

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

September 2021

Prepared by David McNear

McNear Fiscal Surveying

Fund Mapping: Agenda

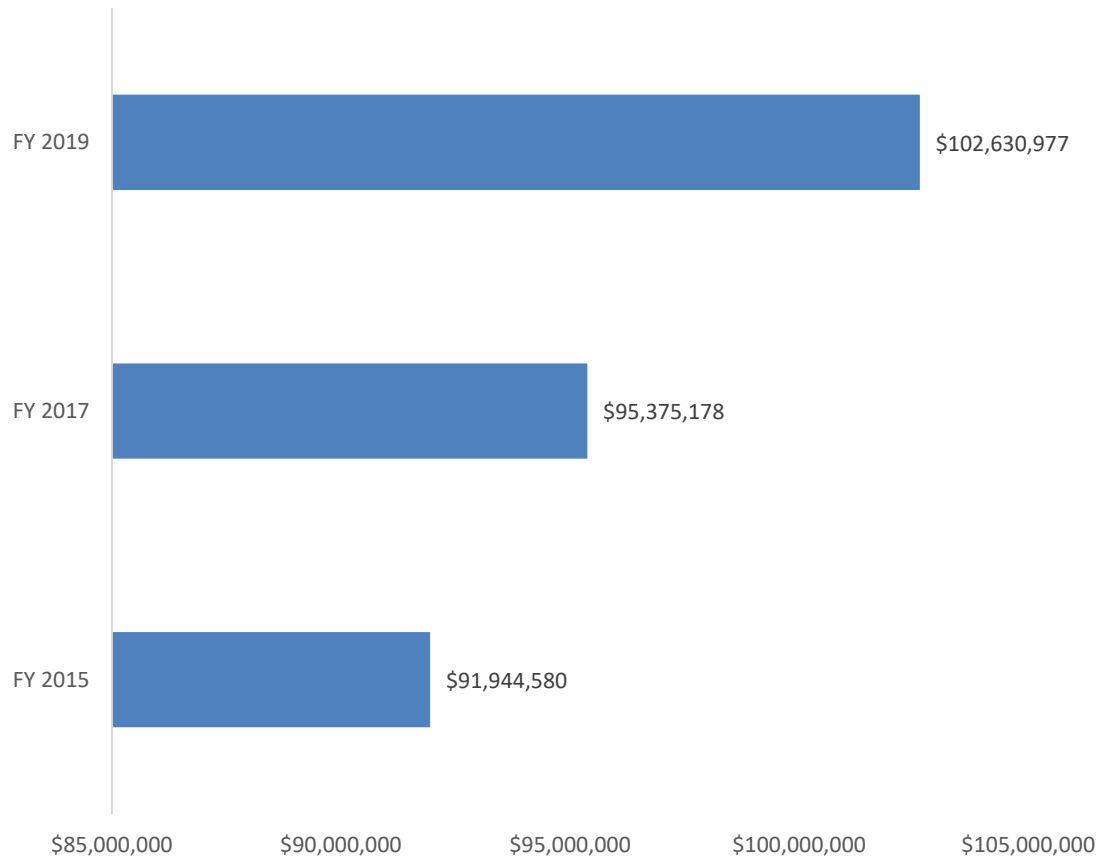
- Review of Behavioral Health Fund Map
- Resources and Recommendations for Systems of Care Strategic Financing Plan
- Overview of Cradle to Career Investments
- Review Early Childhood Fund Map
- Next Steps

Regional Investments in Behavioral Health Programs and Services

ENGAGE 2.0 REGIONAL BEHAVIORAL HEALTH FUND MAP

Regional Behavioral Health Investments on Children and Adolescents

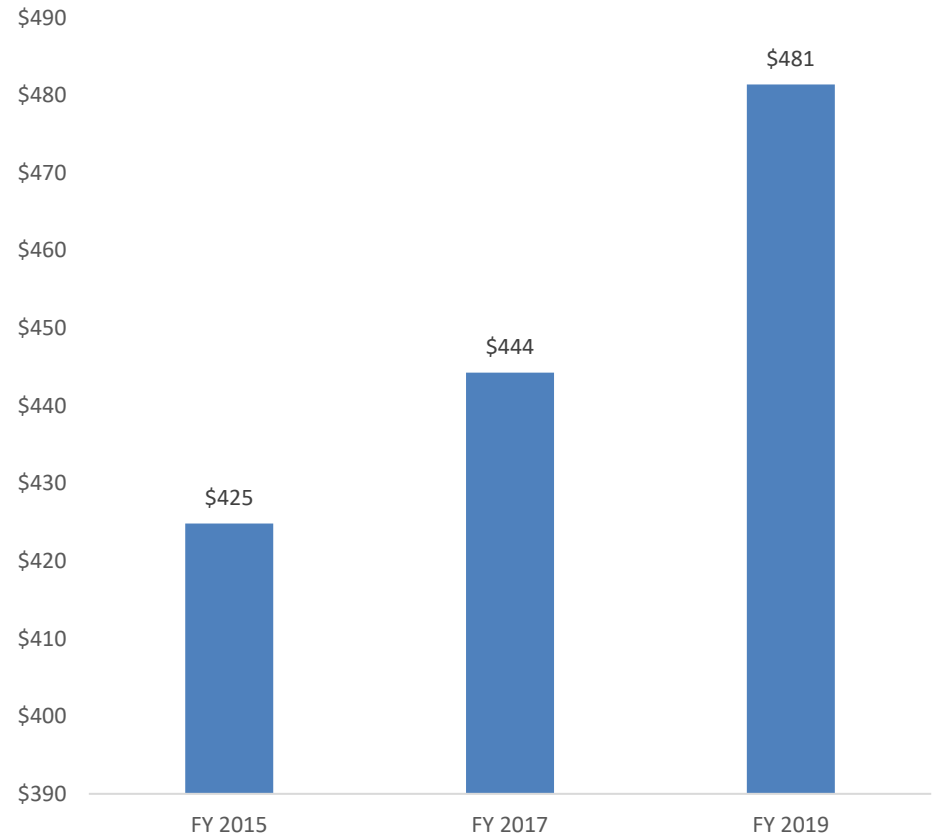
Regional Behavioral Health Investments



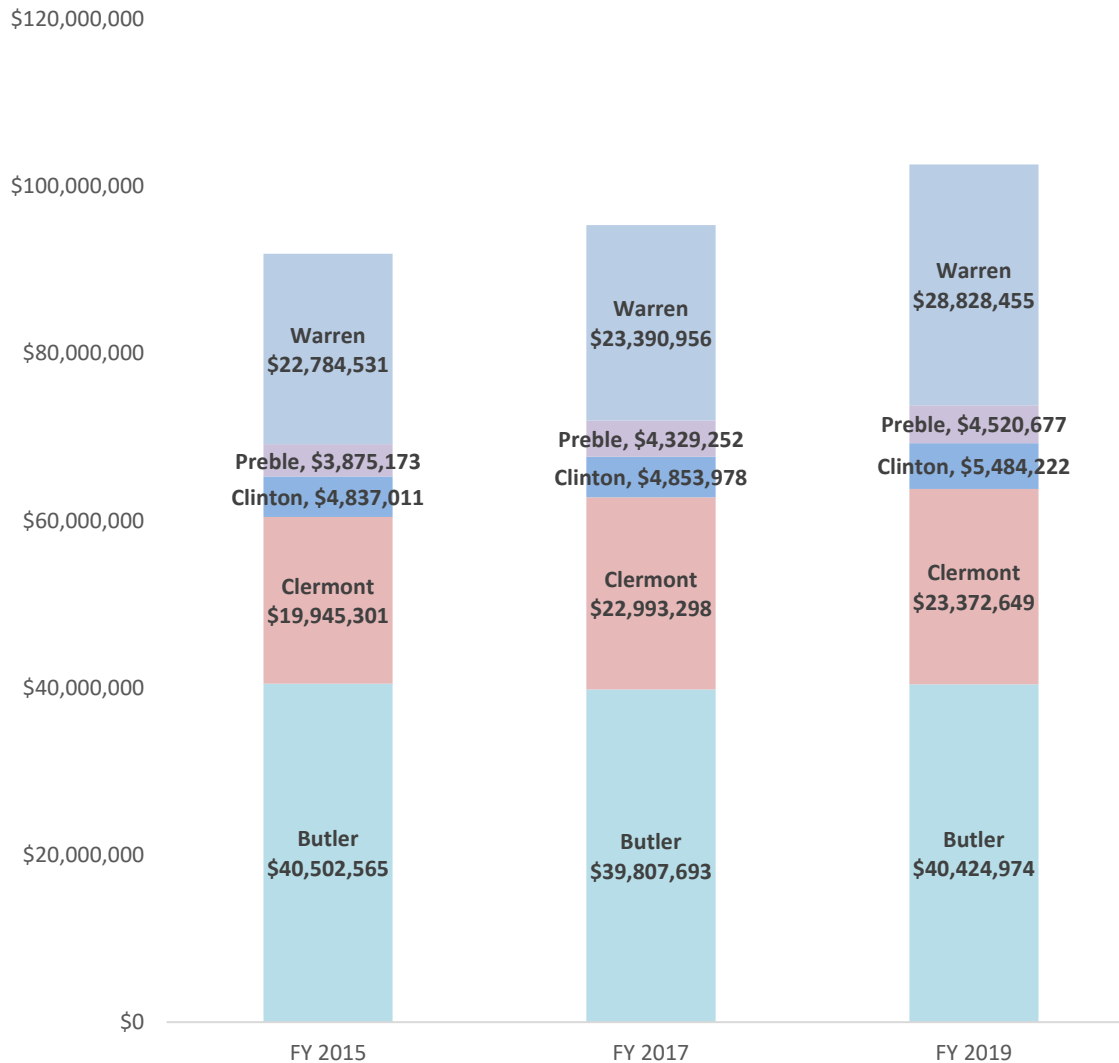
- Over the survey period, regional behavioral health investments on children and adolescents went up 11.6%, increasing from \$91.9 million in FY 2015 to \$95.4 million in FY 2017, a 4.6% increase, and to \$102.6 million in FY 2019, an increase of 7.6% from FY17.
- Behavioral health spending accounted for 3.9% of regional cradle to career investments in each year of the fund map survey period.

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 13.3%.
- In FY 2015, regional per child behavioral health spending was \$425 and increased to \$444 in FY 2017, or 4.6%, and grew to \$481 in FY 2019, a boost of 8.4% from FY 2017.



