

Agency Financial Summary – Cash Basis with Base Funding +MorningStar, Opiate Crisis and Spenddown Plan begins on Page eight and is projected through 2019 with an ending cash balance at 9% in 2019.

Anti-Heroin Related Investments for FY16-FY19 provides a comprehensive look at investments to combat opiates in Montgomery County. When you back-out Federal and State resources, the Levy payment amount is staggering.

Summary of CRT Recommendations

ADAMHS requested and CRT approved the reallocation of funds to expand current services or implement new services.

ADAMHS requested additional funding for 2017, 2018, and 2019 to meet the epidemic and services needs of the community.

- 2017 - \$2,289,853
- 2018 - \$3,268,379
- 2019 - \$3,294,564

CRT recommended the following in additional funding:

- ADAMHS utilize reserve funds in the amount of \$1,042,214 in 2017 to bring reserve level in line with the 9% reserve policy level
- ADAMHS receive additional funding:
 - 2017 - \$1,247,639
 - 2018 - \$3,268,379
 - 2019 - \$3,294,564

Revenue & Expenditure Report Ending December 31, 2016 2016 budget and actual expenses compares to where we anticipated at year-end. Good shape going into 2017

Highlights of the report can be found on the bottom of page eleven.

OhioMHAS Biennial Budget Proposal FY18-FY19 – Governor Kasich released the proposed Biennial report. The budget does prioritize mental health and addiction services. There is a modest increase over FY16. OhioMHAS funding was not cut and is more flexible.

ADJOURN

With no further business the meeting was adjourned.

Prepared by Lynn Voisard



Administrative Policy Committee

2016 Year End Review
2017-2019 Budget Forecast
Wednesday, February 15, 2017





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INITIATIVES TO ADDRESS OPIATE CRISIS

INTERVENTION AND TREATMENT

Ambulatory Withdrawal Management (New)

Samaritan Behavioral Health Inc. is operating an outpatient withdrawal management program where a person can be transitioned from active opiate use to Vivitrol injection in 10 days. Individual participates in daily services including medication administration, symptom management/abstinence planning group, and care management to ensure seamless transition to ongoing outpatient treatment services at end of 10 days. Program capacity is up to 20 new people per week.

Residential Withdrawal Management (Expanded)

Nova Behavioral Health, an ADAMHS contract agency, doubled capacity for residential withdrawal management to 8 beds.

Opioid Intervention Crisis Services (New)

Samaritan CrisisCare has expanded crisis services to serve people who have experienced a Narcan Rescue and have been medically cleared at a local hospital emergency room (ER). People are provided secure transport from ER to Samaritan CrisisCare, comfort medications, immediate ASAM (American Society of Addiction Medicine) assessment, and immediate access to medically necessary level of AoD (Alcohol and Other Drugs) treatment. This program began with our largest hospital and is now expanding to the other hospitals in the area.

In House Jail Services Mental Health & Addiction Treatment (New)

ADAMHS opened up billing codes to reimburse all contract providers to provide addiction and mental health outpatient treatment and case management services to "open/connected" clients who are incarcerated in the county jail.

Promise to Hope (New)

The Promise to Hope program is operated by Miami Valley Hospital to serve pregnant opiate addicted women. An OB/GYN office provides Medication Assisted Treatment (MAT) to the women in addition to their pre-natal care. A RN (Registered Nurse) and LISW (Licensed Social Worker) are assigned to provide care management to the women to ensure access to other community services/supported. The ADAMHS Board provides funding to Miami Valley Hospital to purchase supportive recovery services



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provided by the Promise to Hope team which are not billable to other private/public insurance. \$100,000 per year for 4 years.

Law Enforcement Narcan Repository (Expanded)

Public Health of Dayton/Montgomery County & ADAMHS provide funding to equip law enforcement departments with access to Narcan kits. The Narcan Repository is managed by Dayton PD who trains and supplies the law departments with Narcan (Also referred to as naloxone-generic). All Montgomery County law enforcement departments are eligible to access the repository.

