

Public Investments in Children, Youth and Families in the Southwest Ohio Counties of Butler, Clermont, Clinton, Preble & Warren

A Fiscal Survey to Inform the System of Care Strategic Financing Plan for
The Engage 2.0 Southwest Project

Cradle to Career, Behavioral Health & Early Childhood Fund Mapping:
Fiscal Years 2015, 2017 & 2019

December 2020

Prepared by David McNear

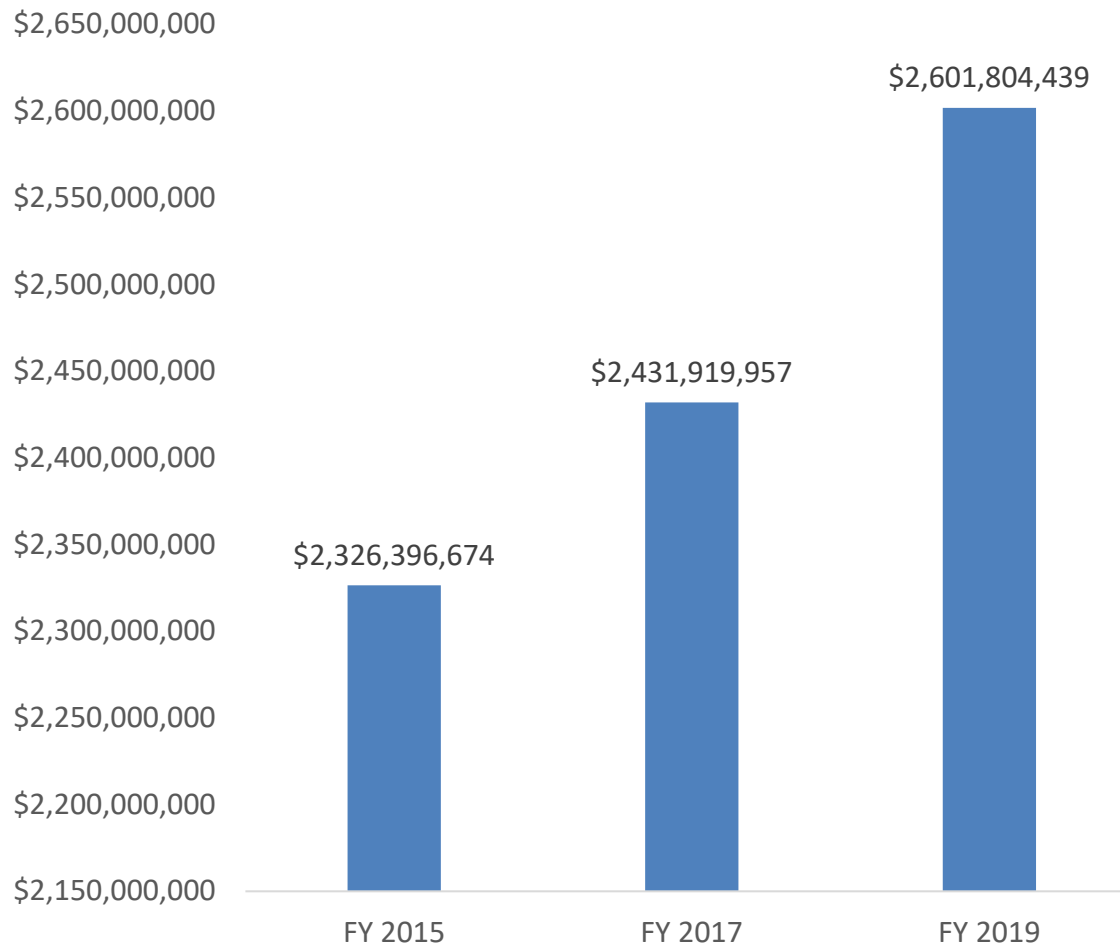
Fund Mapping: Agenda

- Overview of Cradle to Career Investments
- Review of Behavioral Health Fund Map
- Resources and Recommendations for Systems of Care Strategic Financing Plan
- Review Early Childhood Fund Map
- Next Steps

Public Investments in Services and Programs for Children, Youth and Families in the Southwest Ohio Counties of Butler, Clermont, Clinton, Preble and Warren

**ENGAGE 2.0 CRADLE TO CAREER
FUND MAPPING: FY 2015, FY 2017
& FY 2019**

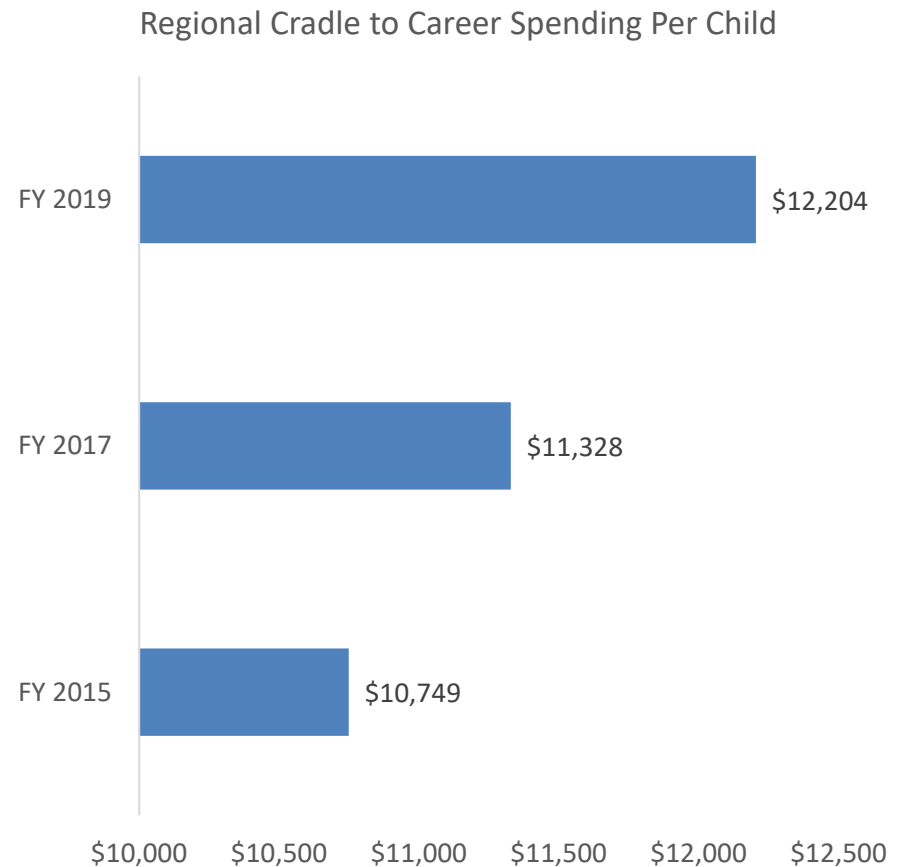
Regional Cradle to Career Investments



- Over the fund map survey period of FY 2015 to FY 2019, cradle to career investments were up \$275 million, or 11.8%.
- FY 2015 cradle to career spending was \$2.33 billion, growing by \$105.5 million, or 4.5% in FY 2017 to \$2.43 billion.
- In FY 2019, cradle to career investments were up 7% from FY 2017 to \$2.60 billion.

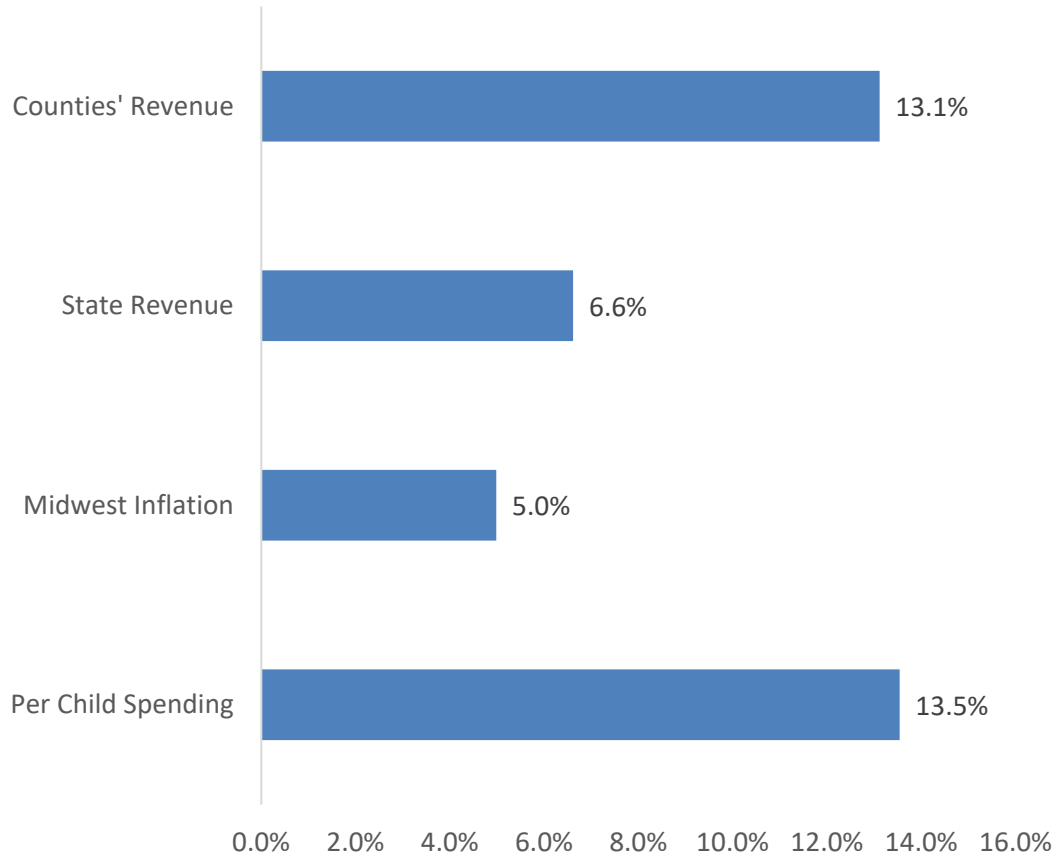
Regional Cradle to Career Spending Per Child Under Age 18

- According to Census data, children & adolescents under age 18 make up just under one-quarter of total regional population: 24.6% in FY 2015, 24.1% in FY 2017 and 23.6% in FY 2019.
- Between July 2014 and July 2018 Census estimates, the overall regional population decreased by 23,256 people, or 2.6%, to 903,071 total residents.
- Over the same time frame, the population under age 18 dropped by 3,237 children and adolescents, or 1.5%, to 213,194.
- Cradle to career investments per child and adolescent under age 18 went up 13.5% over the survey period, from \$10,749 in FY 2015 to \$11,328 in FY 2017, a 5.4% increase, and to \$12,204 in FY 2019, a 7.7% increase.



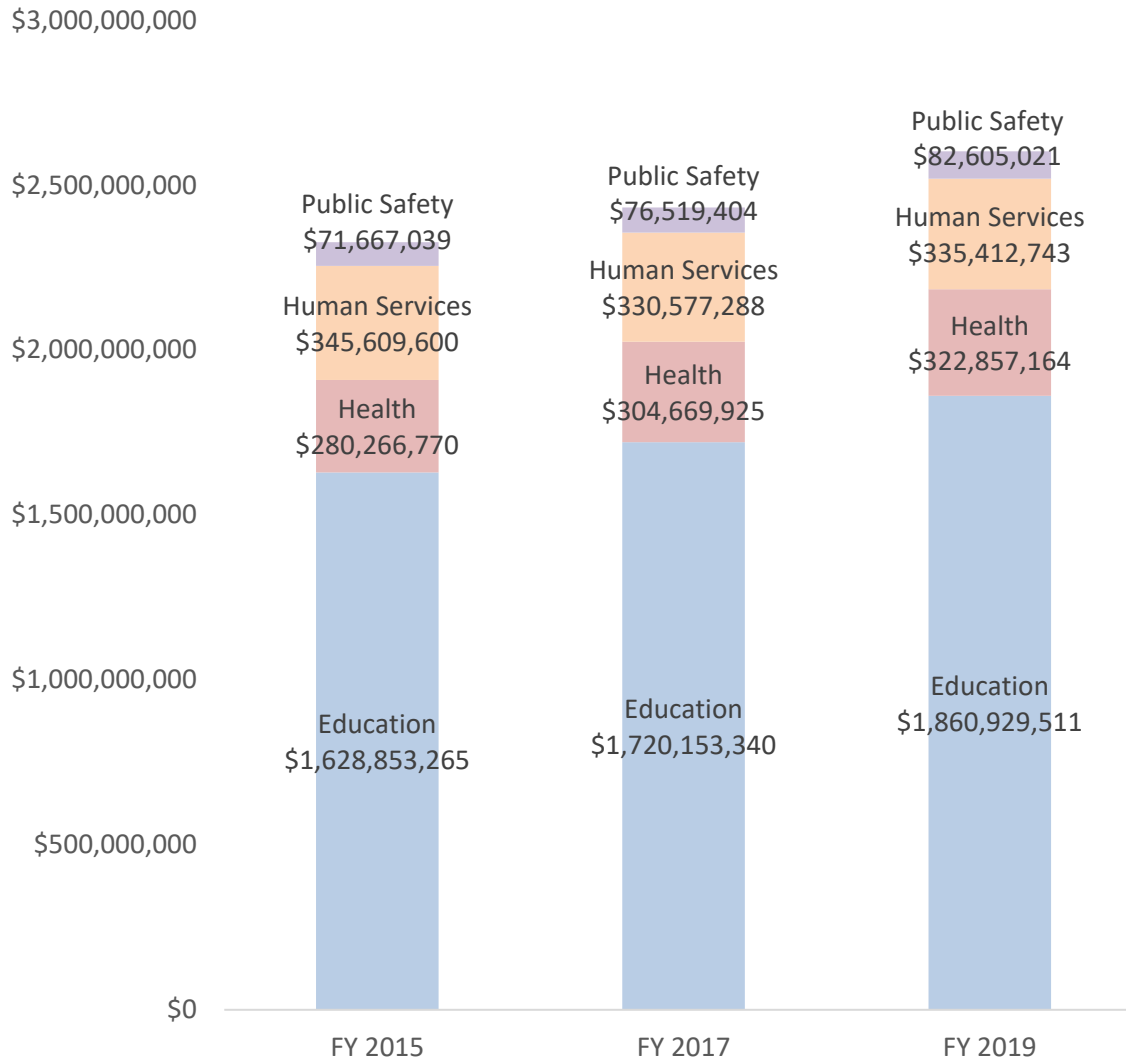
Per Child Spending Growth Exceeded Local Inflation As Well As Counties' and State Revenue Growth