Regional Behavioral Health Investments by County

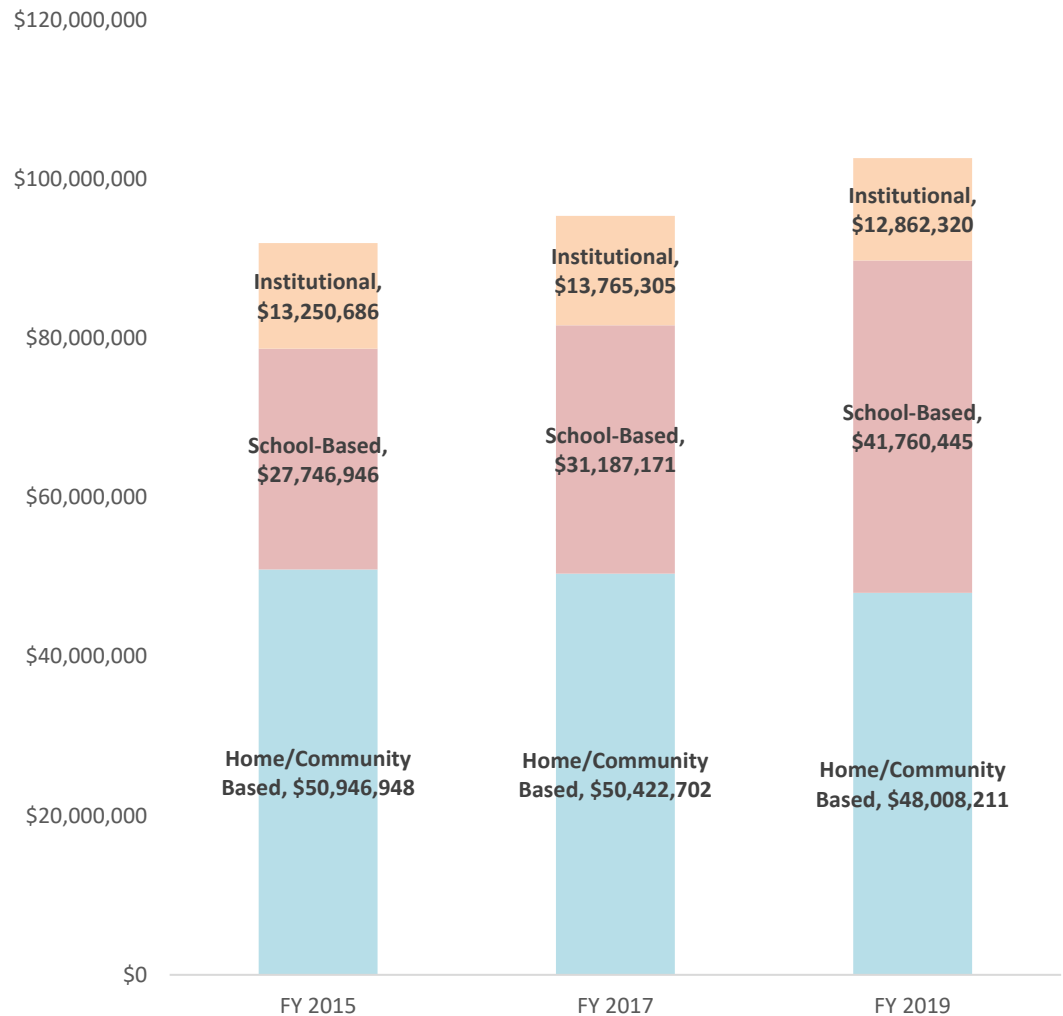


- Variabilities in Medicaid charges and spending on school-based behavioral health services partially account for trends in county spending through the survey period.
- K-12 behavioral health spending is 40.7% of FY 2019 fund map investments. The fund map includes behavioral health spending in 26 of 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 35% 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 14.1% and increased slightly from 85.6% of regional spending to 87.5% 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 30.2% of total behavioral health investments in FY 2015, growing to 32.7% of total spending in FY 2017 and 40.7% of total investments in FY 2019. The relative proportion of spending on school-based services to total behavioral health investments increased by 34.8% over the survey period.
- Investments paying for services in institutional settings, e.g., psychiatric hospitalization, accounted for 14.4% of FY15 behavioral health spending, dropping to 12.5% in FY19. Institutional spending was down 2.9% over the survey period.

Settings of Behavioral Health Investments

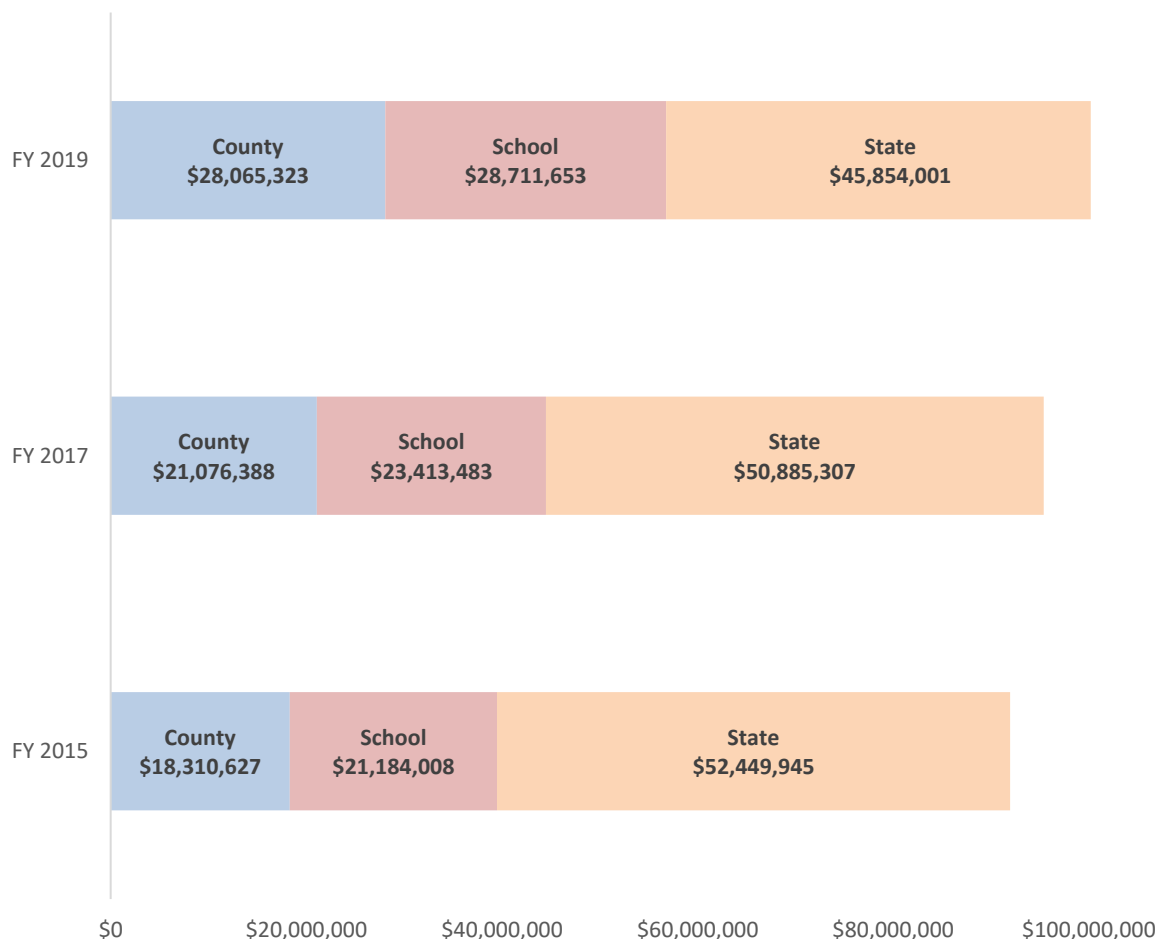


Regional Behavioral Health Investments by Subfunction

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	\$16,611,764	\$18,313,954	\$25,577,303
K-12 Student Services: Behavioral Health	\$11,135,182	\$12,873,217	\$16,183,143
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	\$9,730,993	\$10,000,985	\$8,807,409
Substance Abuse Prevention	\$233,779	\$358,818	\$719,888
Substance Abuse Treatment	\$1,785,098	\$1,929,629	\$1,035,808
Regional Behavioral Health Investments	\$91,944,580	\$95,375,178	\$102,630,977

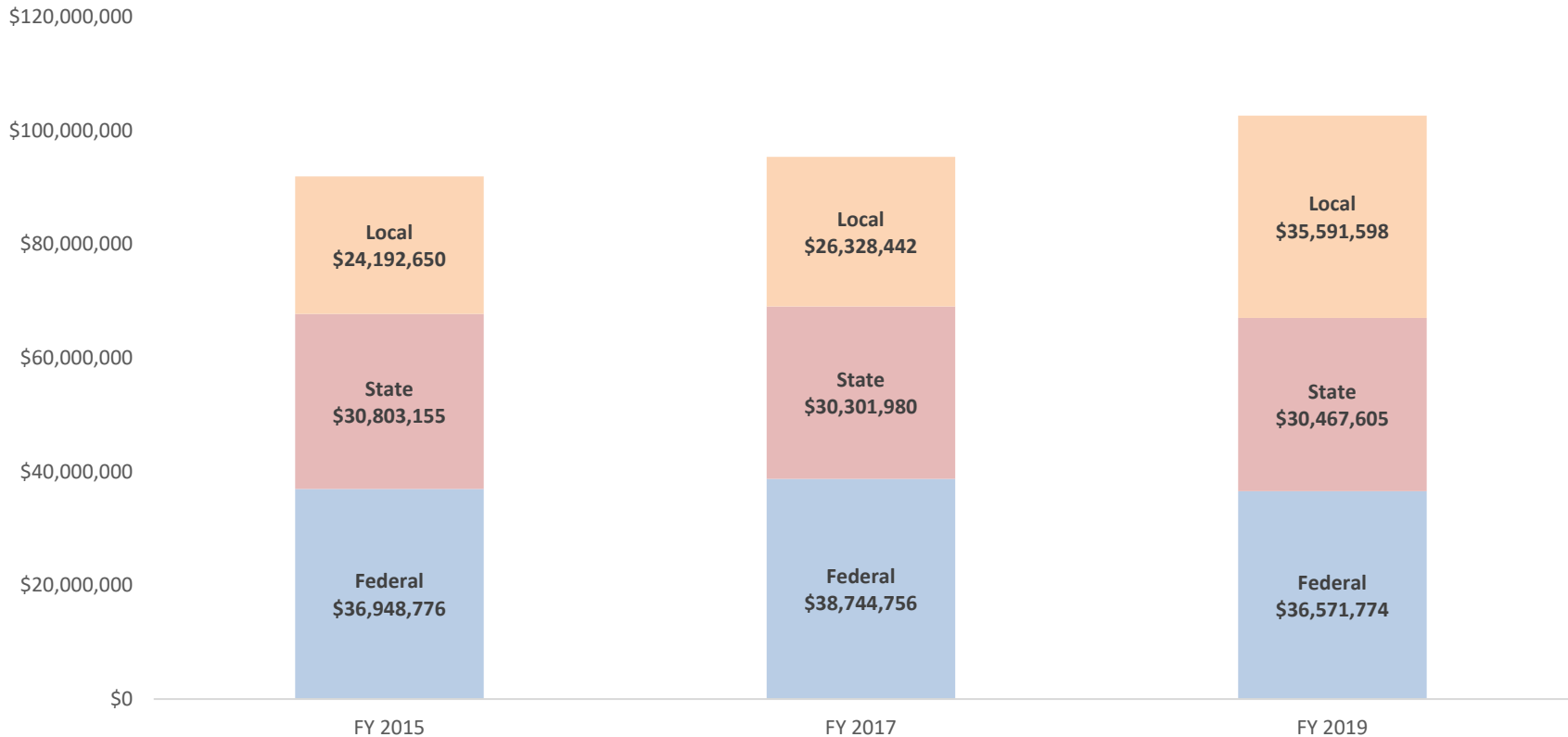
- Over the survey period, spending went up on both mental health prevention, an increase of 149.3%, and substance abuse prevention, a jump of 207.9%. At the same time, investments in mental health treatment increased by 21.6% and dropped by 42% for substance abuse treatment. Due to the format of the 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 publicly funded Psychiatric Hospitalization decreased by 9.5% from FY 2015 to FY 2019, going from \$9.7 million in FY 2015 to \$10 million in FY 2017 and dropping to \$8.8 million in FY 2019.

Regional Behavioral Health Investments by Agency Source



- Behavioral health spending passed through county agencies increased from 19.9% of total behavioral health investments in FY 2015 to 22.1% in FY 2017 and 27.3% in FY 2019.
- Behavioral health spending passed through school districts grew from 23% of total investments in FY 2015 to 24.5% in FY 2017 and 28% in FY 2019. Currently, the behavioral health fund map includes spending data from 26 of 39 regional school districts that either had data available online or responded to project survey.
- The relative portion of behavioral health spending passed through State Agencies goes down throughout the survey period, dropping from 57% of total FY 2015 behavioral health spending to 53.4% in FY 2017 and 44.7% in FY 2019.

