohio Attorney General's Office
5. Jesse M. Hemphill, CPA, President and CEO
Hemphill & Associates, Inc. – **Chairman, Human Services Levy Review Committee**
6. Jean Carter Ryan, President
Columbus-Franklin County Finance Authority
7. Zachary Talarek, CPA, Director, Office of Management & Budget
Franklin County Board of Commissioners

The Committee is staffed by:

Rachel Buske, OMB Analyst 2

Madeline Gresham, OMB Analyst 1

Franklin County Office of Management & Budget (OMB)

2020 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), the Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County, and Franklin County Office on Aging (FCOA) to submit financial and program information for the Committee's consideration, and to provide regular updates. During each levy cycle, agencies meet with the Committee for a mid-levy review to present an update on progress versus the levy plan and to provide information on any major issues or initiatives that are impacting operations or that could potentially impact the next request. This approach ensures that the Committee 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, 2020. The request was to place a county-wide property tax levy of 3.29 mills on the November 3, 2020 ballot. This request included a renewal of the existing 2.2 mill, 10-year levy that expires on December 31, 2021 plus a 1.09 mill increase.

More than 71% of the ADAMH system's resources come from a single property tax levy approved by voters. ADAMH is currently operating with a 5-year, 2.2 mill renewal levy that began collections in 2017. Other funding sources include federal, state, and local funds.

On behalf of the Board of Commissioners, Commissioner John O'Grady, 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.

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 with a 0.65 mill increase for a period of 5 years be placed on the November ballot. The recommendation is based on the HSLRC Recommended Fiscal Plan through 2026 (see page 34).

A levy renewal plus increase will be sufficient to maintain current community mental health and substance use disorder service levels in Franklin County during a period of economic uncertainty. It will also allow ADAMH to absorb contract cost increases and increase investments in the community including the Franklin County Mental Health and Addiction Crisis Center and funding for the Probate Court Guardianship Services Board (GSB).

The recommendation is supported by the following:

- 1. The Committee recognizes that ADAMH needs additional millage to sustain current operations and fund new or expanded services but was not comfortable recommending such a large increase to taxpayers, particularly based on a rate of growth that was developed using proprietary data that the Committee could not fully analyze.** ADAMH is projecting a \$14 million operating deficit in 2021, which is the last year of the current levy cycle. Based on ADAMH's calculations, a straight renewal with stagnant levy revenue would require significant cuts to social services in an amount upwards of \$20 million per year. As a result, the Committee did not consider recommending a straight renewal that would require ADAMH to reduce the level of service delivery in the community. Furthermore, the Committee recognizes that ADAMH not only needs to maintain

current service delivery levels, but that it also needs to accommodate contract inflation, population growth, the added funding for the Probate Court Guardianship Services Board, and the repayment of a loan from the Board of Commissioners that are a part of the millage request.

The ADAMH levy request for a 2.2 mill renewal with a 1.09 mill increase was developed using a demand growth factor that is used by the Central Ohio Hospital Council. This factor indicated that the demand for ADAMH's services would increase by 23% over the next ten years. Demand growth is calculated using a variety of metrics including population growth, epidemiological data, and healthcare economic and policy data. While the hospital data was made available to ADAMH during the planning process for the Crisis Center, ADAMH could not share the methodology with the Committee because it is proprietary. The ADAMH levy request built using a demand growth factor projected an average annual increase in Social Services expenditures of approximately 3.5%. Without the methodology, the Committee and staff could not fully analyze the projected demand growth and could not justify recommending the 1.09 mill increase at this time.

Looking at the other options provided in the ADAMH factbook, the Committee looked more closely at the Option B scenario in the factbook which projected an increase of approximately 2.2% in social services spending each year and that would provide funding for the GSB, the repayment for the loan, and accommodate contract inflation and population growth only. The Committee also looked at Option C that had the same rate of growth as the request but for only 5 years. In the end, the Committee recommended additional millage that would accommodate an average yearly increase in social services spending of 2.0%. This rate of growth will be sufficient to cover contract inflation and allow ADAMH to expand its current investments but will require that ADAMH be prudent in prioritizing which investments to expand and what planned investments can either be delayed or modified. It was also the projected growth rate recommended in 2015 for the current levy cycle.

2. **ADAMH is financially supporting behavioral health care in an economic environment that is facing unprecedented economic uncertainty due to the COVID-19 pandemic. The uncertain economic climate necessitates a 5-year duration and lower millage.** It is difficult to forecast need in mental health and substance use disorder services over ten years. Adding to this difficulty is the uncertain economic climate that Franklin County now faces as a result of the global COVID-19 pandemic. The Committee recognizes that the need for the services that ADAMH provides will be more important than ever as residents face financial uncertainty, struggle to afford healthcare, and try to deal with the emotional strain of the pandemic. At the same time, the Committee felt it necessary to balance those concerns versus the increased burden on taxpayers. The requested renewal of the existing 2.2 mill levy plus a 1.09 mill increase for a 10-year period would have resulted in a 63.7% increase in the ADAMH property tax costs to a Franklin County homeowner. With rising unemployment, anticipated loss of revenue, and

anticipated budget cuts at the state and local level, all of the projections built into the ADAMH model and the Committee analysis have quickly become outdated and it is too soon to fully understand the impact the pandemic will have on our economy over the next decade. The Committee agreed that these factors necessitate a more conservative planning approach. The Committee's recommendation of a 5-year 2.2 mill renewal with a 0.65 mill increase will allow ADAMH to maintain service delivery and focus on some of its higher priority new or expanded investments like funding for the Probate Court Guardianship Services Board and the pending Franklin County Mental Health and Addiction Crisis Center.

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 continue to explore, pilot, and implement different provider payment models to increase cost effectiveness and focus on consumer centered outcomes. Secondly, ADAMH should plan to conduct an analysis of the Franklin County Mental Health and Addiction Crisis Center and provide an update to the Committee at the mid-levy review. The HSLRC also recommends that ADAMH work with the Franklin County Sheriff's Office and the Office of Justice Policy & Programs to expand efforts to provide appropriate mental health and substance use disorder treatments to inmates in the County Jail and provide linkages to services for individuals upon release. Finally, the HSLRC recommends that ADAMH increase service delivery coordination with other levy agencies to leverage available revenue opportunities and share data to avoid duplication and improve upon consumer outcomes.

INTRODUCTION

Per Ohio Revised Code (ORC) section 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 section 340.03 mandates that ADAMH serves as the community addiction and mental health services planning agency, investigates complaints alleging abuse or neglect of any person receiving these services, evaluates if local providers satisfy certification standards, approves fee schedules and related charges for services, and assists the Probate Court in determining whether there is probable cause that a respondent is subject to involuntary hospitalization and designates 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, 2020. The request was to place a county-wide property tax levy of 3.29 mills on the November 3, 2020 ballot (see Appendix H). This request included a renewal of the existing 2.2 mill, 10-year levy expiring December 31, 2016 plus a 1.09 mill increase.

On behalf of the Board of Commissioners, Commissioner John O'Grady, 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 use disorder services for Franklin County residents to help them live healthy, productive lives. This is accomplished through contracts with more than thirty local non-profit organizations located in neighborhoods across the county. These agencies provide mental health and substance use disorder 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 based 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 partnerships include the Columbus and Franklin County Addiction Plan, Columbus Division of Police, Franklin County Children Services, Franklin County Job and Family Services, the Franklin County Reentry Task Force, the Ohio Opioid Education Alliance, and the Central Ohio Hospital Council.

ADAMH is governed by a Board of Trustees that is comprised of 18 citizen volunteers who provide leadership and direction in forming policy and allocating funds. Board members come from diverse backgrounds and must be residents of Franklin County and interested in 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 (OhioMHAS).

More than 71% of the ADAMH system's resources come from a single property tax levy approved by voters. ADAMH is currently operating with a 5-year, 2.2 mill renewal levy that began collections in 2017. Other funding sources include federal, state, and local funds.

PREVALENCE OF MENTAL ILLNESS AND SUBSTANCE USE DISORDER/DEPENDENCE

According to the most recent county level prevalence rate estimates (2014-2016) from the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey of Drug Use and Health (NSDUH), more than one in five (21.6%) residents 18 years and older in Franklin County experienced Any Mental Illness (AMI) in the past year.¹ Approximately one in twenty (4.6%) adults is estimated to have experienced a 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). According to the U.S. Department of Health and Human Services, serious mental illness is defined as "someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities."² While county-level prevalence estimates

¹ 2014-2016 Substate estimates of substance use and mental illness. (2018, June 13). Retrieved 2020, from <https://www.samhsa.gov/data/report/2014-2016-substate-estimates-substance-use-and-mental-illness>

² Mental Health and Substance Use Disorders, Retrieved 2020, from <https://www.samhsa.gov/find-help/disorders>

for children are difficult to obtain, state level data for Ohio estimates that 13.7% of children age 12-17 had experienced a major depressive episode in the past year.³ Further, the 2017 National Youth Risk Behavior Survey suggested that 17.2% of US youths had seriously contemplated suicide in the past year.⁴

For Franklin County residents 12 years and over, SAMSHA has estimated that at least one in ten are affected by dependence or abuse of illicit drugs or alcohol. Specifically, the most recent past-year use was: 0.3% for heroin; 2.2% for cocaine; 16.3% for marijuana; 26.8% for tobacco; and 54.8% for alcohol. Among younger people (age 12-20), the past month use of alcohol is 21.7%. In addition, for youth 12-17, the 2018 NSDUH for Ohio estimates that approximately 4.0% had a substance use disorder and greater percentages had used alcohol (9.6%) or illicit drugs (7.5%).

Many individuals 18 and older who experience mental illness may have co-occurring disorders. The terms “co-occurring disorders,” “co-morbidity,” and “dual diagnosis” refer to two disorders or illnesses occurring at the same time for the same person. According to the 2014-2016 NSDUH survey, among adults with AMI in the past year, 19.3% also experienced substance use disorder in the past year. This rate was greater for those with SMI, with 27.8% also experiencing substance use disorder dependence or abuse in the past year. For those with a serious depressive episode in the last year, the rate with substance use disorder was 22.8%. According to the Robert Wood Johnson Foundation, 68.0% of adults with mental illness have at least one physical health condition.