Fund Map Survey Period: FY15-FY19 Percent Change



- [Consumer Price Index data](#) for the Midwest region report inflation growth between FY 2015 and FY 2019 of 5%.
- Over the same period, [state revenues](#) grew 6.6% and [counties' General Fund revenues](#) grew 13.1%.
- Per child spending growth of 13.5% over the survey period outpaced growth in inflation as well as counties' and state revenue.

Regional Cradle to Career Spending by Function Area



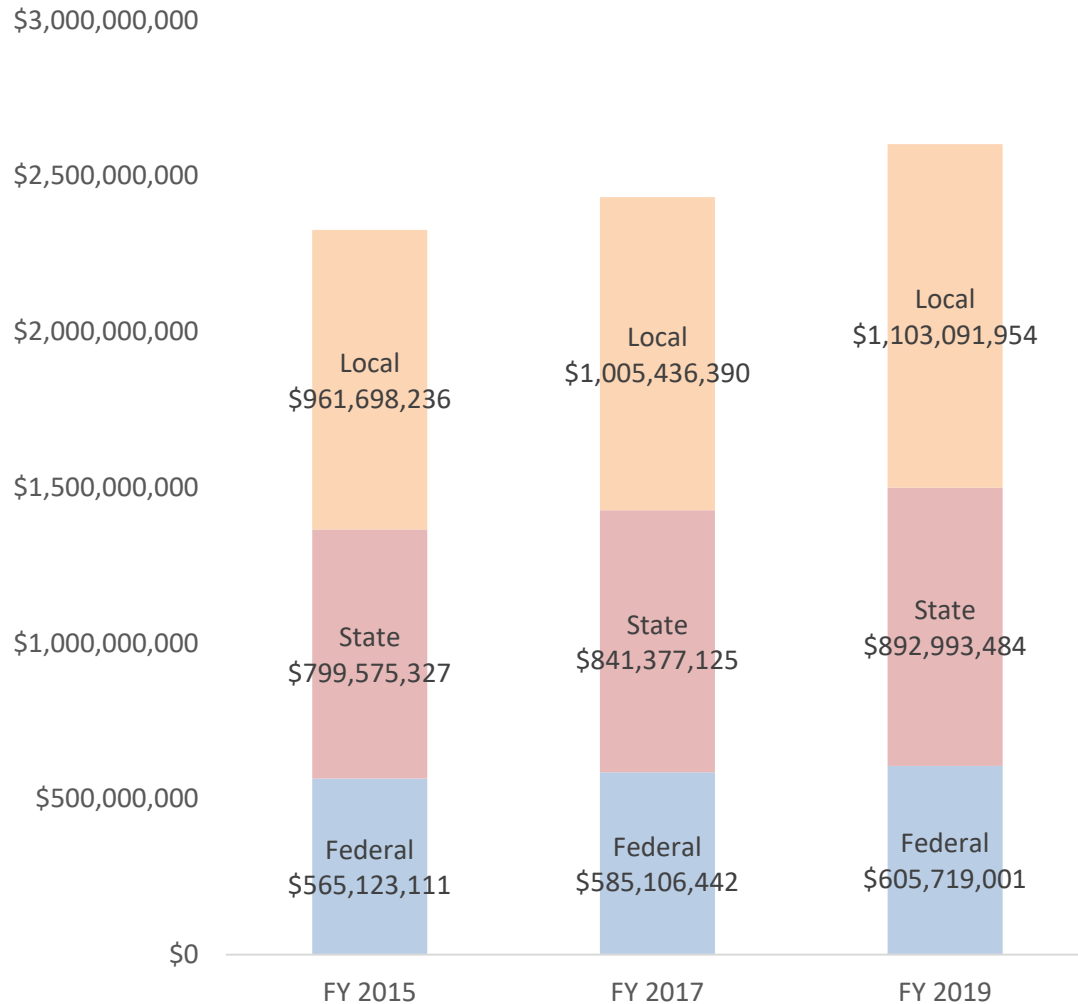
- Spending on Education accounted for just over 70% of total cradle to career investments in each fiscal year: 70% in FY15, 70.7% in FY 17 & 71.5% in FY19.
- Human Services spending was 15% of total expenditures in FY 2015, 14% in FY 2017 and 13% in FY 2019.
- Health investments made up 12% of total investments and public safety investments accounted for 3% of total spending in each year of the survey period.

Regional Cradle to Career Spending by Function Area & Function

Spending by Function Area & Function	FY 2015	FY 2017	FY 2019
Education	\$1,628,853,265	\$1,720,153,340	\$1,860,929,511
Early Education and Child Care	\$28,127,550	\$32,002,024	\$37,616,087
K-12 Education	\$1,591,321,435	\$1,678,266,671	\$1,812,471,855
Youth Development	\$9,404,281	\$9,884,645	\$10,841,568
Health	\$280,266,770	\$304,669,925	\$322,857,164
Behavioral Health	\$60,768,414	\$60,650,230	\$57,227,200
Developmental Disabilities	\$26,584,715	\$31,745,046	\$36,058,467
Maternal and Child Health	\$12,176,244	\$12,301,559	\$12,712,743
Physical/Somatic Health	\$180,737,397	\$199,973,090	\$216,858,754
Human Services	\$345,609,600	\$330,577,288	\$335,412,743
Child Welfare	\$46,708,953	\$45,989,190	\$48,242,738
Early Education and Child Care	\$22,168,642	\$25,233,998	\$26,908,269
Housing	\$23,174,918	\$26,464,737	\$29,032,775
Nutrition Services	\$123,699,584	\$98,898,553	\$90,079,675
Work/Family Support	\$129,857,504	\$133,990,810	\$141,149,286
Public Safety	\$71,667,039	\$76,519,404	\$82,605,021
Criminal Justice	\$42,625,971	\$45,177,177	\$48,919,405
Juvenile Justice	\$29,041,068	\$31,342,227	\$33,685,616
Regional Cradle to Career Investments	\$2,326,396,674	\$2,431,919,957	\$2,601,804,439

- Spending on K-12 Education was 68% of total spending in FY15, 69% in FY15 and 70% in FY19.
- Spending on Entitlements excluding Medicaid, which includes child care assistance, Ohio Works First cash assistance and Supplemental Nutrition Assistance Program (SNAP) benefits, accounted for about 11% of total spending.
- Medicaid charges were 10% of total cradle to career spending in each surveyed year: \$228.5 million in FY 2015, \$245.5 million in FY 2017 and \$256.7 million in FY 2019.

Regional Cradle to Career Investments by Funding Source



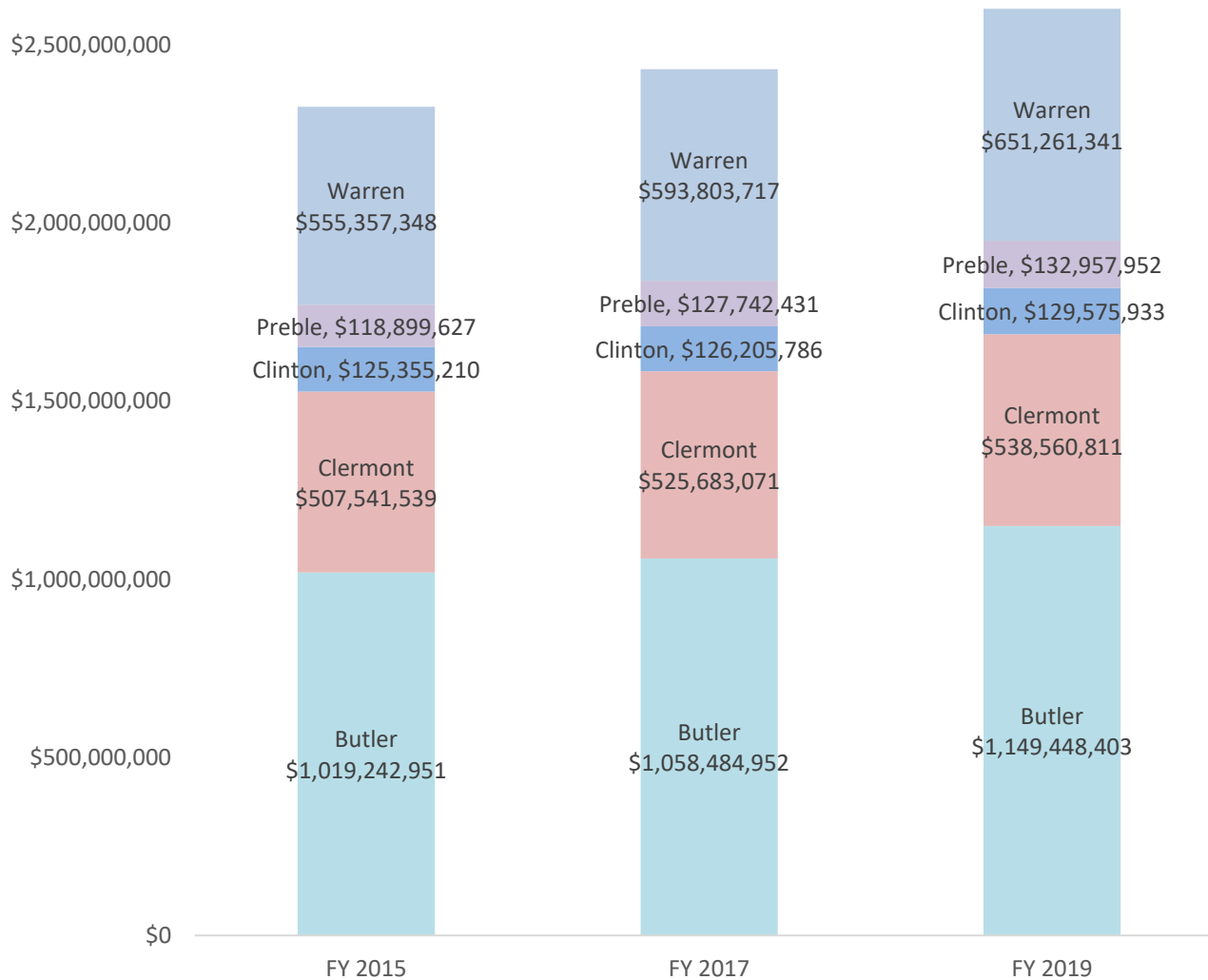
- Over the survey period, federal funding increased by 7.2%, state funding was up 11.7% and local funds grew 14.7%.
- Programs or services that received a large portion of federal funds included Medicaid reimbursements, K-12 Education, SNAP and Income Support programs.
- K-12 Education and Medicaid also made up a large portion of state funded services.
- Locally funded services included K-12 Education, Police/Sheriff, Public Health and Recreation & Parks.

Follow the Money: Investments by Agency/Institution Source (Pass-Through Analysis)

Agency Type	FY 2015	FY 2017	FY 2019
County	\$272,558,922	\$293,229,983	\$313,076,980
Federal	\$102,949,798	\$105,873,038	\$111,391,514
Municipality	\$35,031,165	\$36,782,379	\$40,726,629
School	\$1,513,296,631	\$1,597,362,400	\$1,731,219,482
State	\$402,560,158	\$398,672,158	\$405,389,835
Total Cradle to Career Investments	\$2,326,396,674	\$2,431,919,957	\$2,601,804,439

The agency pass-through analysis provides the agency source of cradle to career spending. County pass-through spending includes educational service centers, county agencies as well as jobs and family services spending excluding entitlement spending on SNAP, OWF and child care assistance, counted as state pass-through spending through the state Department of Jobs and Family Services (DJFS). Other state pass-through spending includes Medicaid through the Department of Medicaid (ODM). Federal pass-through spending is SSI and OASDI benefits passed through the Social Security Administration. Municipal pass-through spending includes spending in cities, townships, and villages.