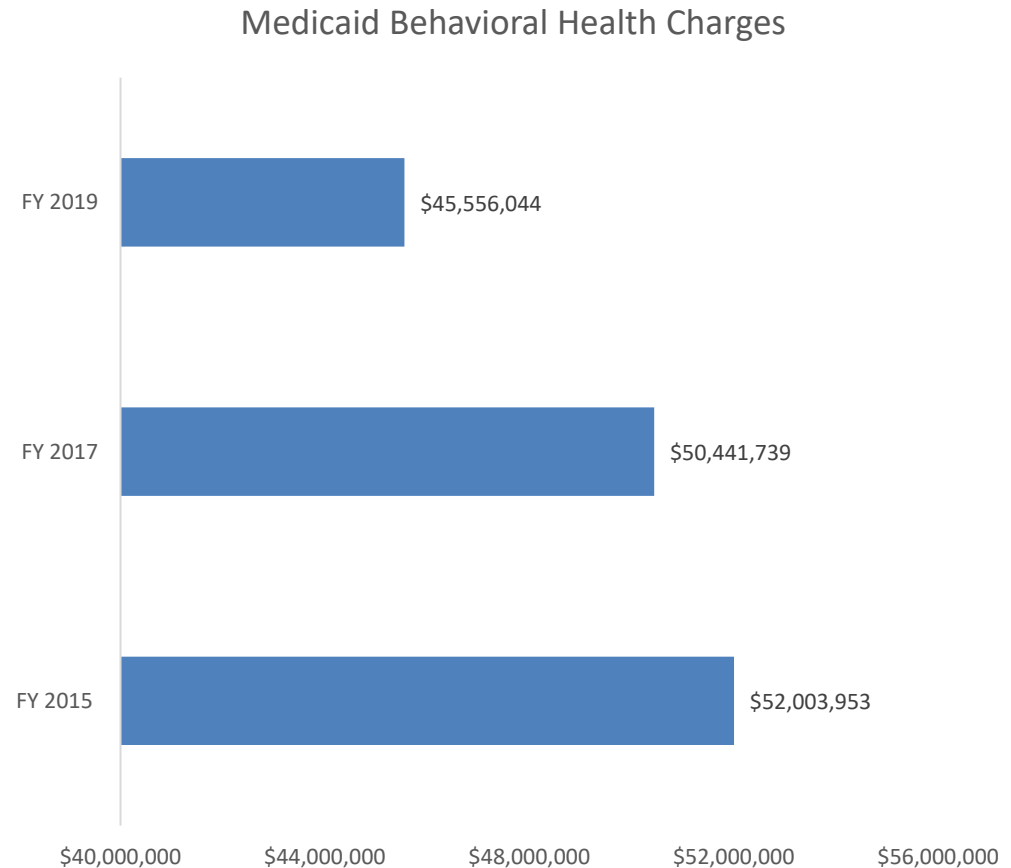
Regional Behavioral Health Investments By Funding Source



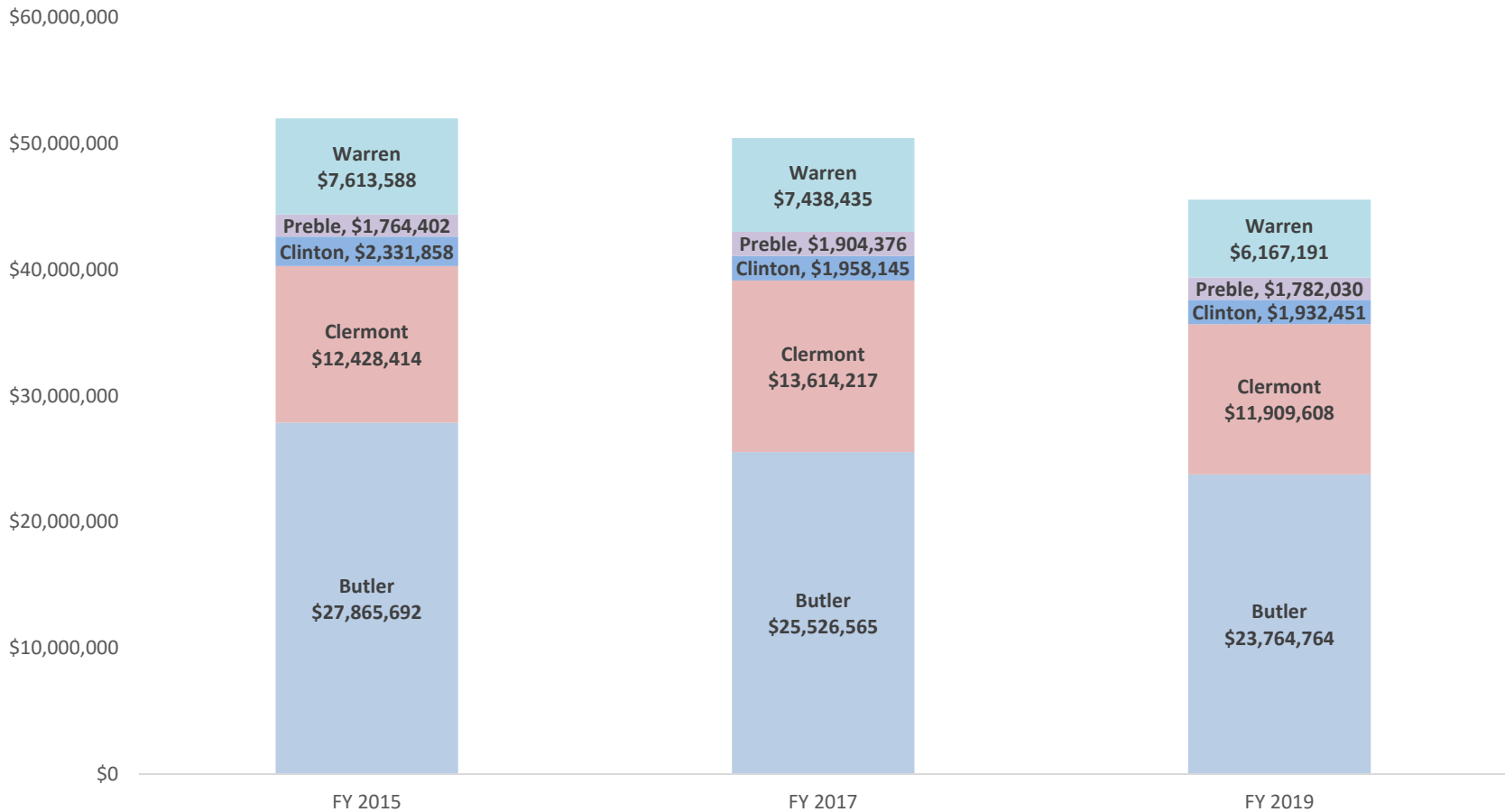
- Locally funded behavioral health investments went up 47.1% from FY 2015 to FY 2019, driven by a \$14 million increase in school-based behavioral health services.
- Mainly driven by the drop in Medicaid behavioral health charges, federal funding was down 1% and state-funded services went down by 1.1% 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

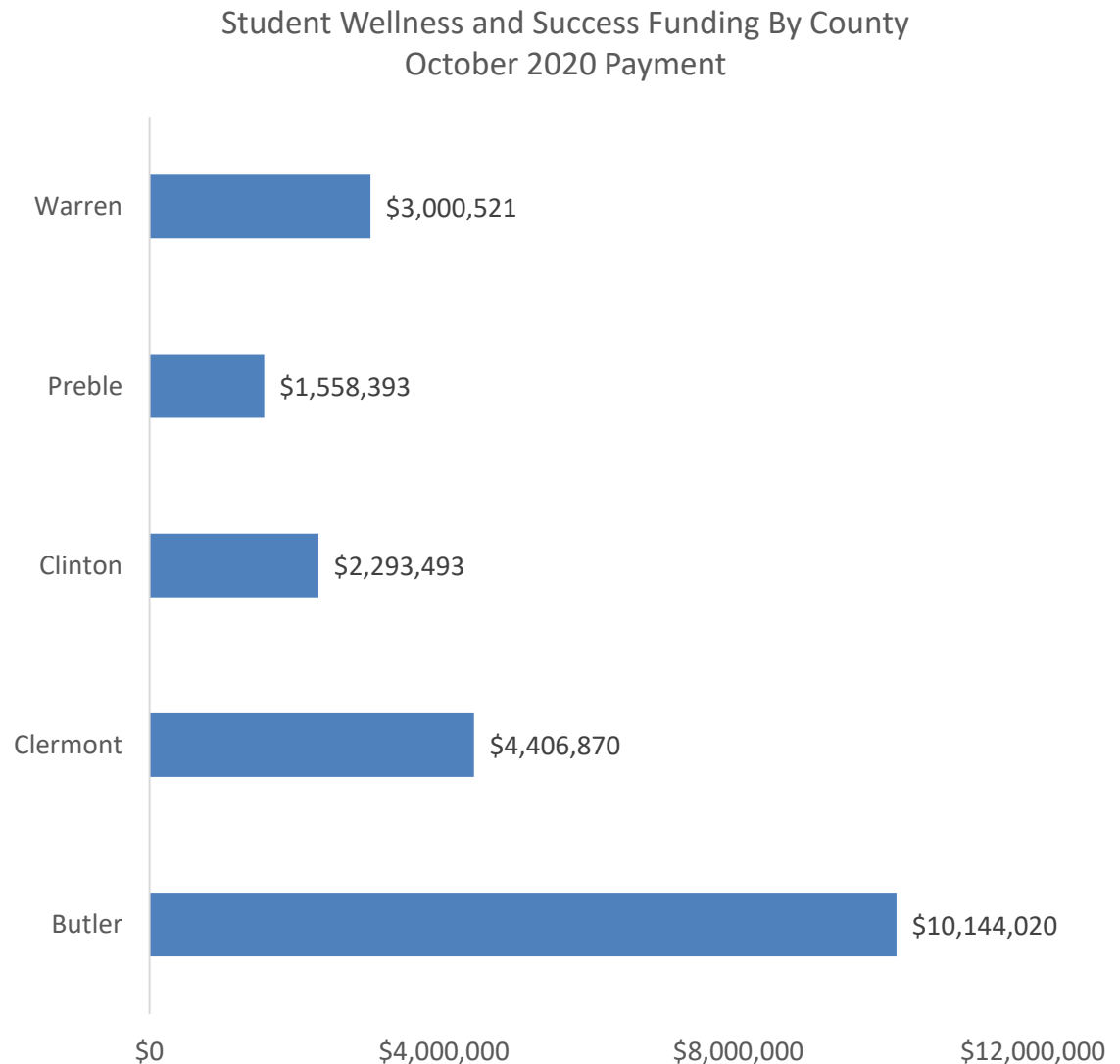
ENGAGE 2.0 BEHAVIORAL HEALTH FUND MAP

American Rescue Plan Elementary and Secondary School Emergency Relief Funds

- The American Rescue Plan included nearly \$122 billion in funds for the Elementary and Secondary School Emergency Relief (ESSER) Fund.
- The U.S. Department of Education has approved [Ohio's ARP ESSER State Plan](#) and allocated \$4.5 billion in ARP ESSER funds to the state.
- The [State Plan Highlights](#) document identifies top priorities of providing support for the social and emotional well-being of students and staff and spending to promote a safe return to school across a range of learning environments, including in-person, remote, hybrid and blended.
- States must distribute at least 90% of ARP ESSER funding to local education agencies, so allocations to school districts in Ohio may be about \$2 billion a year for this school year and next school year.
- For a rough estimate, If ARP ESSER funds were distributed to school districts with the same allocation formula used to award Student Wellness and Success Funding (see below), then regional school districts may be expected to receive about \$120 million a year in ARP ESSER funding for this school year and next.
- Local Use of ESSER Funds Plans were due by August 20 to the state DOE, which recommends that local districts incorporate the Use of Fund Plans into their [Safe Return to In-Person Instruction and Continuity of Service Plans](#).

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.

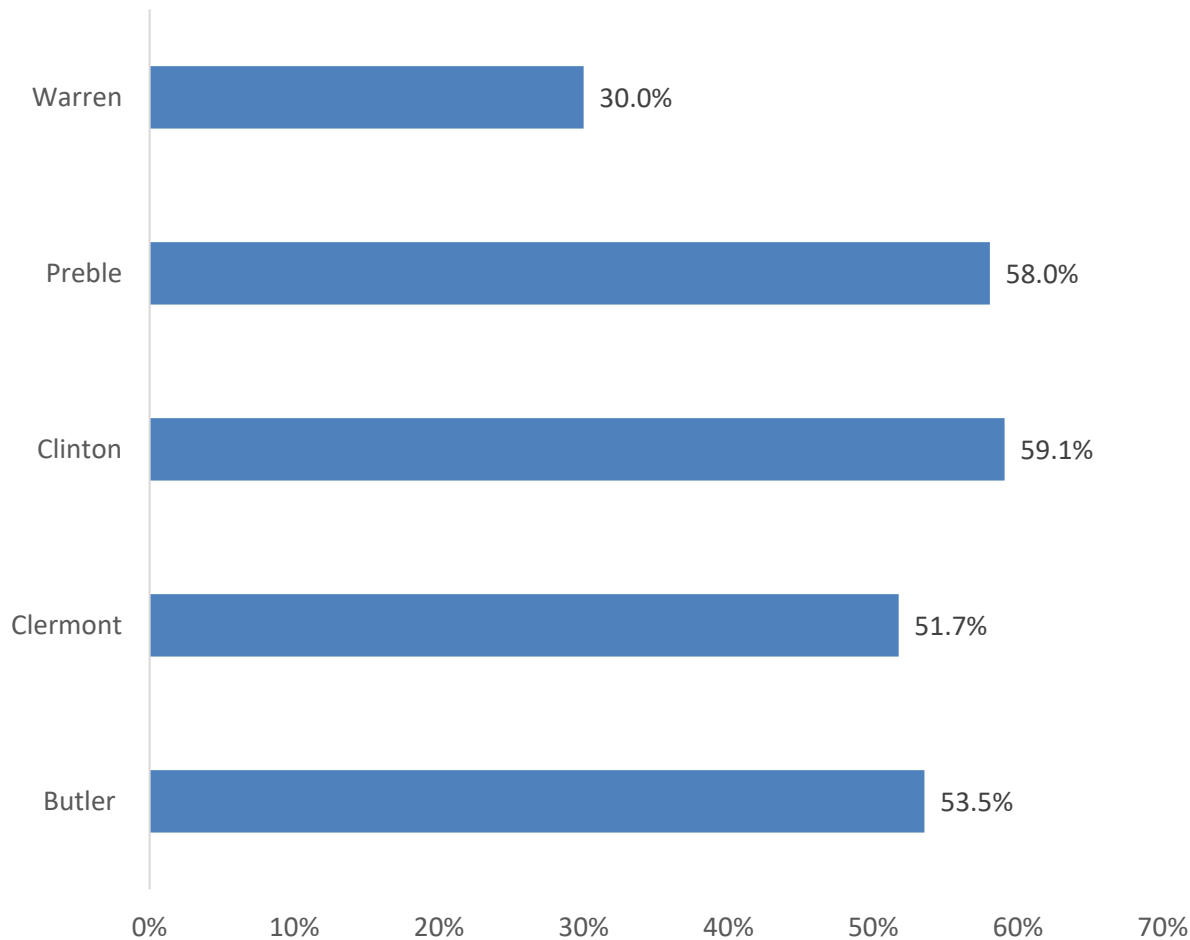
Enhance and Expand Reimbursement through the Ohio Medicaid Schools Program

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%.

