

Investments in Stark County's Children, Youth and Families

A Fiscal Survey to Inform the System of Care Strategic Financing Plan for
Stark County Mental Health and Addiction Recovery

Cradle to Career and Behavioral Health Fund Mapping: Fiscal Years 2014, 2015 & 2016

September 2017

Prepared by David McNear

Fund Mapping: Agenda

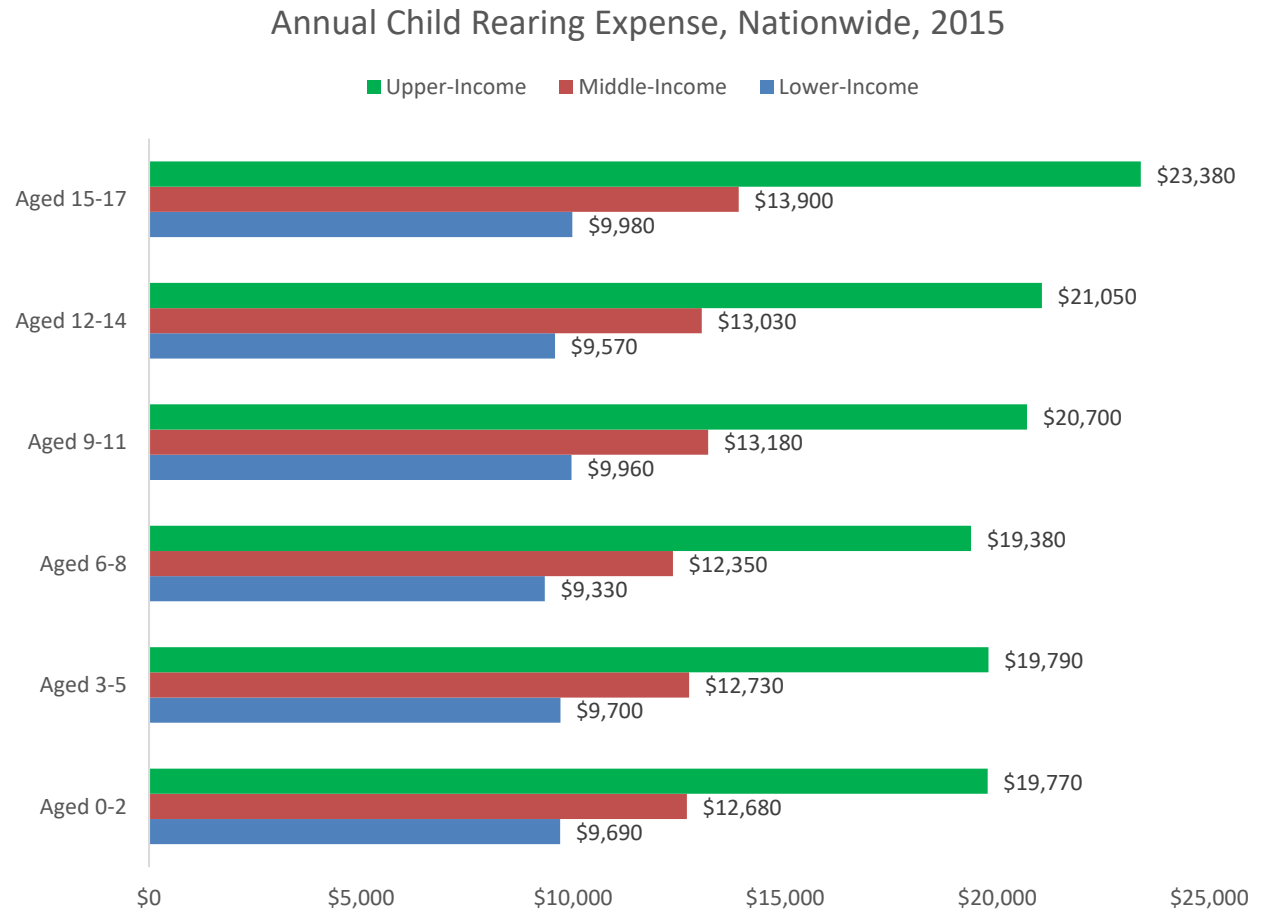
- Introduction: Overview of Fund Mapping
- Overview of Cradle to Career Investments
- Review of Core Behavioral Health Investments
- Behavioral Health Fund Map – including Core Behavioral Health Investments & Related/Support Services Spending
- Resources and Recommendations for Systems of Care Strategic Financing Plan

Household or Family Budgets

- As any parent knows, raising a child from diapers to diplomas is a journey full of hope and love, along with plenty of time and money.
- Regardless of family income, providing a child with the basics, like safe housing, nutritious food, and quality child care and education costs money.
- Without tracking monthly spending and monthly income, a family can't effectively manage their money in the short-term, or save for future priorities, like college tuition or retirement.
- A budget gives the family a financial roadmap to meeting the costs of basic needs and saving for the future.

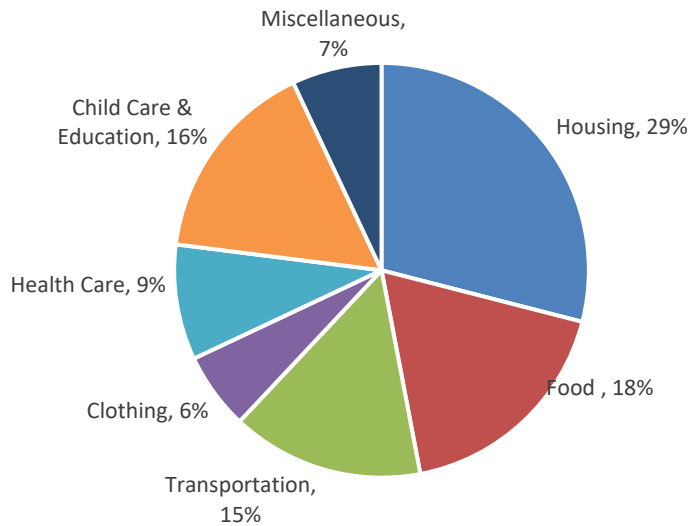
USDA Report on Expenditures on Children by Families

- Along with wise budgeting families, the federal government calculates the cost of raising a child.
- [Since 1960, the United States Department of Agriculture \(USDA\)](#) has estimated both annual child-rearing expenses by age and the cumulative cost of raising a child from birth through age 17.
- In its [January 2017 report](#), USDA reports on 2015 expenses to raise a child.

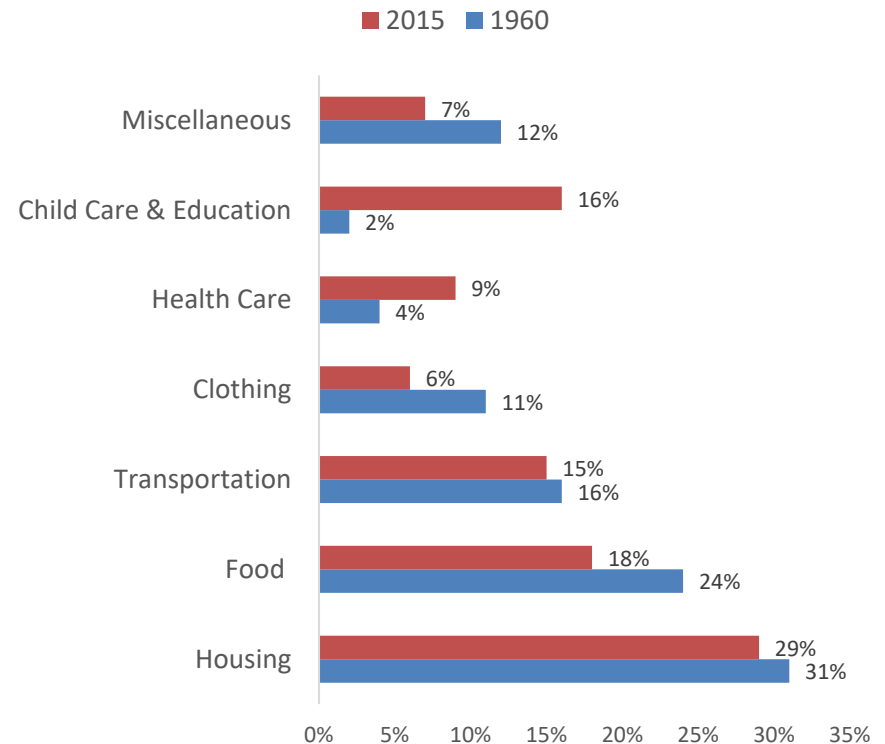


USDA Report on Expenditures on Children by Families

Cumulative Expenses by Category -- Percent of Total Expenditures, 2015



Cumulative Child Rearing Expenses - Change in Percent of Total Spending



- The 3 largest spending categories of housing, food and transportation account for 62% of total expenses.
- Identifying budget trend data helps a family pinpoint the need for added income, areas of possible over-spending and other opportunities to save money for the future.
- The USDA report provides fiscal trend data back to 1960 in changes in the cost to raise a child, which can highlight spending areas that are increasingly squeezing a family's budget, as well as broader economic or societal trends.

Similar Questions for Families and The Federal Government

- Unlike the USDA report, a household budget looks at how to pay for family costs, or income. At the same time, they both focus on developing answers to similar questions:
 - How Much Does It Cost to Provide for a Family and Raise Children?
 - What Bills or Expenses Are Paid for with the Money?
 - How Much Goes to Each Type of Cost?
 - How Do These Expenses Change Over Time?
 - Where Does the Money Come From – How Do We Pay?
 - How Could We Spend Smarter?
 - Are We Getting Our Money's Worth?

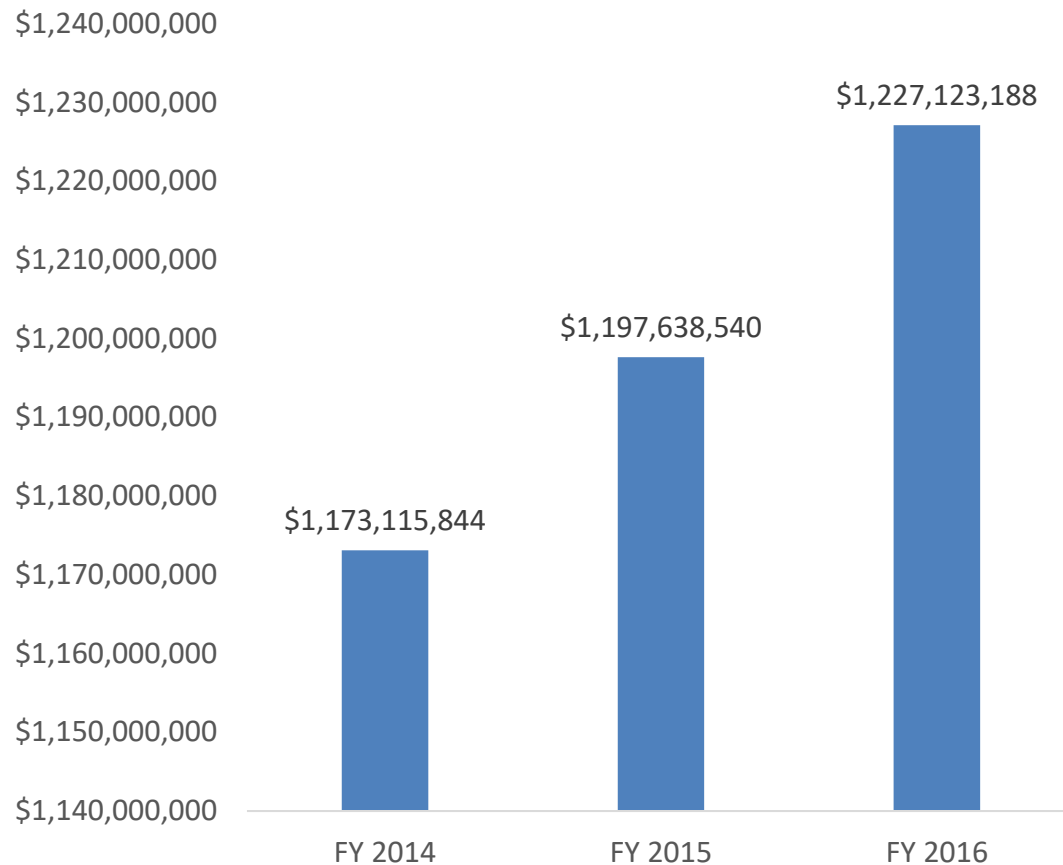
Children's Budgets

- Many communities have focused on these same questions and have developed a children's budget, which is essentially a family or household budget for a community, an inventory of public spending for children and young adults.
- These children's budgets have been developed by local governments to examine citywide investments, including by [Baltimore](#), [Charlotte](#), and [Seattle](#).
- Children's budgets are also prepared at the state level to report on statewide spending, including by the [State of Maryland](#) (see Appendix K) and the [New Mexico Children's Cabinet](#), as well as by statewide child advocacy groups, including in [California](#), [Connecticut](#), [Massachusetts](#), [Oregon](#), and [Utah](#).
- Finally, national child advocacy organizations also produce children's budgets that look at federal spending on children and youth nationwide, including [First Focus: Campaign for Children](#) and [The Urban Institute Kids' Share project](#).
- The Children's budget process is similar to and is the foundation of the fund mapping process.

Public Investments in Services and Programs for Children, Youth and Families

**STARK COUNTY CRADLE TO CAREER
FUND MAPPING: FY 2014, FY 2015 & FY
2016**

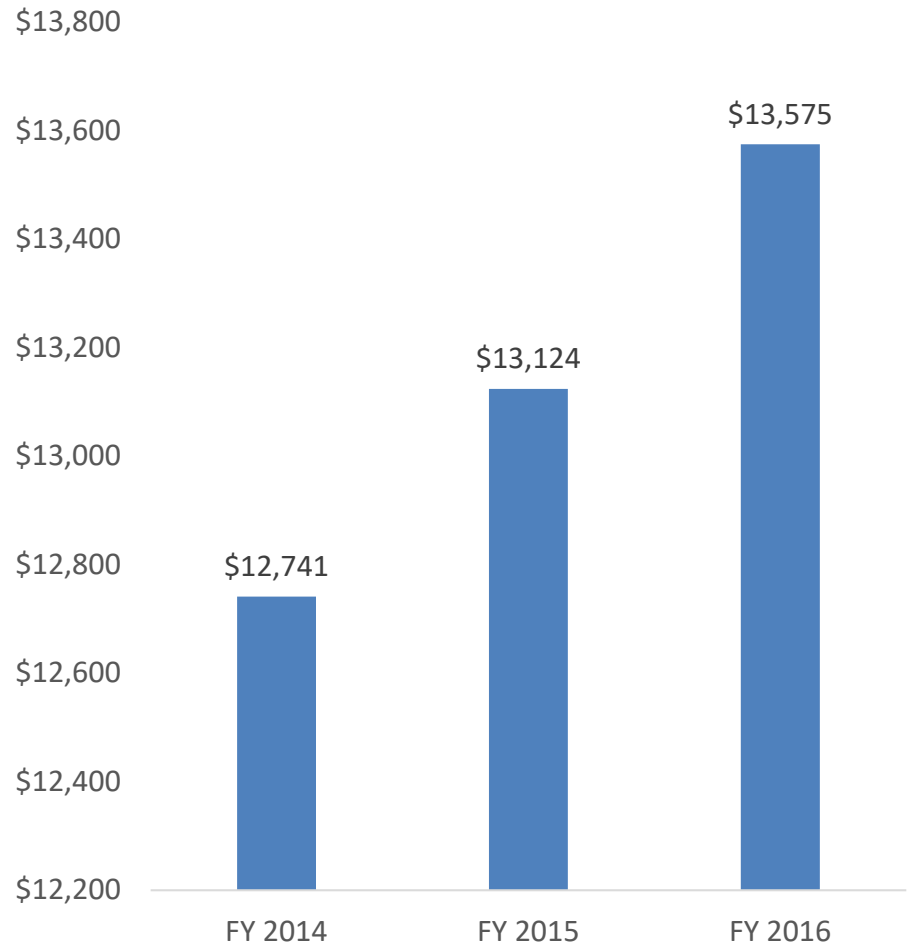
Cradle to Career Investments in Stark County



- \$1.2 billion in FY 2015 total public spending on Stark County children, youth and families, up \$24.5 million, or 2.1%, from \$1.17 billion in FY 2014.
- FY 2016 investments were up by \$29.5 million, or 2.5%, from FY 2015, to \$1.23 billion.
- Total cradle to career spending increase from FY 2014 to FY 2016 was \$54 million, or 4.6%.