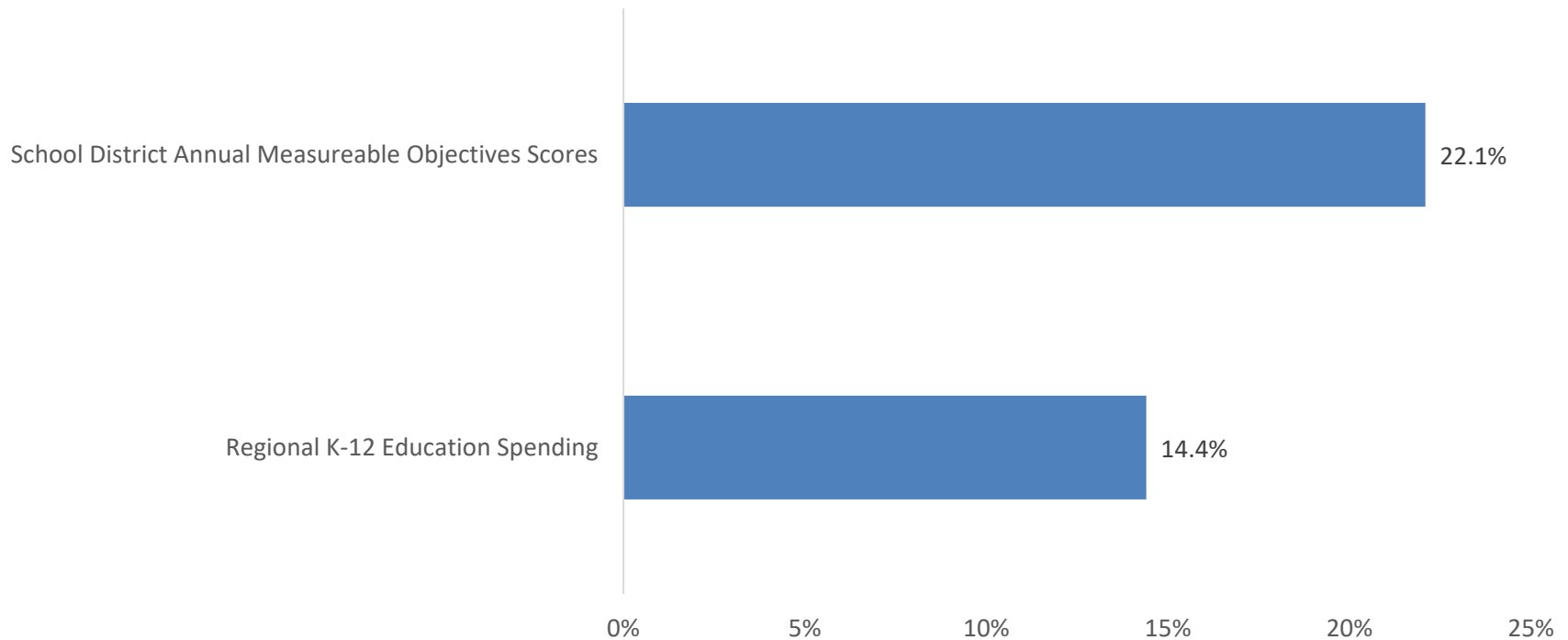
Regional Cradle to Career Spending by County



- Spending on K-12 education is about 70% of total cradle to career spending, so variabilities in student enrollment over time and across counties partly accounts for trends in county spending and differences in spending across counties.
- Entitlement spending, including Medicaid charges, SNAP, WIC, OWF and child care assistance accounts for over 15% of total cradle to career spending: 17.1% in FY15, 16.1% in FY17 & 15.2% in FY19.
- Medicaid charges account for about 10% of total spending.
- Eligibility for these entitlements is based on household income, so variations in wealth among counties in the region accounts for some of the differences in spending across counties.

Connecting Regional K-12 Investments to K-12 Education Outcomes

Connecting Investments to Outcomes
Percent Change over Fund Map Survey Period

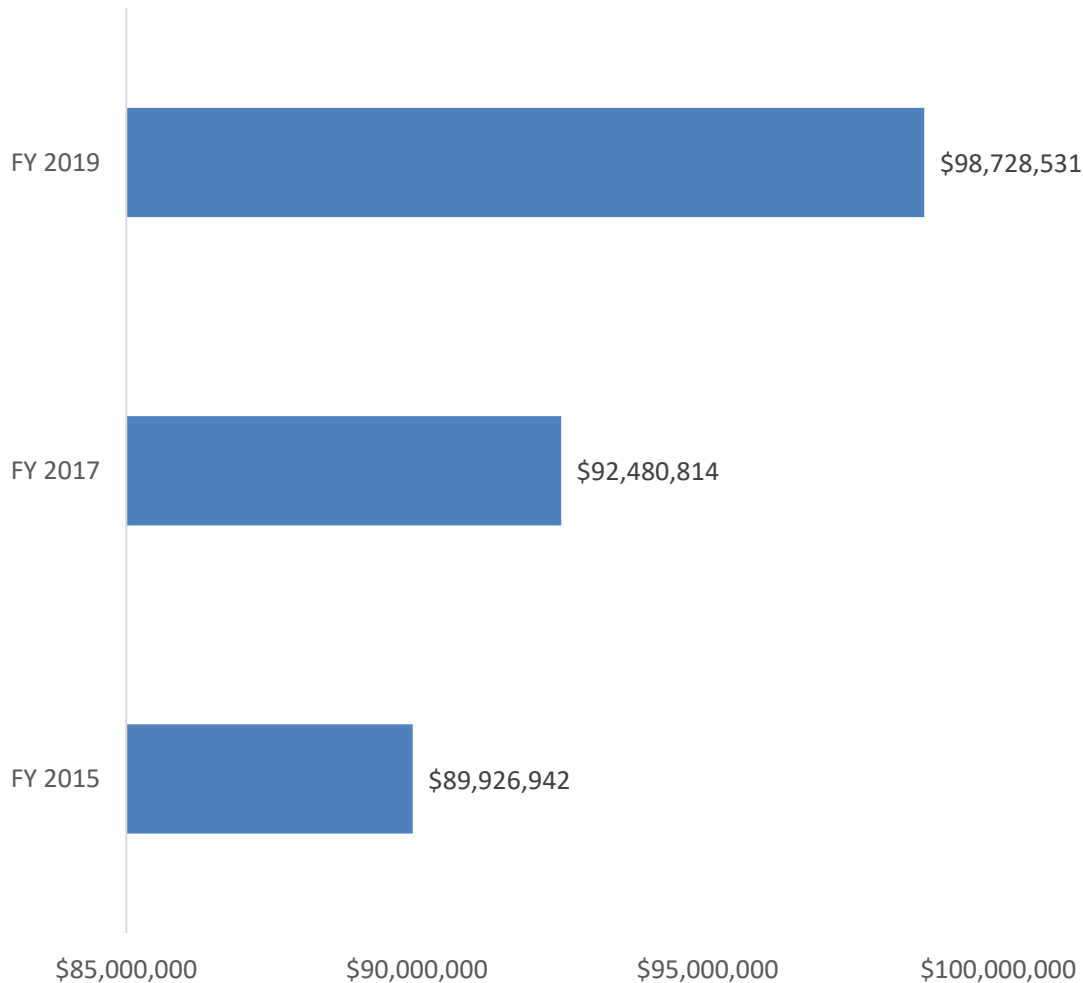


The percent change in the improvement in school district annual measurable objective scores, which improved by 22.1% over the survey period and measure four domains of academic performance data among different subgroups of students and assess achievement gaps among student populations, outpaced the regional growth in K-12 education spending of 14.4%.

Regional Investments in Behavioral Health Programs and Services

ENGAGE 2.0 REGIONAL BEHAVIORAL HEALTH FUND MAP

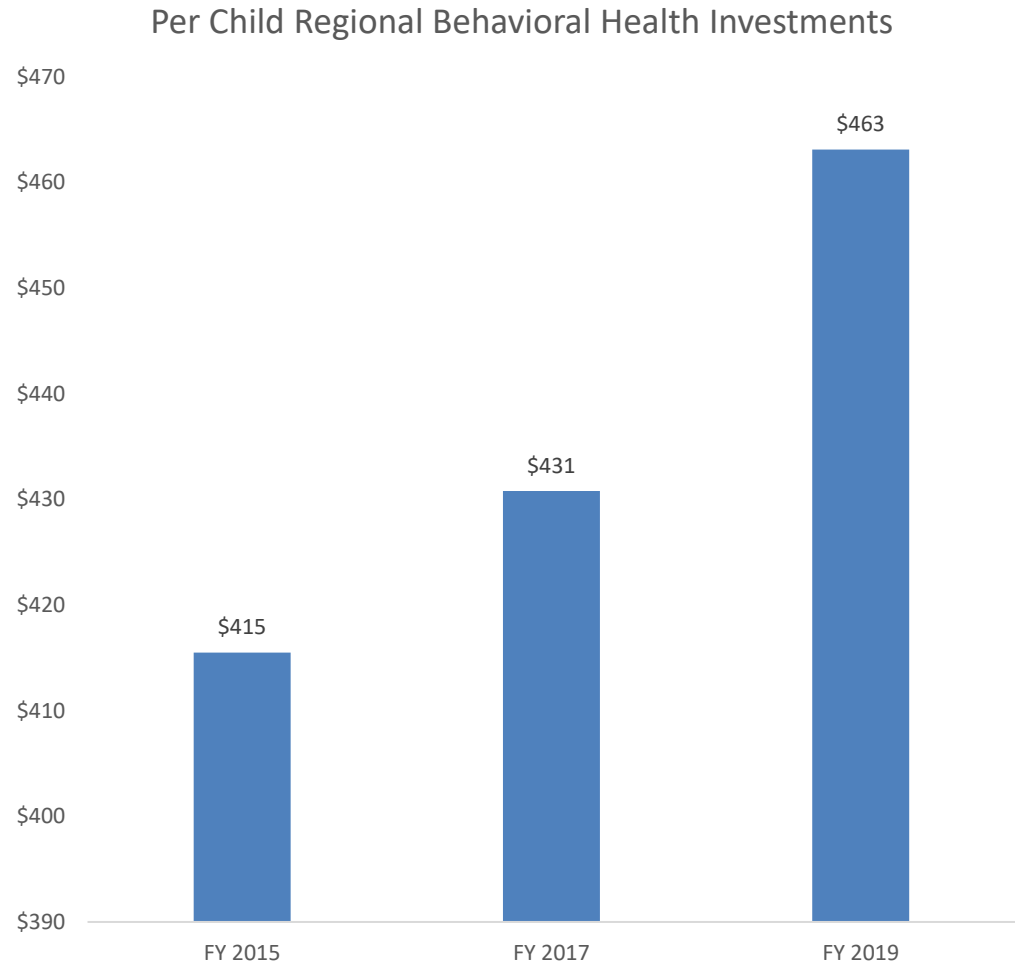
Regional Behavioral Health Investments on Children and Adolescents Under Age 18



- Over the survey period, regional behavioral health investments on children and adolescents went up 9.8%, increasing from \$89.9 million in FY 2015 to \$92.5 million in FY 2017, a 2.8% increase, and to \$98.7 million in FY 2019, an increase of 6.8% from FY17.
- Behavioral health spending accounted for 3.9% of FY 2015 regional cradle to career investments and 3.8% of total spending in FY 2017 and FY 2019.

Regional Behavioral Health Spending Per Child Under Age 18

- Since the regional population of children and adolescents decreased slightly by 1.5% over the survey period, per child behavioral health spending grew slightly faster than total behavioral health spending.
- Over the fund map survey period, regional behavioral health spending per child and adolescent went up by 11.5%.
- In FY 2015, regional per child behavioral health spending was \$415 and increased to \$431 in FY 2017, or 3.7%, and grew to \$463 in FY 2019, a boost of 7.5% from FY 2017.



Regional Behavioral Health Investments by County



- Variabilities in Medicaid charges and spending on school-based behavioral health services partially account for trends in county spending through the survey period.
- K-12 behavioral health spending is 38.6% of FY 2019 fund map investments. The fund map includes behavioral health spending in 22 of 39 regional school districts that either had available data online or responded to a fund mapping information request. Variations in districts with data currently included in the fund map across counties partly accounts for the variations among county spending.
- Medicaid charges are 36.4% of FY 2019 behavioral health investments. Eligibility for Medicaid is based on income; and differences in the relative wealth of counties in the region also partly accounts for differences in spending across counties.