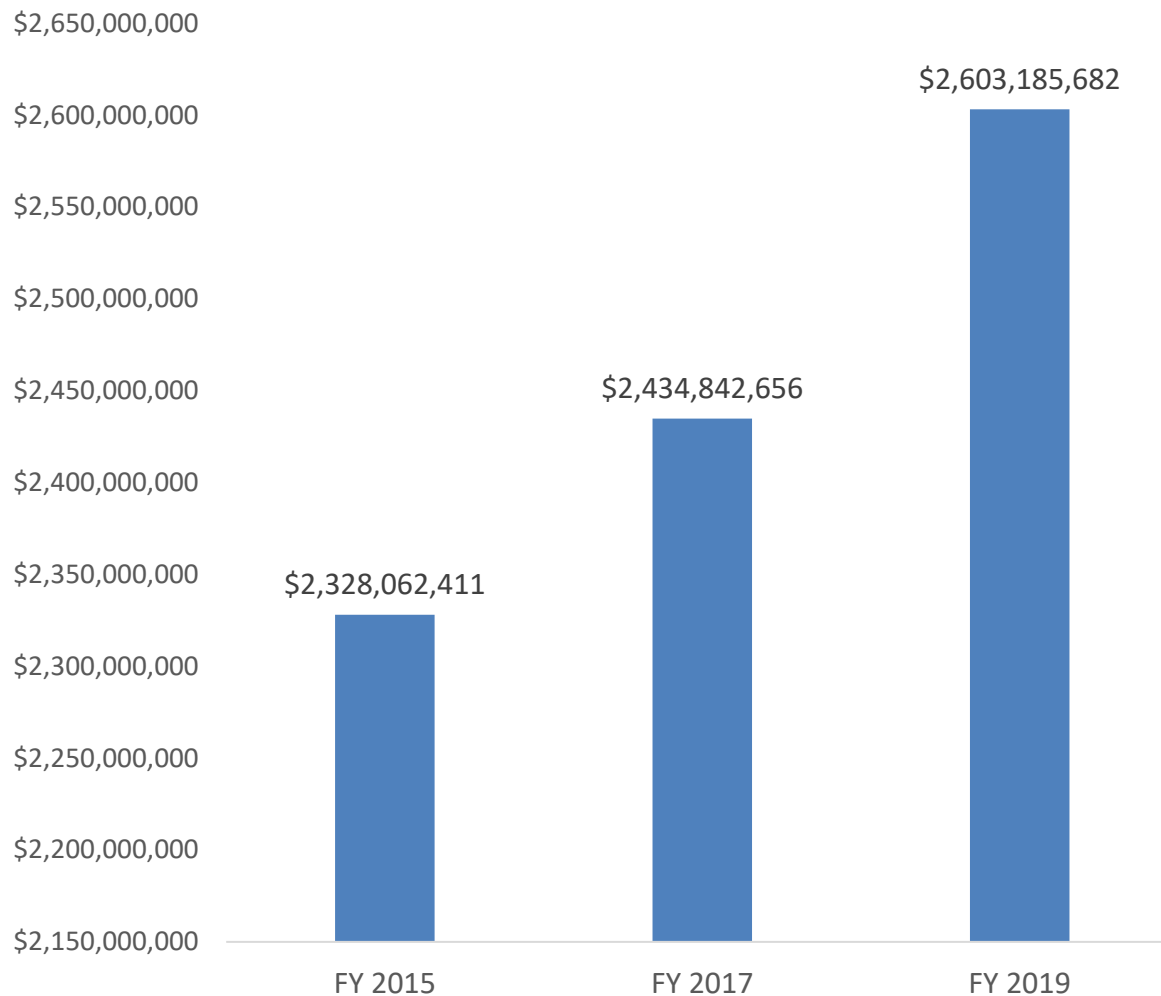
Pursue Additional Federal Grant Funding: SAMHSA and HHS Forecasted Grant Opportunities

- SAMHSA will award up to 16 Community-Based Behavioral Health Needs grants to support the increased behavioral health needs associated with the COVID-19 pandemic, with projected total funding of \$8.8 million. Eligible uses of funds include care coordination among local stakeholders, workforce training, promoting surge capacity for providers, and expanding telehealth services and preventive and crisis intervention services. SAMHSA anticipates posting the grant opportunity in November.
- SAMHSA anticipates awarding up to 28 grants, with total available funding of \$11.4 million, for Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk of Psychosis. The grants will provide funding to identify youth and young adults at high risk of psychosis and provide evidence-based interventions to prevent or lessen the severity of the psychotic disorder. SAMHSA anticipates posting the grant opportunity in February 2022.
- The HHS Office of the Assistant Secretary for Health forecasts awarding up to 15 grants for Targeting Priority Populations and Areas with Replication of Effective Programs for Teen Pregnancy Prevention. Total program funding is projected to be \$20 million, with funding amounts for each grant between \$1 million and 1.5 million. The funds are to support proven programs to prevent teen pregnancy as well as reducing behavioral or other associated risk factors. The Office anticipates the grant will be posted in January 2022.

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**

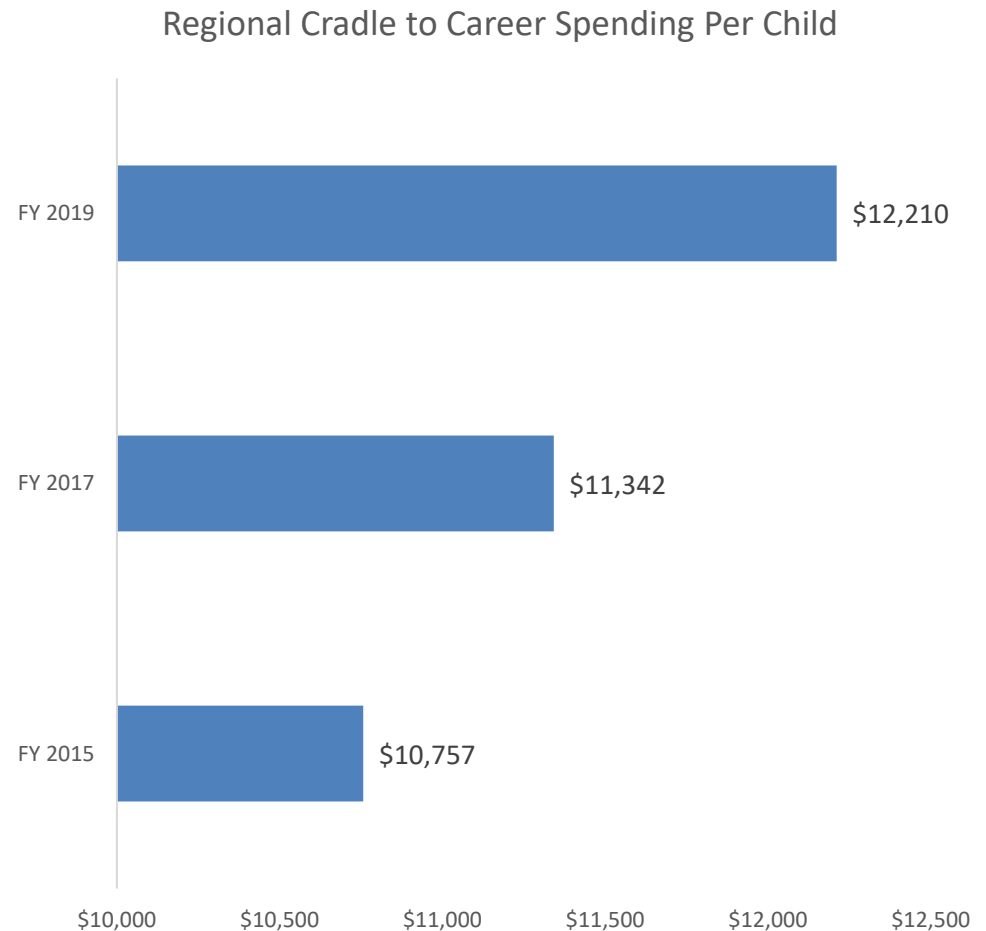
Regional Cradle to Career Investments



- Over the fund map survey period of FY 2015 to FY 2019, cradle to career investments were up \$275.1 million, or 11.8%.
- FY 2015 cradle to career spending was \$2.33 billion, growing by \$106.8 million, or 4.6% in FY 2017 to \$2.43 billion.
- In FY 2019, cradle to career investments were up 6.9% from FY 2017 to \$2.60 billion.

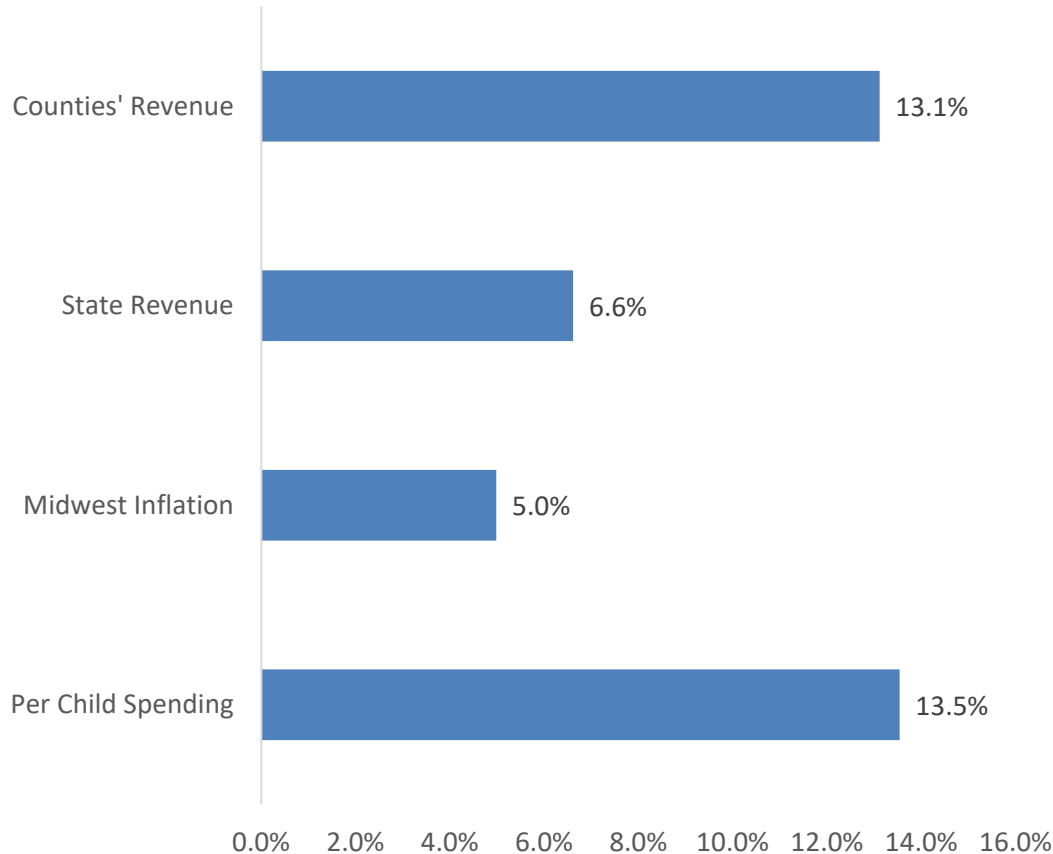
Regional Cradle to Career Spending Per Child Under Age 18

- 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 \$10,757 in FY 2015 to \$11,342 in FY 2017, a 5.4% increase, and to \$12,210 in FY 2019, a 7.7% increase.