Suicide is a growing public health concern in the local community. According to the Ohio Department of Health, in 2017 Franklin County had a suicide rate of 12.6 per every 100,000 persons, which was lower than the national average of 13.9 per 100,000 persons and the Ohio average of 15.2 per every 100,000 persons. For all persons, the suicide rate in Ohio increased by 44.8% from 2007 to 2018. For youths, the suicide rate in Ohio increased by 64.4% during the same period. Overall, suicide was the 11th leading cause of death in Ohio, but was the leading cause of death among Ohioans age 10-14 and the second leading cause of death for those who were 15-34 years old.⁵

Unintentional drug overdoses are a major area of concern in Franklin County. Ohio saw sharp increases in unintentional drug overdoses in both 2016 and 2017, before seeing a 22.5% decrease in 2018.⁶ Despite the statewide decrease, Franklin County continues to see an increase in the number of drug overdose deaths.⁷ In 2018, there were 476

³ 2018 NSDUH detailed tables. (2019, August 20). Retrieved 2020, from <https://www.samhsa.gov/data/report/2017-2018-nsduh-state-specific-tables>

⁴ Youth Risk Behavior Survey. Retrieved 2020, from <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf>

⁵ Suicide Demographics and Trends, Ohio, 2018. Retrieved 2020, from <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/media/suicide-demographics-trends-ohio-2018>

⁶ 2018 Ohio Drug Overdose Report. (2019, December 04). Retrieved 2020, from <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/media/2018-ohio-drug-overdose-report>

⁷ Spike in ODs over the weekend, says Franklin County Coroner. Retrieved 2020, from <https://www.nbc4i.com/news/local-news/spike-in-ods-over-the-weekend-says-franklin-co-coroner/>

unintentional drug overdoses, which was an increase of 51.6% from 2016. Through the end of April 2020, overdoses are up 50.0% from last year, with the County recording 62 total deaths in April alone.

While SAMHSA data do not include sufficient demographic information on residents who are affected by mental health and substance use disorders, ADAMH is able to pull detailed consumer data from its claims system. ADAMH has stated that the average age of a consumer is 34 and that approximately 40% of consumers are adults between the ages of 25 and 44. Seniors account for about 10% of all consumers, and approximately 11% of all consumers are between the ages of 12 and 17. Approximately 55% of consumers are men and 45% are women. Approximately 56% are White and 38% are Black or African-American (97% identify as not Hispanic or Latino). Overall, nearly 85% of all ADAMH consumers live below the federal poverty level, with almost 87% of these consumers having an income that is less than 50% of the federal poverty level.

CURRENT SERVICES

As mentioned previously, ADAMH does not provide direct services but contracts with more than thirty agencies to provide mental health and substance use disorder services for the residents of Franklin County (see table on the next page for a list of current providers). Some services, such as prevention, are provided to the entire community. Primarily, ADAMH provides resources for residents who are uninsured or underinsured. For residents that have Medicaid or private insurance, ADAMH often covers the cost of services that are not covered, such as housing. These services are available on a sliding fee scale, meaning that consumers in need of services are charged based on income and circumstance. Residents in need of services are often linked through Netcare Access and Children's Hospital for both crisis and other services and can also contact ADAMH or specific providers directly.

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

ADAMH System of Care

In 2019, ADAMH funded providers offered 341 distinct programs to residents. ADAMH classifies its System of Care based on the following six service delivery categories: Treatment, Crisis, Housing, Prevention, Recovery Supports, and Family Supports. Of the thirty-three agencies ADAMH contracted with in 2019, twenty-four provided treatment services, twelve provided crisis services, three provided family supports, five provided housing services, twenty-one provided prevention services, and nineteen provided recovery supports. The following is a brief description of each category with a listing of several of the services provided in each:

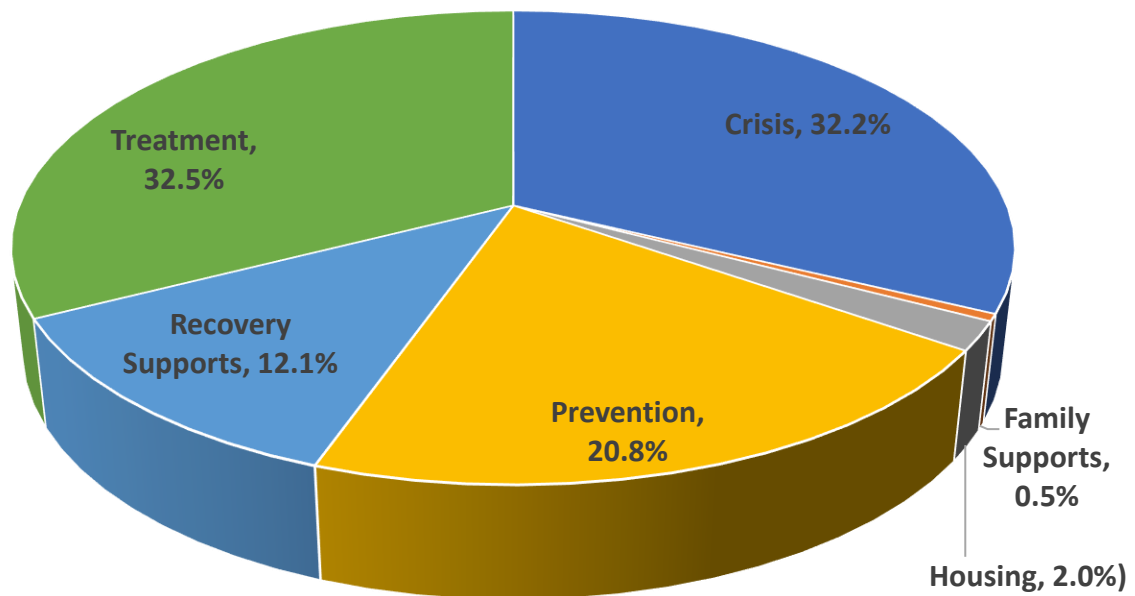
- **Treatment** services include counseling and more specialized psychotherapies, as well as medication, based on diagnosis. Counseling seeks to change behaviors, thoughts, and emotions, and how people see and understand situations. Medications provide relief and help manage symptoms. Many people who receive treatment services receive both counseling and medication.
- **Crisis** provides a continuum of services designed to help consumers limit or avoid care in the most restrictive settings, such as hospitalization or involvement in the

criminal justice system. Some examples of crisis services are transportation – Reach Out, pre-screenings for the Probate Court, and clinical observation.

- **Housing** provides varying levels of treatment support along with a safe place to live. Many housing services are not Medicaid eligible. There are five main types of housing that ADAMH funds:
 - Transitional – Time-limited residential program (up to 120 days) with goal to transition to permanent housing.
 - Supportive - Rent subsidized housing with some form of on-site supportive service available 24 hours a day.
 - Service Enriched – Permanent rent subsidized housing with an on-site Residential Manager and additional security and support.
 - Recovery Housing – Drug and alcohol-free housing where people receive on-going support.
 - Independent Housing – Rent subsidized housing for individuals who are stable in their recovery and are receiving outpatient services.
- **Prevention** services help people develop the knowledge, attitudes, and skills necessary to make good choices or change harmful behaviors. ADAMH is funding prevention programs throughout the community that target all residents regardless of age.
- **Recovery Supports** services include peer support, life skills training, and employment and vocational training. Recovery is a process of change through which people improve their health and wellness. Many of these programs are not Medicaid-eligible.
- **Family Supports** provide community-based services that assist family members in their role as caregiver. Services include education, advocacy, and mentoring to help family members enhance their problem-solving skills. Many of these programs are not Medicaid-eligible.

These six service categories are consistent with SAMHSA definitions and are being incorporated into ADAMH's Strategic Business Plan and performance measure data that is reported to Franklin County Administration and OMB throughout the year. The chart on the next page breaks down the 2019 percentage of claims from the SHARES system that are tied to each service category.

2019 ADAMH Claim Percentages by Category



Service Delivery Trends

Between 2017 and 2019, ADAMH supported services served an average of 29,450 unique Franklin County residents each year (this number excludes prevention services). Including prevention services, total consumers served during this period was more than 330,000 (please note that consumers sometimes utilize multiple services in multiple categories of care). While most in the community understand the importance of prevention services and more traditional crisis and treatment services, it is important to understand the value of also providing housing, recovery supports, and family supports to promote a continuum of care to recover and achieve wellness, as consumers manage their mental health and substance use disorders. Research has demonstrated that these services are effective tools for consumers looking to maintain their independence and thrive in the community.

The table on the next page⁸ lists the number of consumers served in each service category between 2017-2019 by count and percent change. Overall, ADAMH has been able to increase the number of consumers served by 40.9%, with significant increases in all system of care categories except for housing, which decreased by 52.0% over the last three years. While this decrease might appear alarming, ADAMH explained that most of

⁸ These consumer counts are based on fee-for-service claims and block grants requiring "encounter" claims submissions and were pulled from the SHARES claims/member system. Approximately 20% of services are for block grants and specialty contracts that do include the consumers who receive services that do not require claims. These data do not appear in SHARES. For example, the total number of consumers served within the Family Supports category was approximately 5,400 in 2019.

this decrease is because Medicaid has begun paying for some substance use disorder treatments in residential settings, due to the Behavioral Healthcare Redesign that was created by the Ohio Department of Medicaid (ODM) and OhioMHAS. While one Residential Care Facility closed recently, another facility is being developed and is scheduled to begin operations in November 2020. ADAMH has identified the need for more housing services in Franklin County and is looking to expand the number of consumers served during the next levy cycle.

Year	2017	2018	2019	Change 17-19	% Change 17-19
Crisis	8,680	16,274	24,395	15,715	181.0%
Family Supports	49	62	67	18	36.7%
Housing	830	1,087	398	(432)	-52.0%
Prevention	75,562	91,495	98,100	22,538	29.8%
Recovery Supports	4,345	4,848	5,027	682	15.7%
Treatment	13,911	13,626	15,237	1,326	9.5%
Total Consumers	96,337	120,973	135,745	39,408	40.9%

One of the HSLRC programmatic recommendations from 2015 was for ADAMH to identify and invest in prevention and early intervention strategies to reduce the prevalence of mental health and addiction in Franklin County. The scope of services ranges from universal approaches for all residents (information dissemination and education) to approaches that target a specific population experiencing problems (education, problem identification, and referral). Approximately 265,000 consumers received mental health and substance use prevention services over the last three years, with ADAMH providing services in the Columbus City Schools, all sixteen suburban school districts, and throughout the community. The number of consumers served increased by 29.8%. ADAMH has expanded services either by renegotiating with providers to increase service delivery capacity or make shifts in strategy based on best practices.