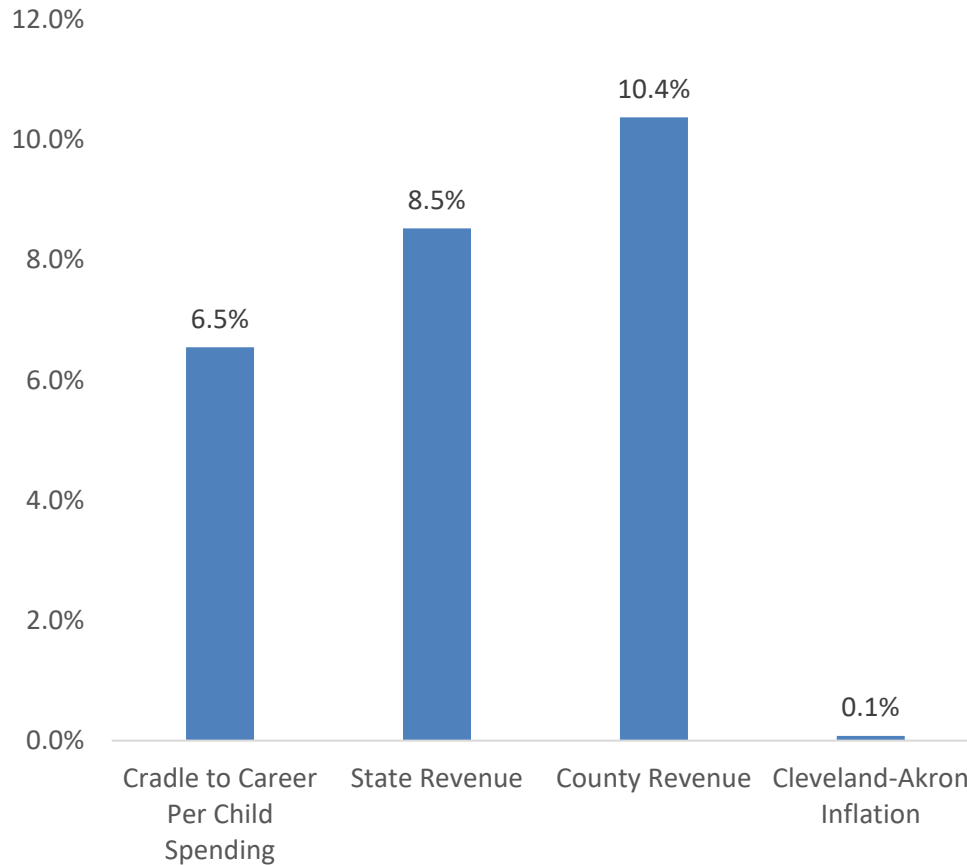
Cradle to Career Spending Per Child & Young Adult Under Age 20

- According to [Census data](#), children and young adults under age 20 make up 24% of Stark County's population and children and young adults under 25 are 30% of total population.
- Between July 2014 and July 2016 Census estimates, the overall Stark County population decreased by 1,951 people to 373,612 total residents.
- Making up much of the decrease, the population under age 20 dropped by 1,677 children and young adults to 90,394.
- Cradle to career investments per child and young adult under age 20 grew \$383 from \$12,741 in FY 2014 to \$13,124 in FY 2015 and went up \$451 to \$13,575 in FY 2016, a total increase from FY 2014 to FY 2016 of \$834, or 6.5%



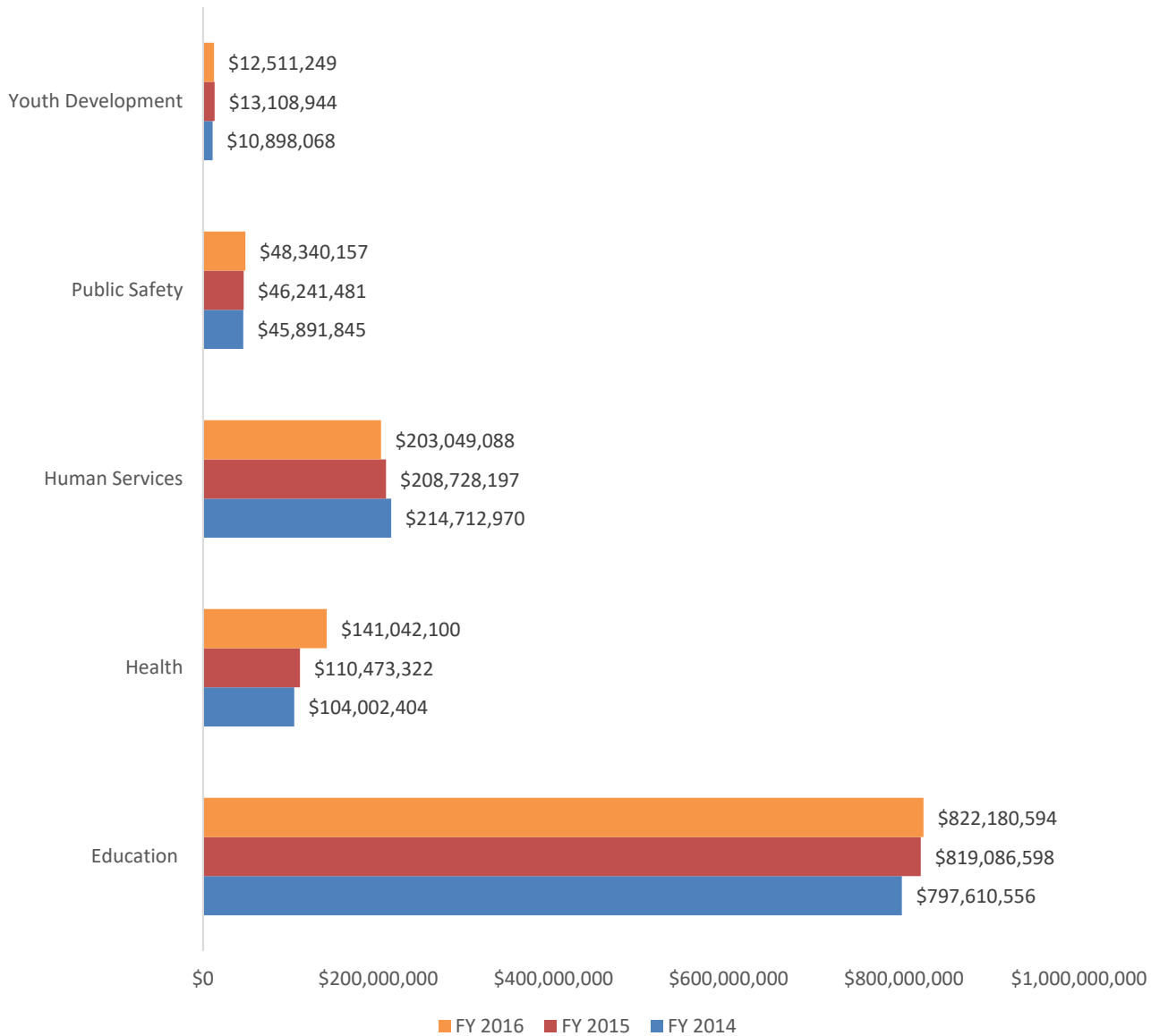
Per Child Spending Growth Far Exceeded Local Inflation But Lagged Behind State and County Revenue Growth

FY 2014 to FY 2016 Percent Change



- [Consumer Price Index data](#) for Cleveland-Akron Metropolitan Area report nearly stagnant local inflation rates, with growth between FY 2014 and FY 2016 of just 0.1%.
- Over the same period, [state revenues](#) grew 8.5% and [county revenues](#) ([FY16 CAFR](#)) grew 10.4%.
- While the 6.5% per child cradle to career spending growth between FY 2014 and FY 2016 greatly surpassed the local inflation rate, it fell behind county and state revenue growth.

Cradle to Career Spending by Function Area



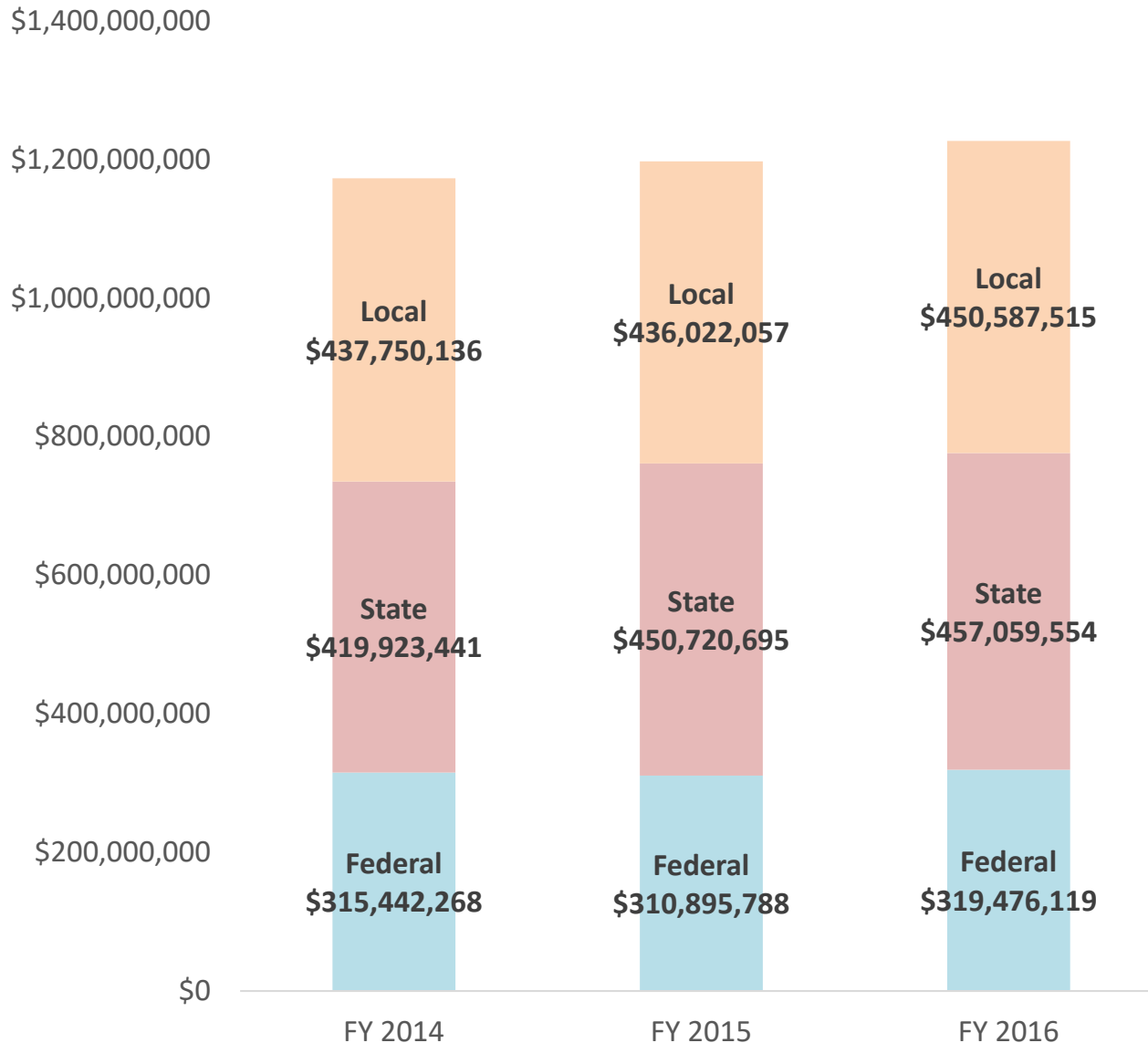
- Spending on Education accounted for slightly under 70% of total cradle to career investments in each fiscal year.
- Human Services spending was 18% of total expenditures in FY 2014, 17% in FY 2015 and FY 2016.
- Health investments made up about 10% of total investments – 9% in FY 2014 and FY 2015 and 11% in FY 2016.

Cradle to Career Spending by Function

Spending by Function	FY 2014	FY 2015	FY 2016
Behavioral Health	\$16,186,444	\$17,139,095	\$17,447,585
Career Ready Young Adults	\$2,155,185	\$2,744,399	\$2,579,775
Child Welfare	\$24,169,913	\$25,894,397	\$26,612,764
Criminal Justice	\$31,169,093	\$31,551,570	\$33,178,676
Early Education and Child Care	\$21,976,926	\$23,859,057	\$24,778,445
Higher Education	\$42,939,450	\$42,882,469	\$44,345,056
Housing	\$20,676,916	\$18,009,378	\$18,283,445
Intellectual Disabilities	\$9,315,121	\$9,076,500	\$13,241,895
Juvenile Justice	\$14,722,752	\$14,689,910	\$15,161,480
K-12 Education	\$732,694,180	\$752,345,071	\$753,057,092
Maternal & Child Health	\$2,887,365	\$2,728,157	\$4,498,991
Nutrition Services	\$85,400,298	\$76,798,771	\$71,507,530
Physical/Somatic Health	\$75,613,475	\$81,529,570	\$105,853,628
Work/Family Support	\$82,310,658	\$86,350,016	\$84,175,809
Youth Development	\$10,898,068	\$12,040,179	\$12,401,014
Grand Total	\$1,173,115,844	\$1,197,638,540	\$1,227,123,188