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

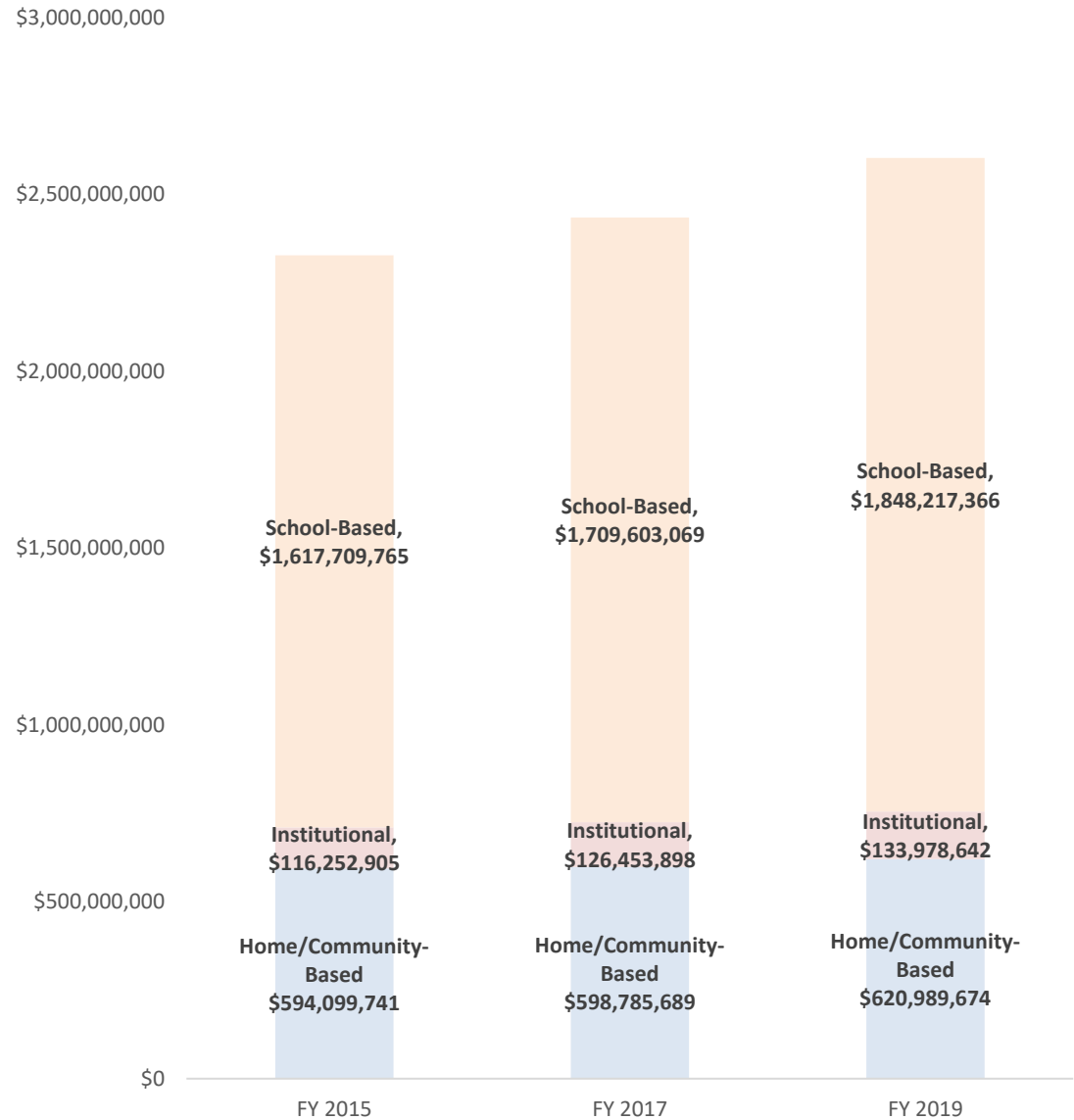
Fund Map Survey Period: FY15-FY19 Percent Change



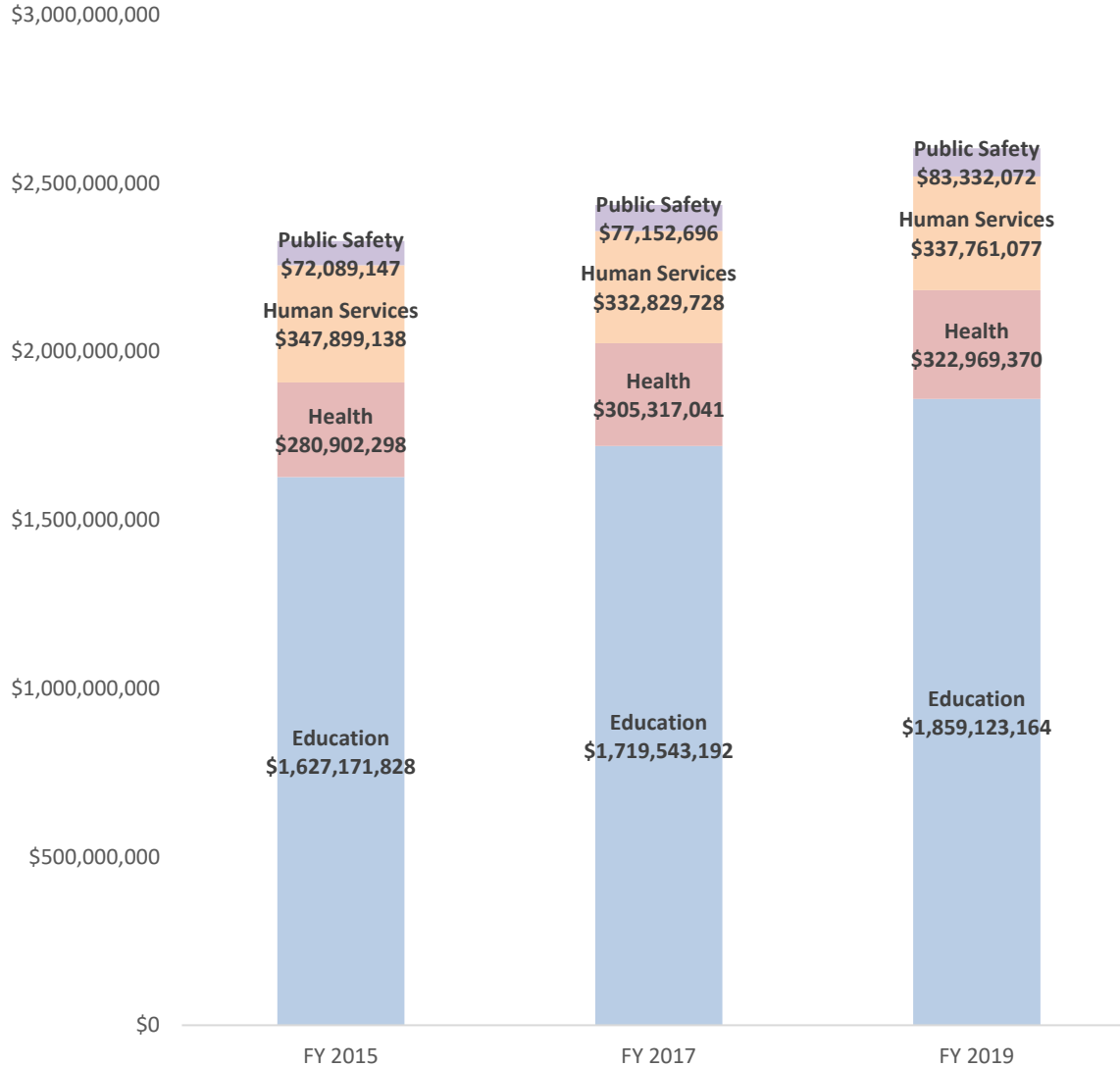
- [Consumer Price Index data](#) for the Midwest region report inflation growth between FY 2015 and FY 2019 of 5%.
- Over the same period, [state revenues](#) grew 6.6% and [counties' General Fund revenues](#) grew 13.1%.
- Per child spending growth of 13.5% over the survey period outpaced growth in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

Settings of Regional Cradle to Career Investments

- Analyzing the change in settings of cradle to career investments surveys the change in spending patterns across the entire system of care.
- During the survey period, home/community-based investments increased 4.5%, while Institutional spending was up 15.2% and school-based investments increased 14.2%.
- More than 80% of the \$17.7 million growth in Institutional spending was accounted for by a \$14.3 million increase in Medicaid facilities spending.
- Accounting for most of the rest of Institutional spending growth, Juvenile Justice Institutional spending increased \$2.8 million.



Regional Cradle to Career Spending by Function Area



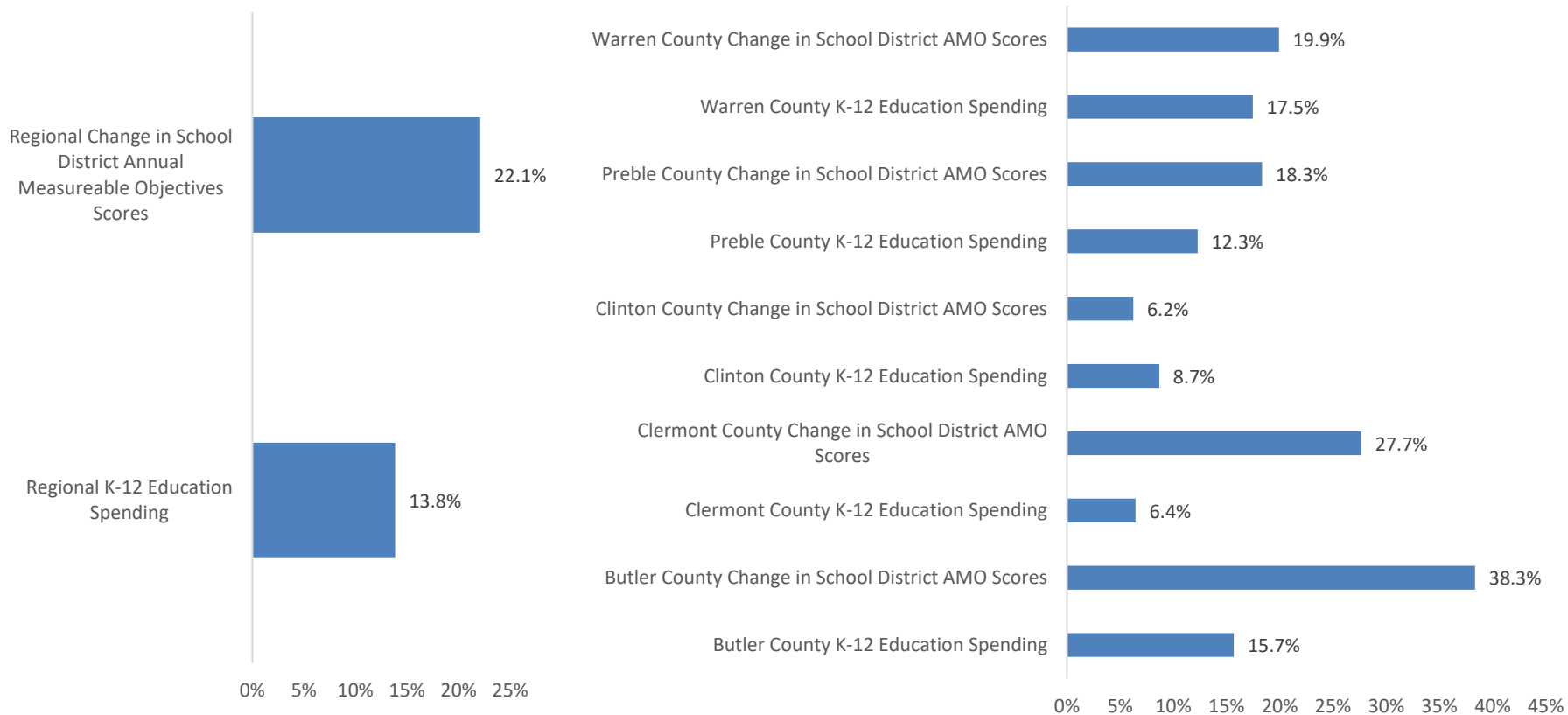
- Spending on Education accounted for about 70% of total cradle to career investments in each fiscal year: 69.9% in FY15, 70.6% in FY 17 & 71.4% in FY19.
- Human Services spending was 14.9% of total expenditures in FY 2015, 13.7% in FY 2017 and 13% in FY 2019.
- Health investments made up 12% of total 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	\$1,627,171,828	\$1,719,543,192	\$1,859,123,164
Early Education and Child Care	\$28,316,439	\$33,265,479	\$38,945,188
K-12 Education	\$1,589,451,108	\$1,676,393,067	\$1,809,336,407
Youth Development	\$9,404,281	\$9,884,645	\$10,841,568
Health	\$280,902,298	\$305,317,041	\$322,969,370
Behavioral Health	\$61,214,406	\$61,093,798	\$57,462,725
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	\$180,926,934	\$200,176,638	\$216,735,435
Human Services	\$347,899,138	\$332,829,728	\$337,761,077
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	\$132,147,042	\$136,243,250	\$143,497,620
Public Safety	\$72,089,147	\$77,152,696	\$83,332,072
Criminal Justice	\$42,625,971	\$45,177,177	\$48,919,405
Juvenile Justice	\$29,463,176	\$31,975,519	\$34,412,667
Regional Cradle to Career Investments	\$2,328,062,411	\$2,434,842,656	\$2,603,185,682