Regional Behavioral Health Spending By Setting

- More than 85% of behavioral health spending either supported school-based or home/community-based services.
- Over the survey period, spending on these school-based or home/community-based services went up by 11.6% and increased slightly from 85.8% of regional spending to 87.2% of total behavioral health investments.
- The small drop in home/community-based services is mostly driven by a steady decline in Medicaid charges.
- School-based services accounted for 29.1% of total behavioral health investments in FY 2015, growing to 31.1% of total spending in FY 2017 and 38.6% of total investments in FY 2019. The relative proportion of spending on school-based services to total behavioral health investments increased by 32.5% over the survey period.
- Investments paying for services in institutional settings, e.g., psychiatric hospitalization, accounted for 14.2% of FY15 behavioral health spending, dropping to 12.8% in FY19, a 9.9% decrease over the survey period.

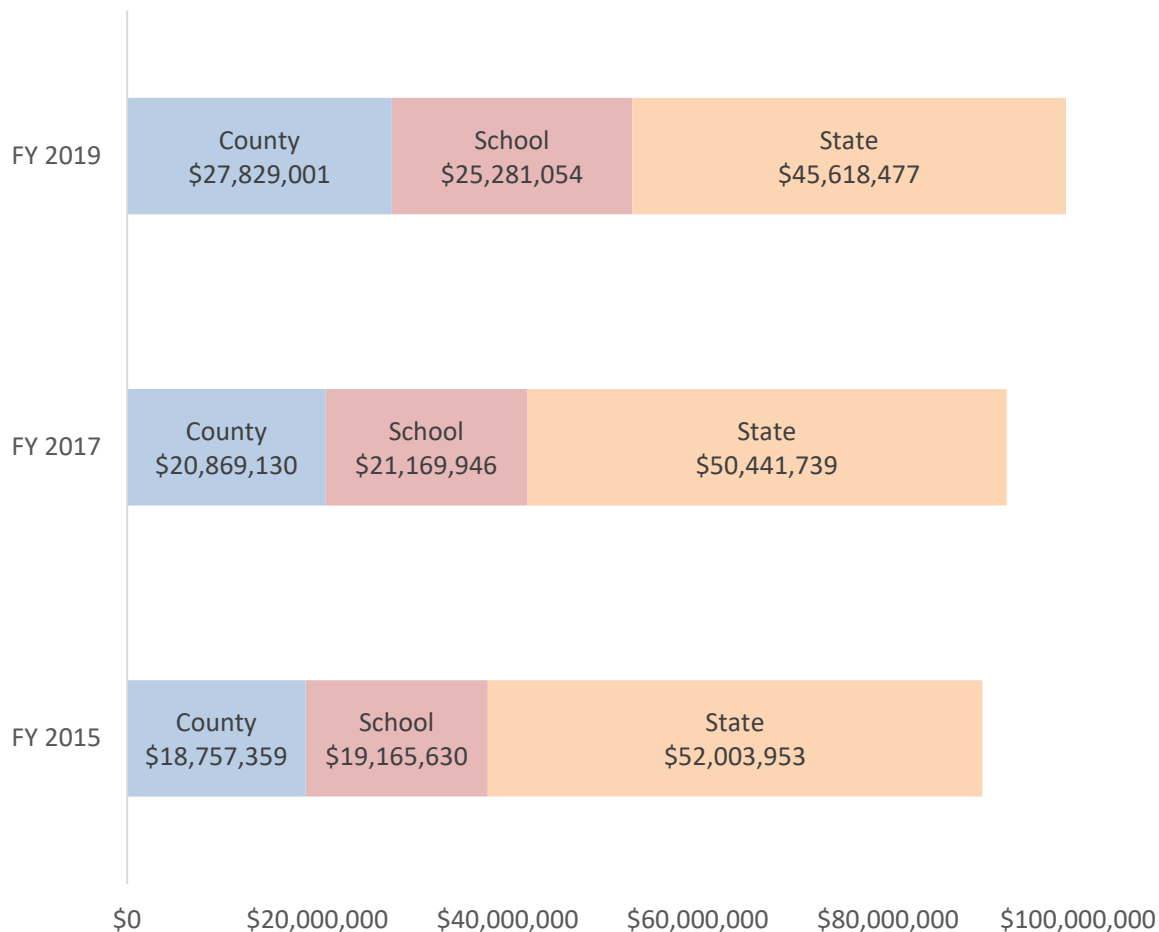


Regional Behavioral Health Investments by Subfunction

Subfunction	FY 2015	FY 2017	FY 2019
Behavioral Health Staff/Administration	\$3,684,237	\$3,094,559	\$3,282,315
Early Childhood Behavioral Health	\$112,670	\$256,257	\$308,157
Juvenile Justice: Behavioral Health	\$3,098,485	\$3,281,762	\$3,598,004
K-12 Special Education: Behavioral Health	\$16,693,118	\$17,686,858	\$24,664,982
K-12 Student Services: Behavioral Health	\$9,482,181	\$11,049,517	\$13,428,542
Medicaid: Clinics/Health Centers	\$19,351,208	\$20,234,180	\$20,705,059
Medicaid: Counseling & Professional Services	\$1,040,671	\$1,024,126	\$2,245,709
Medicaid: Prescriptions/Drugs	\$20,461,501	\$17,803,367	\$12,990,010
Mental Health Prevention	\$1,146,643	\$2,768,651	\$2,858,232
Mental Health Treatment	\$3,552,348	\$3,435,672	\$4,319,941
Psychiatric Hospitalization	\$9,285,001	\$9,557,417	\$8,571,884
Substance Abuse Prevention	\$233,779	\$358,818	\$719,888
Substance Abuse Treatment	\$1,785,098	\$1,929,629	\$1,035,808
Total Behavioral Health Investments	\$89,926,942	\$92,480,814	\$98,728,531

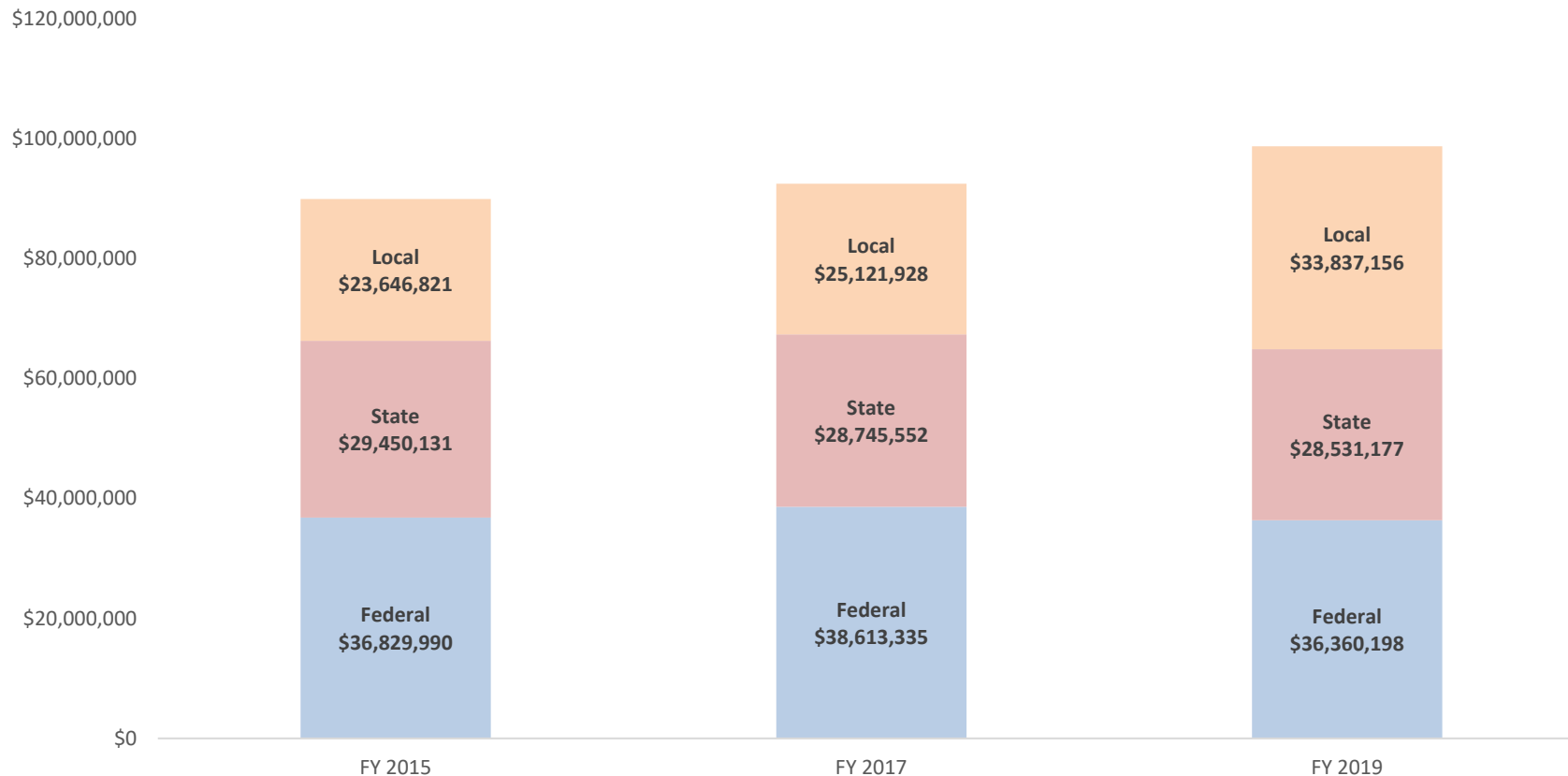
- Over the survey period, spending went up on both mental health prevention, an increase of 149.3%, and substance abuse prevention, a jump of 207.9%. At the same time, investments in mental health treatment increased by 21.6% and dropped by 42% for substance abuse treatment. Due to the format of the Medicaid data reporting, these prevention and treatment spending data do not include Medicaid behavioral health charges.
- Medicaid behavioral health spending in clinics and health centers grew by 7% from FY 2015 to FY 2019, while Medicaid spending on behavioral health counseling and professional services went up by 115.8% and Medicaid spending on behavioral health prescriptions/drugs fell by 36.5%.
- Spending on Psychiatric Hospitalization decreased by 7.7% from FY 2015 to FY 2019, dropping from \$9.3 million to \$9.6 million in FY 2017 and \$8.6 million in FY 2019.

Regional Behavioral Health Investments by Agency Source



- Behavioral health spending passed through county agencies increased from 21% of total behavioral health investments in FY 2015 to 22.6% in FY 2017 and 28.2% in FY 2019.
- Behavioral health spending passed through school districts grew from 21.3% of total investments in FY 2015 to 22.9% in FY 2017 and 25.6% in FY 2019. Currently, the behavioral health fund map includes spending data from 22 of 39 regional school districts that either had data available online or responded to project survey.
- Behavioral health spending passed through State Agencies, which is all passed through the Department of Medicaid except for \$62,433 in FY 2019 spending passed through the Department of Youth Services, goes down throughout the survey period, dropping from 58% of total FY 2015 behavioral health spending to 55% in FY 2017 and 46% in FY 2019.

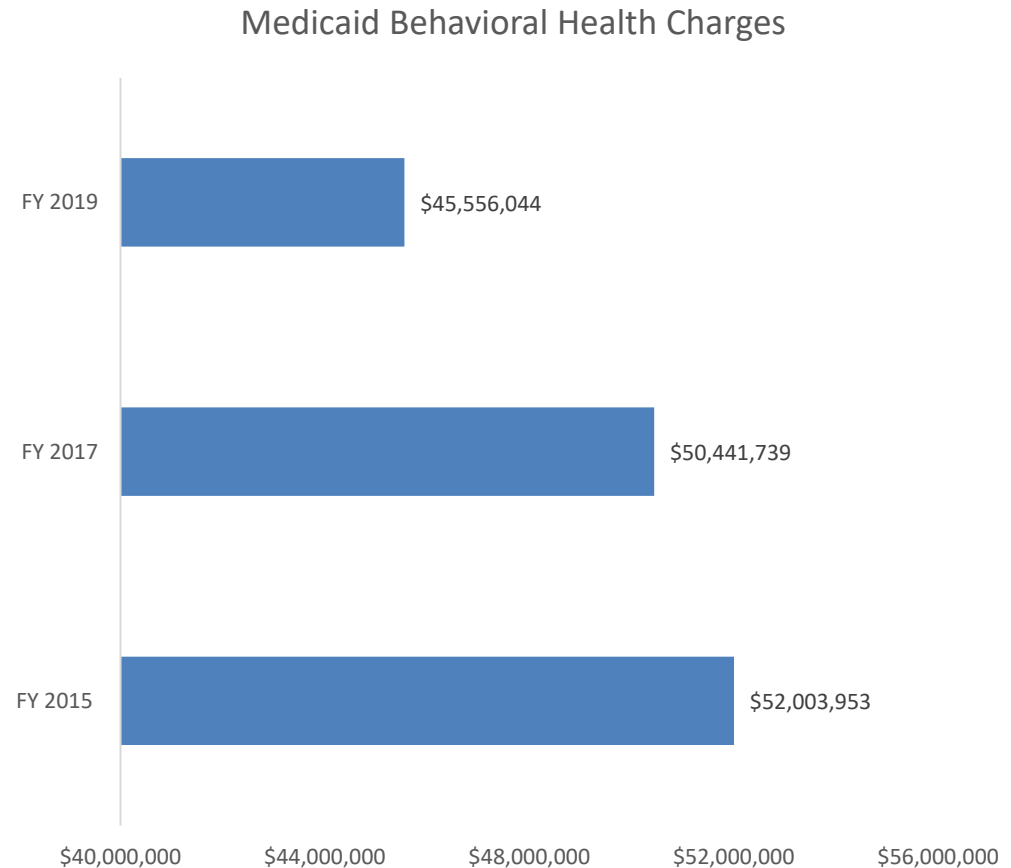
Regional Behavioral Health Investments By Funding Source