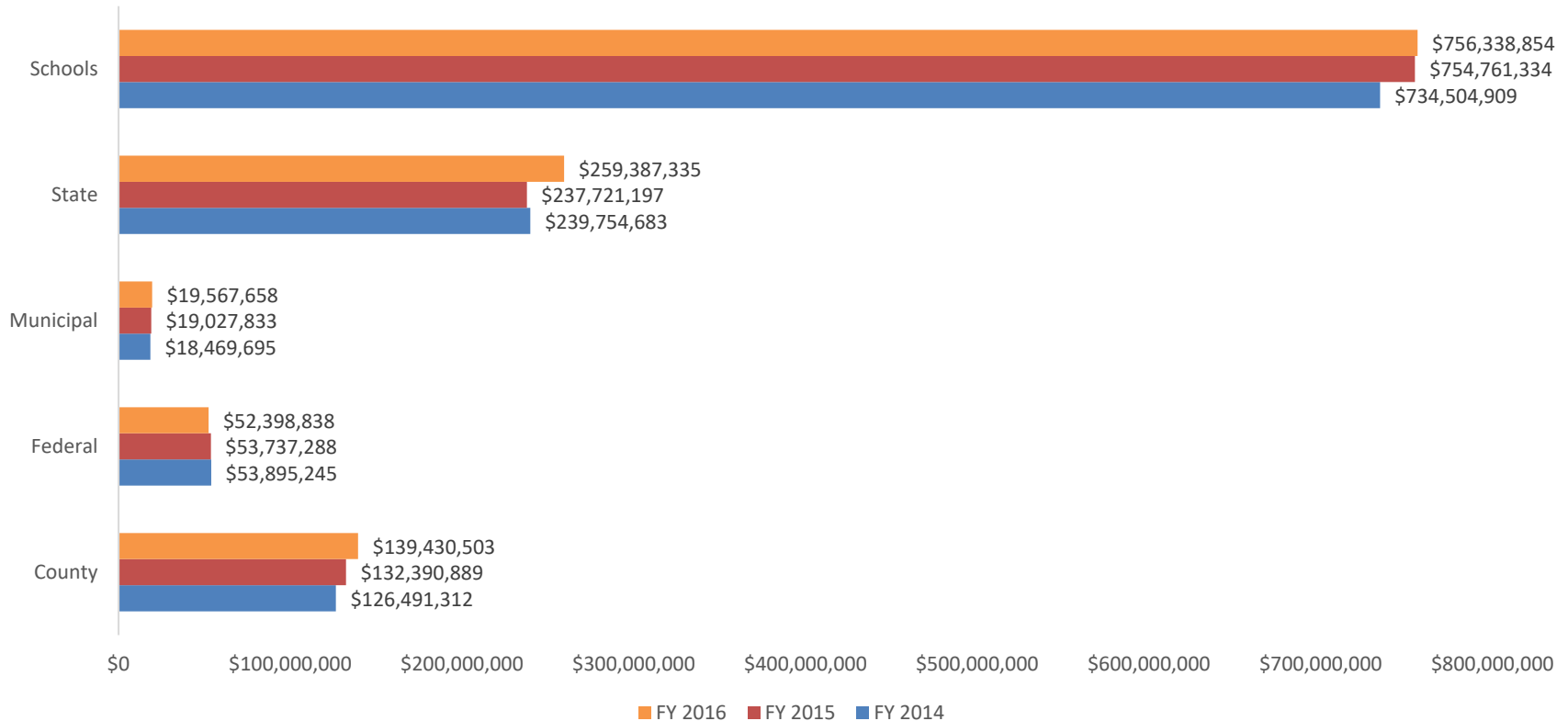
- Spending on K-12 Education was 62% of total spending in FY14, 63% in FY15 and 61% in FY16.
- Combined spending on Housing Subsidies, Work/Family Support, which includes child care assistance and Ohio Works First cash assistance, and Nutrition Services, which includes spending on Supplemental Nutrition Assistance Program (SNAP) benefits accounted for about 15% of total spending.
- See Appendix A for Spending by Subfunction detail.

Cradle to Career Investments by Funding Source



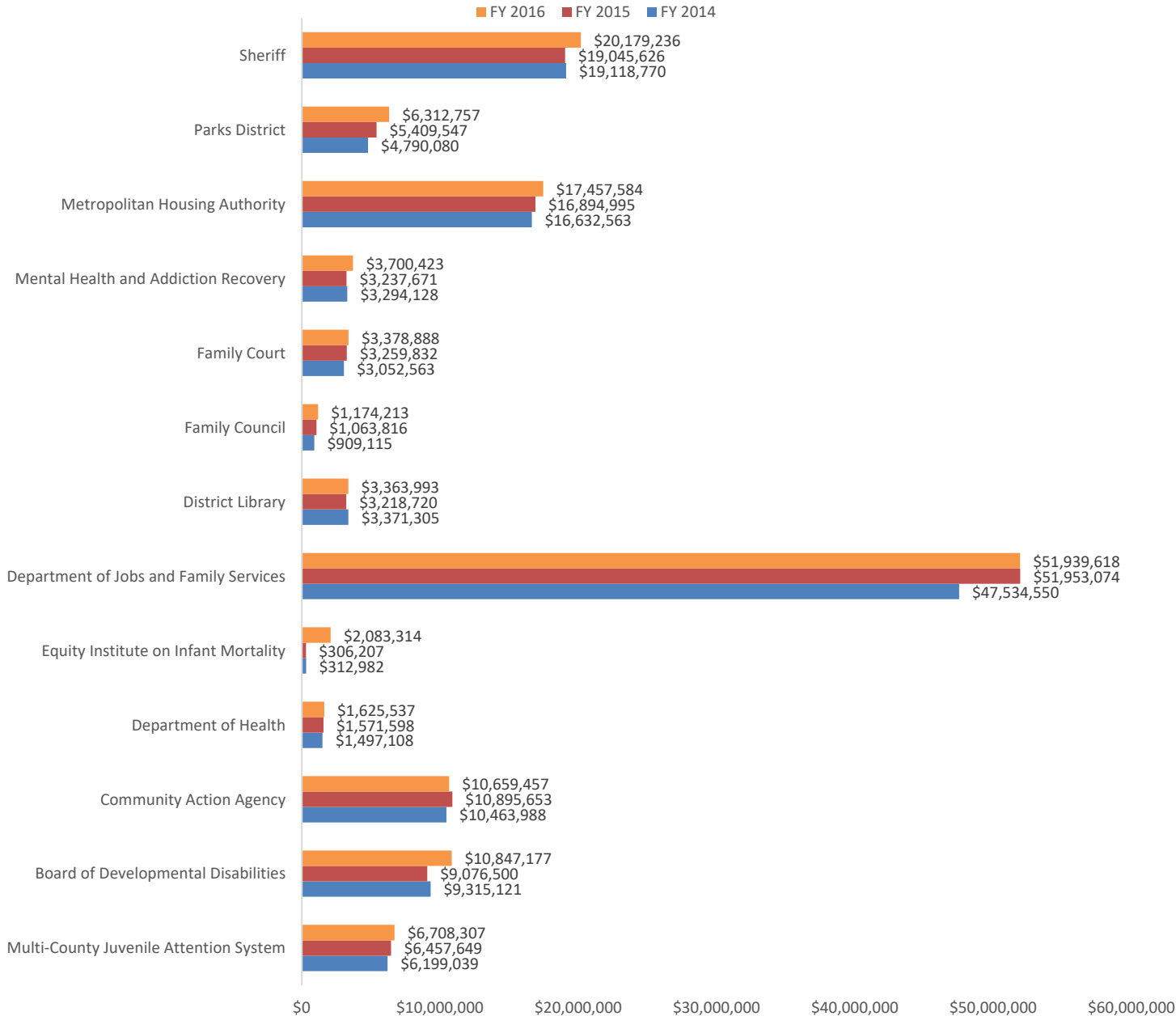
- Programs or services that received a large portion of federal funds included Medicaid reimbursements, K-12 Education, SNAP and Income Support programs.
- K-12 Education and Medicaid also made up a large portion of state funded services.
- Locally funded services included K-12 Education, Police/Sheriff, Public Health and Recreation & Parks.

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



The spending by agency source data show the agency pass-through for cradle to career spending and do not correspond to funding source data. For example, about \$50 million a year in federal Social Security benefits flowed directly to children in the county from the Social Security Administration. Spending that is passed-through State agencies included Medicaid reimbursements, which are funded with a federal match of about 62%, and SNAP benefits, which are entirely federally funded. See Appendix B for spending by agency source detail.

County Agency Pass-Through Cradle to Career Spending



- Between FY14 and FY16, county agency pass-through spending increased 10.2%.
- Over the same time period, spending passed through Stark MHAR increased 12.3% and spending budgeted in the Board of Developmental Disabilities increased 16.4%, while spending passed-through DJFS increased 9.3%

County Agency Pass-Through: Spending By Function

Function	FY 2014	FY 2016	FY 2017
Behavioral Health	\$4,203,243	\$4,301,487	\$4,874,636
Career Ready Young Adults	\$1,205,435	\$906,325	\$1,072,045
Child Welfare	\$24,057,337	\$25,894,397	\$26,612,764
Criminal Justice	\$19,118,770	\$19,045,626	\$20,179,236
Early Education and Child Care	\$9,070,416	\$8,930,537	\$8,782,988
Housing	\$16,632,563	\$16,894,995	\$17,457,584
Intellectual Disabilities	\$9,315,121	\$9,076,500	\$10,847,177
Juvenile Justice	\$9,251,602	\$9,717,481	\$10,087,195
Maternal & Child Health	\$312,982	\$306,207	\$2,083,314
Physical/Somatic Health	\$1,497,108	\$1,571,598	\$1,625,537
Work/Family Support	\$23,665,350	\$27,117,468	\$26,131,278
Youth Development	\$8,161,385	\$8,628,267	\$9,676,750
Grand Total	\$126,491,312	\$132,390,889	\$139,430,503

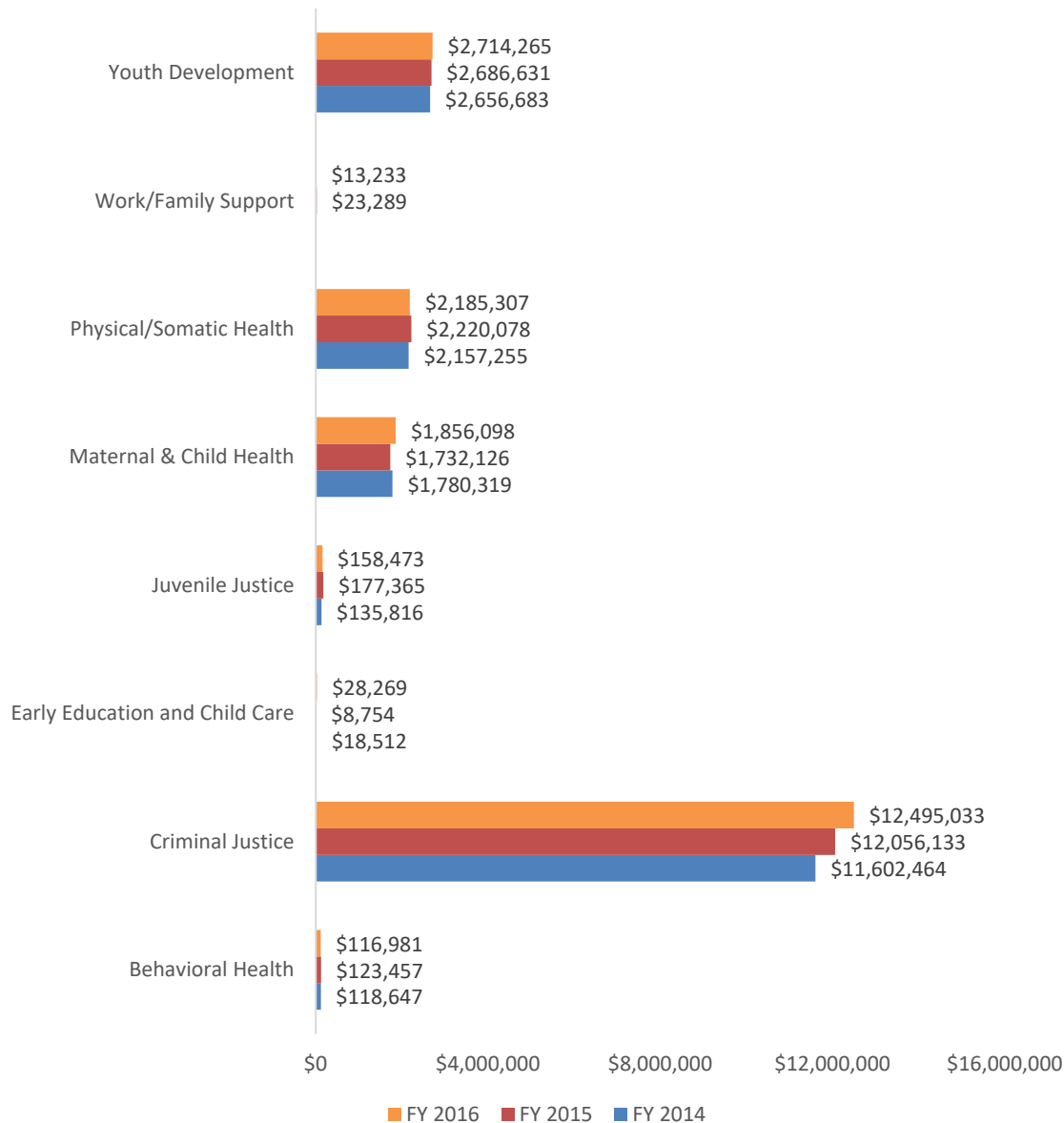
- Behavioral Health investments, including Family Council spending, went up 16% between FY 2014 and FY 2016, while Child Welfare spending increased 10.6% and Work/Family Support investments grew 10.4%.
- Maternal & Child Health investments spiked in FY 2016 due to Medicaid Infant Mortality Project funds kicking in to support Canton-Stark County THRIVE.
- For more information on the uses of the Medicaid Infant Mortality Project funds, see page 11 of the [2016 annual report](#) from the Stark County Department of Health. The sum of spending on the six projects equals the two-year FY 2016 and FY 2017 funding for the Medicaid Infant Mortality Project.

Spending Passed-Through Cities, Townships & Villages

- Between FY14 and FY16, pass-through spending budgeted in cities, townships and villages increased 5.9%.
- These investments primarily support Police, Public Health and Recreation and Parks spending.
- The expenditures are allocated to the cradle to career fund map with Census data on the percent of County residents under age 20 in each fiscal year.