- Spending on K-12 Education was 68.3% of total spending in FY15, 68.9% in FY15 and 69.5% in FY19.
- Excluding Medicaid, investments in supporting working families, including Nutrition Services (SNAP), Child Care assistance, and Work/Family Support, e.g., cash assistance and energy assistance, and Housing, were 12.5% of total spending in FY 2015, dropping to 11.2% in FY 2017 and 10.5% in FY 2019.
- 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.

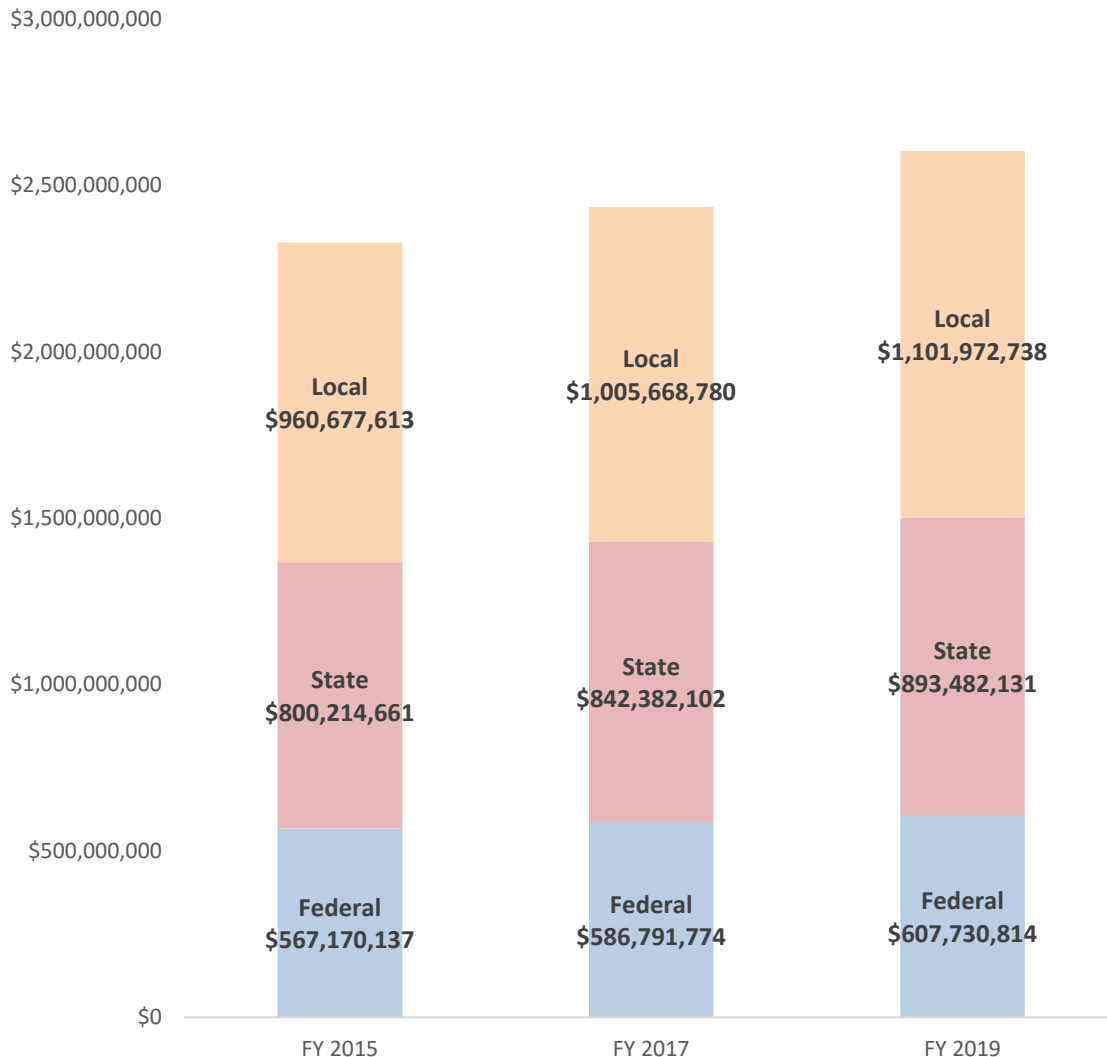
Connecting Regional K-12 Investments to K-12 Education Outcomes



The percent change in the improvement in regional school district annual measurable objective (AMO) 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 13.8%.

The improvement in AMO scores also outpaced the increase in K-12 Education spending in each county in the region except for Clinton County, which nearly matched the increase in AMO scores to the boost in K-12 education spending.

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.

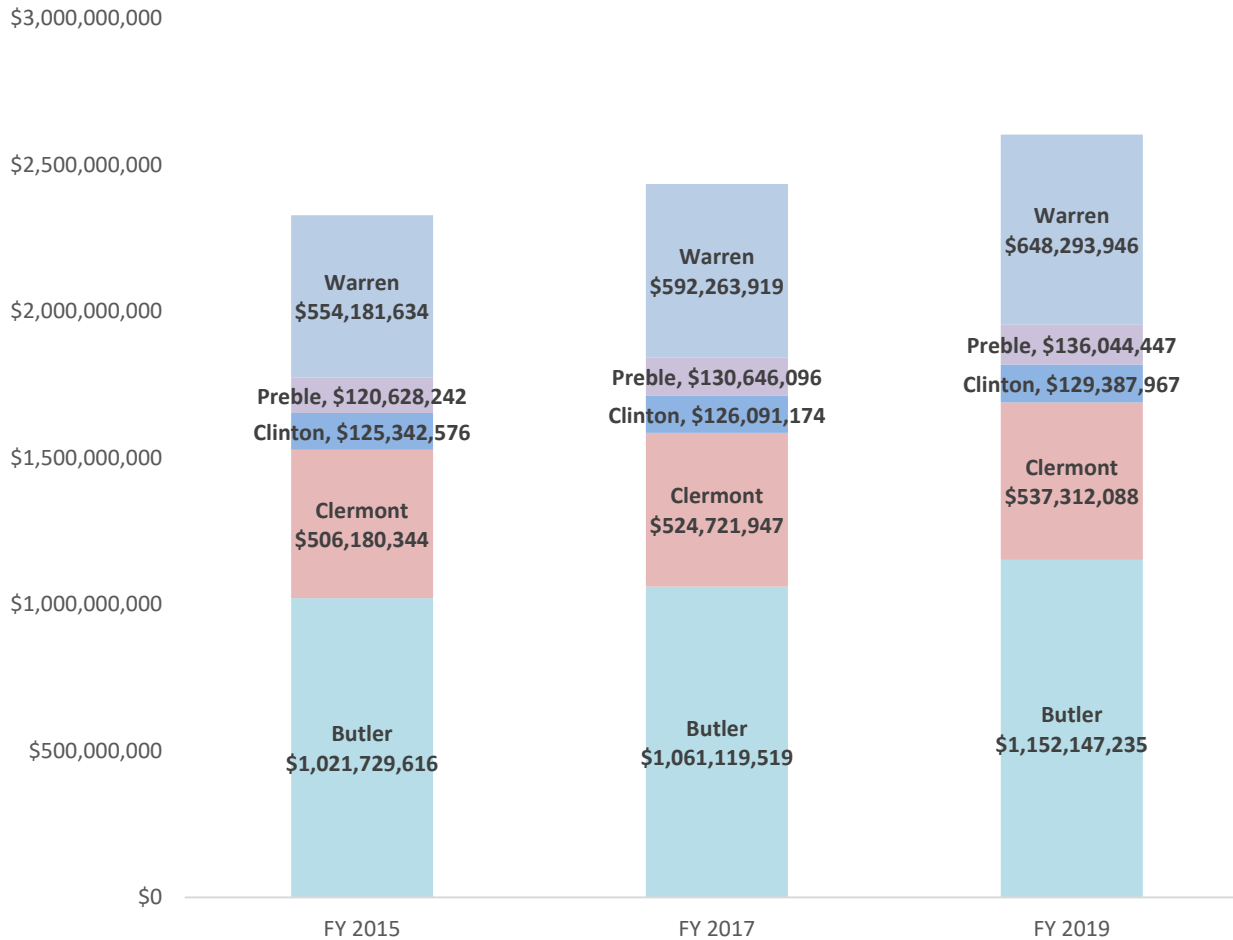
Follow the Money: Investments by Agency/Institution Source (Pass-Through Analysis)

Agency Type	FY 2015	FY 2017	FY 2019
County	\$273,773,131	\$295,708,336	\$314,222,698
Federal	\$102,949,798	\$105,873,038	\$111,391,514
Municipality	\$35,031,165	\$36,782,379	\$40,726,629
School	\$1,513,302,166	\$1,597,363,178	\$1,731,219,482
State	\$403,006,150	\$399,115,726	\$405,625,359
Total Cradle to Career Investments	\$2,328,062,411	\$2,434,842,656	\$2,603,185,682

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

Regional Cradle to Career Investments by County

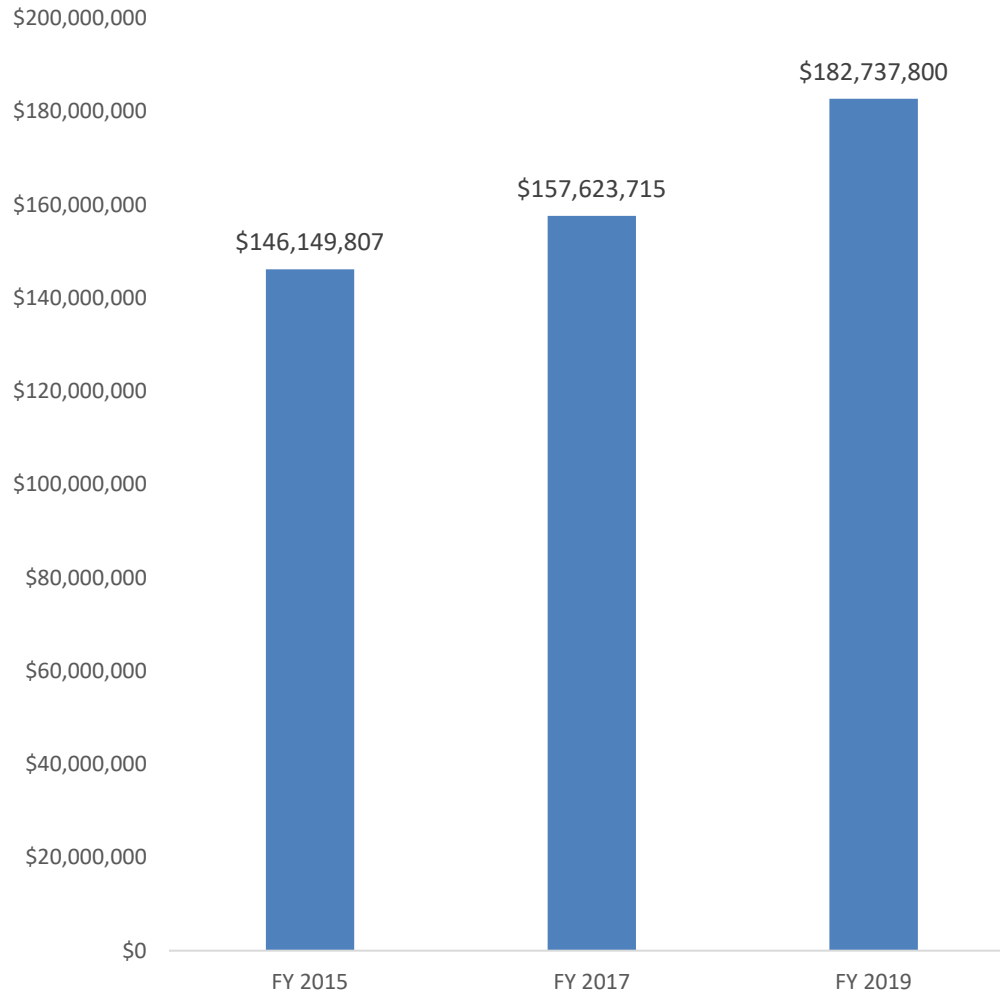


- Spending on K-12 education is about 70% of total cradle to career spending, so variabilities in student enrollment over time and across counties partly accounts for trends in county spending and differences in spending across counties.
- Entitlement spending, including Medicaid charges, SNAP, WIC, OWF and child care assistance accounts for over 15% of total cradle to career spending.
- 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.