From 2017-2019, ADAMH contract agencies provided mental health and substance use disorder crisis and treatment services, including counseling and medication management, to 73,911 consumers. Looking specifically at crisis services, the number of consumers served increased by 181.0%. Netcare Reach Out transportation, a program that transports individuals exhibiting public inebriation to the Maryhaven Engagement Center, accounts for a large portion of that increase due to a change in the reporting methodology that now counts transport runs rather than unique individuals. The community did see an increase in crisis episodes, and to meet the growing needs for access to immediate assistance during the opiate epidemic, the Maryhaven Addiction Stabilization Center

opened in 2018 and treated approximately 2,600 clients in 2019. Finally, ADAMH has also implemented acute support services to stabilize individuals and keep them out of crisis settings or hospitals that are included in the crisis category.

Business Environment

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 changed due to policy changes implemented at the federal and state level, that were still being evaluated at the time of the last levy request and were a major factor in the HSLRC recommending a duration of five years. These include:

- The Mental Health Parity and Addiction Equity Act, enacted in 2008, required health insurance providers to ensure that financial requirements are no more restrictive than those related to physical health care. This increased access to mental health and substance use disorder treatment for individuals who had health insurance but were unable to afford behavioral healthcare.
- The Affordable Care Act (ACA) 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.
- Medicaid Expansion occurred at the state level in 2014, expanding the population (age 19-64) covered to those with incomes at or below 138% of the Federal Poverty Level. As of November 2017, 8.4% of Franklin County residents were enrolled in the “expansion” program.

Prior to the implementation of the ACA and Medicaid expansion, the U.S. Census Bureau estimated that approximately 18.0% of Franklin County residents were uninsured; by 2019, the uninsured population has decreased to 8.9%. In 2019, ADAMH paid over \$20 million for Medicaid-eligible treatment services for clients who were not Medicaid-eligible. This was a decrease of approximately \$6 million from 2013, the last year prior to Medicaid expansion, which demonstrates that expansion has lessened the burden on levy funding. Expanding the rate of insured residents through these changes has enabled ADAMH to repurpose local resources historically used for select treatment services and re-invest in an array of new and expanded services, including those that are not Medicaid eligible.

While Medicaid expansion and the ACA have become entrenched as policy and have reduced the uninsured population, there are several federal and state initiatives that could impact how behavioral healthcare services are funded moving forward. For example, Ohio was recently granted a Medicaid waiver that requires “expansion” clients to work a minimum of 20 hours/week and the federal government will no longer cover 100% of reimbursements and will now require state or local governments to fund 10% of the costs. Although Ohio has been granted a SUD 1115 Demonstration Waiver to expand the capacity of Residential Care Facilities above the cap of 16 residents, the waiver will expire during the next levy cycle and may not be extended; this will be an issue in Franklin County due to the critical need for housing services and a shortage of beds.

ADAMH has recognized that ODM's Behavioral Healthcare Redesign has had a significant impact on consumers and providers. Initiated in 2018, the redesign has led to new codes based on national standards and integrated behavioral health into the five Managed Care Organizations (MCO). These changes have caused numerous issues for providers, including an extremely high error rate for submitted claims (this has even caused some providers to go out of business due to rejected claims). Currently, ODM is looking to rebid the MCO contracts and will grant MCOs additional leeway in requiring prior authorization for some services, limiting the types of services clients are eligible for, and allowing MCOs to have more control over which providers they work with moving forward. ADAMH anticipates that these changes could be disruptive on consumers and providers and have a negative impact on their system of care.

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:

Increased Prevention and Early Intervention Strategies

ADAMH has increased annual prevention and early intervention investments in Franklin County public school districts by 40% since 2017. Overall, funding for prevention programs has increased by 75% since 2017. ADAMH began utilizing a Strategic Prevention Framework uniformly with providers to enhance implementation and evaluation. Moving forward, the framework collaborative will focus on sustainability, cultural competency, and workforce development.

Peer Recovery Support Training and Funding

Peer recovery support services are a best practice that have been reported to increase mental health awareness, reduce the need for services, and increase self-efficacy. ADAMH is funding Mental Health America of Franklin County to provide training courses and guidance to people living in recovery who are interested in becoming Peer Recovery Support Specialists (credentialed through OhioMHAS). Peer Support allows individuals to share their lived experience to help others. There are 171 certified peer recovery specialists in Franklin County and ADAMH is working to support their employment.

Value Based Contracting Pilot

ADAMH has been working on a project to develop and implement value-based contracting to all ADAMH providers by 2022. After the planning stage that involved provider workgroups, ADAMH currently has four different pilots in progress, including:

- The Crisis Pilot: Five providers participated in a pilot to link people with a history of Netcare admissions to Acute Support services, with the goal of preventing re-admission in the first thirty days of a prior visit. Research shows that for individuals that need to be readmitted, 80% of individuals are readmitted within 30 days. In the pilot all thirty-five consumers with more than one Netcare visit were linked to services, with none of them returning to Netcare within 30 days.

- The Same Day Incentive (SDI) Pilot: For providers who offer Medication Assisted Treatment (MAT), Residential, or intensive inpatient/outpatient services to consumers with opiate use disorders: the incentive is available for providers who can link consumers to community-based services on the same day that their more intensive services are completed. Through 2019, 700 distinct consumers have had at least one SDI referral, resulting in incentive payments totaling approximately \$0.5 million.

Provider Allocation Cost Efficiencies

Recognizing that providers have struggled to expend treatment services, ADAMH developed a Performance Utilization Pool (PUP) to reimburse providers who are able to exceed the base funding level during the year. In 2019, 22 providers were reimbursed with \$5.7 million in PUP funds. ADAMH also adjusted unit rates for services that can be reimbursed by multiple funders and standardized additional services that are reimbursed at a fixed rate. Forty-six service codes now have a uniform rate regardless of provider, as opposed to only sixteen codes in 2016.

Maryhaven Addiction Stabilization Center

The Maryhaven Addiction Stabilization Center was opened in January 2018 and provides three levels of service: 1) Triage and Admission, 2) Detoxification, and 3) Residential Treatment. It provides a total of 55 beds. If a person is cleared medically, they can be taken to Maryhaven and be linked immediately to treatment services, rather than having to go to an Emergency Department. If a person is already at a hospital, the Rapid Response Emergency Addiction and Crisis Team can transport the person to Maryhaven, which has medical and clinical staff on site, as well as peer recovery specialists. Maryhaven served 1,500 people in 2018 and 2,610 in 2019.

Increased Housing Capacity

Laurel Green opened in 2018 to provide supportive housing to 29 consumers coming out of residential care. Tenants pay no more than 30% of household income towards rent. Concord Counseling provides on-site supportive services, which includes a resident manager, engagement groups, and socialization activities.

Mobile Crisis Teams

ADAMH supported and funded the development of mobile crisis teams. Both the Columbus Division of Police and the Franklin County Sheriff's Office have partnered with Netcare to take a clinician with them when they respond to calls that involve mental health crises. The police reported that between October 2018 and September 2019 the team participated in 5,040 calls for service and made 864 transports; only six people were transported to jail. The others were transported to service providers, hospitals, or private residences.

Near East Side Expansion

ADAMH worked with PrimaryOne Health and Southeast to establish both mental health and primary care services on the Near East Side after the closure of Columbus Area Integrated Health Services to ensure the maintenance of critical health services for this part of Franklin County. Mental health services provided include counseling, case management, and substance use disorder treatment, including Medication Assisted Treatment. Both providers accept private insurance and Medicaid.

Naloxone (Narcan) Distribution/Education

Naloxone (Narcan) is currently the only known medication that can rapidly reverse opiate overdose. Due in part to the high number of overdose deaths, ADAMH funds Naloxone trainings throughout the county and is providing training at all new provider employee trainings. In 2018, 640 network employees participated in trainings and received kits. Maryhaven also received 198 kits. ADAMH has more than tripled its investments in distribution and training since 2017.

COLLABORATIONS

ADAMH has formalized many community partnerships in an effort to establish an infrastructure that will successfully address Franklin County's mental health and substance use disorder needs. Current partnerships include the following:

- ADAMH continues to partner with the Columbus Division of Police, Franklin County Sheriff's Office, Mental Health America of Franklin County, NAMI Franklin County, and Netcare Access to provide Crisis Intervention Teams for the community. Residents may request police officers who have received specialized training in mental health and substance use disorders (a CIT officer). The CIT officers receive approximately 40 hours of training which covers topics that include: psychiatric disorders, substance use disorders, de-escalation techniques, and legal issues related to mental health and substance use disorder. As of August 26, 2019, 36% of Franklin County police officers and 46% of Franklin County Sheriff's Office corrections staff have completed CIT training.
- ADAMH has partnered with the Ohio State University College of Social Work to address the issue of employee turnover among network providers. ADAMH hosted three semesters of classes onsite for a master's degree cohort in 2019, serving 38 participants. ADAMH also initiated work with the OSU College of Social Work on a system-wide workforce development initiative to help ADAMH staff identify strategies to address high turnover in the ADAMH System of Care. ADAMH also works directly with providers to address turnover and include employee salary adjustments based on yearly rate increases that are built into contracts.
- ADAMH and other organizations involved in the Franklin County Opiate Action Plan worked with the Columbus Foundation to create the Ohio Opioid Education Alliance. In June 2018, the alliance launched the "Denial, Ohio" media campaign that was designed to educate parents and caregivers about preventing opioid

misuse. Currently, the alliance has over 90 members from public, private, and non-profit organizations.

- ADAMH focuses on incorporating cultural competence into all of its work. ADAMH and the Ohio State University College of Social Work coordinated quarterly cultural competence training events for ADAMH system staff clinicians and administrators with the goal of improving service delivery to diverse communities. ADAMH also established the Ethiopian Tewahedo Social Community Navigator Program in 2018 to conduct outreach to immigrant refugee populations and is working to develop culturally-traditionally/focused services. ADAMH is also part of the RecoveryOhio Minority Health Workgroup, helping to make recommendations on reducing minority overdose deaths.
- Since 2017, ADAMH has partnered with FCCS, FCBDD, and the Family and Children First Council (FCFC) to support youth with autism spectrum disorder who cannot be maintained in the family home. This residential program provides support to families dealing with associated challenges and allows parents to maintain custody of their children even during placement outside of the home. While longer-term support of these youth is anticipated, the goal is to return youth to their homes whenever possible. Thus far, four youth have been returned to their homes and one youth successfully moved to adult care.
- ADAMH and FCBDD collaborated on a staff position working at Netcare Access to provide consultation for providers serving those who are dually diagnosed. This collaboration assists with the development of individualized behavioral plans resulting in fewer crises for the client and less trauma and less disruption in the lives of the individuals and their caregivers.
- ADAMH is working with FCFC, FCCS, and residential providers to address lengths of stay in residential care and children's hospital. This group recently submitted a proposal to ODM seeking funding for an innovative approach to keeping youth out of residential facilities. Additionally, ADAMH recently began a pilot with FCCS and several substance use disorder providers to give priority access to substance use treatment to parents involved with FCCS. ADAMH participates in community meetings specific to youth around the county's opiate action plan and prevention subcommittee.