Recovery Housing – Level 2 (Continued)

ADAMHS contracts with 5 private, nonprofit agencies who operate 6 recovery houses with a total bed capacity of 35. This housing is targeted for individuals transitioning from jail and prison who have completed in housing addiction treatment as well as individuals who have completed a community residential addiction treatment program.

In Planning Phase:

Addictions Community Based Treatment Team (New)

In partnership between ADAMHS & Public Health a multi-disciplinary community based team will be created to provide substance use disorder treatment and supportive services to individuals in their homes & the community as an alternative to inpatient/residential treatment. This team will “wraparound” individuals for up to 12 months who are opiate addicted AND are either: pregnant; participating in a Drug Court; or identified as a “High Risk” due to multiple incarcerations related to substance use.

Expanded Recovery Housing (New)

Up to 16-unit apartment complex to provide housing to women served by Promise to Hope

OUTREACH AND TRAINING

Peer Recovery Supporter Certification (New)

Goodwill Easter Seals – Miami Valley will provide Ohio Department of Mental Health and Addiction Services (OhioMHAS) approved 40-hour peer recovery supporter training required to become certified as a Peer Recovery Supporter. This includes assistance to complete initial application and access to a computer lab to complete the additional 16-hour online webinar and complete the online certification test.



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Crisis Intervention Team “CIT” Academy (Expanded)

In partnership with the Montgomery County Sheriff, the ADAMHS Board is co-hosting 5 CIT Academies during SFY17.

Mental Health First Aid – Public Safety (New)

The ADAMHS Board is partnering with local law enforcement departments to provide basic training for officers via the Mental Health First Aid – Public Safety Curriculum. Five trainings have been held with an additional 5 scheduled for early 2017. Several departments are currently working to schedule additional trainings.

PREVENTION

PAX/Good Behavior Game (Expansion)

Expands the evidence based classroom management model into 3 additional schools for a total of 5.

Kernels for Life (New – June 2016)

This prevention program was developed by Wright State University based off of the best practice “kernels” utilized in the PAX Good Behavior Game, now known as the prevention strategy with the greatest return on investment of any prevention effort to date. This program uniquely targets adults working in non-school settings who interact with young people ages 4-14, and utilizes research-based behavioral health strategies proven to limit problematic behavior, reduce toxic influences, teach psychological flexibility, and reinforce pro-social behavior. The ADAMHS Board will partner with multiple sites in East and West Dayton, including churches, community centers, sports teams, childcare centers, and parents.

Be Safe. Be Smart. Be Part of the Solution. Campaign (New)

More than half of prescription drug abusers get their drugs from a friend or relative. Further 4 out of 5 new heroin users first abused pain medication. This campaign will increase community awareness in order to decrease the accessibility and availability of prescription medications in Montgomery County. Messages will include proper storage, monitoring, and disposing of medications to decrease the likelihood of those medications being used for abuse purposes. It will also include ways in which to have a healthy relationship with medications, alternative to pills for addressing pain, and emphasis that there is no safe way to get high using prescription medications. Communication methods will include media messaging as well as grassroots outreach to high risk zip code areas in Montgomery County. These efforts challenge favorable attitudes about risky drug use.

Lock Boxes Promotion & Expansion (Expansion)

64% of teens who have abused prescription pain medications said they got them from their friends or family without their knowledge. Proper securing of medications is considered a best practice in decreasing the accessibility and availability of prescription medications. These efforts will be done in conjunction with the *Be Safe. Be Smart. Be Part of the Solution.* campaign. The reason for securing medications in lock boxes will be promoted as well as where and how to purchase them. Lock boxes will be purchased and distributed to individuals in high risk, low-income areas, and will specifically target the senior citizen community because seniors, on average, take 5 times more medications than their adult counterparts.

KNOW! Parenting Tips (New)

The Know! drug prevention and awareness program targets parents and caregivers of middle school students and empowers them to raise their children substance-free. This project increases parental awareness that their children are at risk, reinforces the knowledge that parent actions make a difference, enhances and increases communication between parents and their children about substance use, and empowers parents with simple and effective parenting strategies proven to prevent substance use. Partnering with Montgomery County schools, Montgomery County Children Services, foster care agencies, and Kinship Care Navigators, email messages will be released to parents twice per month.