City/Township/Village	FY 2014	FY 2015	FY 2016
Canton Township	\$3,677	\$33,592	\$27,574
City of Alliance	\$2,206,712	\$2,161,807	\$2,204,773
City of Canal Fulton	\$297,882	\$299,880	\$201,709
City of Canton	\$4,636,359	\$4,974,063	\$5,376,236
City of Canton	\$3,160,825	\$3,194,310	\$3,332,040
City of Louisville	\$712,927	\$736,947	\$678,098
City of Massillon	\$2,406,811	\$2,444,096	\$2,519,545
City of North Canton	\$1,361,594	\$1,383,993	\$1,430,808
Hills and Dales Township	\$76,227	\$83,078	\$75,057
Jackson Township	\$1,906,536	\$2,009,477	\$1,996,797
Lake Township	\$343,647	\$345,225	\$351,232
Osnaburg Township	\$7,750	\$7,936	\$8,153
Paris Township	\$4,420	\$4,355	\$4,600
Plain Township	\$711,358	\$716,145	\$689,446
Sugarcreek Township	\$33,583	\$27,578	\$22,668
Tuscarawas Township	\$67,884	\$68,324	\$68,845
Village of Bethlehem	\$48,759	\$68,701	\$97,151
Village of Brewster	\$122,170	\$122,658	\$120,944
Village of East Canton	\$47,974	\$47,527	\$47,723
Village of East Sparta	\$26,341	\$22,230	\$35,429
Village of Hartville	\$143,681	\$138,290	\$146,157
Village of Limaville	\$1,233	\$1,553	\$1,543
Village of Meyers Lake	\$3,867	\$3,892	\$3,922
Village of Navarre	\$96,933	\$92,906	\$89,012
Village of Waynesburg	\$37,399	\$35,740	\$34,685
Washington Township	\$3,144	\$3,531	\$3,509
Grand Total	\$18,469,695	\$19,027,833	\$19,567,658

Cities, Townships & Villages: Spending By Function



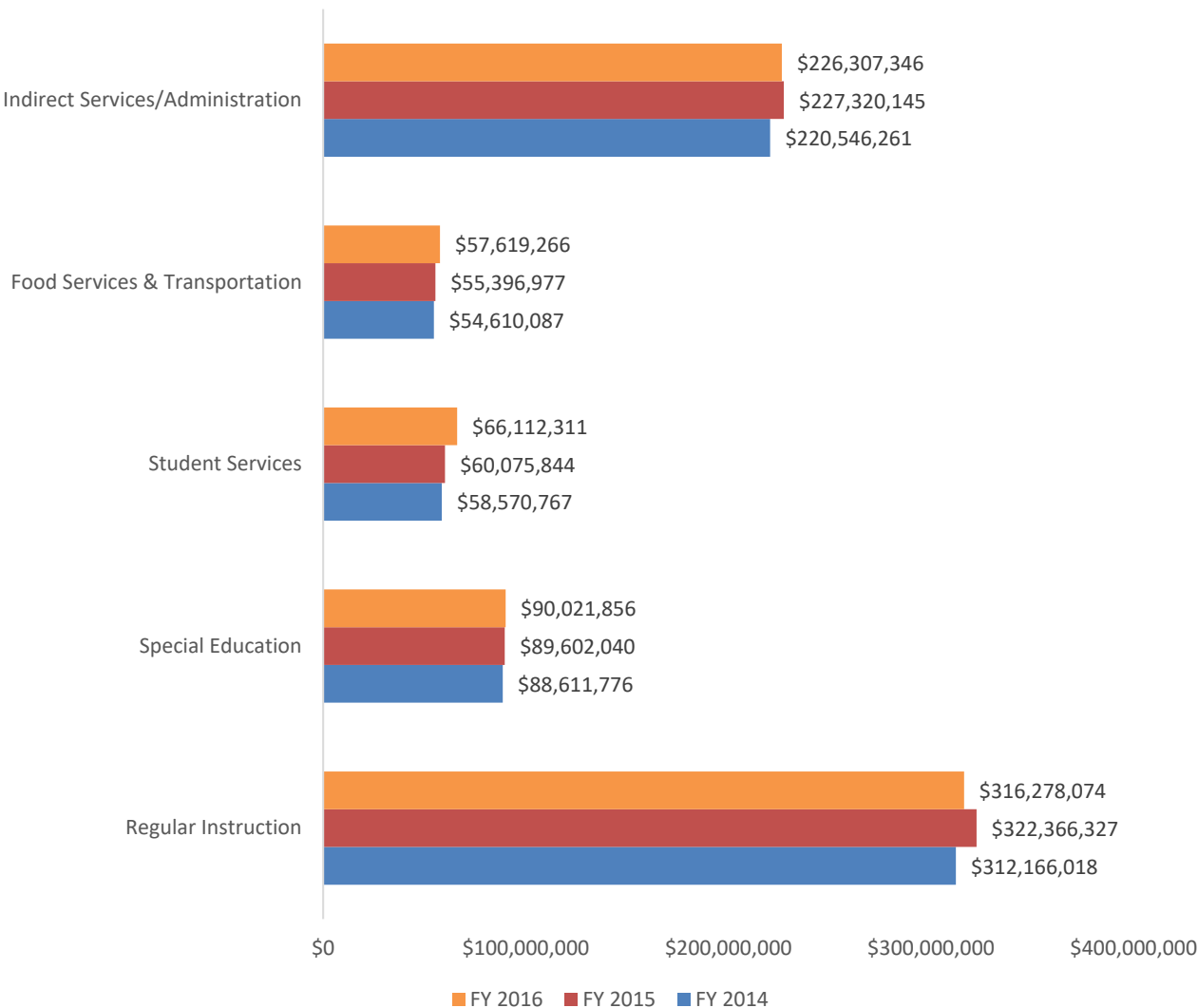
- Allocated spending on Police/Public Safety services accounted for the majority of cradle to career investments in municipality budgets.
- Behavioral Health investments are federal domestic violence grants to the cities of Canton and Massillon.
- Maternal and Child Health investments are spending on Women, Infants and Children program in cities of Alliance, Canton and Massillon, as well as federal grants for Maternal & Child Health and Teen Pregnancy prevention to the city of Canton.
- Jackson Township Police Department reports spending on Juvenile Intake, Pre-Disposition and Probation as a separate line item.

Stark County Schools

	FY 2014	FY 2015	FY 2016
Alliance	\$36,464,399	\$37,812,173	\$38,009,589
Canton City	\$137,488,922	\$139,469,142	\$142,744,390
Canton Local	\$26,525,948	\$26,166,763	\$25,714,368
Fairless	\$17,951,415	\$17,033,729	\$16,754,886
Jackson	\$57,432,994	\$58,742,562	\$58,630,287
Lake	\$34,063,800	\$34,364,845	\$36,495,944
Louisville	\$30,788,834	\$31,562,321	\$30,782,253
Marlington	\$23,477,683	\$24,393,560	\$23,079,013
Massillon	\$46,613,664	\$48,727,433	\$47,070,035
Minerva	\$19,553,636	\$19,344,726	\$19,789,245
North Canton	\$49,685,637	\$48,864,682	\$46,662,022
Northwest	\$21,604,200	\$21,824,223	\$21,448,934
Osnaburg	\$8,140,504	\$8,438,791	\$8,474,956
Perry	\$47,692,240	\$47,556,462	\$47,555,355
Plain	\$57,011,566	\$57,147,495	\$60,437,451
Sandy Valley	\$16,743,989	\$16,493,494	\$17,059,868
Stark Vocational/DRAGE	\$8,183,841	\$16,100,449	\$12,453,325
Tuslaw	\$14,471,268	\$14,274,940	\$14,542,519
School District Total	\$653,894,540	\$668,317,790	\$667,704,440
Education Service Center	\$22,312,745	\$23,828,864	\$25,105,583
Stark Portage Area Computer Consortium	\$3,125,238	\$3,589,522	\$3,873,320
Stark Schools Council of Governments	\$37,819,818	\$41,795,793	\$42,555,520
Early Childhood Education Estimate	\$1,808,030	\$2,635,604	\$3,278,317
Community Schools Total	\$14,320,084	\$13,324,400	\$12,517,571
Nonpublic Schools Total State Aid	\$1,224,454	\$1,269,360	\$1,304,102
GRAND TOTAL	\$734,504,909	\$754,761,334	\$756,338,854

- Total spending on county schools, including Stark County Educational Service Center, state aid to non-public schools and community schools, was \$734.5 million in FY 2014, \$753.5 million in FY 2015, and \$756.3 million in FY 2016. Spending does not include capital outlays or expenditures on facility acquisition or construction.
- Between FY 2014 and FY 2016, spending on county schools increased 2.9%, despite student enrollment in county school districts declining by 0.5%.

Stark County Schools Spending by Category

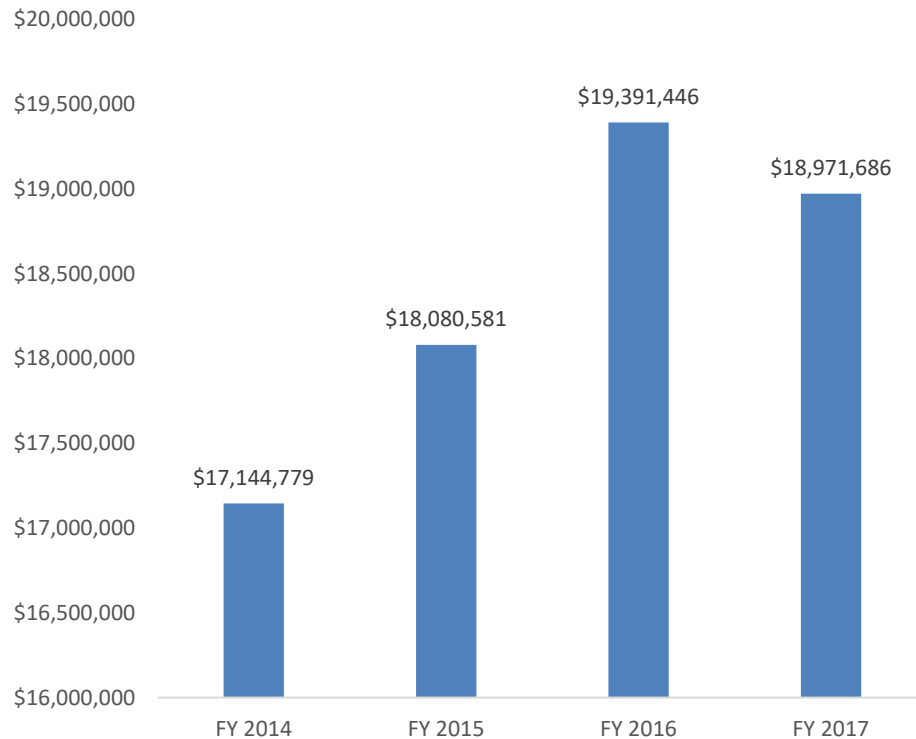


- Student Services, which includes Community Services and school-based behavioral health services, grew 12.9% between FY 2014 and FY 2016.
- Special Education spending went up 1.6%, while Regular Instruction expenditures increased by 1.3% between FY14 and FY16.
- Spending on Food Services & Transportation increased 5.5% over the same time, while Indirect/Administrative costs were up 2.6%.

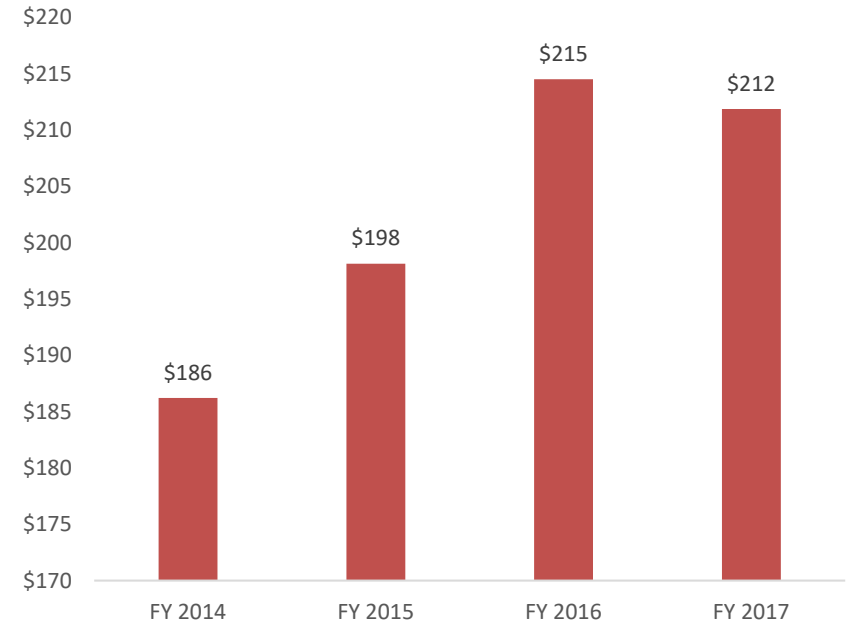
Investments in Core Behavioral Health Services

STARK COUNTY BEHAVIORAL HEALTH FUND MAP

Core Behavioral Health Investments



Spending on Core Behavioral Health Services Per Child and Young Adult Under Age 20



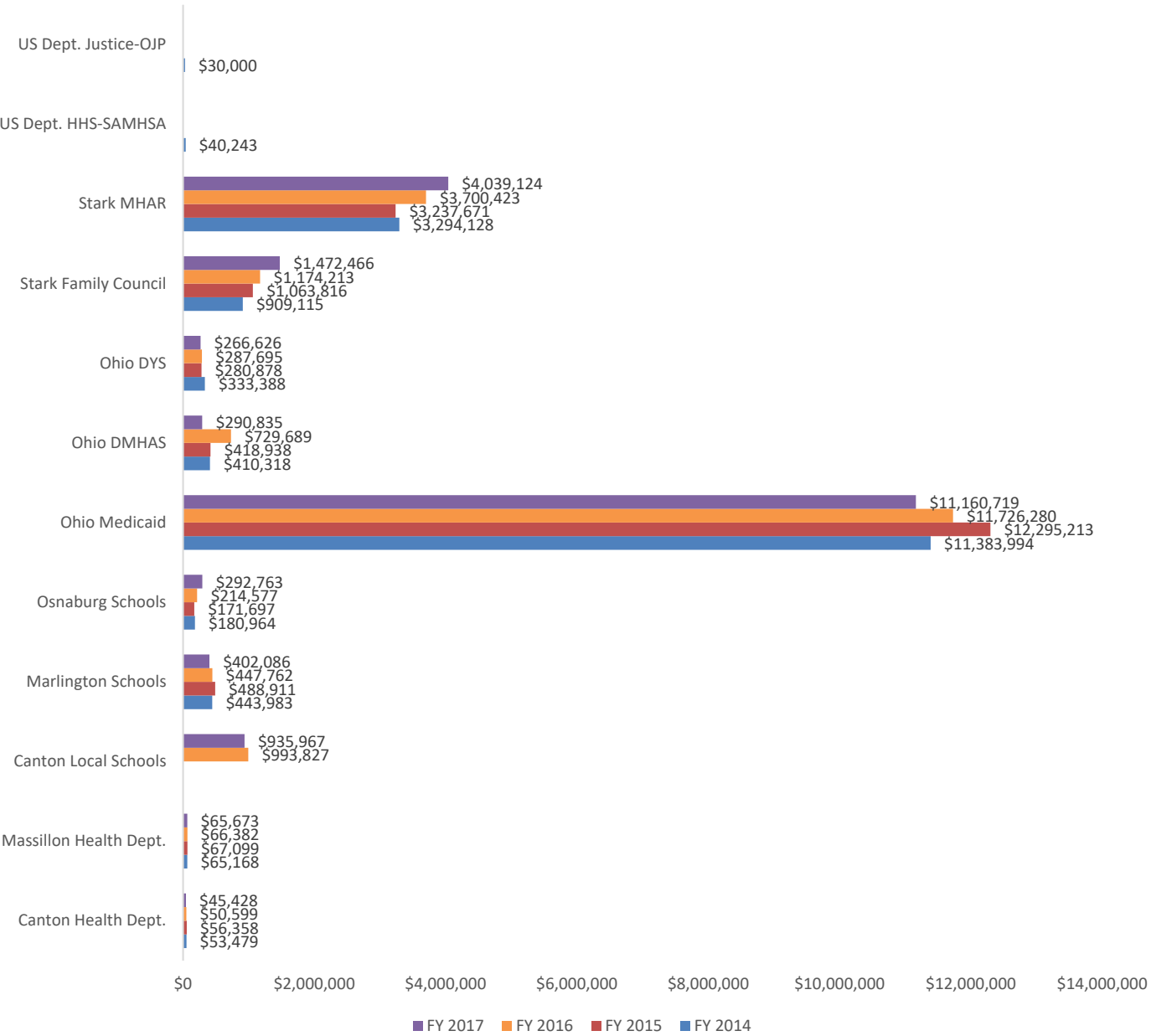
Investments in core behavioral health services include federal domestic violence grants delivered to the community as well as to the cities of Canton and Massillon. State agency pass-through investments included Medicaid behavioral health charges for residents under age 25, expenditures for State Regional Psychiatric Hospital services to residents under 22, and behavioral health spending on county youth committed to the state Department of Youth Services. County agency pass-through spending included Stark County Family Council investments and spending on children and young adults by Stark County Mental Health and Addiction Recovery. In addition, three local school districts -- Canton Local, Marlinton Local and Osnaburg Local -- reported spending detail through Ohio Checkbook that reconciled with the financial data reported in their Comprehensive Annual Financial Reports. These detailed data included spending on school-based behavioral health services. FY 2017 data include estimated spending for Family Council, municipalities and Marlinton and Osnaburg Local.