FRANKLIN COUNTY MENTAL HEALTH AND ADDICTION CRISIS CENTER

ADAMH is currently partnering with the Central Ohio Hospital Council and other community stakeholders to plan and construct the Franklin County Mental Health and Addiction Crisis Center (the Crisis Center). The Crisis Center will focus on supporting adults in Franklin County who are experiencing, or are in danger of experiencing, a mental health and/or substance use disorder crisis. The planned Crisis Center will have a significant impact on the delivery of mental health and substance use disorder crisis services for residents of Franklin County. The Crisis Center will provide comprehensive behavioral needs assessments and treatments in a therapeutic environment.

Conceptualized as a preferred destination for consumers in need, the Center's objective is not only to increase access to crisis care, but also to improve the quality of care, by decreasing the burden on Netcare and hospital Emergency Departments (EDs). Currently it is estimated that 70% of crisis cases present to EDs. In 2019, Netcare was on divert status 60% of the time and while hospital EDs are equipped to house patients in crisis, they are only the preferred location if a resident has a physical health issue that necessitates being in a hospital setting (estimated to be approximately 20% of all consumers who are seen in EDs). ADAMH projects that the new Crisis Center might have a volume of 26,000 encounters in the first year, and over 37,000 encounters by the tenth year.

The Crisis Center will offer a wider selection of services on the continuum of care than other existing facilities and hospitals, including:

- 24/7 walk-in-clinic, for those not yet in crisis
- 23-hour observation unit for those in immediate crisis
- Inpatient unit with 16 beds
- Substance use disorder services to include detox and initiation of medication assisted treatment (Netcare only has limited resources to provide these services)
- Family support services to educate family members and provide tools to help ensure success post discharge
- Urgent care medical services
- Providers on-site to link consumers to community-based mental health and substance use disorder services, as well as other services such as housing

Currently in the planning stage, ADAMH purchased property on Harmon Avenue in 2019 and has secured partial funding for the construction of the facility. ADAMH is evaluating the feasibility of the site, working to secure additional funding, and beginning to explore different funding models to determine how to accommodate increased service delivery demand. At the time of this report, ADAMH was unable to provide further information on the full costs and planned funding for the center, but estimates that increased demand on the system of care might increase expenditures for crisis services by an additional \$1 million to \$2.5 million annually.

ADAMH LEVY REQUEST

LEVY HISTORY

Franklin County's first levy for the funding of ADAMH supported services was passed in 1970 for 0.75 mill for 5 years and subsequently renewed in 1974 for a period of 10 years. Voters approved an increase to 0.80 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 and as a 5-year renewal in 2015.

CURRENT MILLAGE

Voted Millage	Effective Millage*	Year Collections Began	Duration (Years)	2020 Collection Estimates^
2.2	1.954473	2017	5	\$60,414,018.59

*Effective Residential Rate

^ADAMH levy collection estimates above are for tax year 2019, collected in 2020.

ADAMH is currently operating with a 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 and is estimated to generate \$60.4 million in revenue for tax year 2019, collection year 2020. The levy currently has an effective residential/agricultural rate of 1.954473 mill and an effective commercial/industrial rate of 2.046433 mill.

REQUESTED MILLAGE

In February 2020, ADAMH requested that the Board of Commissioners place a county-wide property tax levy of 3.29 mill on the November 3, 2020 ballot. This request included a renewal of the existing 2.2 mill levy expiring December 31, 2021 plus a 1.09 mill increase for a period of 10 years. ADAMH's levy request estimated that the levy would generate \$95.1 million in 2022, the first year of collections. This amount would be approximately \$35 million more than the actual 2019 levy revenue.

ADAMH maintains that a straight renewal with no additional millage is not sustainable and would require material cuts to community investments after 2022, as the agency anticipates that it will close the current levy cycle with a \$14 million operating deficit. ADAMH estimates that approximately 60% of the proposed millage increase will allow ADAMH to maintain core investments and adjust them for the increasing cost of services.

The proposed millage increase will allow ADAMH to expand investments and pursue new investments based on the projected increase in service delivery demand. ADAMH based its growth rate on a demand factor that is used by the Central Ohio Hospital Council. Because the demand growth factor is proprietary, the HSLRC was not able to analyze it completely, but ADAMH estimates it would be able to increase community investments by \$12.4 million for each year of the levy. These investments would include approximately \$2 million each year to support the Franklin County Probate Court Guardianship Services Board in hiring 20 additional social workers to address the backlog of cases requiring guardianships, as well as provide funding for the Franklin County Mental Health and Addiction Crisis Center that is in development.

In addition to the request for a 2.2 mill renewal with a 1.09 mill increase, ADAMH provided two alternative scenarios for the HSLRC to consider: a ten-year 2.2 mill renewal with a 0.88 mill increase that considers the impact of population growth only and not the full demand growth projection, and a five-year 2.2 mill renewal with a 0.84 mill increase that includes the same projected growth rate as the 1.09 mill increase request but for only a five year period.

HSLRC 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 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 with a 0.65 mill increase for a period of 5 years be placed on the November 2020 ballot. The recommendation is based on the HSLRC Recommended Fiscal Plan through 2026 (see page 34). While recognizing that ADAMH cannot maintain service delivery with a straight renewal, the Committee recommends a lower millage increase that will be sufficient to maintain current community mental health and substance use disorder service levels in Franklin County.

The recommendation is supported by the following:

- 1. The Committee recognizes that ADAMH needs additional millage to sustain current operations and fund new or expanded services but was not comfortable recommending such a large increase to taxpayers, particularly based on a rate of growth that was developed using proprietary data that the Committee could not fully analyze.** ADAMH is projecting a \$14 million operating deficit in 2021, which is the last year of the current levy cycle. Based on ADAMH's calculations, a straight renewal with stagnant levy revenue would require significant cuts to social services in an amount upwards of \$20 million per year. As a result, the Committee did not consider recommending a straight renewal that would require ADAMH to reduce the level of service delivery in the community. Furthermore, the Committee recognized that ADAMH not only needs to maintain current service delivery levels, but that it also needs to accommodate contract inflation, population growth, and the added funding for the Probate Court Guardianship Services Board and the repayment of a loan from the Board of Commissioners for the construction of the Franklin County Mental Health and Addiction Crisis Center that are a part of the millage request.

The ADAMH levy request for a 2.2 mill renewal with a 1.09 mill increase was developed using a demand growth factor that is used by the Central Ohio Hospital Council. This factor indicated that the demand for ADAMH's services would increase by 23% over the next ten years. Demand growth is calculated using a variety of metrics, including population growth, epidemiological data, and healthcare economic and policy data. While the hospital data was made available to ADAMH during the planning process for the Crisis Center, ADAMH could not share the methodology because it is proprietary. The ADAMH levy request built using the demand growth factor projected an average annual increase in Social Services expenditures of approximately 3.5%. Without the methodology, the Committee and staff could not fully analyze the projected demand growth and could not justify recommending the 1.09 mill increase at this time.

Looking at the other options provided in the ADAMH factbook, the Committee looked more closely at the Option B scenario the factbook which projected an increase of approximately 2.2% in social services spending each year that would provide funding for the GSB, the repayment for the loan, and accommodate contract inflation and population growth only. In the end, the Committee recommended additional millage that would accommodate an average yearly increase in social services spending of 2.0%. This rate of growth will be sufficient to cover contract inflation and allow ADAMH to expand its current investments but will require that they be prudent in prioritizing which investments to expand and what planned investments can either be delayed or modified. It was also the projected growth rate recommended in 2015 for the current levy cycle.

- 2. ADAMH is financially supporting behavioral health care in an economic environment that is facing unprecedented economic uncertainty due to the**

COVID-19 pandemic. The uncertain economic climate necessitates a 5-year duration and lower millage. It is difficult to forecast need in mental health and substance use disorder services over ten years. Adding to this difficulty is the uncertain economic climate that Franklin County now faces as a result of the global COVID-19 pandemic. The Committee recognizes that the need for the services that ADAMH provides will be more important than ever as residents face financial uncertainty, struggle to afford healthcare, and try to deal with the emotional strain of the pandemic. At the same time, the Committee felt it necessary to balance those concerns versus the increased burden on taxpayers. The requested renewal of the existing 2.2 mill levy plus a 1.09 mill increase for a 10-year period would have resulted in a 63.7% increase in the ADAMH property tax costs to a Franklin County homeowner. With rising unemployment, anticipated loss of revenue and anticipated budget cuts at the state and local level, all of the projections built into the ADAMH model and the Committee analysis have quickly become outdated and it is too soon to fully understand the impact the pandemic will have on our economy over the next decade. The Committee agreed that these factors necessitate a more conservative planning approach. The Committee's recommendation of a 2.2 mill renewal with a 0.65 mill increase will allow ADAMH to maintain service delivery and focus on some of its higher priority investments like funding for the Probate Court GSB and the pending Franklin County Mental Health and Addiction Crisis Center.

The HSLRC requests that ADAMH provide a Mid-Levy Review update to the Committee in 2024 that not only includes operational and programmatic updates but also the outcome measures and data ADAMH is collecting related to its system of care service delivery categories. 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: Integrating Care and Financing

In the 2015 levy report, the Committee recommended that ADAMH explore and implement different provider payment models to increase cost effectiveness and focus on consumer centered outcomes. The Committee recognizes that ADAMH has made significant progress towards this recommendation. During this levy cycle, ADAMH used the Alternative Payment Model from the Healthcare Payment Learning and Action Network and began to transition some of its payment models from a pure Fee for Service model towards a value-based model. ADAMH's approach has been to implement changes gradually, to ensure that providers are able to at least maintain service levels without risking financial or clinical hardships. In 2019, ADAMH introduced four pilot programs to incentivize performance, and early analysis indicates that these pilots are promising. In the fall, ADAMH plans to hold provider feedback meetings for those who participated in the pilots as they look to improve upon design and expand these programs.