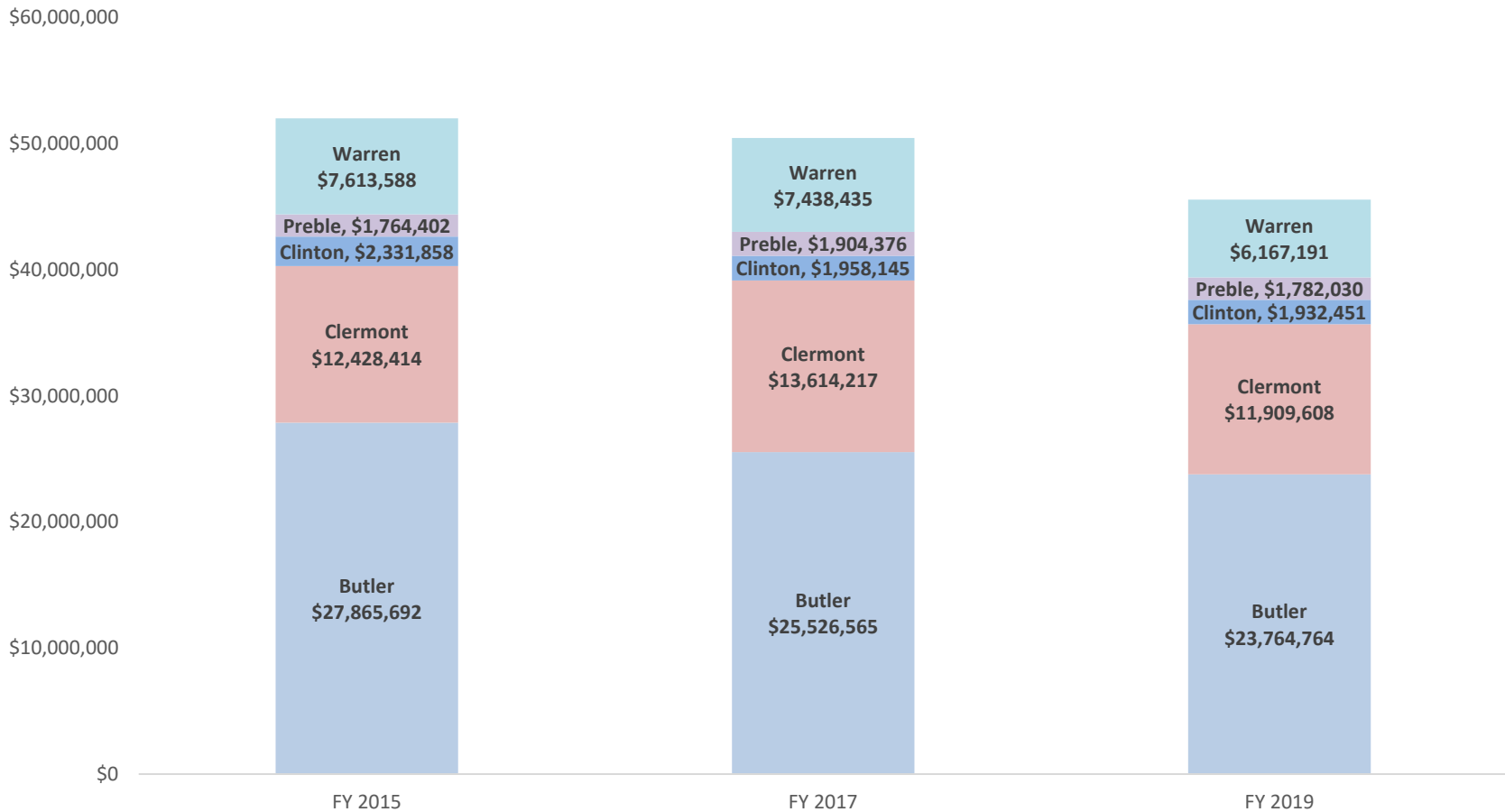
- Locally funded behavioral health investments went up 43.1% from FY 2015 to FY 2019, driven by a \$9.1 million increase in school-based behavioral health services.
- Mainly driven by the drop in Medicaid behavioral health charges, federal funding was down 1.3% and state-funded services went down by 3.1% from FY 2015 to FY 2019.

Medicaid Behavioral Health Charges – Residents Under Age 18

- ODM staff reported Medicaid behavioral health charges for regional children and adolescents under age 18 by county, gender, race, service type, and primary diagnosis.
- Regional charges were \$52.0 million in FY 2015, \$50.4 million in FY 2017 and \$45.6 million in FY 2019, a 12.4% decrease over the survey period.
- FY 2015 Behavioral Health Medicaid charges were 18.5% of total Medicaid spending, dropping to 17% in FY 2017 and 15.1% in FY 2019.



Medicaid Behavioral Health Charges By County



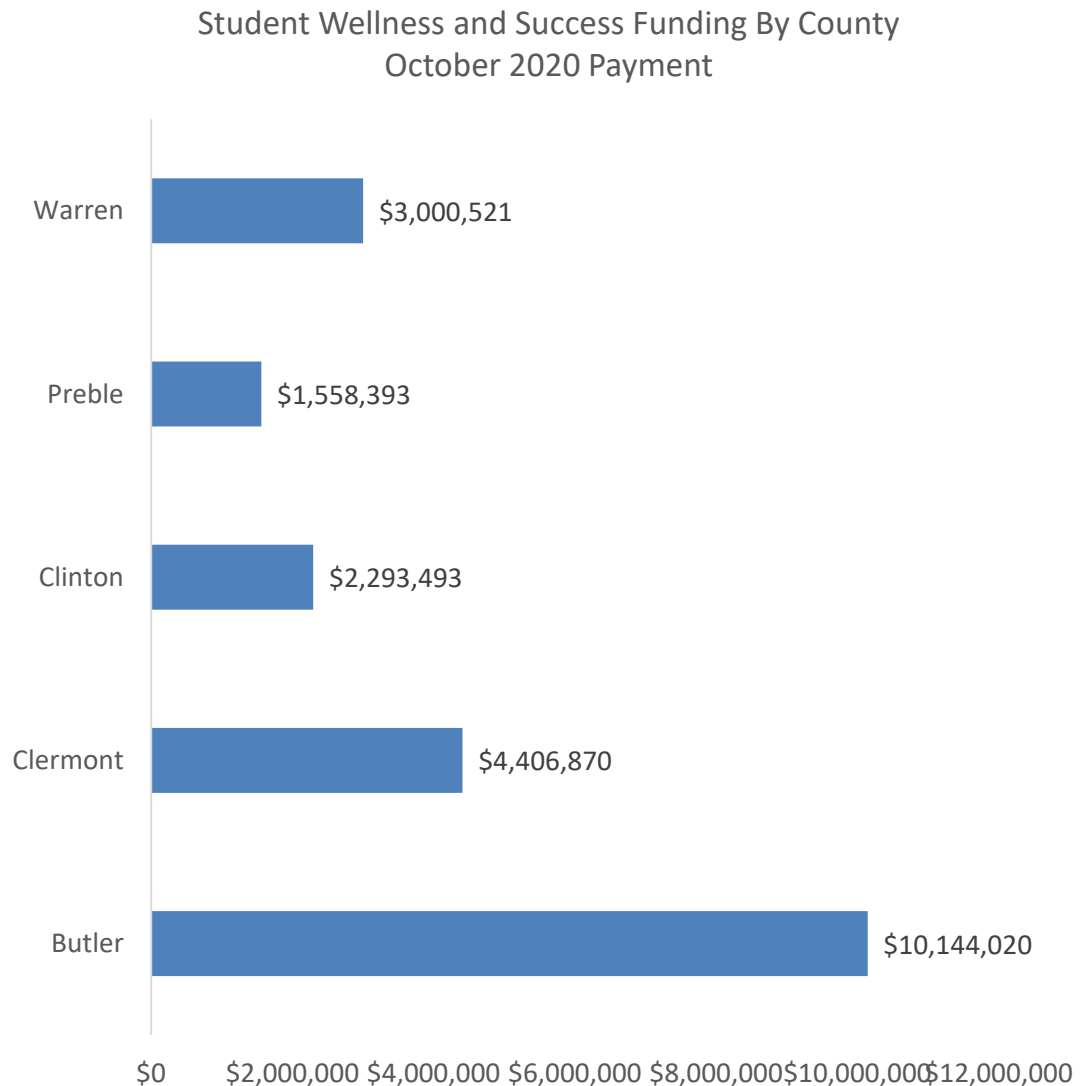
Medicaid charges in each county were relatively stable throughout the survey period. The decrease in Butler County is mainly driven by a \$3.6 million drop in spending on prescribed drugs; and a \$1.2 million drop in Warren County spending for prescribed drugs also accounts for most of the county's change in Medicaid behavioral health charges.

Resources and Recommendations for Informing the Engage 2.0 System of
Care Strategic Financing Plan

ENGAGE 2.0 BEHAVIORAL HEALTH FUND MAP

Student Wellness and Success Funding

- State legislation passed in 2019 – HB 166 – created the [Student Wellness and Success](#) program and invested \$675 million in funding to support student achievement by providing mental health counseling and therapy, after school and mentoring programs, wraparound services and other student and family supports.
- In October 2020, regional school districts received \$21.4 million in Student Wellness and Success funding.



Student Wellness and Success Funding

- For an initiative to receive Student Wellness and Success Funding, the project must meet one of the following eligibility criteria.
 1. Mental health services
 2. Services for homeless youth
 3. Services for children involved with the child welfare system
 4. Community liaisons
 5. Physical health care services
 6. Mentoring programs
 7. Family engagement and support services
 8. City Connects programming
 9. Professional development related to providing trauma-informed care and regarding cultural competence
 10. Before and after school services or services provided any time school is not in session

Student Wellness and Success Funding

- School districts must develop a plan for the use of funding in collaboration with at least one of the following community partners.
 1. A board of alcohol, drug and mental health services
 2. An educational service center
 3. A county board of developmental disabilities
 4. A community-based mental health treatment provider
 5. A board of health of a city or general health district
 6. A county department of jobs and family services
 7. A nonprofit with child-serving experience
 8. A public hospital agency
- Engage 2.0 SOC Executive Leadership Team as well as SOC grant partners should explore collaboration with school districts to inform the Student Wellness and Success spending plans and the use of funds.
- [Further resources and eligible programs and services for each type of initiative](#) are available from DOE. And a [Student Wellness and Success Funding FAQ page](#) provides details and links on a range of topics.