Core Behavioral Health Investments by Subfunction

Subfunction	FY 2014	FY 2015	FY 2016	FY 2017
Behavioral Health Prevention Services	\$1,229,358	\$1,220,073	\$1,282,798	\$1,198,998
Behavioral Health Services for Transitional Age Youth	\$527,720	\$473,165	\$550,774	\$593,115
Coordination for Children w/Multiple Disabilities	\$909,115	\$1,063,816	\$1,174,213	\$1,472,466
Domestic Violence Prevention and Services	\$235,830	\$123,457	\$163,921	\$158,622
Early Childhood Mental Health			\$306,516	\$354,748
Juvenile Detention: Behavioral Health	\$169,020	\$130,132	\$116,254	\$176,759
Juvenile Justice: Behavioral Health	\$10,629	\$9,944	\$2,804	\$7,801
Juvenile Justice: Residential Treatment	\$153,740	\$140,802	\$168,636	\$82,065
Medicaid Reimbursements	\$11,383,994	\$12,295,213	\$11,726,280	\$11,160,719
Mental Health Crisis Response	\$149,328	\$86,097	\$104,548	\$132,589
Mental Health Treatment	\$233,622	\$319,622	\$191,559	\$319,601
Non-Medical Prevention Services	\$178,220	\$208,034	\$208,030	\$213,612
Psychiatric Hospitalization	\$410,318	\$418,938	\$729,689	\$290,835
School-Based Behavioral Health Services	\$624,947	\$660,608	\$1,656,166	\$1,630,815
Substance Abuse Prevention	\$281,800	\$283,540		\$346,500
Substance Abuse Treatment	\$647,140	\$647,140	\$1,009,258	\$832,440
Grand Total	\$17,144,779	\$18,080,581	\$19,391,446	\$18,971,686

- Medicaid spending for behavioral health charges was the largest subfunction with between \$11 and \$12 million in charges.
- A lack of spending reported for a category in a fiscal year does not mean there was not related spending for that fiscal year due to reporting changes.
- Project staff will continue to work with OHIO MHAS contacts on Medicaid expenditures.

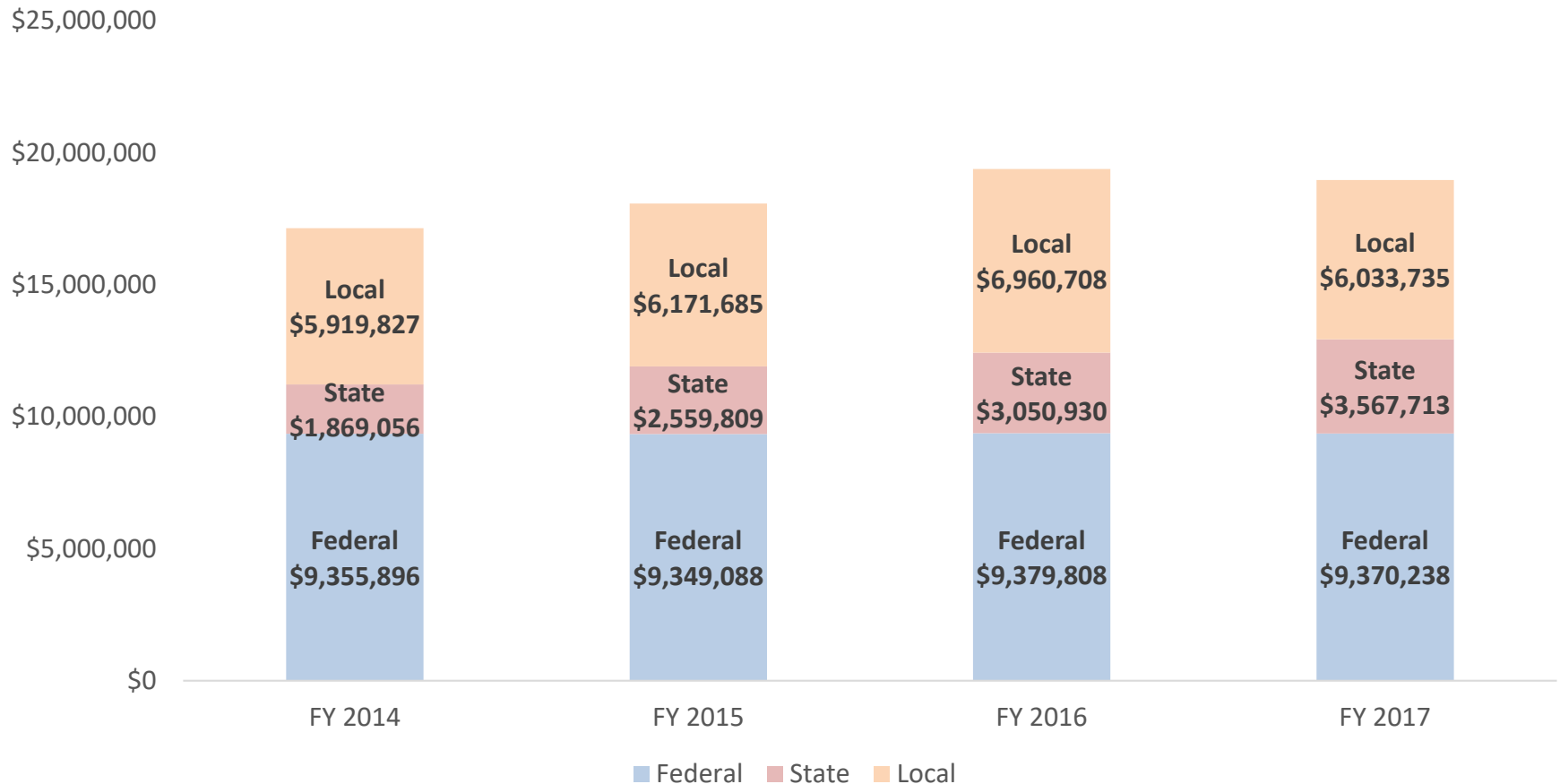
Core Behavioral Health Investments by Agency Source



- Medicaid Behavioral Health charges reported by Stark MHAR accounted for more than two-thirds of core behavioral health investments in FY 2014 and FY 2015 and about 60% in FY 2015 and FY 2016. These charges are shown with an agency pass-through of Ohio Department of Medicaid.
- Behavioral health program spending reported by Stark MHAR is about 20% of total behavioral health investments.
- Project staff will continue to work with SOC grant partners to include additional behavioral health spending detail in the final report.

Core Behavioral Health Investments By Funding Source

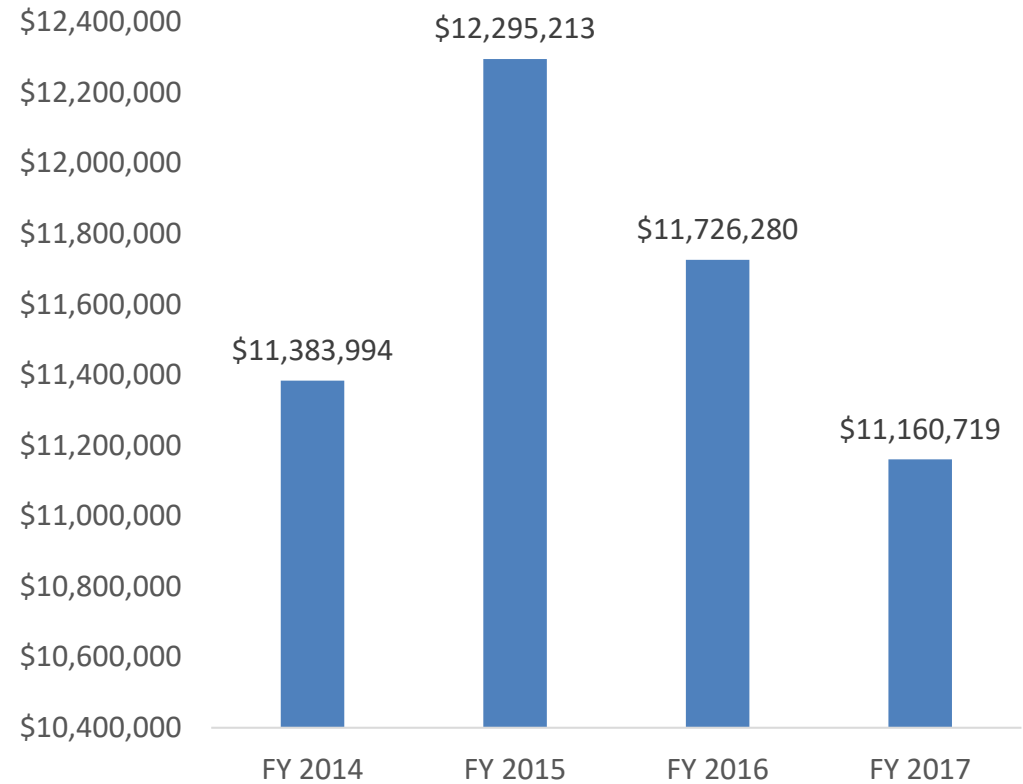
Core Behavioral Health Investments by Funding Source



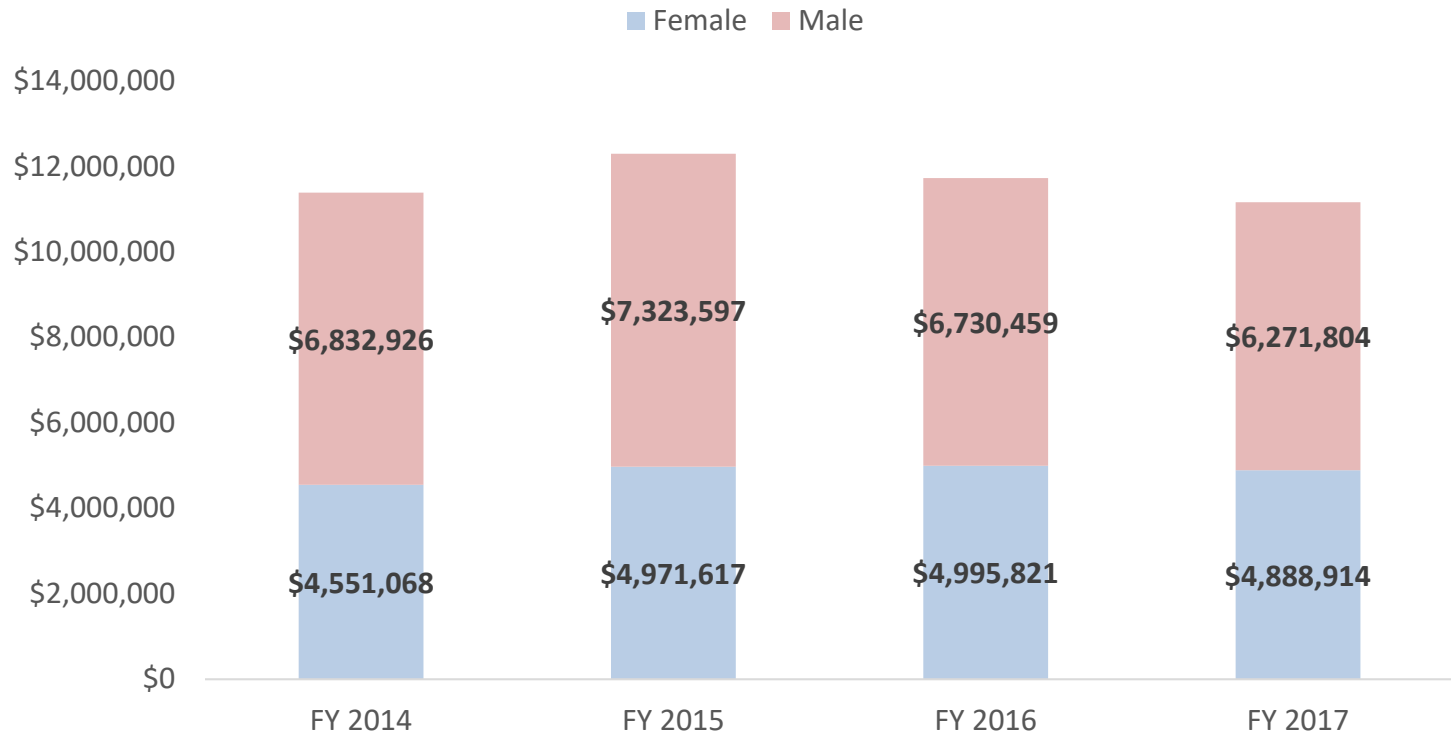
Federal funds accounted for roughly half of core Behavioral Health investments, with federal matching funds for Medicaid reimbursements making up more than three-quarters of federal funds. The federal match rate for Medicaid in Ohio ranged between 62% and 63% depending on the fiscal year.

Medicaid Behavioral Health Charges – Residents Under Age 25

- Stark MHAR staff provided Medicaid behavioral health charges for County residents under age 25 for FYs 2014 through 2017.
- These charges were reported by gender, race, age group, service type, and primary diagnosis.
- Total spending across all four fiscal years was \$46.6 million.
- After increasing 8% between FY 2014 and 2015, charges dropped by 4.6% in FY 2015 and 4.8% in FY 2016.



Medicaid Behavioral Health Charges By Gender



While spending for services for boys and young men account for the majority of charges, the share of expenditures on girls and young women steadily climbed from 40% in FY 2014 to 44% in FY 2017, or a 10% increase in the relative share of charges.

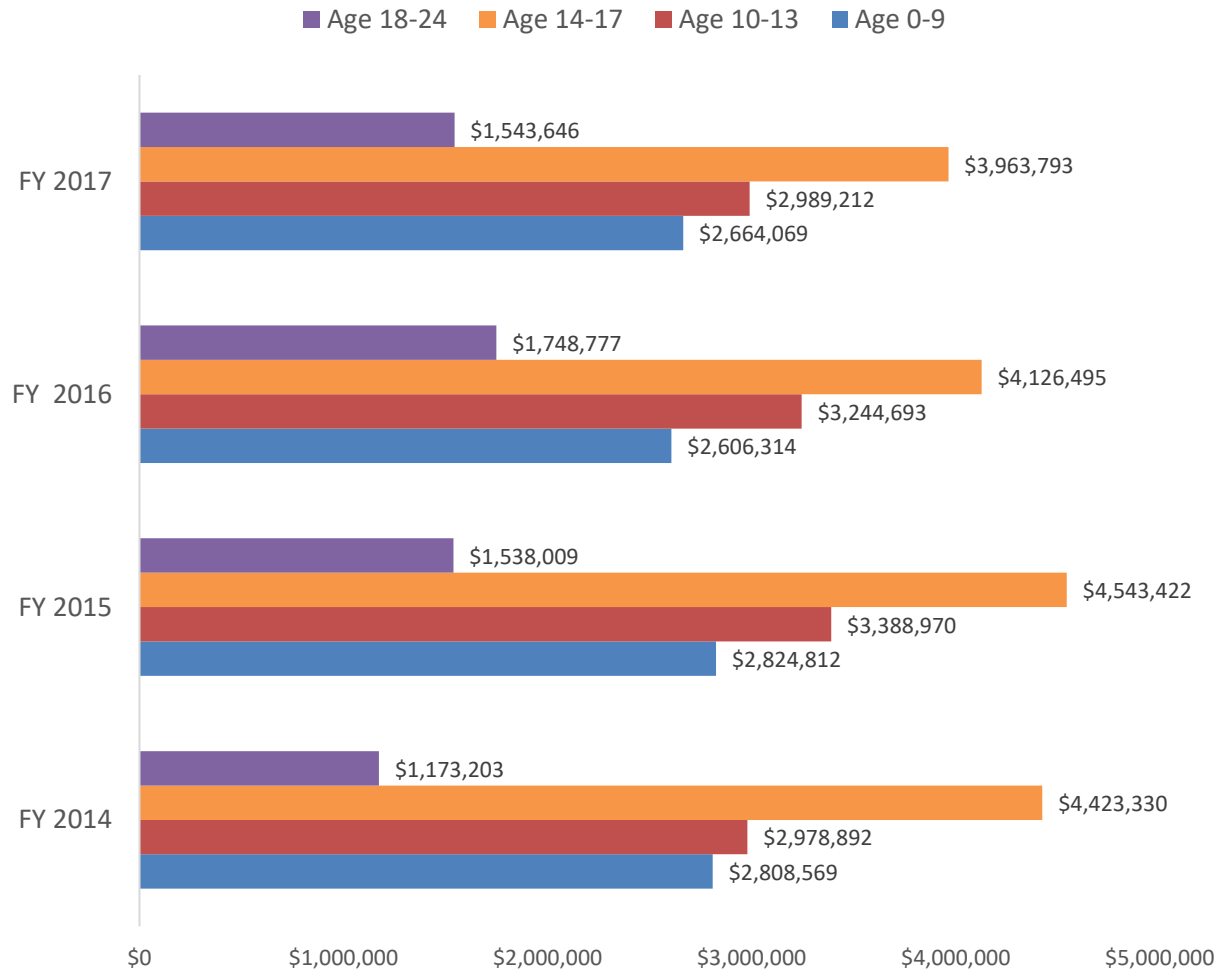
Medicaid Behavioral Health Charges By Race

Race	FY 2014	FY 2015	FY 2016	FY 2017
Asian	\$8,113	\$7,196	\$5,271	\$6,365
Black	\$2,487,084	\$2,707,293	\$2,411,472	\$2,108,790
Hispanic	\$89,199	\$97,785	\$21,098	\$80,267
Other	\$16,030	\$91,084	\$141,086	\$101,271
Unknown	\$38,137	\$278,576	\$525,324	\$758,117
White	\$8,745,429	\$9,113,278	\$8,622,029	\$8,105,908
Grand Total	\$11,383,994	\$12,295,213	\$11,726,280	\$11,160,719

- On average across all four years, expenditures on services for White children and young adults were 74.3% of total charges, while spending for services to Black children and young adults were 20.8% of total charges.
- July 2015 Census data report that 88.7% of county residents were White and 7.2% of residents were Black.