Human Services Levy Review Committee Recommendation 1:
Continue to explore and implement different provider payment models to increase cost effectiveness and focus on consumer centered outcomes.

The HSLRC recommends that ADAMH continue to expand its existing provider payment models as planned with the goal of moving towards other payment models such as foundation payments or rewards or penalties for performance. As pilots are expanded or introduced, continue to evaluate the performance output and outcome metrics that ADAMH has identified to evaluate these performance-based contracts for effectiveness of services and determine which of them could be further rolled out across the system of care, as well as eliminate services that are found to be ineffective. If possible, look for ways to evaluate performance that can compare different contract models to each other and ways to determine the impact on consumer-based outcomes across the spectrum of ADAMH service delivery. ADAMH should also continue to evaluate best practices research in the field to look for further opportunities to develop a more robust contracting model.

Issue 2: Franklin County Mental Health and Addiction Crisis Center

The planned Franklin County Crisis Center will have a significant impact on the delivery of mental health and substance use disorder crisis services for residents of Franklin County. The Crisis Center will offer wider selection of services on the continuum of care, including a walk-in-clinic, and will have providers on site to link consumers directly to community-based programs. Conceptualized as a preferred destination for consumers in need, the Center is designed to not only increase access to crisis care, but also to improve the quality of care, by decreasing the burden on Netcare and hospital Emergency Departments (EDs). In 2019, Netcare was on divert status nearly 60% of the time and while hospital EDs are equipped to house patients in crisis, they are only the preferred location if a resident has a physical health issue that necessitates being in a hospital

setting (it is estimated that only 20% of patients who present in EDs need to be in a hospital setting).

Currently in the planning stage, ADAMH purchased property on Harmon Avenue in 2019 and has secured partial funding for the construction of the facility. ADAMH is currently evaluating the feasibility of the site, working to secure additional funding, and beginning to explore different funding models to determine how ADAMH will accommodate increased service delivery demand. At the time of this report, ADAMH was unable to provide further information on the full costs and planned funding for the center, but research has shown that crisis centers lead to better outcomes for consumers and ADAMH projects that the new crisis center might have a volume of 26,000 encounters in the first year, and over 37,000 encounters by the tenth year.

Human Services Levy Review Committee Recommendation 2:
Conduct an analysis of the Crisis Center project and present findings to the Committee at the mid-levy review in 2024.

The Committee fully recognizes that ADAMH could not provide detailed information about the funding or anticipated outcome metrics for a project that is still in the early stages of development, however, the Crisis Center should be operational by the time of the next ADAMH mid-levy review in 2024. The Committee requests that ADAMH conduct an internal analysis and report to the Committee at the mid-levy review in 2024 as to how the Crisis Center is meeting its performance objectives and should include a fiscal impact of the project. The analysis should provide information on how the Crisis Center has improved operations and impacted the well-being of Franklin County residents. The analysis should also provide information on the how the key metrics were developed, the overall impact on the system of care, as well as an overview of any anticipated or realized financial or service delivery issues or concerns.

Issue 3: Expand Service Delivery within the County Jail

Research has indicated that those who are incarcerated have higher rates of mental illness and substance use disorder than the general population of those who are not incarcerated.⁹ Effective mental health/SUD treatments and services provided to inmates reduce recidivism and help to improve the well-being of individuals, particularly when inmates can be linked to services that continue once they are no longer incarcerated. ADAMH funds a collaborative team with Southeast Healthcare (called the Southeast In Reach Team) that works in the jail and community to provide appointments with a Southeast staff member to complete a needs assessment and to develop a plan to link consumers to treatment and provide other community resources related to housing, healthcare, and employment. The team also works to provide medical assessments and education on Medication Assisted Treatment. ADAMH is also part of the Franklin County Reentry Advisory Board and leads the committee on behavioral health care in our community.

⁹ Tsai, Jack and Xian Gu. Utilization of addiction treatment among U.S. adults with history of incarceration and substance use disorders. Retrieved 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6402155/>

Human Services Levy Review Committee Recommendation 3:

Work with the Franklin County Sheriff's Office and the Office of Justice Policy & Programs to expand efforts to provide appropriate mental health and substance use disorder treatments to inmates in the County Jail and provide linkages to services for individuals upon release.

ADAMH acknowledges that there are additional opportunities to expand its work with the Sheriff's Office to find ways to improve or expand the services being offered at the jail. The Sheriff's Office is currently looking to rebid its healthcare contract and the Committee recommends that ADAMH work with the new provider on initiatives that can improve the outcomes for inmates and ensure that they are linked to services before release if possible. In addition, ADAMH should look for data sharing opportunities with the jail and the Office of Justice Policy & Programs to track the long-term outcomes of inmates once they are released.

Issue 4: Coordination with other Levy Agencies

The Committee acknowledges that ADAMH partners with the other Franklin County levy agencies on a number of important initiatives that have a positive impact on the well-being of Franklin County residents. While each agency is focused on a specific area of expertise, there are many consumers who are being served by multiple systems and many of the overarching issues that impact residents such as poverty, housing, access to quality healthcare, and employment have an impact on all of the levy agencies.

Human Services Levy Review Committee Recommendation 4: Increase coordination with other levy agencies to leverage available revenue opportunities and share data to avoid duplication and improve upon consumer outcomes.

The Committee recommends that ADAMH look for opportunities to work with the other human services agencies to increase coordination to leverage available revenue opportunities and implement effective prevention and early intervention initiatives in Franklin County. A key focus of this collaboration should be to share data to avoid duplication and to improve upon consumer outcomes. One of the issues that affects many agencies is employee turnover and retention. Efforts to provide innovative and cost-effective prevention and early intervention programs across systems are increasingly important with the economic hardship that many are facing currently. All opportunities to share resources and increase coordination should be attempted as the cost of services continue to increase and property owners may be asked to fund levy increases and replacements.

IMPACT OF COVID-19 ON REVENUE AND EXPENDITURE PROJECTIONS

As previously noted, the assumptions built into the ADAMH model and the Committee analysis have quickly become outdated due to the uncertain economic climate that Franklin County now faces as a result of the global COVID-19 pandemic. The ADAMH projections were developed in February 2020 and the HSLRC projections were developed using actual expenditures year to date through May 2020. Both ADAMH and the HSLRC anticipate that there will be necessary revenue adjustments to the model, which in turn will influence ADAMH's spending plan. At the time of this report, however, it is still too early to determine the impact of these adjustments. After a thorough analysis, the Committee did not find sufficient data to justify making significant changes to the projections as a direct result of COVID-19.

For ADAMH, the focus continues to be on ensuring that it is able to maintain the recommended cash balance of 90 days at the end of the current cycle. The agency will continue to review its modeling and will make adjustments as new information is available. While it is too soon for ADAMH to accurately determine the economic impact the pandemic will have on its operations, it provided the Committee with the following overview of its approach to fiscal management moving forward:

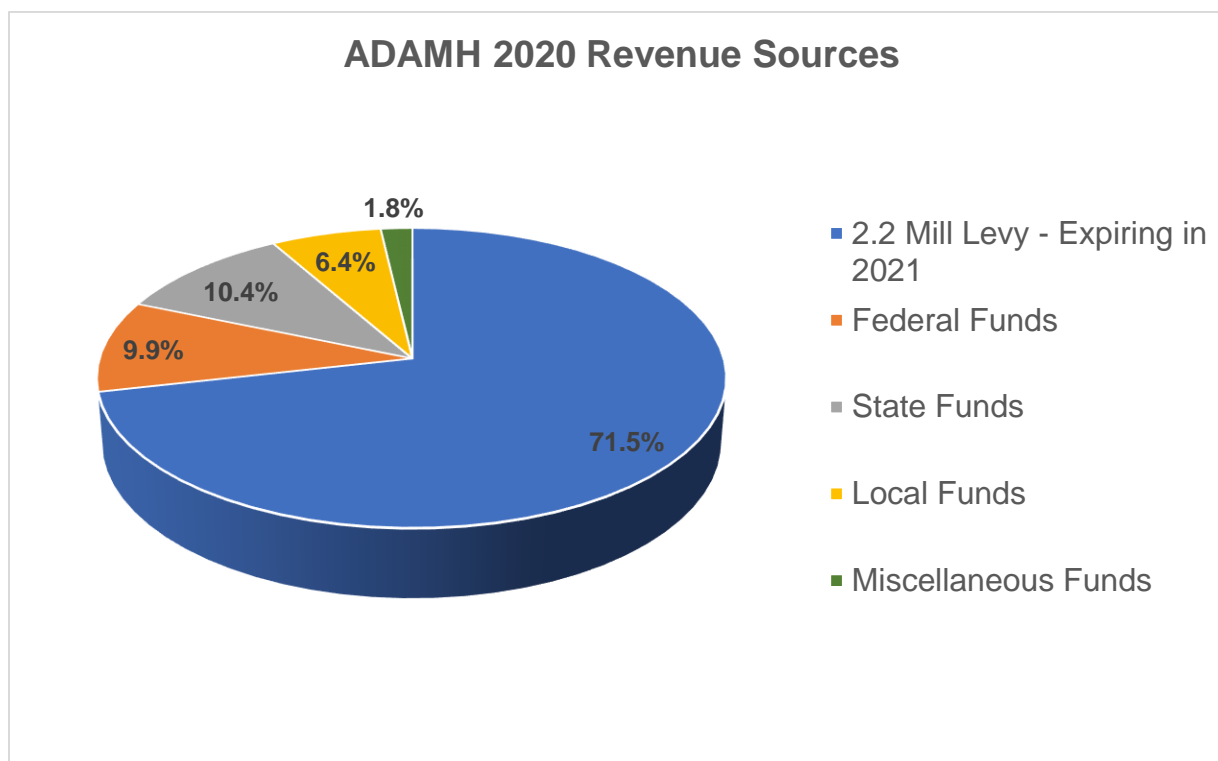
To date, ADAMH has not experienced any significant revenue adjustments due to COVID-19 but future impacts may include:

- Delay in receiving the 2nd semi-annual 2020 payment of levy revenues. Franklin County has elected to give property owners an additional 45 days to pay 2nd half 2020 property taxes. ADAMH normally receives the 2nd deposit in early August, but now anticipates receiving this deposit in late September.
- ADAMH anticipates that property tax delinquency rates will increase with a prolonged recession triggered by COVID-19. If delinquent property tax rates increase due to COVID-19/recession, ADAMH will adjust the spending plan for the remainder of the current levy cycle to accommodate revenue delays or reductions.
- The State of Ohio is considering funding reductions of up to 20%. If State Fiscal Year (SFY) 2021 reductions occur, this could result in a reduction of approximately \$1.4 million in discretionary state funding, and ADAMH will adjust its spending plan accordingly.
- ADAMH will seek reimbursement of COVID-19 related expenses (both administrative and on behalf of its network of providers). Opportunities may include Federal Emergency Management Administration (FEMA) reimbursement and other Federal, State and local resources.