Regional Investments in Early Childhood Programs and Services

ENGAGE 2.0 REGIONAL EARLY CHILDHOOD FUND MAP

Regional Early Childhood Investments

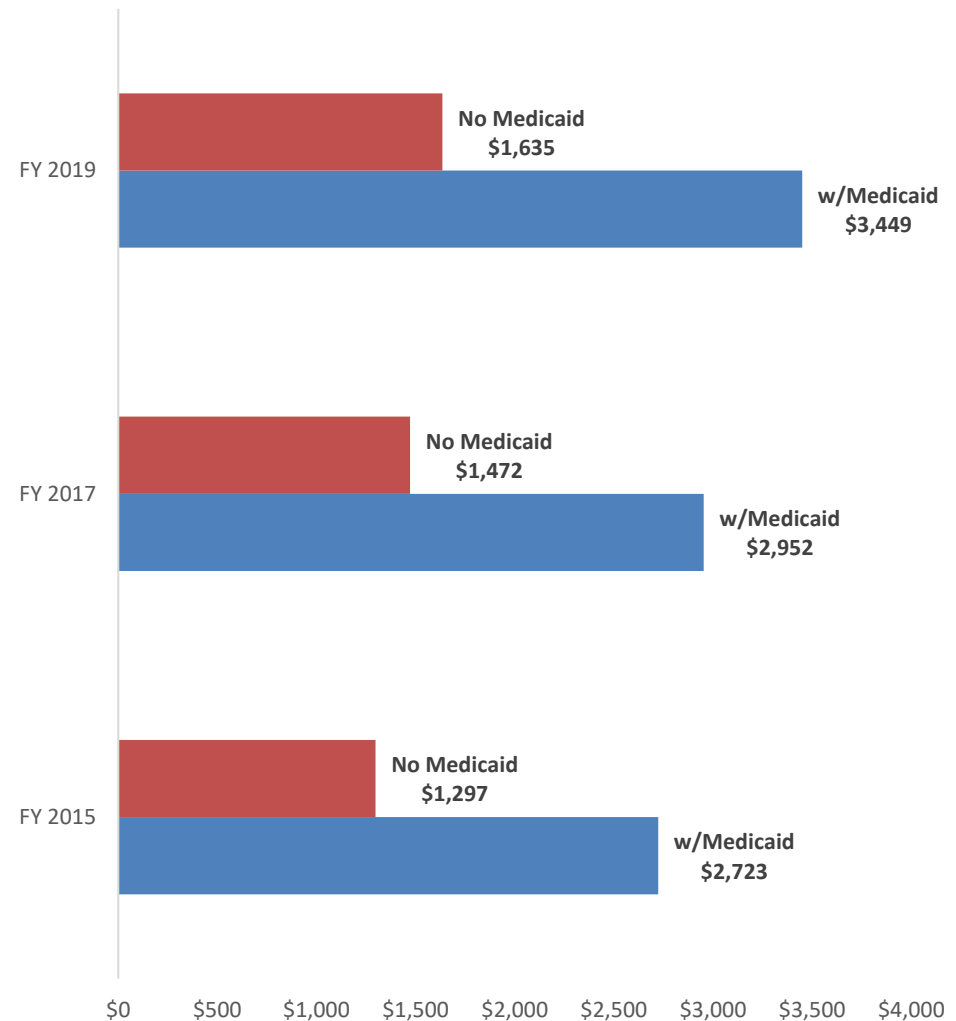


- Over the survey period, regional early childhood investments went up 25%, increasing from \$146.1 million in FY 2015 to \$157.6 million in FY 2017, a 7.9% increase, and to \$182.7 million in FY 2019, an increase of 15.9% from FY17.
- Early Childhood spending accounted for 6.3% of FY 2015 regional cradle to career investments, increasing to 6.5% 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 24.4% over the survey period, going up from \$69.9 million in FY 2015 to \$78.6 million in FY 2017, a 12.8% increase, and to \$86.6 million in FY 2019, a 10.2% 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 \$2,723 in FY 2015 to \$2,952 in FY 2017 and \$3,449 in FY 2019, a cumulative increase of 26.7%.
- Excluding Medicaid charges, early childhood spending per child under age 5 increased from \$1,297 in FY 2015 to \$1,472 in FY 2017 and \$1,635 in FY 2019, a cumulative increase of 26.0%.

Regional Early Childhood Spending Per Child Under Age 5

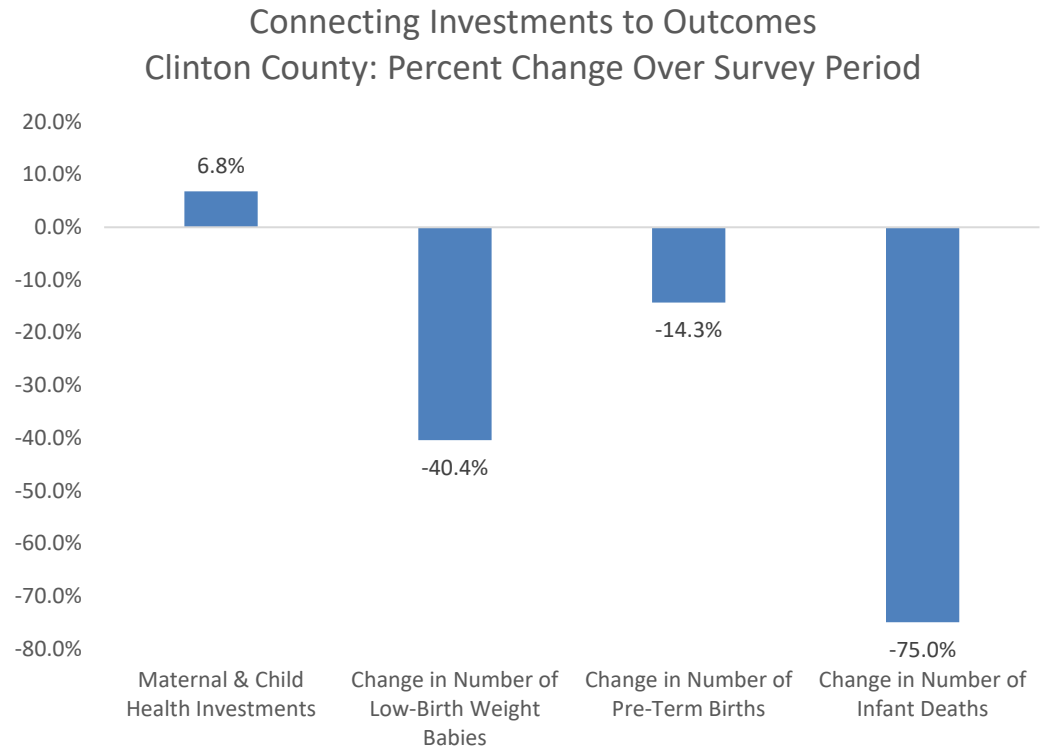
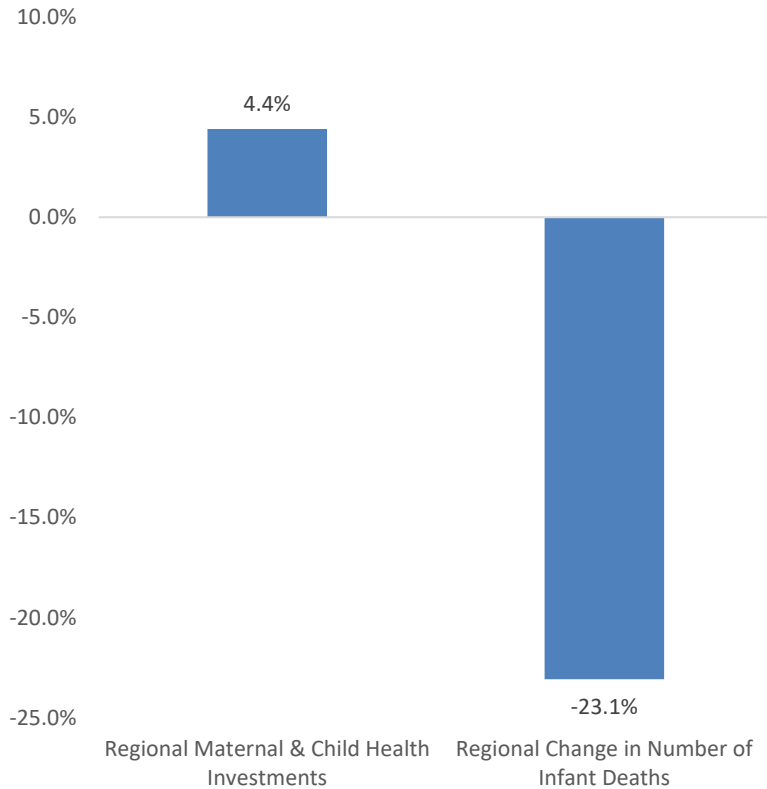


Regional Early Childhood Investments by Function & Subfunction

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: Community Services	\$6,865,413	\$7,514,089	\$7,729,196
Early Education and Child Care	\$50,485,081	\$58,499,477	\$65,853,457
Child Care	\$22,168,642	\$25,233,998	\$26,908,269
Child Care Administrative	\$57,781	\$55,477	\$64,229
Early Childhood Education	\$1,274,659	\$1,432,876	\$2,360,618
Early Childhood Special Education	\$12,163,519	\$13,822,056	\$16,092,294
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	\$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	\$146,149,807	\$157,623,715	\$182,737,800

- 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, and a \$1.1 million increase in child care assistance.
- 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.

Connecting Regional Maternal & Child Health Investments to Improved Regional Birth Outcomes

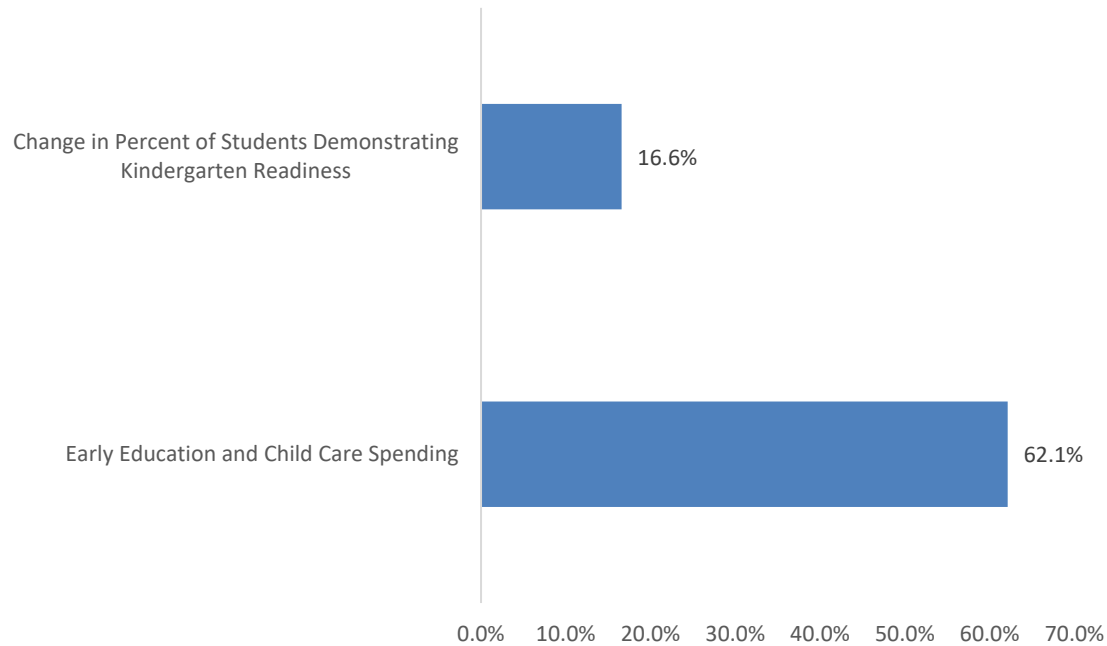


From FY 2015 to FY 2019, regional maternal & child health investments grew by 4.4%, while the regional number of infant deaths dropped by 23.1%.