Medicaid Behavioral Health Charges By Age Group

- Combined charges for children aged 10-17 accounted for nearly two-thirds of charges in each fiscal year.
- Spending on children aged 14-17 ranging between 35% to 39% of total charges.
- Charges for services to young children under 10 were about one-quarter of total charges.
- Spending on young adults between 18 and 24 ranged between 10% to 15% of total charges.



Medicaid Behavioral Health Charges By Service Type

Service Type	FY 2014	FY 2015	FY 2016	FY 2017
AoD Ambulatory Detoxification	\$387.74	\$3,683.53	\$7,173.19	
AoD Assessment	\$31,302.07	\$20,788.10	\$24,777.96	\$16,369.26
AoD Case Management	\$56,035.64	\$10,347.96	\$20,621.68	\$24,994.66
AoD Crisis Intervention	\$3,926.68	\$38.88		\$233.26
AoD Group Counseling	\$144,797.79	\$43,049.41	\$43,060.05	\$41,212.08
AoD Individual Counseling	\$77,827.60	\$40,037.38	\$48,001.79	\$32,027.18
AoD Intensive Outpatient	\$171,707.73	\$155,802.85	\$286,298.92	\$292,144.60
AoD Medical/Somatic	\$37,783.29	\$7,327.98	\$30,125.58	\$24,644.38
AoD Methadone Administration			\$656.76	
AoD Screening Analysis	\$14,362.80	\$13,069.54	\$30,819.82	\$30,578.20
Diag. Assessment - Non-Physician	\$938,592.62	\$1,027,481.86	\$952,412.19	\$946,501.67
Diag. Assessment - Physician	\$109,405.53	\$121,734.96	\$140,956.64	\$123,871.27
Medical Home Program, Care Coordination, Planning, Maintenance of plan	\$1,693.77	\$268.70	\$6,278.50	
MH Crisis Intervention	\$26,602.59	\$26,863.11	\$29,096.14	\$32,634.08
MH Group Counseling	\$1,549,921.72	\$1,714,390.01	\$1,194,304.82	\$712,576.95
MH Individual Counseling	\$4,229,653.77	\$4,645,598.54	\$4,432,494.80	\$4,409,715.98
MH Individual CSP	\$2,904,730.03	\$3,099,137.53	\$3,229,667.62	\$3,424,725.06
MH Medical/Somatic	\$594,426.93	\$898,832.39	\$935,739.33	\$848,015.22
MH Other Services			\$6,408.00	
Oral prescription drug non chemo			\$526.90	\$965.80
Partial Hospitalization	\$490,835.62	\$466,760.48	\$306,858.89	\$199,509.00
Grand Total	\$11,383,993.92	\$12,295,213.21	\$11,726,279.58	\$11,160,718.65

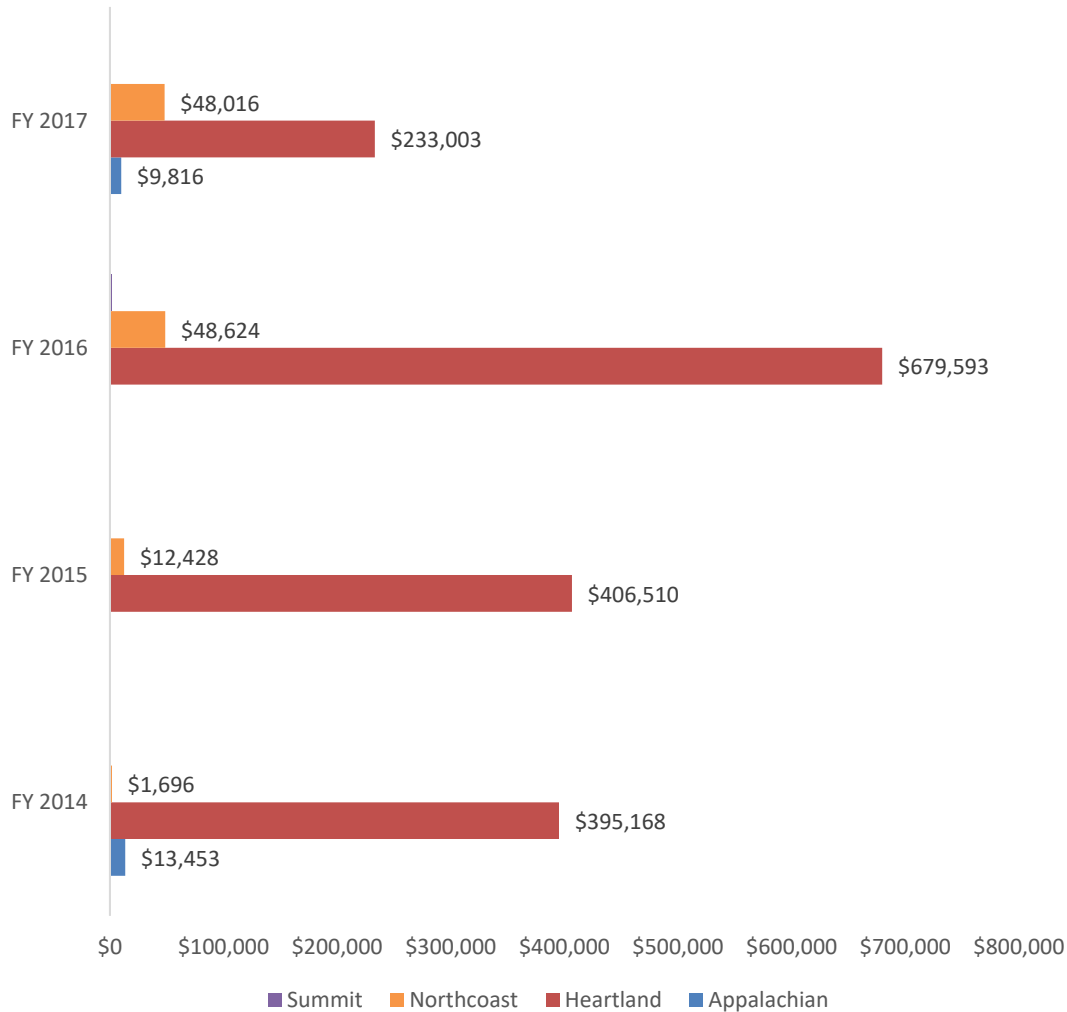
- For all four years combined, charges for Individual and Group Counseling accounted for slightly more than half (50.1%) of total charges.
- Spending on Mental Health Individual Community Support Programs accounted for more than one quarter (27.2%) of total charges.

Medicaid Behavioral Health Charges by Primary Diagnosis

Primary Diagnosis	FY 2014	FY 2015	FY 2016	FY 2017
Adjustment Disorders	\$1,730,378	\$1,953,991	\$2,088,489	\$2,228,817
Alcohol Induced Disorders	\$743		\$177	\$689
Alcohol Use Disorders	\$45,516	\$32,557	\$75,464	\$36,002
Amphetamine Use Disorder	\$440	\$8,193	\$18,431	\$13,850
Antidepressant Use Disorders			\$714	\$1,216
Anxiety Disorders	\$1,183,488	\$1,379,140	\$1,287,133	\$1,218,442
Attention-Deficit/Disruptive Behavior Disorders	\$1,640,467	\$1,742,773	\$1,559,379	\$1,266,697
Bipolar Disorders	\$804,188	\$867,222	\$701,836	\$617,655
Cannabis Use Disorders	\$310,519	\$185,150	\$234,653	\$328,180
Cocaine Use Disorders	\$27,971	\$7,199	\$10,257	\$4,484
Communication Disorders	\$9,650	\$6,760	\$21,758	\$33,954
Conduct Disorders	\$2,466,066	\$2,550,476	\$1,968,329	\$1,676,591
Delirium	\$8,103	\$18,217	\$27,021	\$21,624
Dementia	\$528			
Depressive Disorders	\$1,053,893	\$1,213,103	\$1,188,256	\$1,366,675
Dissociative Disorders	\$1,004	\$2,969	\$765	\$289
Dyssomnias		\$421	\$231	
Eating Disorders	\$1,889	\$8,287	\$3,744	\$3,222
Elimination Disorders	\$327	\$1,336	\$1,192	\$3,823
Factitious Disorders	\$1,113	\$156	\$4,363	\$2,816
Feeding/Eating Disorder of Childhood	\$951	\$1,013	\$1,167	\$270
Gender Identity Disorders	\$9,607	\$1,225	\$5,914	\$4,586
Hallucinogen Use Disorders	\$188			\$201
Impulse Control Disorders	\$21,349	\$42,170	\$41,377	\$41,815
Inhalant Use Disorders	\$3,746	\$144		
Learning Disorders	\$8,057	\$25,025	\$46,267	\$68,847
Mental Disorders Due to Medical Conditions			\$1,637	\$26,616
Mental Retardation	\$4,870	\$4,364	\$16,015	\$20,503
Motor Skills Disorder		\$325		\$463
Nicotine Use Disorders			\$85	
No Diagnosis		\$538		
Opioid Use Disorders	\$122,951	\$60,007	\$143,350	\$83,815
Other Childhood Disorders	\$108,247	\$147,109	\$200,400	\$120,924
Other Cognitive Disorders	\$8,167	\$19,464	\$3,720	
Paraphilias	\$2,430	\$4,413	\$5,838	\$4,442
Parasomnias	\$190	\$225		
Personality Disorders	\$4,325	\$2,048	\$183,512	\$292,000
Pervasive Developmental Disorders	\$437,233	\$575,400	\$326,830	\$288,611
Polysubstance Use Disorder	\$17,828	\$960	\$12,934	\$665
Post-traumatic Stress Disorder	\$1,257,219	\$1,349,907	\$1,354,594	\$1,216,241
Schizophrenia/Other Psychotic Disorders	\$81,512	\$68,887	\$103,523	\$100,327
Sedative-Hypnotic-Anxiolytic Use Disorders	\$450	\$232	\$13,875	\$12,048
Somatoform Disorders	\$3,067	\$3,875	\$61,226	\$25,920
Substance Induced Disorders		\$271	\$909	\$1,457
Tic Disorders	\$1,913	\$5,695	\$4,410	\$2,206
unknown			\$211	\$13,100
V Codes	\$3,411	\$3,969	\$6,297	\$10,636
Grand Total	\$11,383,994	\$12,295,213	\$11,726,280	\$11,160,719

County Residents Under Age 22 in State Psychiatric Facilities

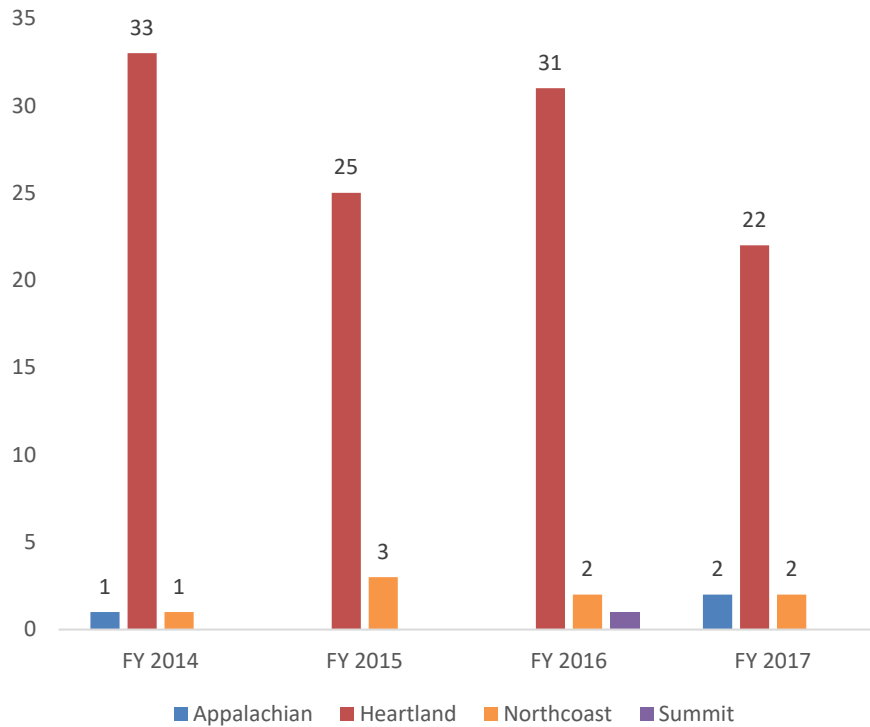
Annual Cost of Patients Served: County Residents Under Age 22



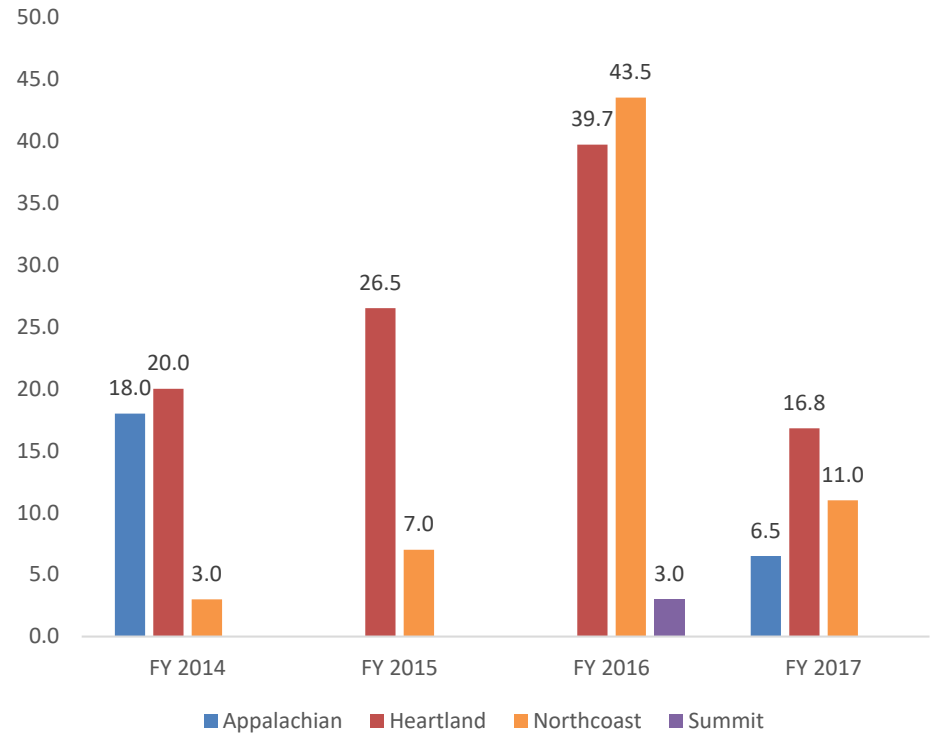
- Ohio Department of Mental Health and Addiction Services staff reported the number of County residents under age 22 served in State Regional Psychiatric Hospitals (RPH) for FY 2014 through FY 2017, as well as the average length of stay. Per diem costs for each RPH are available in the Department’s [annual reports](#).
- The total cost to care for these children and young adults was \$410,318 in FY 2014 and \$418,938 in FY 2015.
- In FY 2016, spending jumped to \$729,689, due to an increase in both the number of patients served and the average number of bed days. The annual cost of care fell to \$290,835 in FY 2017.
- Most of the children and young adults are treated in the County at Heartland, which accounts for most of the related spending – with \$395,168 in FY14, \$406,510 in FY15, \$679,593 in FY16, and \$233,003 in FY17.