TipSubmit (Expansion)

This mobile application allows individuals to anonymously report drug and violent behaviors to law enforcement without fear of repercussion. Initially implemented by the City of Dayton Police Department, this expansion will promote the use of the TipSubmit software in other Montgomery County law enforcement agencies with a specific focus on high schools. This will allow students to report suspicious activities, thereby decreasing drug and gang activities in their schools. These best practice efforts focus on changing school policies that support drug free environments, improve school and law enforcement relationships, and empower young people to play an active role and take responsibility for creating healthy, drug free environments.

SBIRT in Schools (New)

Individuals who abuse other substances are more likely to become addicted to heroin. Those who are addicted to alcohol are 2 times more likely, marijuana are 3 times more

likely, and prescription opioid painkillers are 40 times more likely. Therefore, a comprehensive approach to heroin abuse prevention requires a focus on poly-substances, with a specific focus on the three gateways: alcohol, marijuana, and prescription painkillers. A best practice model - Screening, Brief Intervention and Referral to Treatment (SBIRT) - will be integrated into the region's school systems. While SBIRT is typically implemented in hospitals, community health centers, emergency departments and workplace wellness programs, this pilot will integrate SBIRT as part of grades 6-9 scoliosis screenings. These efforts will screen all students for high risk behaviors, provide prevention messages to those identified at risk, and will create an immediate path to treatment for those in need.

Ongoing Need:

WorkForce Capacity:

Across all of our healthcare agencies, particularly community behavioral health providers, we are experiencing shortages for licensed and independently licensed social workers, addiction therapists, advanced practice nurses, registered nurses, licensed practical nurses, and psychiatrists. One of the challenges is managed care insurance companies and the local Veteran Administration system salary scales and benefits are more enhanced than what most community behavioral health providers can offer. We are currently looking at long term solutions to retain and increase the number of professionals working in community behavioral health.

**ADAMHS
AoD Continuum of Care Expansion
3 Year Budget Forecast**

| Expansion Investments Needed (Expenses) | 2017* | 2018 | 2019 |
|---|---------------------|---------------------|---------------------|
| Ambulatory Withdrawal Management | 45,220 | 873,273 | 882,006 |
| Residential Withdrawal Management-24/7 Nursing Care | 486,256 | 491,119 | 496,030 |
| Residential Withdrawal Management | 438,000 | 442,380 | 446,804 |
| Opioid Intervention Crisis Services | 8,512 | 894,259 | 904,704 |
| Addictions Community Based Treatment Team | 500,000 | 500,000 | 500,000 |
| Local Residential Treatment for Youth | - | 300,000 | 300,000 |
| Total Expansion Investment | \$ 1,477,988 | \$ 3,501,031 | \$ 3,529,543 |
| Expected Medicaid and Insurance Payments | (230,349) | (232,652) | (234,979) |
| Total Levy Funds Requested | \$ 1,247,639 | \$ 3,268,379 | \$ 3,294,564 |

* 2017 Costs are offset by \$1,042,214 one-time use of reserve funds

ADAMHS Board for Montgomery County
Agency Financial Summary - Cash Basis with Base Funding + MorningStar + Opiate Crisis + Spenddown Plan
12/6/2016