To date, ADAMH has made significant fiscal and contractual adjustments with providers to address the pandemic, including:

- Relax select contractual requirements (client enrollment, advances, and billing terms) to maintain critical services during the pandemic.
- Permit providers to utilize telehealth/telemedicine where practical and appropriate.
- Permit providers to repurpose existing allocations (program funds) to address immediate community needs.
- Cap 2020 claims (fee for service) discretionary allocations at the lesser of 2019 base allocation levels or 2019 actual utilization.
- Adjust discretionary block grants based on 2019 utilization.
- Delay hiring several internal positions and delay some planned projects to address the immediate needs caused by the pandemic.

OVERVIEW OF REVENUE



The sources of non-general fund revenue in the 2020 Budget for ADAMH are:

- Levy property tax revenue (71.5%)
- State funds (10.4%)
- Federal funds (9.9%)
- Local funds such as revenue received from other Franklin County agencies and foundations (including funding for the Opioid Education Alliance) (6.4%)
- 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 (1.8%)

While developing the levy request, ADAMH staff considered historical performance, current indicators, and future needs. The expiring 2.2 mill levy accounts for almost three-quarters of the agency's annual income in 2020. According to ADAMH, without these funds, the agency's ability to meet the needs of the community would be severely compromised. The February 2020 resolution by the ADAMH Board of Trustees requested the Franklin County Board of Commissioners to place ADAMH request, the 2.2 mill renewal levy with a 1.09 mill increase for a period of 10 years on the November 3, 2020 ballot.

The partial 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 be responsible for the full effective millage on the 1.09 mill increase portion of the levy. 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 1.09 mill increase be placed on the November ballot, the levy factbook prepared by ADAMH included Option C: 5-Year 2.2 mill renewal with a 0.84 mill increase. This scenario indicated that the cash balance in 2026 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 C Scenario as the basis of their recommendation. The following are the 2022 - 2026 revenue assumptions built into ADAMH's Option C scenario:

Local Tax Levy Funds

- A 2.2 mill renewal with a 0.84 mill increase levy will be passed in 2020, collected in 2022 for a period of 5 years. The projection for 2022 levy collections is approximately \$26.6 million more than the 2021 projection due primarily to the additional millage.
- New construction in Franklin County will grow slowly and influence collections by approximately eight-tenths of a percent each year.

Federal Funds

- Federal funds are expected to remain at the projected 2021 levels for the duration of the new levy cycle.

State Funds

- State funds are projected at approximately \$5.8 million for the duration of the new levy cycle, which is \$1 million less than the 2021 projection.

Local Funds

- Local funds are projected at approximately \$1.4 million the duration of the new levy cycle, which is approximately \$2.1 million less than the 2021 projection primarily due to ADAMH anticipating that the Opioid Education Alliance will no longer be funded after 2021.

Miscellaneous Funds

- Miscellaneous funds are projected to remain at the projected 2021 levels for the duration of the new levy cycle.

HSLRC Recommendation

The HSLRC recommends a 5-year 2.2 mill renewal with a 0.65 mill increase levy scenario includes the same revenue assumptions in ADAMH's Option C except for the following changes:

- A 2.2 mill renewal levy with a 0.65 mill increase will be passed in 2020, collected beginning in 2022.
- The 2020 revenue includes the following projections:
 - Levy tax revenue projections based on historical actuals and tax collections received through May 2020. The 2020 property tax levy projections are based on the Franklin County Auditor's Tax Year 2019, Collection Year 2020 Property Valuation of \$30,882,217,570 and a residential ADAMH effective rate of 1.95 mills.
 - State revenue is approximately \$1.9 million higher in 2020 due to pass-through prevention funding ADAMH received after the factbook was submitted
 - Local revenue and Miscellaneous revenue are very similar.

ADAMH's actual revenue for the previous three years (2017 – 2019), the projected revenue for the remainder of the current levy cycle (2020 – 2021), and the HSLRC Recommended Revenue Scenario for the new 5-year 2.2 mill renewal with a 0.65 mill increase levy cycle (2022 – 2026) is on the following page.

ADAMH Historical Actuals and ADAMH Projected Revenue (2017-2026)¹⁰

ADAMH Option C: 2.2 Mill Renewal Levy with a 0.84 Mill Increase
(2022-2026)

	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
	<u>Actuals</u>	<u>Actuals</u>	<u>Actuals</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>
Levy Funds	58,982,618	59,702,466	59,970,685	60,462,656	60,761,783	87,320,476	87,831,501	88,345,113	88,861,322	89,380,137
Federal Funds	8,056,539	8,154,604	9,959,467	8,387,939	7,268,978	7,268,978	7,268,978	7,268,978	7,268,978	7,268,978
State Funds	5,970,353	5,648,883	8,415,089	6,927,040	6,843,706	5,843,706	5,843,706	5,843,706	5,843,706	5,843,706
Local Funds	1,684,972	3,221,579	3,357,196	5,619,114	3,496,614	1,374,114	1,374,114	1,374,114	1,374,114	1,374,114
Misc Funds	1,897,114	1,393,475	2,697,782	1,563,194	500,000	500,000	500,000	500,000	500,000	500,000
Total Revenue	76,591,596	78,121,007	84,400,219	82,959,942	78,871,080	102,307,273	102,818,298	103,331,911	103,848,120	104,366,934

ADAMH Historical Actuals and HSLRC Projected Revenue (2027-2026)¹¹

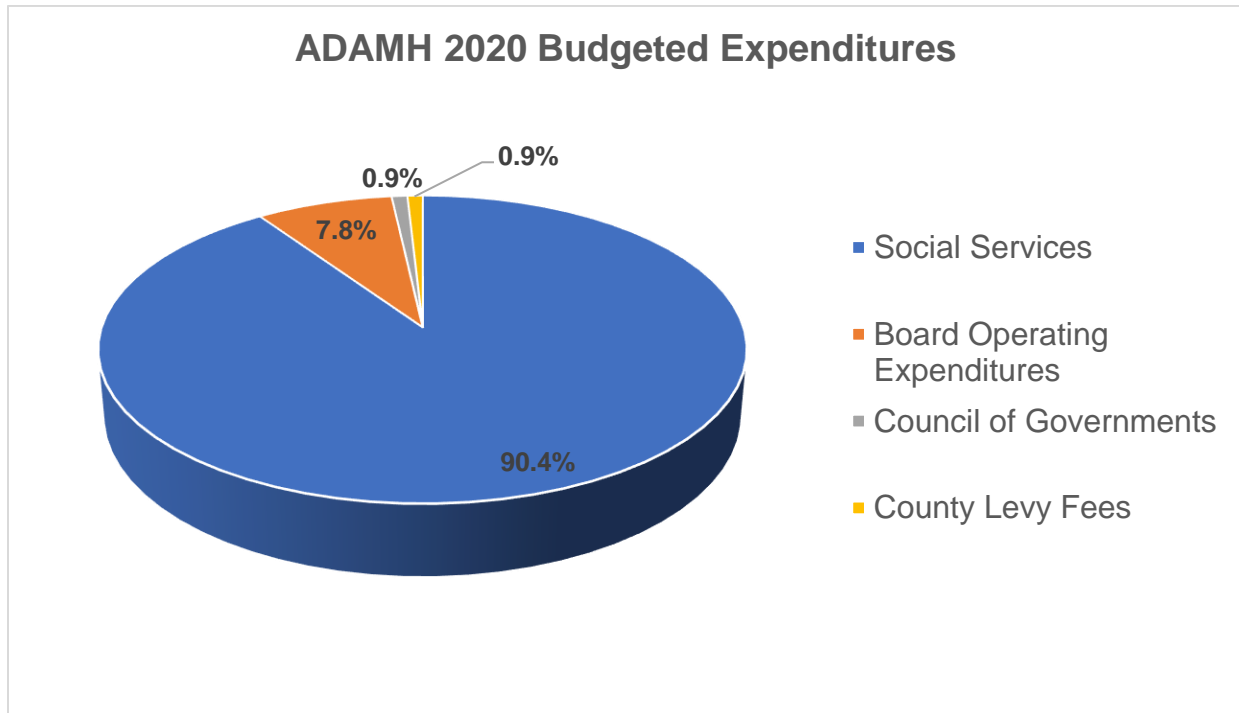
HSLRC Recommended 5 Year 2.2 Mill Renewal Levy with a 0.65
Mill Increase (2022-2026)

	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
	<u>Actuals</u>	<u>Actuals</u>	<u>Actuals</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>
Levy Funds	58,982,618	59,702,466	59,970,685	60,672,218	61,157,596	82,358,941	83,017,813	83,681,955	84,351,411	85,026,222
Federal Funds	8,056,539	8,154,604	9,959,467	8,387,937	7,268,978	7,268,978	7,268,978	7,268,978	7,268,978	7,268,978
State Funds	5,970,353	5,648,883	8,415,089	8,845,250	6,843,706	5,843,706	5,843,706	5,843,706	5,843,706	5,843,706
Local Funds	1,684,972	3,221,579	3,357,196	5,429,810	3,496,614	1,374,114	1,374,114	1,374,114	1,374,114	1,374,114
Misc Funds	1,897,114	1,393,475	2,697,782	1,560,250	500,000	500,000	500,000	500,000	500,000	500,000
Total Revenue	76,591,596	78,121,007	84,400,219	84,895,465	79,266,894	97,345,739	98,004,610	98,668,753	99,338,208	100,013,020

¹⁰ ADAMH developed its projections prior to the outbreak of the COVID-19 pandemic. While it anticipates reductions in revenue, its stated focus will be to adjust its expenditures moving forward to be able to end the current cycle with the recommended 90 days of available cash.

¹¹ The HSLRC developed its projections in part by using actual data through May 2020; however, the full impact of the COVID-19 pandemic has yet to be determined.