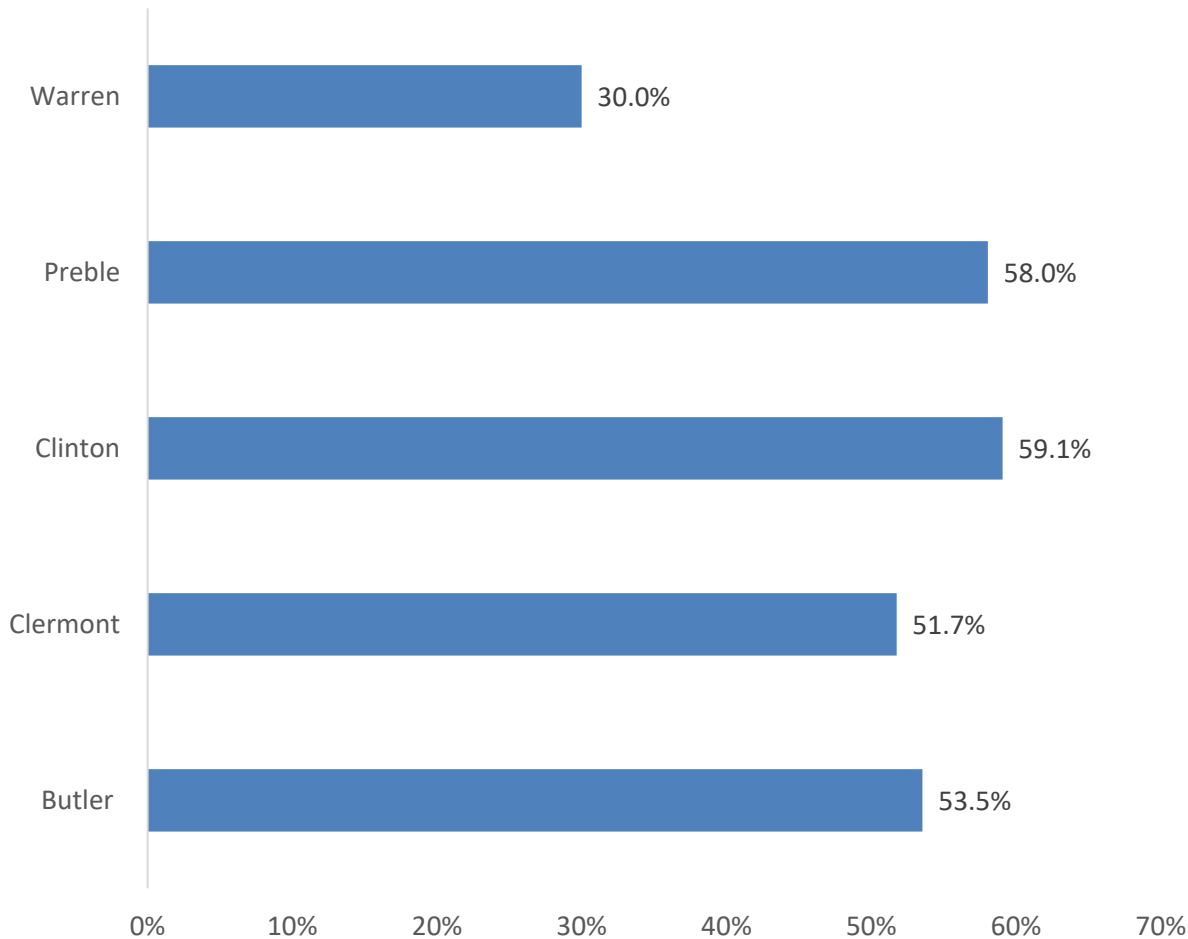
Enhance and Expand Reimbursement through the Ohio Medicaid Schools Program

County	FY 2015	FY 2017	FY 2019
Butler	\$227,543	\$209,935	\$121,235
Clermont	\$83,356	\$76,526	\$42,418
Clinton	\$8,565	\$18,819	\$20,253
Preble	\$6,347	\$3,089	\$586
Warren	\$58,125	\$46,666	\$27,055
Regional Medicaid School Program Reimbursements	\$383,935	\$355,036	\$211,547

- The [Ohio Schools Medicaid Program](#) (MSP), jointly administered by the Departments of Education and [Medicaid](#), enables school districts and other contracted entities, including Educational Service Centers (ESCs), to secure Medicaid reimbursement for eligible services, specialized transportation and certain administrative activities provided to eligible children and youth.
- The eligible services are provided through an Individualized Education Plan (IEP).
- Regional reimbursements through MSP declined throughout the fund map survey period and were \$383,935 in FY 2015, \$355,036 in FY 2017 and \$211,547 in FY 2019.
- Butler County school districts claimed nearly 60% of MSP reimbursements in each year of the survey period, 59% in FY 2015 and FY 2017 and 57% in FY 2019.
- At the same time, the county's school districts represented 39% of regional K-12 Special Education spending, which is the eligible cost pool for MSP reimbursement.

Enhance and Expand Reimbursement through the Ohio Medicaid Schools Program

Percent of Medicaid-Eligible Students with an IEP in FY 2019



- Like special education spending, Butler County school districts do not have a relatively higher percent of Medicaid-eligible students in special education than other counties in the region.
- In FY 2019, school districts in both Clinton (59.1%) and Preble Counties (58%) had a higher percentage of Medicaid-eligible students with IEPs and Clermont County (51.7%) was just slightly lower than Butler County (53.5%). The percentage of Warren County Medicaid-eligible special education students was relatively lower than the rest of the region at 30%.

Pursue Additional Federal Grant Funding: Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth and Their Families Grants

- SAMHSA will award up to 17 [Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth and their Families grants](#) (Family TREE grants) with total available funding of \$9.5 million, to expand and enhance treatment, early intervention and recovery services for adolescents and transitional aged youth experiencing SUD and/or COD and their families/caregivers.
- Eligible applicants for Family TREE grants include states and counties.
- Grants will be awarded up to a five-year period with up to \$545,000 in funding per year.
- The grant does not include any cost sharing or funding match requirement.
- The [application materials](#) include application and submission requirements and materials, evaluation criteria as well as information on key personnel, required and allowable activities.
- The application deadline is February 8, 2021.

Pursue Federal Grant Funding: Additional SAMHSA Funding Opportunities

- SAMHSA is accepting applications through February 5, 2021 for [Mental Health Awareness Training Grants](#) (MHAT) to support the training of community partners to recognize signs of mental disorders, to create community partnerships to refer individuals with these signs of mental illness to needed services, to train community partners in crisis de-escalation techniques, and to educate individuals about available community resources. SAMHSA expects to award up to 134 grants with the \$16.8 million in total available funding. Eligible applicants include counties; and the grant award period is up to five years with available funding up to \$125,000 per year. Application materials and evaluation criteria are available in the [MHAT Funding Opportunity Announcement](#)
- With an open application window until February 5, 2021, SAMHSA will award up to 24 grants of \$102,000 per year for three years to institutions of higher education, with total available funding of \$2.5 million, through the [GLS Campus Suicide Prevention Grant](#). The [Funding Opportunity Announcement](#) provides further guidance on application materials and evaluation criteria.
- SAMHSA is also accepting applications through February 5, 2021 for a new round of [SOC Expansion and Sustainability grants](#). Prior SOC grantees are not eligible to apply, though additional counties in the Southwest Ohio region who have not received SOC grants could apply in this current round.
- SAMHSA is accepting applications through January 4, 2021 for funding through the [Statewide Family Network](#) (SFN) and the [Statewide Consumer Network Program](#) (SCN). SFN grants support more effectively addressing the needs of children, youth and young adults with SED; and Eligible applicants are limited to family-controlled organizations. Grants through the SCN program support efforts to address needs of adults with SMI and their families.

Pursue Federal Grant Funding: Additional Federal Funding Opportunities

- The Administration for Children and Families of the Department of Health and Human Services (ACYF) forecasts a grant opportunity for funding through the [Family Support through Primary Prevention \(FSP\) Demonstration Sites](#). ACYF anticipates awarding up to \$4.5 million through 6 grants between \$500,00 and \$750,000 with an application due date of May 13, 2021 for eligible applicants, which include county governments. Like SOC grants, FSP grants will fund five-year intensive projects to demonstrate cross-system approaches to engage communities in improving child and family well-being.
- ACYF anticipated awarding grants to eligible applicants, including county governments, of between \$550,000 and \$900,000 to support projects to implement and evaluate adolescent pregnancy prevention initiatives through the [Personal Responsibility Education Program Innovative Strategies](#).
- County governments are also eligible to apply for ACYF grants through the [Personal Responsibility Education Program](#) to support efforts to educate youth on prevention of pregnancy, sexually transmitted infections and HIV/AIDS, through the [Sexual Risk Avoidance Education Program](#), through the [Title V Competitive Sexual Risk Avoidance Education grants](#), and via the [Street Outreach Program](#), providing street-based services to homeless or runaway youth as well as the [Basic Center Program grants](#), providing emergency shelter and counseling to homeless youth or youth who otherwise might end up involved with child welfare, mental health or juvenile justice systems.
- HHS's Health Resources and Services Administration will award up to 20 grants of up to \$255,600 for the [Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three Program](#) to implement integrated maternal and early childhood systems of care. Eligible applicants include any domestic public or private entity; and the application deadline is March 15, 2021.

Pursue Grant Funding: Additional Federal & Philanthropic Funding Opportunities

- The Department of Labor's Employment and Training Administration (ETA) will award up to 75 [YouthBuild](#) grants, with an application deadline of February 2, 2021, to support education, job skills training and employment services to at-risk youth ages 16 to 24.
- The Office of Juvenile Justice Delinquency Prevention (OJJDP) in the Department of Justice will award 15 grants to eligible applicants, including county governments, through the [FY21 Juvenile Drug Treatment Court Program](#), with up to \$10.5 million in available funding. The application deadline is February 5, 2021.
- County governments are also eligible to apply for OJJDP grants through the FY 2021 [Second Change Act Youth Offender Reentry Program](#) to support juvenile youth returning to their community. OJJDP will award up to 13 grants with \$9.75 million in available funding. The application deadline is February 5, 2021.
- The Department of Justice's Office on Violence Against Women will make up to 23 awards of between \$550,000 and \$650,000 to support [the Justice for Families Program](#) to support families with history of domestic violence or child sexual abuse.
- Regional philanthropic institutions or foundations with an historical tie to the region are also potential sources of grant funding to support behavioral health or support services. Foundations with a track record of supporting programs for children and youth in the region include [The James M. Cox Foundation](#), [The Dayton Foundation](#), [Greater Cincinnati Foundation](#), [Carol Ann and Ralph V. Haile, Jr./U.S. Bank Foundation](#), [Hamilton Community Foundation](#) and the [Mathile Family Foundation](#), which has a priority focus of supporting opportunities for children in the Greater Dayton region.

Build on Existing Strategic Financing Sections of System of Care Plans and SOC Sustainability Resources

- California's [Children and Youth System of Care](#) serves foster children and youth who have experienced serious trauma. A [July 2020 webinar offered technical assistance on fiscal resource management](#), including best practices and local case studies with potential funding sources.
- The [State of Texas' System of Care Toolkit](#) provides 11 training modules, including a [strategic planning course](#).
- The [Pennsylvania System of Care Partnership](#) released an August 2020 [System of Care: A Comprehensive Toolkit for County Implementation](#) which offers sections on strategic planning and funding as well as sample templates and other implementation resources.
- The [July 2018 update of the Nevada System of Care Implementation – Strategic Plan](#) includes Funding Structures goal update (page 36) to maximize SOC funding.
- [Connecticut's Children's Behavioral Health Plan](#) includes a financing section (page 15).
- The Georgetown University Center for Child and Human Development produced a [Toolkit for Expanding the System of Care Approach](#), which included a [Guide to Developing a System of Care Financing Plan](#).

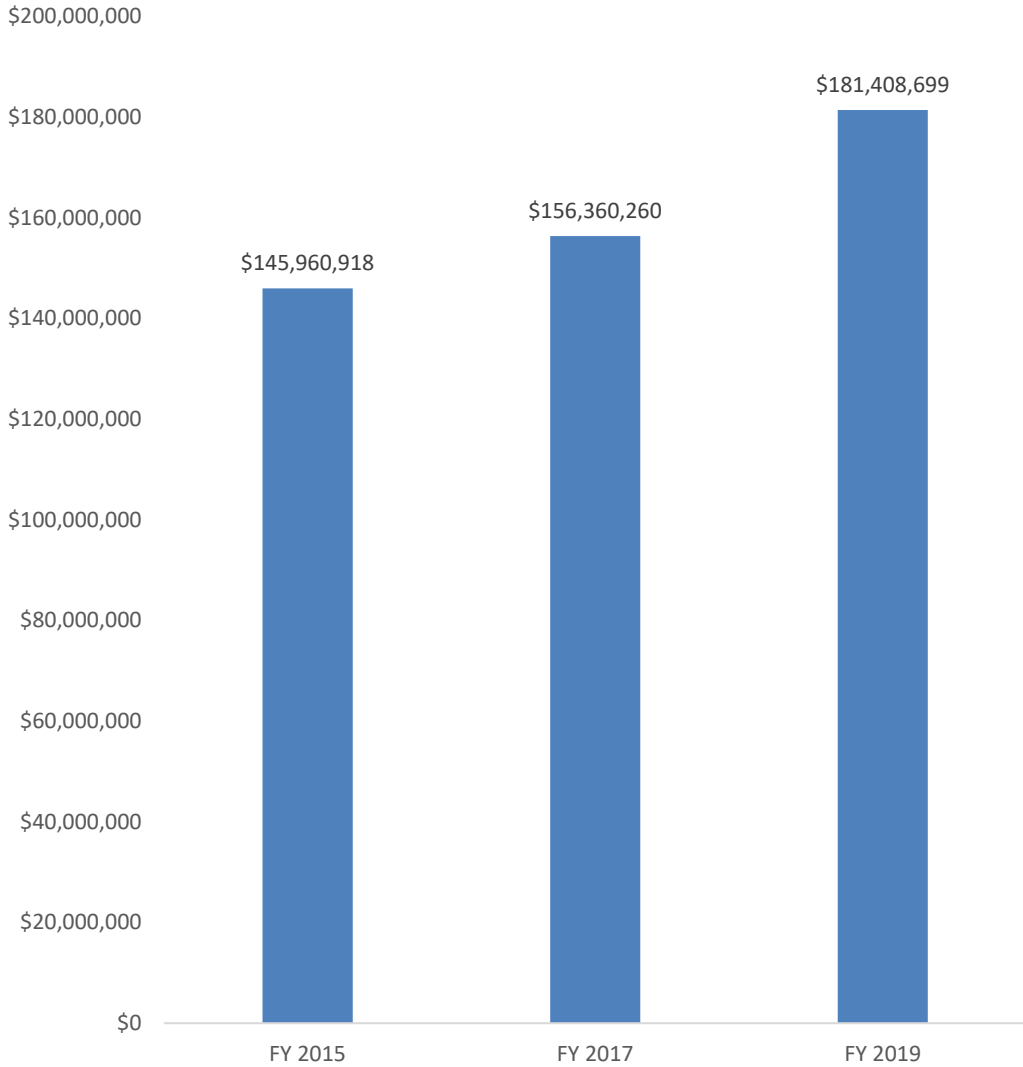
Build on Existing School-Based & Home/Community-Based Mental Health Financing Resources & Best Practices

- The [Mental Health Technology Transfer Center Network](#) published a July 2020 webinar [Financing School-Based Mental Health Services during a State Budget Crisis](#).
- The [Center for School Mental Health](#) of the University of Maryland's School of Medicine released a January 2020 [School Mental Health Quality Guide: Funding & Sustainability](#) including background, best practices, case studies and financing resources.
- The Center for Health and Health Care in Schools' report [Developing a Business Plan for Sustaining School Mental Health Services](#) highlights success stories in three jurisdictions: Family Services Association of Bucks County, Pennsylvania, The Washburn Center for Children in Hennepin County, Minnesota and District of Columbia's School Mental Health Program
- The National Technical Assistance Center for Children's Mental Health at Georgetown University released a financing brief: [Implementation and Financing of Home and Community-Based Services for Children's Mental Health](#).
- Georgetown's [Center of Excellence for Infant & Early Childhood Mental Health Consultation's](#) [policy and financing resources](#) page provides a financing overview, case studies and potential funding streams to sustain programs.