| Description | Budget | | Proposed | | Projected | |
|--------------------------------------|---------------|---------------|---------------|---------------|-----------|--|
| | 2016 | 2017 | 2018 | 2019 | | |
| Beginning Cash Balance | \$ 14,137,107 | \$ 6,791,448 | \$ 4,654,050 | \$ 3,695,975 | | |
| Revenues | | | | | | |
| Other Charges for Services | 96,000 | 223,423 | 223,423 | 229,333 | | |
| Miscellaneous Revenues | 118,321 | - | - | - | | |
| Other Financing Sources | - | - | - | - | | |
| Revenue Transfers | 18,729,908 | 26,733,997 | 28,929,825 | 28,996,361 | | |
| Total Revenues | \$ 18,944,229 | \$ 26,957,420 | \$ 29,153,248 | \$ 29,225,694 | | |
| Expenses | | | | | | |
| Salaries | \$ 2,107,172 | \$ 2,181,043 | \$ 2,224,664 | \$ 2,269,157 | | |
| Fringe Benefits | 662,547 | 701,397 | 734,139 | 748,822 | | |
| Special Fringe Benefits | 8,400 | 6,000 | 6,060 | 6,121 | | |
| Operating Supplies | 34,100 | 55,400 | 55,954 | 56,514 | | |
| Outside Agency Board Travel | 24,000 | 59,500 | 60,095 | 60,696 | | |
| Routine Business | 38,400 | 48,500 | 48,985 | 49,475 | | |
| Staff Training and Development | 27,500 | 30,500 | 30,805 | 31,113 | | |
| Contractual Professional Services | 561,000 | 394,000 | 397,940 | 401,919 | | |
| Social Services Contractual Services | 21,786,439 | 24,858,364 | 25,736,890 | 25,257,100 | | |
| Maintenance and Repair Services | 280,441 | 262,000 | 264,620 | 267,266 | | |
| Communications | 24,400 | 18,700 | 18,887 | 19,076 | | |
| Property and Casualty Insurance | 17,000 | 6,000 | 6,060 | 6,121 | | |
| Public Utility Services | 40,000 | 40,000 | 40,400 | 40,804 | | |
| Rentals | 240,000 | 291,000 | 293,910 | 296,849 | | |
| Miscellaneous | 1,500 | 41,500 | 41,915 | 42,334 | | |
| Capital Outlays | 436,989 | 100,914 | 150,000 | 650,000 | | |
| Total Expenses | \$ 26,289,888 | \$ 29,094,818 | \$ 30,111,324 | \$ 30,203,366 | | |
| Revenues Over/(Under) Expenses | (7,345,659) | (2,137,398) | (958,076) | (977,673) | | |
| Ending Cash Balances | \$ 6,791,448 | \$ 4,654,050 | \$ 3,695,975 | \$ 2,718,302 | | |
| Ending Cash Balance % of Expense | 25.8% | 16.0% | 12.3% | 9.0% | | |

ADAMHS Board
Anti-Heroin Related Investments FY16-FY19

| Anti-Heroin Related Investments | FY16 | FY17 | FY18 | FY19 |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| Recovery Housing Supports | \$ 120,000 | \$ 200,000 | \$ 200,000 | \$ 200,000 |
| Recovery Housing Units | 178,000 | 200,000 | 200,000 | 200,000 |
| Treatment Claims through ADAMHS | 3,171,445 | 3,300,000 | 3,400,000 | 3,500,000 |
| Pharmacy Services | 69,818 | 100,000 | 100,000 | 100,000 |
| Sub-Total of ADAMHS | \$ 3,539,263 | \$ 3,800,000 | \$ 3,900,000 | \$ 4,000,000 |
| AoD Continuum of Care Expansion (effective August 2016) | 1,411,889 | 4,146,676 | 4,474,905 | 4,503,415 |
| Total Investments | \$ 4,951,152 | \$ 7,946,676 | \$ 8,374,905 | \$ 8,503,415 |
| Less: Treatment Claims Paid by Federal/State Sources: | (709,883) | (731,179) | (745,803) | (760,719) |
| Total Anti-Heroin Related Investments through Levy: | \$ 4,241,269 | \$ 7,215,497 | \$ 7,629,102 | \$ 7,742,696 |

ADAMHS CRT RECOMMENDATIONS:

The ADAMHS CRT recommendations were presented to the Levy Council members. The ADAMHS CRT team consisting of Eloise Broner, Chris Olinsky, Julie Liss-Katz and Michael Carter met to hear a presentation from the ADAMHS executive team. Helen led the discussion with her staff, Jody Long and Jon Parks, providing input. Handouts were provided to members that showed the list of proposed new or expanded services where funds were to be reallocated.

There was a lot of discussion with the Council about how ADAMHS and PHD&MC were addressing the heroin epidemic that has caused overdoses and death for some people in the community. Jodi went through the list of program services and Jon reviewed the financials in detail. It was shared with the group that some of the proposed services would require a ramp up period and other services would come online immediately or are already in the process of being implemented.