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 85.4% of actual expenditures in 2020. 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 estimates that they will invest \$85.0 million for mental health and alcohol and other substance use disorder prevention, treatment, and recovery support services for residents in Franklin County in 2020. 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 is 53 and ADAMH plans to request funding for two additional employees during the new levy cycle for a total of 55 employees. This is down from a high of 57 employees in 2008, however it is an increase from the 53 employees ADAMH maintained in recent years. The estimated 2020

expenditures include \$4.6 million for personal services and \$2.0 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 projects that it will spend approximately \$3.3 million for these materials and services in 2020.

ADAMH will begin replacing its SHARES enterprise claim system in 2020.

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 \$947,690 for 2020.

Council of Governments

The Three C Recovery and Healthcare Network COG consists of ADAMH and the Hamilton County Mental Health and Recovery Services Board (Cuyahoga County was a forming member but left the COG in 2019). The COG was formed to fund and implement a community mental health and addiction management information system, known as SHARES. The 2020 estimated expenditures are \$706,118. The COG will be disbanded in 2021 once the new enterprise claims system is operational.

ADAMH Levy Request Assumptions

The ADAMH levy request expenditure assumptions in the Option C Scenario based on a five-year levy cycle (2022-2026) begin with the 2021 projected expenditures (the last year of the current levy cycle) as the basis for the projections for 2022. Other assumptions include:

- Beginning in 2022, expenditures include the cost of two additional employees that ADAMH will request during the annual budget process (subject to Board of Commissioner approval). Personal Services are projected to increase 3.0% annually during the next levy cycle.
- Fringe Benefits are projected to increase 3.0% annually.
- Materials & Services are projected to increase by 80.8% in 2020 due in part to anticipated costs associated with the SHARES replacement. Expenditures decrease by 19.5% from 2020 to 2021 and then increase at a rate of 2.0% annually for 2022-2026.
- Capital Outlays projections for 2020 and 2021 include \$4 million for each year to fund construction of the Crisis Center, although ADAMH might delay the \$4 million in 2020 and shift the expenditures into later years. Capital Outlays are budgeted annually at \$625,000 in 2022 and \$300,000 in 2025 for plumbing renovation and carpet replacement. In the second, third, and fifth year they are budgeted at \$50,000.

- Grants are projected at approximately \$0.7 million in 2020 and \$100,000 in 2021 for the Council of Governments as ADAMH phases out the use of the SHARES system. Starting in 2022, Grants are budgeted annually at \$2,000,000 (plus 3% interest after the first year) for the Probate Court Guardianship Services Board.
- Social Services increase at a rate of approximately 3.5% for the duration of the levy cycle. Social Services projections for the current cycle and the request include funding to accommodate anticipated demand growth, new initiatives, and provider contract inflation.

HSLRC Recommendation

The “Comparison of Levy Expenditures Scenarios” on page 32 includes the ADAMH Option C Scenario compared with the HSLRC Recommendation. The HSLRC Recommendation includes 2020 and 2021 projections that were developed using a five-year historical average of operating expenditures and actual expenditures through the 1st quarter of 2020. The HSLRC Recommended Scenario includes the following assumptions for the final two years (2020-2021) of the current levy cycle and the new five- year levy cycle (2022-2026):

- Personal Services - After a 7.8% increase in 2022 (due to a projected decrease in vacancies and the cost of two additional employees that ADAMH will request during the annual budget process), it will increase at 3.0% annually for the duration of the new levy cycle.
- Fringe Benefits - After a 9.7% increase in 2022 (due to a projected decrease in vacancies and two positions that may be requested and approved), it will increase at 3.8% annually for the duration of the levy cycle. Healthcare is included at a 6.0% annual increase.
- Materials & Services - After an 11.1% decrease in 2022 (due to costs related to SHARES maintenance that will not be necessary when the system is retired), it will increase annually at the CPI-U for the duration of the new levy cycle.
- Capital Outlays – Same as the ADAMH projections other than the shift of 2020 expenses from Materials & Services to Capital for the enterprise claims system replacement.
- Grants – Same as the ADAMH projections.
- Social Services - Includes the following assumptions by year:
 - 2020 and 2021: Same amount as the ADAMH projected expenditures.
 - 2022-2026: Increase 2.0% for the duration of the levy to accommodate contract inflation and an increase/reallocation of services.

Based on the HSLRC recommendations, the Committee believes ADAMH will be able to maintain current services while adjusting for inflation annually and responding to an increase in system demand and the need for new investments from 2022-2026.

Comparison of Levy Expenditure Scenarios¹²

	2017 Actuals	2018 Actuals	2019 Actuals	2020 Projected	2021 Projected	2022 Projected	2023 Projected	2024 Projected	2025 Projected	2026 Projected
ADAMH Option C Scenario										
Personal Services	3,670,846	3,794,333	3,897,123	4,458,105	4,551,780	4,688,333	4,828,983	4,973,852	5,123,068	5,276,760
Fringe Benefits	1,530,630	1,632,780	1,665,419	1,891,393	1,959,691	2,018,481	2,079,036	2,141,407	2,205,649	2,271,819
Materials & Services	2,960,344	1,699,131	1,827,216	3,303,500	2,658,386	2,711,554	2,765,785	2,821,101	2,877,523	2,935,073
Capital Outlays	0	12,475	515,403	4,170,000	4,025,000	625,000	50,000	50,000	300,000	50,000
Grants	540,109	539,856	714,165	706,118	2,000,000	2,060,000	2,121,800	2,185,454	2,251,018	2,251,018
Interfund	0	0	1,232,829	0	1,050,000	1,050,000	1,050,000	1,050,000	1,050,000	1,050,000
Social Services	60,620,367	83,084,592	81,622,503	85,278,691	83,206,107	83,378,122	86,276,460	89,282,478	92,400,178	95,633,708
Total Expenditures^	69,322,295	90,763,167	91,474,657	99,807,807	96,500,963	96,471,490	99,110,263	102,440,638	106,141,872	109,468,377
Annual Change in Expenditures		30.9%	0.8%	9.1%	-3.3%	0.0%	2.7%	3.4%	3.6%	3.1%
HSLRC Recommended Scenario										
Personal Services	3,670,846	3,794,333	3,897,123	3,937,815	4,135,517	4,449,249	4,582,726	4,720,208	4,861,814	5,007,669
Fringe Benefits	1,530,630	1,632,780	1,665,419	1,656,821	1,759,377	1,930,164	2,004,005	2,096,145	2,192,970	2,294,737
Materials & Services	2,960,344	1,699,131	1,827,216	2,256,108	2,304,870	2,048,827	2,092,462	2,136,378	2,179,305	2,222,234
Capital Outlays	0	12,475	515,403	4,359,345	4,025,000	625,000	50,000	50,000	300,000	50,000
Grants	540,109	539,856	714,165	706,118	100,000	2,000,000	2,060,000	2,121,800	2,185,454	2,251,018
Interfund	0	0	1,232,829	0	0	1,050,000	1,050,000	1,050,000	1,050,000	1,050,000
Social Services	60,620,367	83,084,592	81,622,503	85,278,691	83,206,107	82,376,381	84,023,909	85,704,387	87,418,475	89,166,844
Total Expenditures	69,322,295	90,763,167	91,474,657	98,194,899	95,530,871	94,479,621	95,863,102	97,878,918	100,188,018	102,042,502
Annual Change in Expenditures		30.9%	0.8%	7.3%	-2.7%	-1.1%	1.5%	2.1%	2.4%	1.9%

¹² The expenditure projections in both the ADAMH and the HSLRC models are based on revenue projections that were made without being able to assess the full impact of the COVID-19 pandemic. If revenue projections change, ADAMH will adjust its expenditures accordingly, with the goal of being able to end the current levy cycle with the recommended 90 days of available cash.

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 2026. The HSLRC recommends that ADAMH end the requested levy cycle with a three-month cash reserve of at least \$25.5 million, as indicated in the “HSLRC Recommended Fiscal Plan through 2026” 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 2026.

HSLRC RECOMMENDED FISCAL PLAN THROUGH 2026¹³

ADAMH Option C: 2.2 mill renewal with a 0.84 mill increase (5-year)

	<u>2017 Actuals</u>	<u>2018 Actuals</u>	<u>2019 Actuals</u>	<u>2020 Projected</u>	<u>2021 Projected</u>	<u>2022 Projected</u>	<u>2023 Projected</u>	<u>2024 Projected</u>	<u>2025 Projected</u>	<u>2026 Projected</u>
Beginning Cash	70,493,683	77,762,984	65,120,824	58,046,386	41,198,520	23,568,637	29,404,420	33,112,455	34,003,728	31,709,976
Income	76,591,596	78,121,007	84,400,219	82,959,942	78,871,080	102,307,273	102,818,298	103,331,911	103,848,120	104,366,934
Expenses	69,322,295	90,763,167	91,474,657	99,807,807	96,500,963	96,471,490	99,110,263	102,440,638	106,141,872	109,468,377
Ending Cash Balance	77,762,984	65,120,824	58,046,386	41,198,520	23,568,637	29,404,420	33,112,455	34,003,728	31,709,976	26,608,533
Recommended Cash Balance (3 months expenses)										27,367,094
Remaining Cash after 3 months expenses										(758,561)

HSLRC Fiscal Plan: 2.2 mill renewal with a 0.65 mill increase (5-year)

Beginning Cash	70,493,683	77,762,984	65,120,824	58,046,386	44,746,952	28,482,975	31,349,092	33,490,601	34,280,436	33,430,626
Income	76,591,596	78,121,007	84,400,219	84,895,465	79,266,894	97,345,739	98,004,610	98,668,753	99,338,208	100,013,020
Total Expenditures	69,322,295	90,763,167	91,474,657	98,194,899	95,530,871	94,479,621	95,863,102	97,878,918	100,188,018	102,042,502
Ending Cash Balance	77,762,984	65,120,824	58,046,386	44,746,952	28,482,975	31,349,092	33,490,601	34,280,436	33,430,626	31,401,144
Recommended Cash Balance (3 months expenses)										25,510,625
Remaining Cash after 3 months expenses										5,890,518

¹³ It is too early to assess the full economic impact of the global COVID-19 pandemic. While projections cannot fully account for changes to both revenue and expenditures due to the pandemic, it is anticipated that ADAMH will adjust its spending based on available revenue with a focus on maintaining the recommended cash balance.

TAX IMPACT ON LOCAL HOUSEHOLDS

In evaluating this levy plan, the Committee considered the immediate impact of the 2.85 mill 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. As enacted by the State of Ohio 2014-2015 Biennial Budget (H.B. 59), the 10% rollback on residential homeowner properties and an additional 2.5% rollback on owner occupied properties may not be applied to reduce the taxes due on new or replacement levies approved at the November 2013 election for tax year 2013, 2014, or any later tax year, or to levies approved at any later election. Due to the impact of H.B. 59, Franklin County homeowners now pay 100.0% of the gross tax on a new levy, a replacement levy, or the increased portion of a levy.