Regional Investments in Early Childhood Programs and Services

ENGAGE 2.0 REGIONAL EARLY CHILDHOOD FUND MAP

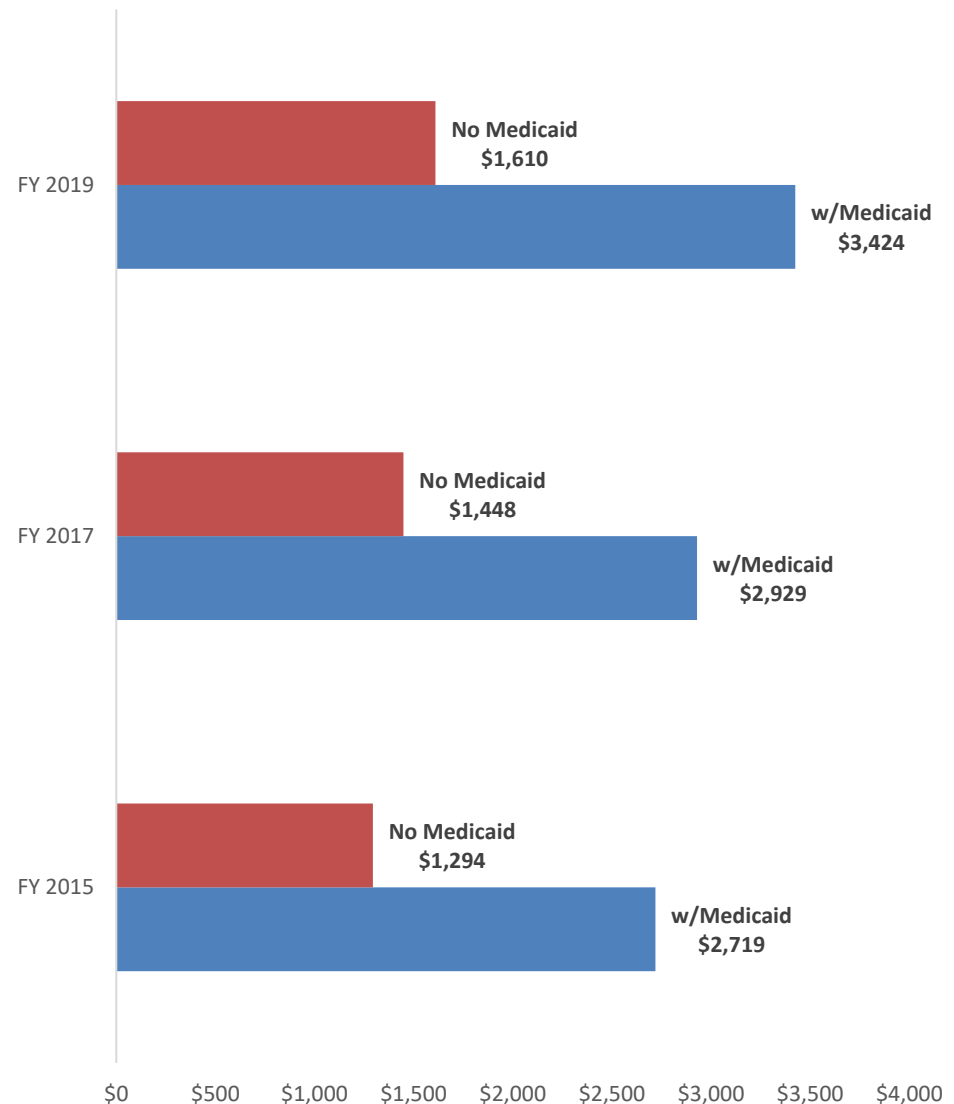
Regional Early Childhood Investments



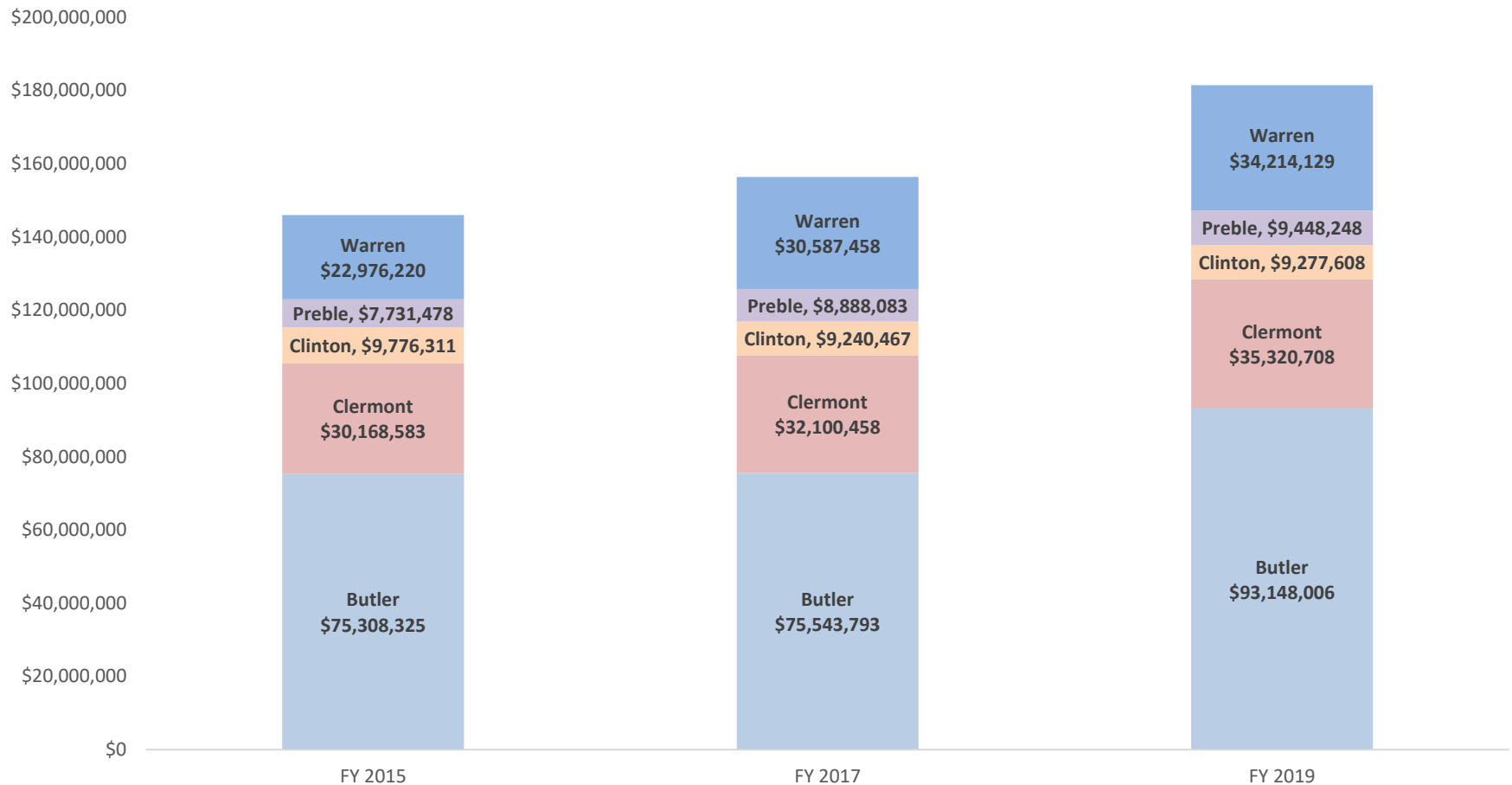
- Over the survey period, regional early childhood investments went up 24.3%, increasing from \$146.0 million in FY 2015 to \$156.4 million in FY 2017, a 7.1% increase, and to \$181.4 million in FY 2019, an increase of 16.0% from FY17.
- Early Childhood spending accounted for 6.3% of FY 2015 regional cradle to career investments, increasing to 6.4% in FY 2017 and to 7.0% of total spending in FY 2019.
- Excluding Medicaid charges for children under age 5, regional early childhood investments grew 22.8% over the survey period, going up from \$69.5 million in FY 2015 to \$77.3 million in FY 2017, a 11.3% increase, and to \$85.3 million in FY 2019, a 10.3% increase.
- Factoring out Medicaid charges for children under age 5, regional early childhood investments were 3% of FY15 cradle to career spending, going up to 3.2% in FY17 and 3.3% in FY19.

Regional Early Childhood Spending Per Child Under Age 5

- ODM staff provided regional Medicaid charges by age and Medicaid charges for children under age 5 are included in early childhood fund map.
- The average cost per case of providing care to babies born prematurely or with other special health needs, including Neonatal Intensive Care Unit (NICU) stays and ongoing care, is extremely high.
- Based on health care needs of infants and young children in the region, the need for this intensive care fluctuates across the counties in the region and through the years of the fund map survey period.
- For example, Medicaid charges for children under 5 for facilities spending, including NICU and other hospital care, jumped \$11 million in Butler County from FY 2017 to FY 2019.
- Factoring out Medicaid charges can help to account for this fluctuation and to report on trends in early childhood investments, like maternal and child health and early education and child care.
- Early childhood spending per child under age 5 increased from \$2,719 in FY 2015 to \$2,929 in FY 2017 and \$3,424 in FY 2019, a cumulative increase of 25.9%.
- Excluding Medicaid charges, early childhood spending per child under age 5 increased from \$1,294 in FY 2015 to \$1,448 in FY 2017 and \$1,610 in FY 2019, a cumulative increase of 24.4%.