Financial Requests and Recommendations:

1. ADAMHS is requesting to reallocate a total of \$1,885,651 from their 2016 and 2017 allocation in the following breakdown:
 - On-going program funds from their existing Reserves
 - 2016 - \$612,000
 - 2017 - \$827,651
 - One-Time Initiatives
 - 2016 - \$446,000

CRT Recommendation: Approve the reallocation of the funds to expand current services or to implement new services.

2. ADAMHS is requesting additional funding for 2017, 2018 and 2019 in order to meet the epidemic and service needs of the community.
 - 2017 - \$2,289,853
 - 2018 - \$3,268,379
 - 2019 - \$3,294,564

CRT Recommendation: Based on the financial information shared with the CRT, ADAMHS would end this levy cycle with a reserve level of 12.5% which is above the 9% levy reserve policy. Therefore the CRT recommends the following in additional funding:

- ADAMHS utilize their reserve funds in the amount of \$1,042,214 in 2017 to bring their reserve level in line with the 9% reserve policy level.
- ADAMHS receive additional funding:
 - 2017 - \$1,247,639
 - 2018 - \$3,268,379
 - 2019 - \$3,294,564

| Budget by Category | 2015 Actuals through December | 2016 Base Budget | 2016 Revised Budget | 2016 Actuals through December | % of 2016 Revised Budget Realized | % of 2016 Expected to be Realized | Variance of Revised v. Expected | Actual \$ Change 2016 v. 2015 | Actual % Change 2016 v. 2015 |
|--|-------------------------------------|----------------------|------------------------|-------------------------------------|--|---|---------------------------------------|----------------------------------|------------------------------------|
| Charges for Services | \$ 91,362 | \$ 96,000 | \$ 96,000 | \$ 105,539 | 109.9% | 100.0% | 9.9 % | \$ 14,177 | 15.5 % |
| Miscellaneous Revenues | 45,789 | 118,321 | 118,321 | 250,352 | 211.6% | 100.0% | 111.6 % | 204,563 | 446.7 % |
| Human Services Levy | 26,477,007 | 18,729,908 | 18,842,896 | 18,661,109 | 99.0% | 100.0% | (1.0)% | (7,815,897) | (29.5)% |
| Total Revenues | \$ 26,614,158 | \$ 18,944,229 | \$ 19,057,217 | \$ 19,017,000 | 99.8% | 100.0% | (0.2)% | \$ (7,597,158) | (28.5)% |
| Salaries | \$ 1,795,806 | \$ 2,107,172 | \$ 2,107,172 | \$ 1,948,506 | 92.5% | 95.0% | (2.5)% | \$ 152,700 | 8.5 % |
| Fringe Benefits | 615,421 | 670,947 | 670,947 | 665,079 | 99.1% | 100.0% | (0.9)% | 49,658 | 8.1 % |
| Operating Expenses | 144,242 | 60,000 | 310,448 | 258,559 | 83.3% | 95.0% | (11.7)% | 114,317 | 79.3 % |
| Travel & Training | 80,902 | 89,900 | 146,900 | 136,341 | 92.8% | 95.0% | (2.2)% | 55,439 | 68.5 % |
| Contractual Professional Services | 511,114 | 561,000 | 524,000 | 490,197 | 93.5% | 95.0% | (1.5)% | (20,917) | (4.1)% |
| Agency Services Contracts | 20,107,294 | 21,786,439 | 21,643,979 | 19,937,845 | 92.1% | 95.0% | (2.9)% | (169,449) | (0.8)% |
| Maintenance & Repair Services | 132,489 | 280,441 | 354,041 | 119,376 | 33.7% | 50.0% | (16.3)% | (13,113) | (9.9)% |
| Insurance | 10,774 | 17,000 | 17,000 | - | 0.0% | 25.0% | (25.0)% | (10,774) | 0.0 % |
| Public Utility Services | 41,483 | 40,000 | 40,000 | 34,500 | 86.3% | 90.0% | (3.8)% | (6,983) | (16.8)% |
| Rentals | 233,824 | 240,000 | 240,000 | 233,074 | 97.1% | 97.0% | 0.1 % | (750) | (0.3)% |
| Capital Outlays | 647,228 | 436,989 | 918,884 | 504,389 | 54.9% | 75.0% | (20.1)% | (142,839) | (22.1)% |
| Total Expenses | \$ 24,320,577 | \$ 26,289,888 | \$ 26,973,371 | \$ 24,327,866 | 90.2% | 93.8% | (3.6)% | \$ 7,289 | 0.0 % |
| Fund Reserve Cash Balance 12/31/2016: | \$ 8,448,157 | | | | | | | | |
| As a % of Grant and Operating budgets: | 31.3% * | | | | | | | | |