County Residents Under Age 22 in State Psychiatric Facilities

Number of Patients Served



Average Length of Stay: Number of Bed Days

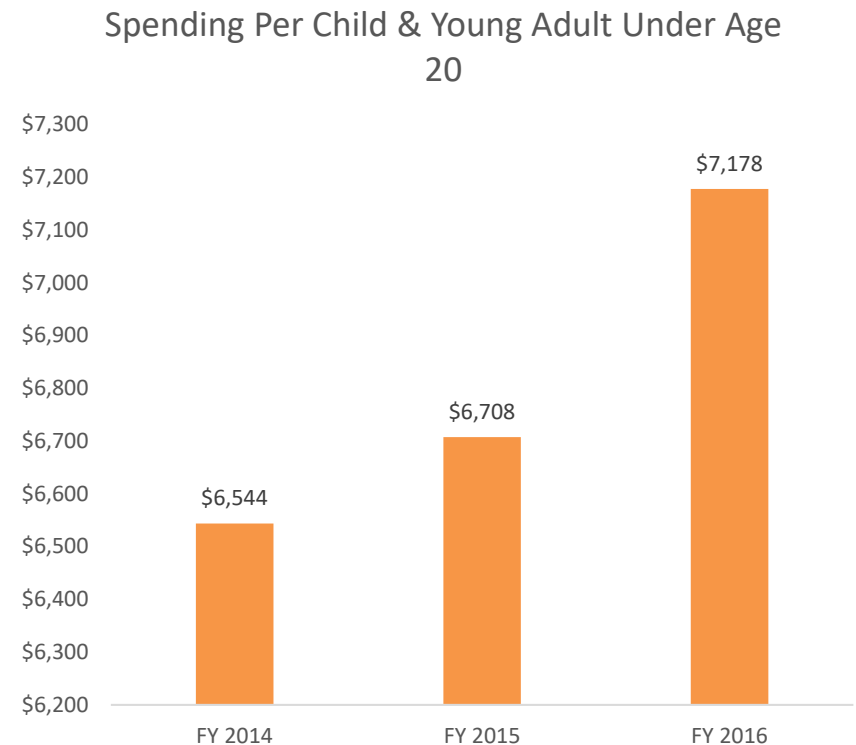
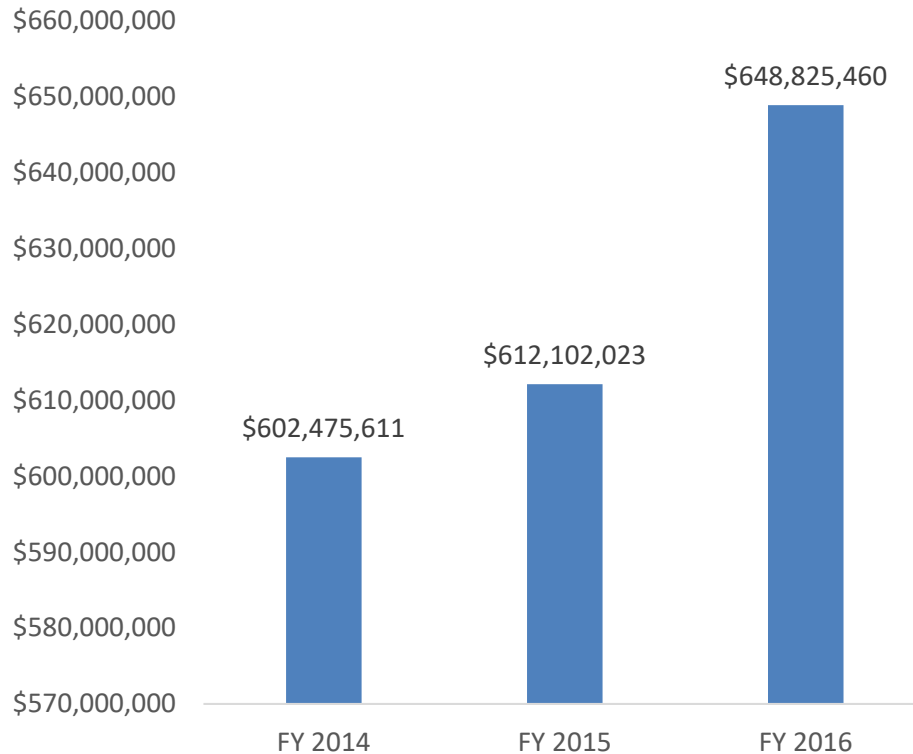


- The annual cost of care is driven more by the average number of bed days than the number of patients served.
- In FY 2014, 35 children and young adults were placed in Regional Psychiatric Hospitals with an average length of stay of 19.4 days – at a cost of \$410,318.
- In FY 2016, 34 patients were served with an average length of stay of 38.9 days – at a cost of \$729,689.
- FY 2017 spending fell to \$290,835 for 26 patients with an average length of stay of 15.6 days.

Investments in Core Behavioral Health Services and Related and Support
Services and Programs

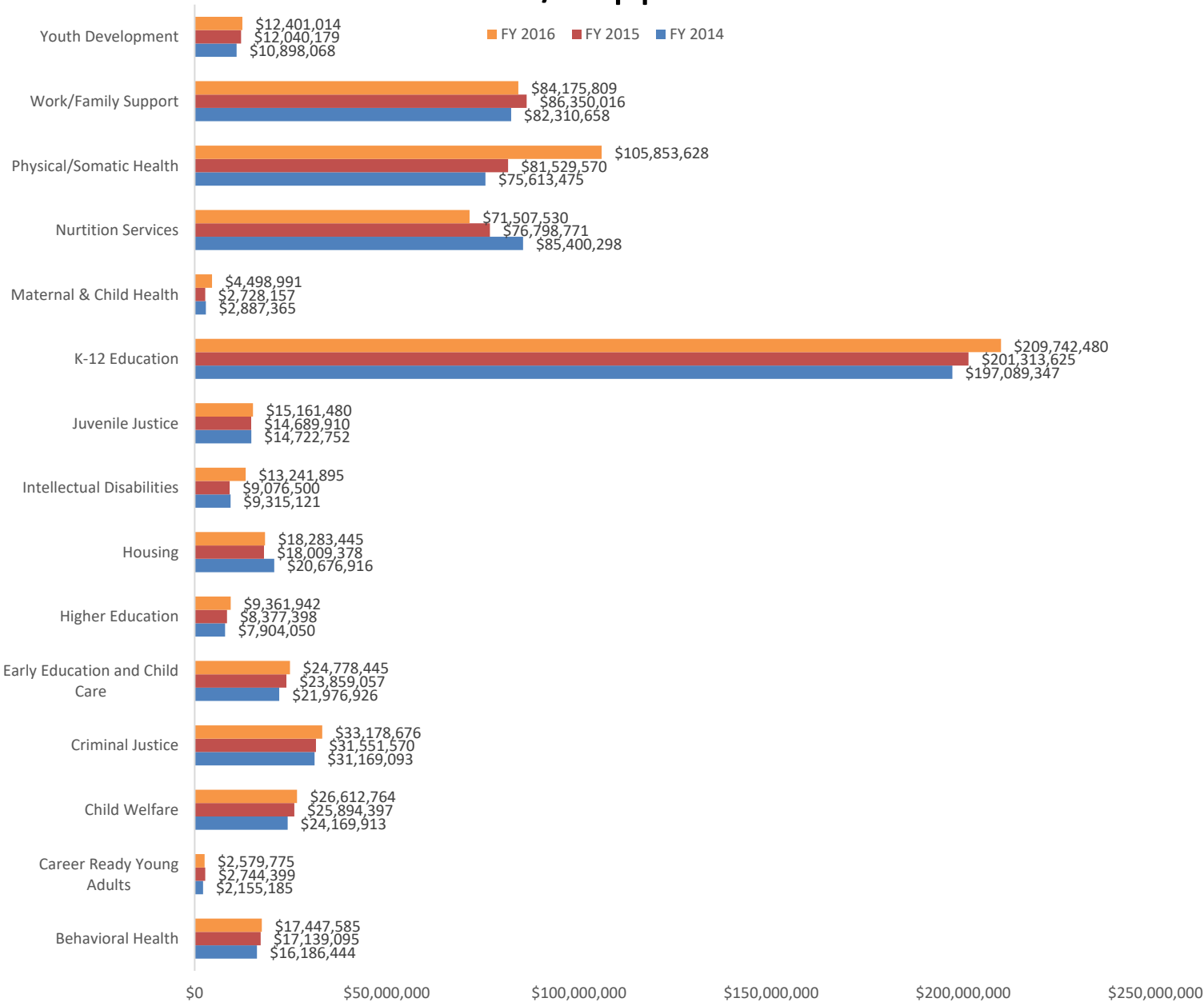
STARK COUNTY BEHAVIORAL HEALTH FUND MAP

Core Services & Related/Support Services



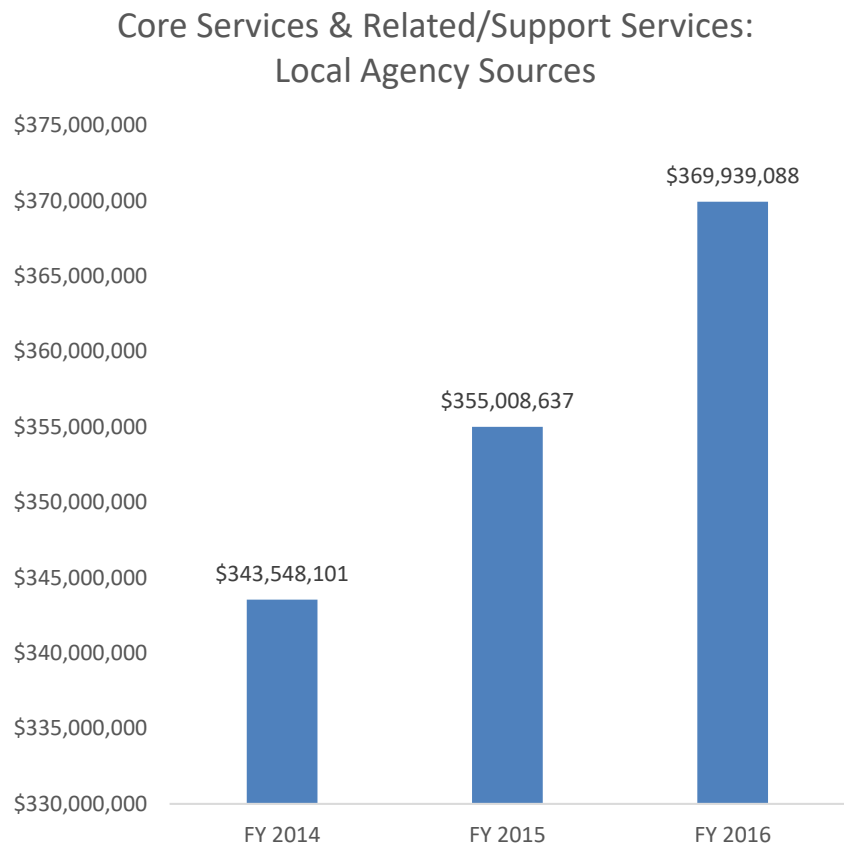
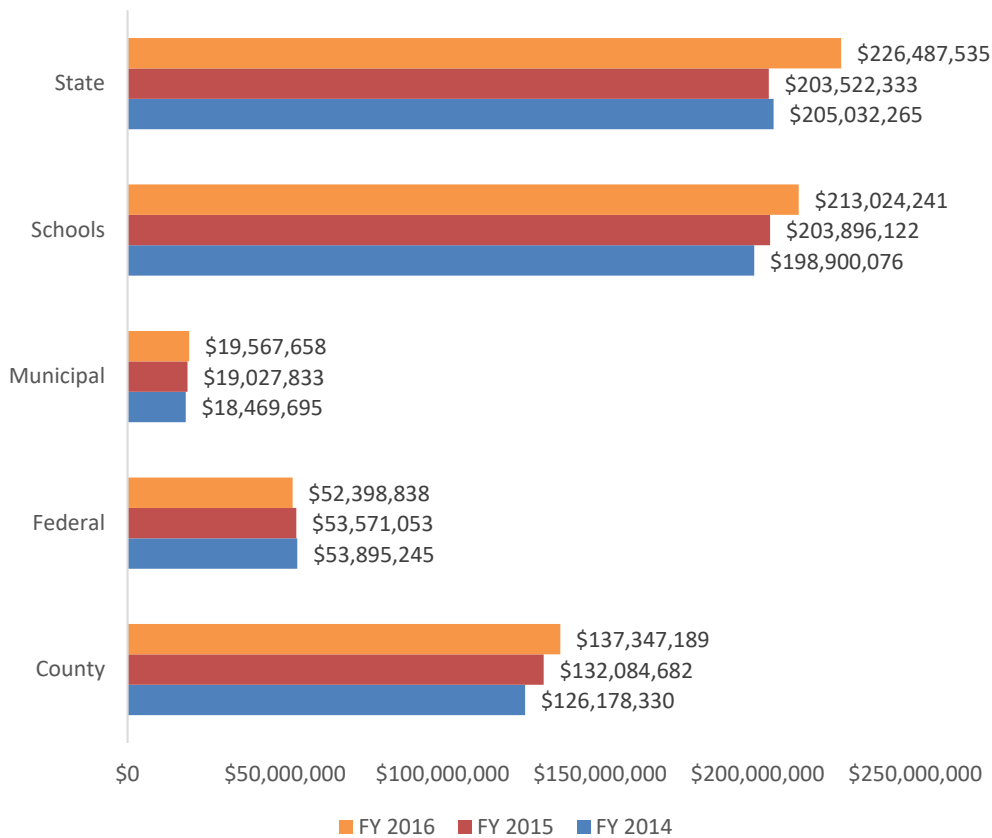
To capture investments across the behavioral health system of care and survey the broadest possible cross-system spending, the fund map incorporates expenditures on core behavioral health services as well as spending on related and support services or programs. Between FY 2014 and FY 2016, overall spending on core services and related/support services increased by 7.7% and spending per child and young adult under age 20 increased 9.7%. A portion of the spending increase is associated with reporting changes, e.g., more detailed data on school-based behavioral health services.