From FY 2015 to FY 2019, Clinton County maternal & child health investments grew by 6.8%; and the County saw improved birth outcomes, with a 40.4% drop in the number of low-birth weight babies, a 14.3% decrease in number of pre-term births and a 75% drop in the number of infant deaths.

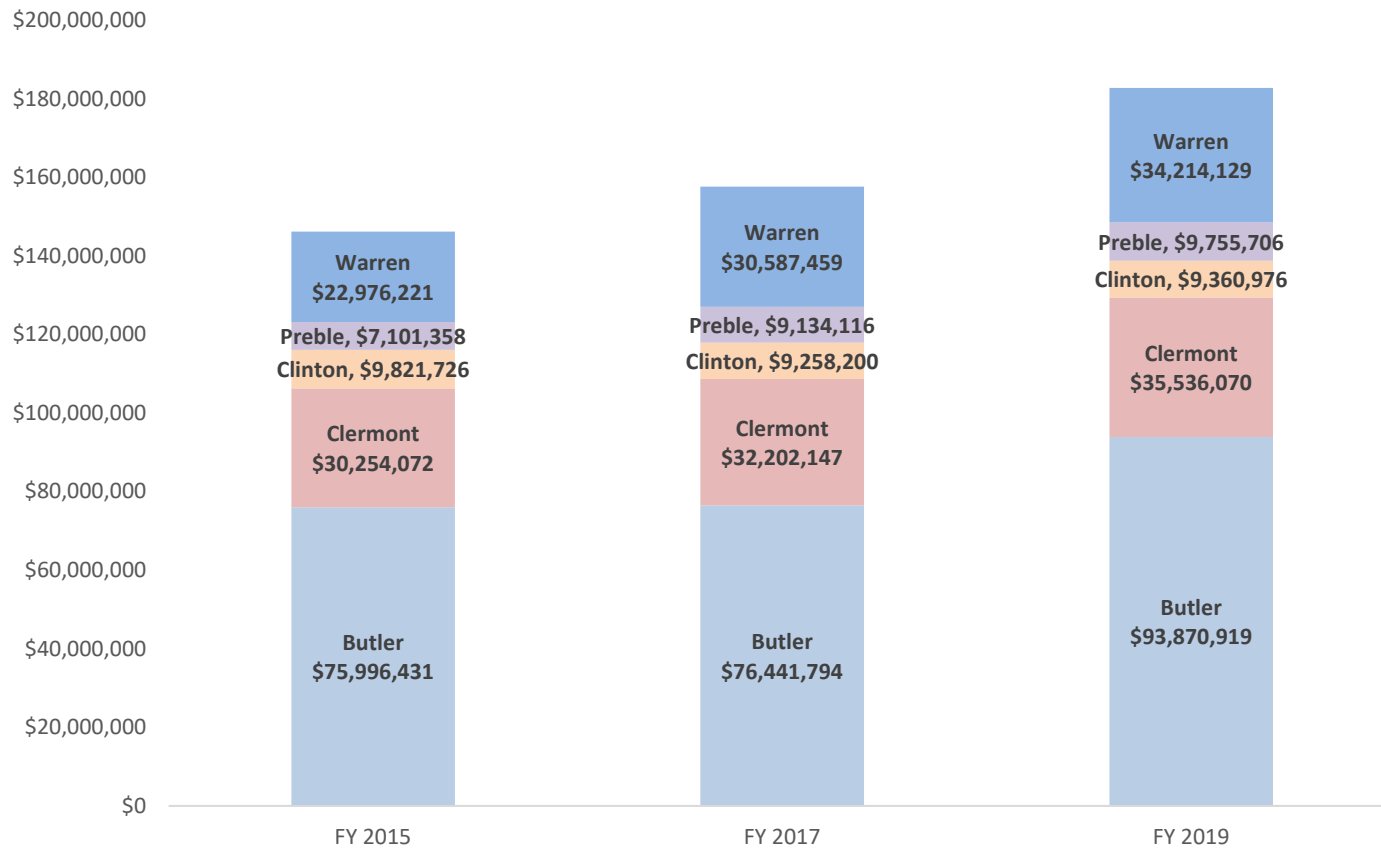
Connecting Early Education Investments to Kindergarten Readiness Assessment Scores in Warren County

Connecting Investments to Outcomes
Warren County: Percent Change Over Survey Period



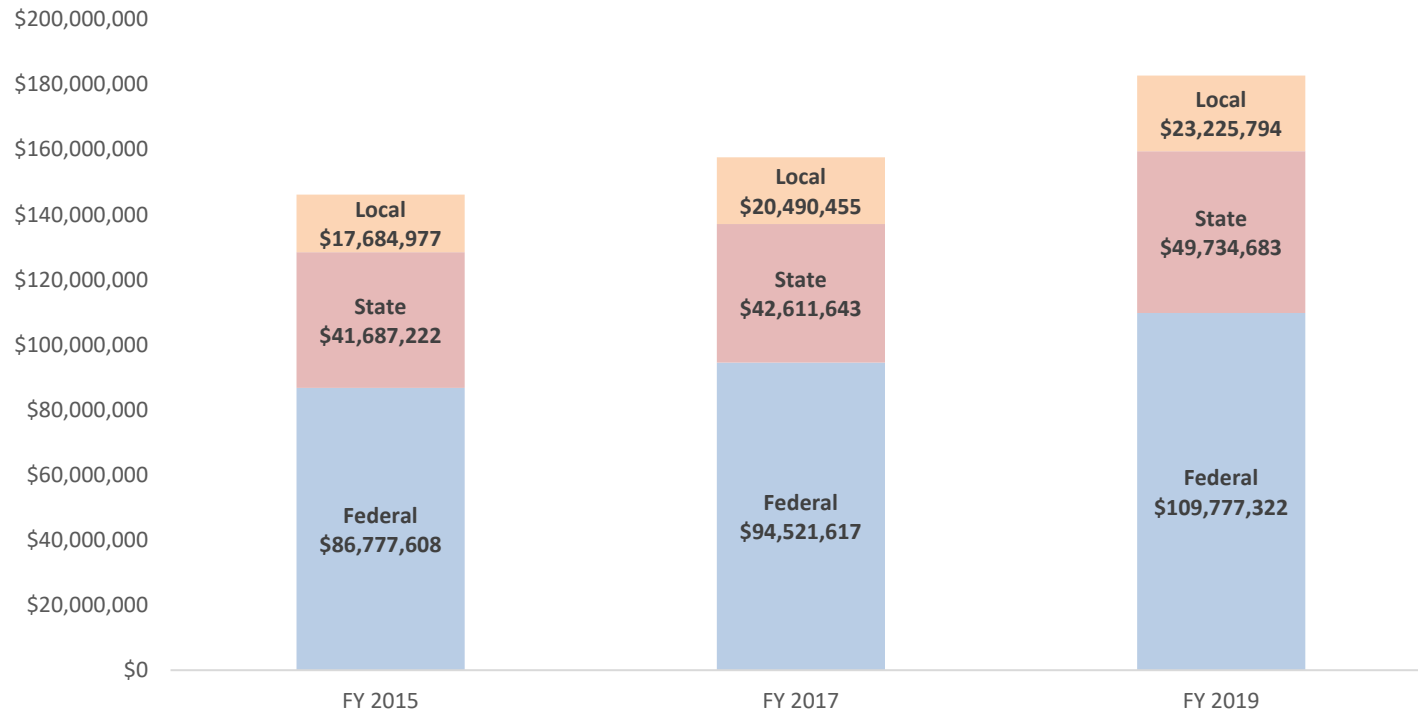
Warren County early education and child care spending increased by 62.1% over the survey period, while the percent of County students demonstrating kindergarten readiness improved by 16.6%.

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 more than 70% 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.

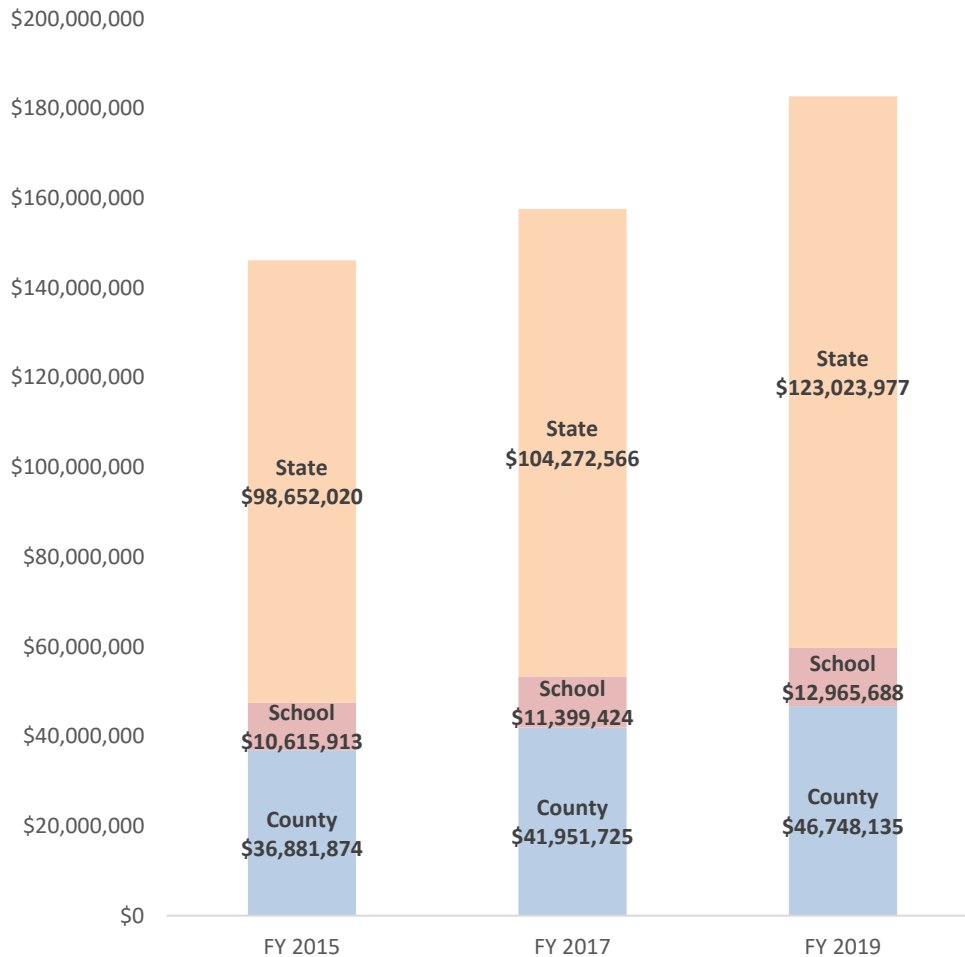
Regional Early Childhood Investments By Funding Source



- Locally funded early childhood investments went up 26.5% from FY 2015 to FY 2019.
- 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 19.3%, mainly accounted for by the increases in Medicaid charges and child care assistance.

Regional Early Childhood Investments by Agency Source

Regional Early Childhood Investment by Agency Source



- Early childhood spending passed through county agencies, including ESCs, increased by \$9.9 million, or 26.8%, 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 22.1% 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 24.7%.

Next Steps

- Schedule Presentation of Final Phase One Report to Community Partners.
- Determine timing and set survey scope for Phase Two of Fund Map, e.g., FY 2020 data or use FY 2021 data which should be available by Spring/Summer 2022.
- Incorporate feedback and guidance from Phase One final report from System of Care Executive Leadership Team into Phase Two draft fund map report.
- Research publicly available data for Phase Two data.
- Prepare and distribute information requests to local partners for Phase Two fund map data.