* The high percentage here is often a timing issue of when we receive funds and when we expend them. Variations in the Fund Reserve Cash Balance may occur throughout the year as HSPD issues HSL payments to ADAMHS. The overall increase is substantially due to savings from Medicaid expansion. **Human Services Levy Council approved the 5 year plan to bring our reserve balance into conformance with Council's reserve policy.** ADAMHS is allocated \$24.2 million in base funding for 2016; however, \$6.1 million will be withheld due to our excess reserve balance. This will bring our reserve cash balance to 26% (\$6.8M) in 2016; 16% (\$4.7M) in 2017; 12% (\$3.7M) in 2018; and 9% (\$2.7M) in 2019.

2016 Adopted Budget Highlights for Morningstar, New Hope Villa and Operating Budgets

- Miscellaneous Revenues are higher by \$204,563 to reflect payments from agencies for the NextGen EHR implementation.
- Human Services Levy funds are down by \$7.8 million or 29.5%, in accordance with the Community Review Team (CRT) recommendation to reduce our fund reserve balance. This is estimated to bring our reserve fund balance down to within 5 percentage points of the target balance of 26%.
- Salaries through December totaled \$1,948,506. This is \$152,700 or 8.5% above the same period for 2015 and includes a \$19,368 retirement payout. All authorized positions are filled. Salaries, while higher than in 2015, remain in-line with the current year budget. There were two pay periods in December 2015 and two pay periods in December 2016.
- Operating Expenses increased by \$114,317 or 79.3%. This accounts for the cash match requirements of the Children Matter SAMHSA grant.
- Travel & Training exp. exceed 2015 by \$55,439 or 68.5%. Crisis Intervention Team training, Mental Health First Aid Instructor training and National Council are among the trainings attended.
- Contractual Professional Services are for Chief Clinical Officer, Civil Commitment Monitor and Legal Counsel contracts. This is a decrease of \$20,917 or 4.1% from last year. Contractual hours for our Civil Commitment Monitor were reduced to be in-line with the expected annual work load.
- Agency Services Contracts are lower by \$169,449 or 0.8% from last year and represents the variability in the Board's contracting process and encumbrance closeouts from FY15 contracts.
- Capital Outlays reflects \$0.5 million for the new NextGen Electronic Healthcare Record system.

OhioMHAS Biennial Budget Proposal FY18-FY19

Priorities for Mental Health & Addiction Services

- State grants to ADAMH Boards to remain at current levels of \$72.0 million
 - \$4.3 million for Montgomery County
- Residential State Supplement at \$15.0 million
 - We have ramped up our effort to move many clients to RSS
 - Currently have approximately 70 clients receiving RSS of \$750,000
- Recovery Housing at \$2.5 million
 - We have applied for \$250,000 matching grant
- Prevention effort of \$3.4 million
 - Likely receive this through a \$40,000 allocation and a \$50,000 grant
- Addiction Treatment Program to continue in Montgomery County
 - We are carrying over funding of approximately \$500,000 for use next year
- 21st Century CURES Act—a targeted response to the opioid crisis
 - \$1.0 billion SAMHSA federal grant
 - \$50.0 million to Ohio over two years (\$25.0 million/year)
 - \$500,000/year estimated to Montgomery County
 - We have developed a listing of five projects that will enhance our existing community response including a community based addictions team and 24/7 access for ambulatory withdrawal management.
- Community Innovations of \$9.3 million
 - Montgomery County share is \$1.9 million this year
 - Mostly pass-through of funds to agencies