The table below breaks down the impact of the renewal of the existing 2.2 mill levy plus a 0.65 mill increase compared to the current 2.2 mill levy on Franklin County households. The 2.2 mill portion of the levy would retain the effective millage at the time of the passage of the levy as well as the rollback being paid by the state. Therefore, the cost of the 2.2 mill renewal would remain \$59.86. Including the loss of the state paying the rollback on the increase portion of the property tax levy, the homeowner of a \$100,000 house would pay an additional \$22.75 for the 0.65 mill increase. According to this analysis, the Levy Review Committee determined that in 2022, a homeowner of a \$100,000 house would make a total payment of \$82.61 each year for the recommended five-year 2.85 mill levy for alcohol, mental health, and substance use disorder services.

Cost to Franklin County Homeowner

	2020 Current Levy 2.2 Mill	Proposed 2022		
		2.2 Mill Renewal	0.65 Mill Increase	Total 2.85 Mill Levy
Market Value	\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00
% of Market	35%	35%	35%	35%
Assessed Value	\$35,000.00	\$35,000.00	\$35,000.00	\$35,000.00
Effective Millage	1.954473	1.954473	0.65	2.604473
Gross Tax	\$68.41	\$68.41	\$22.75	\$91.16
less 10% Rollback	(\$6.84)	(\$6.84)	N/A	(\$6.84)
less 2.5% Rollback	(\$1.71)	(\$1.71)	N/A	(\$1.71)
Net Tax (Annual Cost to Homeowner)	\$59.86	\$59.86	\$22.75	\$82.61
Increased Annual Cost to Homeowner				\$22.75

APPENDICES

- A - Resolution No. 311-99, authorizing creation of a Human Services Levy Review Committee
- B - Resolution No. 1254-00, appointment of Jesse Hemphill
- C - Resolution No. 728-06, appointment of James Bowman
- D - Resolution No. 88-07, appointment of Jerome Friedman
- E - Resolution No. 0239-10, appointment of Jean Carter Ryan
- F - Resolution No. 0242-15, appointment of Zachary Talarek
- G - Resolution No. 0862-18, appointment of Michael Curtin
- H - Resolution No. 0101-19, appointment of Rose Handon, Ph.D.
- I - ADAMH Levy Request – Submitted by Chief Executive Officer on February 27, 2020
- J - 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

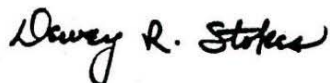
Linda J. Siefkas
Vice President and Manager – Columbus Office
Edward Howard & Company
50 West Broad Street, Suite 2200
Columbus, Ohio 43215

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

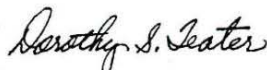
Charlene Powell, Finance Director
Franklin County Commissioners
373 S. High Street, 26th Floor
Columbus, Ohio 43215

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)


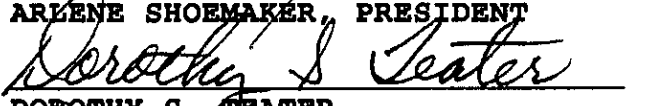
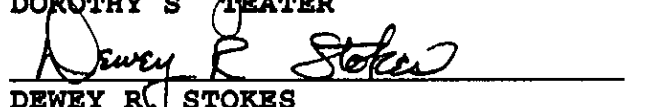
WHEREAS, a vacancy exists on the Human Services Levy Review Committee due to the resignation of William K Willis, Jr , now, therefore, upon motion of Commissioner Teater, seconded by Commissioner Stokes,

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. 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:

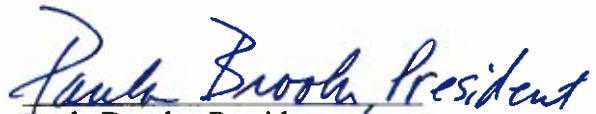
That the following person is hereby appointed to the Human Services Levy Review Committee to replace Wade Steen, effective immediately:

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:

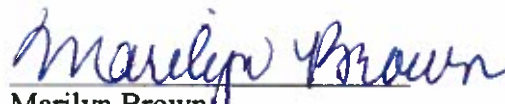
That the following person is hereby appointed to the Human Services Levy Review Committee to replace Amie Preston, effective immediately:

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

Resolution No. 0862-18

December 11, 2018

Resolution appointing Michael Curtin as a member of the Human Services Levy Review Committee**(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; and

WHEREAS, there now exists a vacancy on the Human Services Levy Review Committee with the resignation of Nathan Wymer; now, therefore

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

That the following individual is hereby appointed to the Human Services Levy Review Committee to fill the unexpired term of Nathan Wymer:

Michael Curtin
1370 Cambridge Blvd
Columbus, Ohio 43212
Email: mcurtin2323@yahoo.com

Resolution No. 0101-19

February 12, 2019

Resolution appointing Dr. Rose Handon as a member of the Human Services Levy Review Committee

(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; and

WHEREAS, there now exists a vacancy on the Human Services Levy Review Committee with the resignation of Denise Bronson; now, therefore

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

That the following individual is hereby appointed to the Human Services Levy Review Committee to fill the unexpired term of Denise Bronson:

Dr. Rose Handon
5053 Greenwood Court
Whitehall, Ohio 43213
614-560-7848 (cell)
Email: rmhandon@wowway.com

Prepared by: EJJ:taw

Peggy Anderson, Chair
 Sharon McCloy-Reichard, Vice Chair
 Nathan P. Wymer, Treasurer
 Trudy Bartley, Secretary

Erika Clark Jones, CEO

Africentric Personal Development Shop, Inc.
 Alvis, Inc.
 Amethyst, an Alvis Recovery Program
 Central Ohio Area Agency on Aging (COAAA)
 Columbus Public Health, Alcohol & Drug
 Services Program
 Columbus Urban League
 Community for New Direction (CND)
 Community Housing Network
 CompDrug/Youth to Youth
 Concord Counseling Services
 Directions for Youth & Families (DFYF)
 Franklin County LOSS
 HandsOn Central Ohio
 Heartland High School
 House of Hope, Inc.
 Huckleberry House
 LifeTown-Friendship Circle
 LSS CHOICES for Victims of Domestic Violence
 Maryhaven, Inc.
 Mental Health America of Franklin County
 NAMI Franklin County
 National Church Residences
 Nationwide Children's Hospital's Big Lots
 Behavioral Health Services
 Netcare Access
 North Central Mental Health Services
 North Community Counseling Centers
 OhioGuidestone
 PrimaryOne Health
 Southeast Healthcare
 St. Vincent Family Center
 Syntero
 The Buckeye Ranch
 The Heritage of Hannah Neil
 The Ohio State University Wexner Medical Center
 The P.E.E.R. Center
 The Village Network
 Twin Valley Behavioral Healthcare (TVBH)
 Urban Minority Alcoholism & Drug Abuse
 Outreach Program of Franklin County, Inc.
 (UMADAOPFC)



February 27, 2020

The Honorable John O'Grady, President
 Franklin County Board of Commissioners
 373 S. High Street, 26th Floor
 Columbus, OH 43215

Dear Commissioner O'Grady:

On behalf of the ADAMH Board of Trustees, enclosed please find the recently passed resolution and accompanying 2020 Levy Fact Book that details the levy request to support the Franklin County ADAMH system of care. The resolution recommends a 10-year, 2.2 mill renewal with a 1.09 mill increase levy be placed on the November 3, 2020 ballot.

The ADAMH Board of Franklin County's single 2.2 property tax levy, which expires on December 31, 2021, has sustained the ADAMH system of care for more than 29 years.

The recommended new millage will address the projected \$13.6 million annual operating deficit while maintaining current community investments, such as Maryhaven's Addiction Stabilization Center and the Mobile Opiate Response Teams, that have been recently developed to address Franklin County's Opioid Crisis. The new millage will also enable ADAMH to designate much needed resources for the Guardianship Service Board and the proposed Franklin County Mental Health and Addiction Crisis Center.

The recommended millage will afford ADAMH the resources to expand investments as Franklin County's population grows (an anticipated 100,000 new residents over the next 10 years) and develop new provider programs as demand for behavioral healthcare services increases.

We look forward to working with the Human Services Levy Review Committee and the Board of Commissioners to address any questions or concerns as you review our 2020 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,

Erika Clark Jones
 CEO – ADAMH

cc: Commissioner Kevin Boyce
 Commissioner Marilyn Brown
 Human Services Levy Review Committee
 Ken Wilson
 Erik Janas
 Zachary Talarek

Attachments: ADAMH Board Resolution; 2020 Levy Fact Book (electronic & hard copies)



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

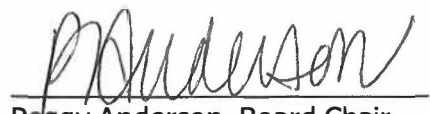
WHEREAS, ADAMH has determined the amount of county revenues needed, when combined with available state and federal revenues to effectively perform its functions and duties as required by Chapter 340 of the Ohio Revised Code; and

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

February 27, 2020

Jesse M. Hemphill, CPA, Chairman
Hemphill & Associates, Inc.
4449 Easton Way, 2nd Floor
Columbus, OH 43219

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 3.29 mill, 10 year levy in November 2020. The request is a renewal of the existing 2.2 mill, 5 year levy due to expire in 2021 and a 1.09 mill increase. The proposed 3.29 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 ADAMH's levy request to the Human Services Levy Review Committee (HSLRC) for a thorough financial and policy analysis. Attached are materials prepared by ADAMH staff for your review. The Board of Commissioners is requesting that the HSLRC provide final recommendations regarding ADAMH's levy request by June 19, 2020.

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

Sincerely,



John O'Grady, President
Franklin County Board of Commissioners

Enclosure

Commissioners
Marilyn Brown
John O'Grady
Kevin L. Boyce

373 S. High St. 26th Fl.
Columbus, Ohio 43215

t_ 614 525 3322
f_ 614 525 5999

Cc: Commissioner Marilyn Brown
Commissioner Kevin L. Boyce
Human Services Levy Review Committee members
Erika Clark Jones, CEO, ADAMH Board of Franklin County
Kenneth Wilson, County Administrator
Erik Janas, Deputy County Administrator
Rachel Buske, OMB Analyst 2, OMB