Regional Early Childhood Investments by County



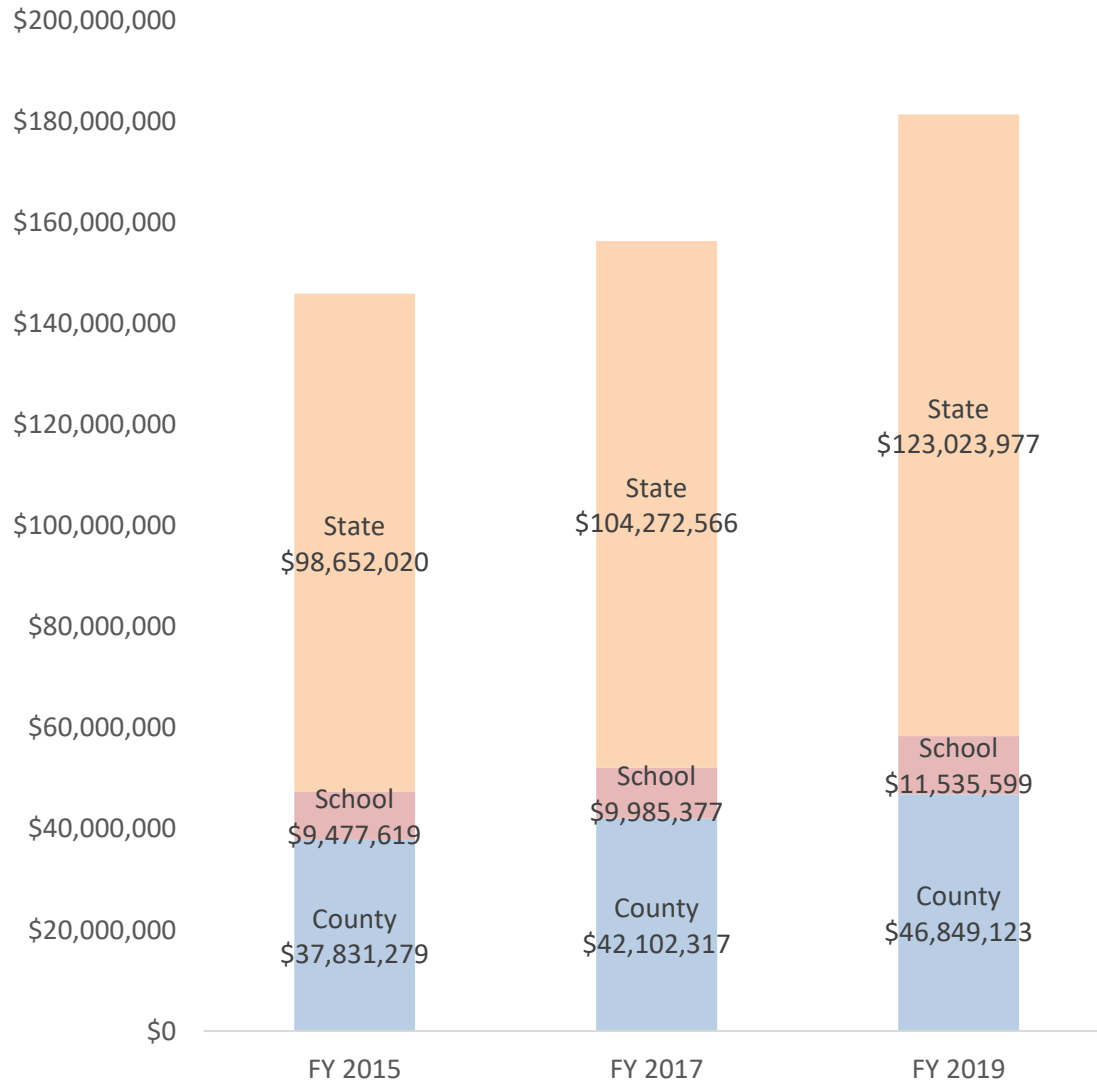
Variations in relative wealth among counties in the region partly accounts for differences in spending across counties. For example, In FY 2019, income-tested entitlement spending in Medicaid, WIC and child care assistance was 73.5% of total early childhood investments. Utilization patterns of high-cost services provided in hospitals and other facilities reimbursed by Medicaid also partly accounts for spending trends over time and across counties.

Regional Early Childhood Investments by Function & Subfunction

Function/Subfunction	FY 2015	FY 2017	FY 2019
Behavioral Health	\$112,670	\$256,257	\$308,157
Early Childhood Behavioral Health	\$112,670	\$256,257	\$308,157
Developmental Disabilities	\$6,865,413	\$7,514,089	\$7,729,196
Developmental Disabilities: Early Intervention Services	\$6,865,413	\$7,514,089	\$7,729,196
Early Education and Child Care	\$50,296,192	\$57,236,022	\$64,524,356
Child Care Assistance	\$22,168,642	\$25,233,998	\$26,908,269
Child Care Licensure	\$57,781	\$55,477	\$64,229
Early Childhood Education	\$114,282	\$10,290	\$975,672
Early Childhood Special Education	\$13,135,006	\$13,981,187	\$16,148,139
Early Head Start/Head Start	\$14,820,480	\$17,955,070	\$20,428,047
Maternal and Child Health	\$12,176,244	\$12,301,559	\$12,712,743
Early Intervention/Home Visiting	\$1,026,325	\$1,762,405	\$1,613,448
Maternal and Child Health	\$563,906	\$734,447	\$673,687
Nutrition Assistance (WIC)	\$10,586,012	\$9,804,707	\$10,425,608
Physical/Somatic Health	\$76,510,399	\$79,052,332	\$96,134,248
Medicaid Reimbursements: Facilities	\$51,852,144	\$51,930,620	\$65,149,400
Medicaid Reimbursements: Prescriptions	\$4,950,142	\$5,696,542	\$4,414,714
Medicaid Reimbursements: Professional	\$19,708,114	\$21,425,171	\$26,570,134
Regional Early Childhood Investments	\$145,960,918	\$156,360,260	\$181,408,699

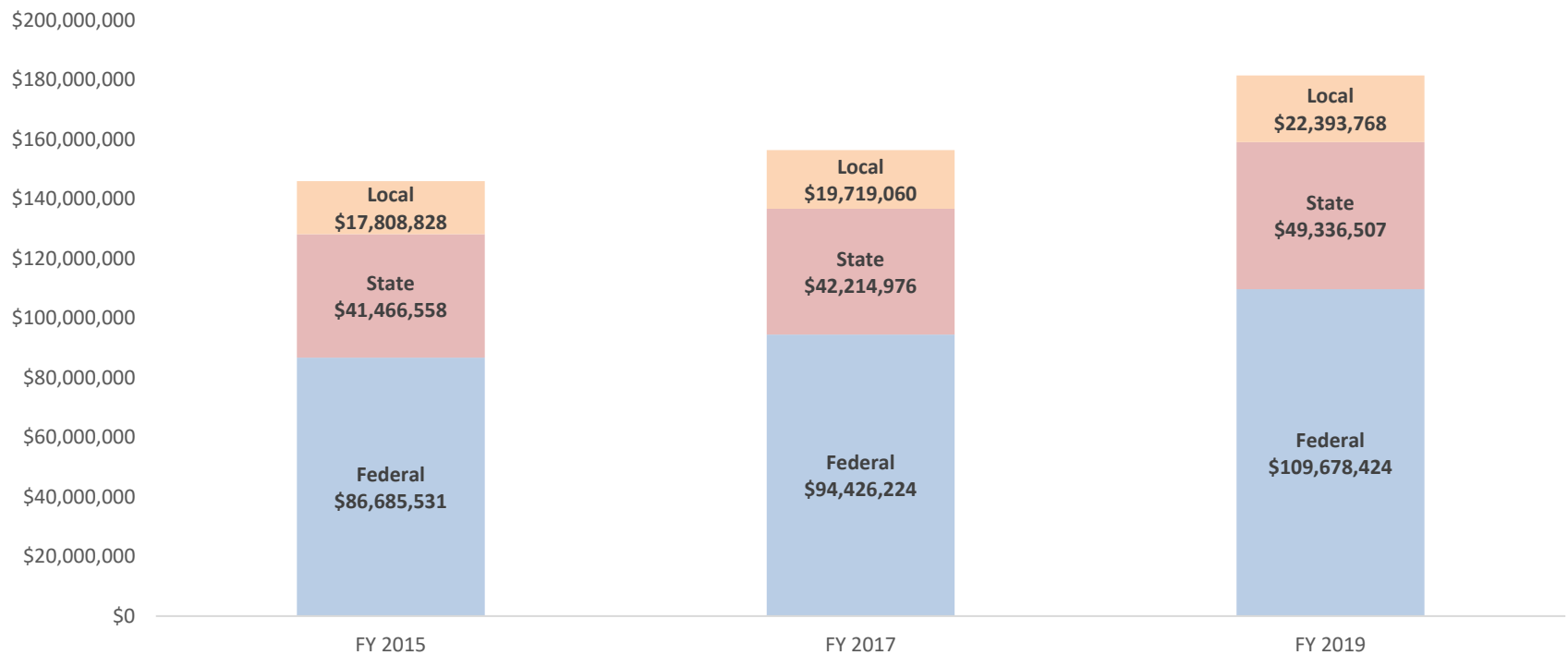
- The increase in spending from FY15 to FY19 is partly driven by \$11.2 million in spending growth in Warren County, including a \$5.1 million increase in Medicaid charges and a \$5.6 million increase in early education and child care, with a \$2.8 million increase in Early Head Start/Head Start, a \$1.1 million increase in child care assistance, an increase of \$968,172 for preschool spending in early childhood education, and a \$648,368 increase in early childhood special education.
- A \$14 million jump in FY19 Medicaid charges in Butler County, including a \$11 million increase in Medicaid reimbursements for facilities, partially accounts for the large increase in spending between FY 2017 & FY 2019.

Regional Early Childhood Investments by Agency Source



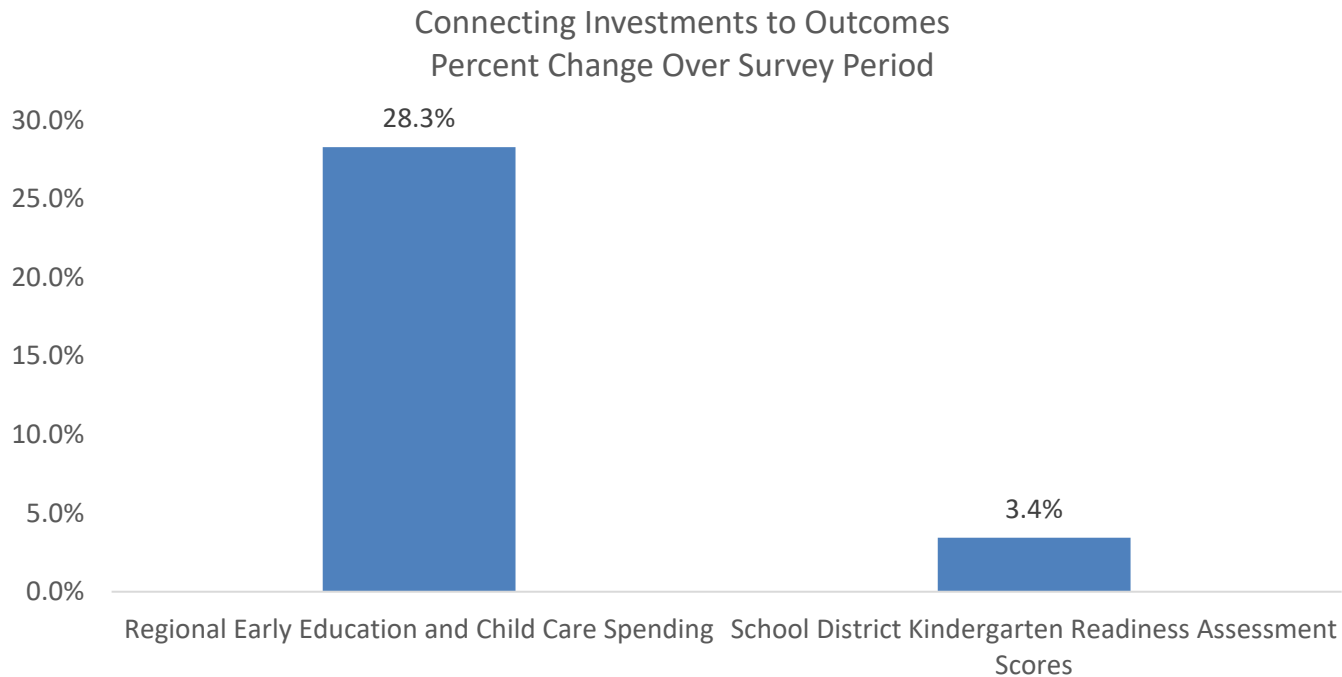
- Early childhood spending passed through county agencies, including ESCs, increased by \$9 million, or 24%, over the survey period, including \$3.8 million in spending passed through Butler County ESC and increases of Head Start funding passed through Warren County Community Services of \$2.8 million and passed through Clermont County Child Focus of \$1.3 million.
- Early childhood spending passed through school districts, including early childhood special education investments, increased 22% from FY15 to FY19.
- Over the fund map survey period, early childhood investments passed through State Agencies, which are child care assistance passed through DJFS and Medicaid charges passed through ODM, increase 25%.

Regional Early Childhood Investments By Funding Source



- Locally funded early childhood investments went up 25.7% from FY 2015 to FY 2019, partly accounted for by a \$2.2 million increase in early childhood special education, a \$900,000 increase in developmental disabilities early intervention services, and a \$500,000 increase in child care assistance.
- Driven by increases of \$14.2 million in federally funded Medicaid charges, \$5.3 million in Early Head Start/Head Start, and \$3 million in child care assistance, federally funded early childhood spending went up 26.5% from FY 2015 to FY 2019.
- Over the survey period, state-funded early childhood investments increased 19%, mainly accounted for by the increases in Medicaid charges and child care assistance.

Connecting Regional Early Education Investments to Kindergarten Readiness Assessment Scores



- Over the fund map survey period, the regional spending growth in early education and child care of 28.3% outpaced the rate of improvement in school district Kindergarten Readiness Assessment scores, which improved on average by 3.4%.
- There were wide variations in improvement in KRA score improvement among counties, which, along with the lack of data on number of students tested per district, affected the calculation of the average regional rate of improvement.

Next Steps

- Schedule Presentation of Draft Report to Community Partners.
- Follow up with agencies and school districts with a pending information request and incorporate spending data in final Phase One fund map report.
- Explore incorporating additional outcome data, including explore the availability of behavioral health outcomes with data available for each year of survey period and each county in region.
- Incorporate feedback and guidance from System of Care Executive Leadership Team into final Phase One fund map report.
- To determine timing of Phase Two fund map update, determine fund map survey period for subsequent update, i.e., FY 2020 or FY 2021.