Core Services & Related/Support Services: Investments By Function



- For K-12 Education, Special Education is just under half of total spending, with Student Services accounting for about a quarter.
- Physical Health includes Medicaid reimbursements.
- Work/Family Support includes Income Support, like TANF or Disability Support. Nutrition includes SNAP benefits.
- Criminal Justice includes Police/Sheriff.
- Spending items can be removed from or added to the program inventory for final report

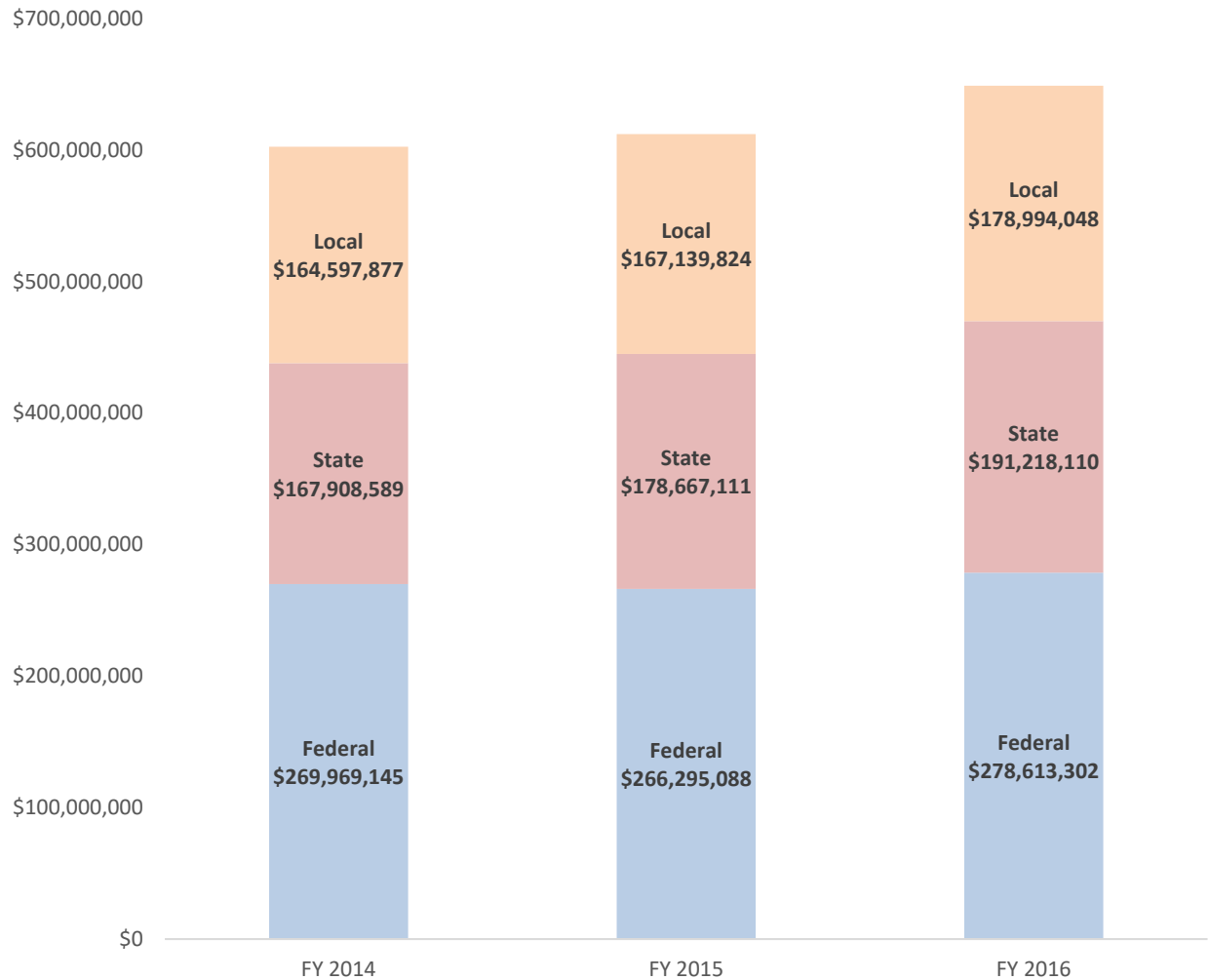
Core Services & Related/Support Services: Spending by Agency Source



Most of the spending passed through Federal agencies is Social Security benefits. Medicaid and SNAP benefits accounted for more than three-quarters of spending passed through State agencies. Spending passed through local agencies, including County agencies, Cities, Townships and Villages, School Districts and Higher Education Institutions accounted for just under 60% of total spending on core services and related/support services. See Appendix B for spending by agency source detail.

Core Services & Related/Support Services: Spending By Fund Source

- Medicaid reimbursements, SNAP, TANF and K-12 Education account for most of the federally funded services.
- Medicaid reimbursements and K-12 Education made up most of the state funds.
- Spending on Police/Sheriff, Recreation/Parks and K-12 Education accounted for much of the locally funded services.



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

STARK COUNTY BEHAVIORAL HEALTH FUND MAP

Informing the System of Care Strategic Financing Plan: Build on Existing Infrastructure & Leverage Existing Resources

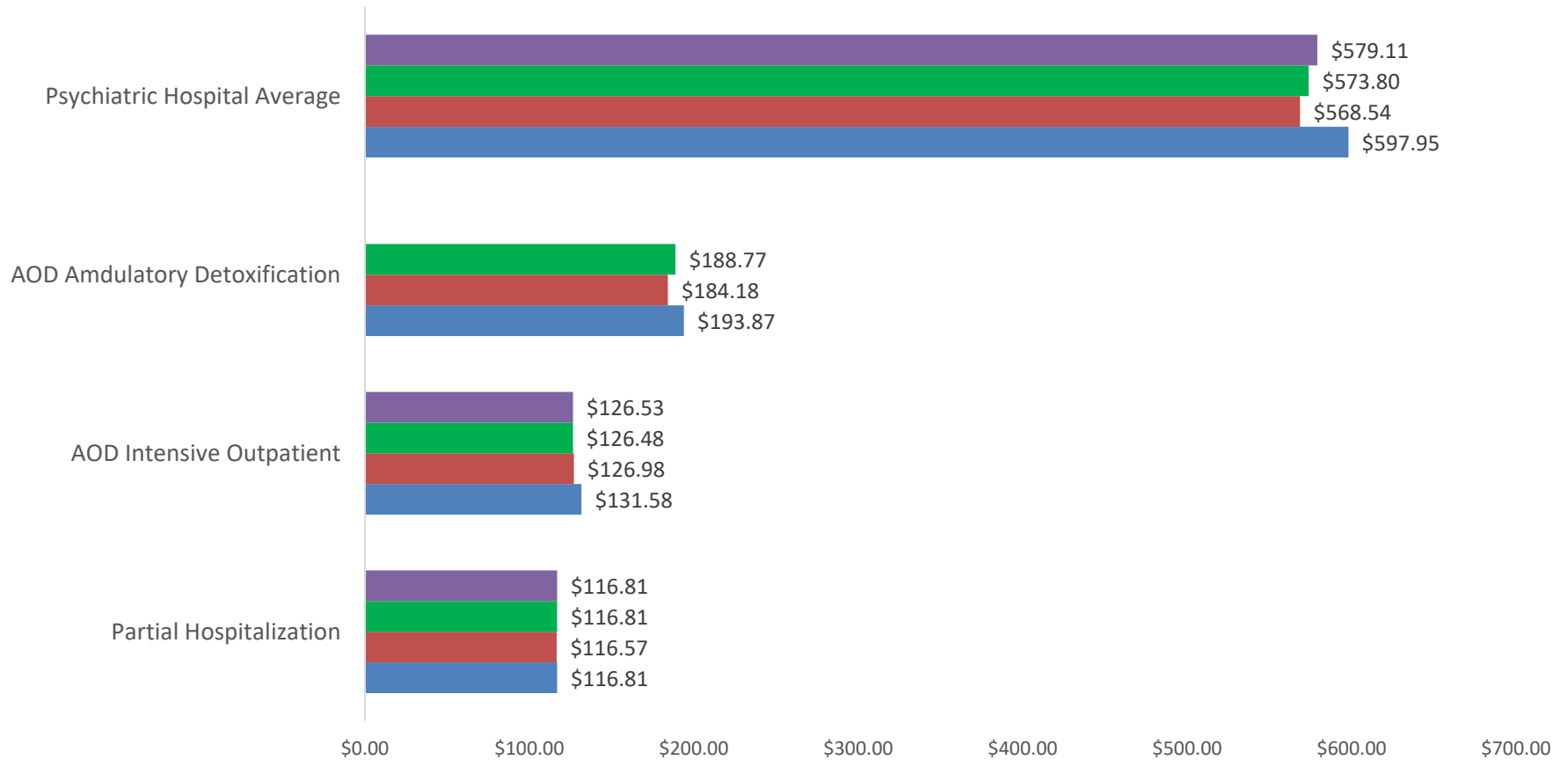
- Build on existing System of Care Plans' Strategic Financing sections and SOC sustainability resources.
- Explore utilization patterns of services. Redirect to less expensive or restrictive settings/services, e.g., psychiatric hospitals vs. partial hospitalization, or counseling services with a less costly hourly rate.
- Build on Existing Behavioral Health Infrastructure & Incorporate School-Based Mental Health Financing Resources & Best Practices.
- Determine potential for linkages with Ohio's Behavioral Health Juvenile Justice Initiative and Juvenile Detention Alternatives Initiative.
- Examine capacity to leverage additional funding through Pay for Success models and Social Impact Bonds.
- Cultivate existing support in local philanthropic community. Determine potential to seek community-wide investments from national funders
- Incorporate pooled funding mechanisms through blended funding statutory capacity of Family Council.
- Collaborate with Municipalities, including related to behavioral health and youth development services and working with Police Departments to fund crisis response services, e.g., Portland, OR Police's Behavioral Health Unit.

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

- The State of Texas' statewide [System of Care project's Strategic Plan web page](#) includes the current [2017-2021 plan](#). See the Maximizing Effective, Sustainable Financing Strategies section beginning on page 25.
- The five financing strategies are fairly high-level, with the first strategy being the development and implementation of the financing plan.
- Other strategies are expressed as in terms of goals, objectives, such as supporting the ongoing implementation of Medicaid waivers, or opportunities to explore sustainability, including maximizing existing revenues, e.g., EPSDT or developing new revenue, e.g., philanthropic grants.
- The action steps that are the components of each strategy are also high-level and aspirational, and time frames for implementation are all long-term windows.
- 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](#).
- The University of South Florida's College of Behavioral and Community Sciences prepared [Effective Financing Strategies for Systems of Care: Examples from the Field](#), which included multiple sustainability strategies, objectives and components.

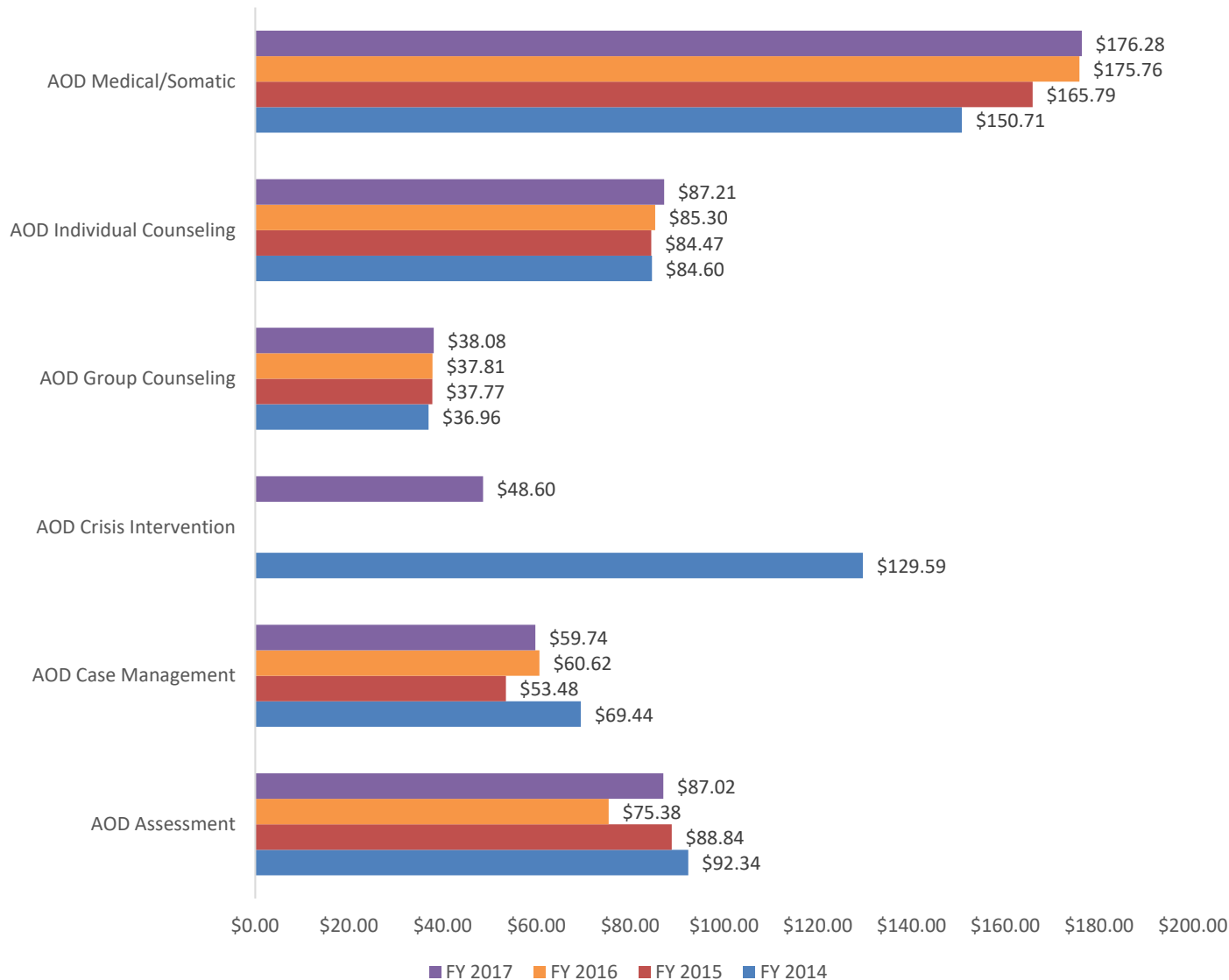
Per Diem Cost Comparisons

FY 2017 FY 2016 FY 2015 FY 2014



Current utilization data do not suggest an over-reliance on psychiatric hospitalization compared to partial hospitalization, total service days from FY14 through FY17 were 3,087 for psychiatric hospitalization and 12,541 for partial hospitalization. At the same time, the large per diem differential suggests the potential to explore utilization patterns. Diverting a youth from one bed day in a Regional Psychiatric Hospital would pay for one day of Partial Hospitalization for four youths – or four days for one youth.

Charges for Alcohol and Other Drugs Services: Cost Per Hour

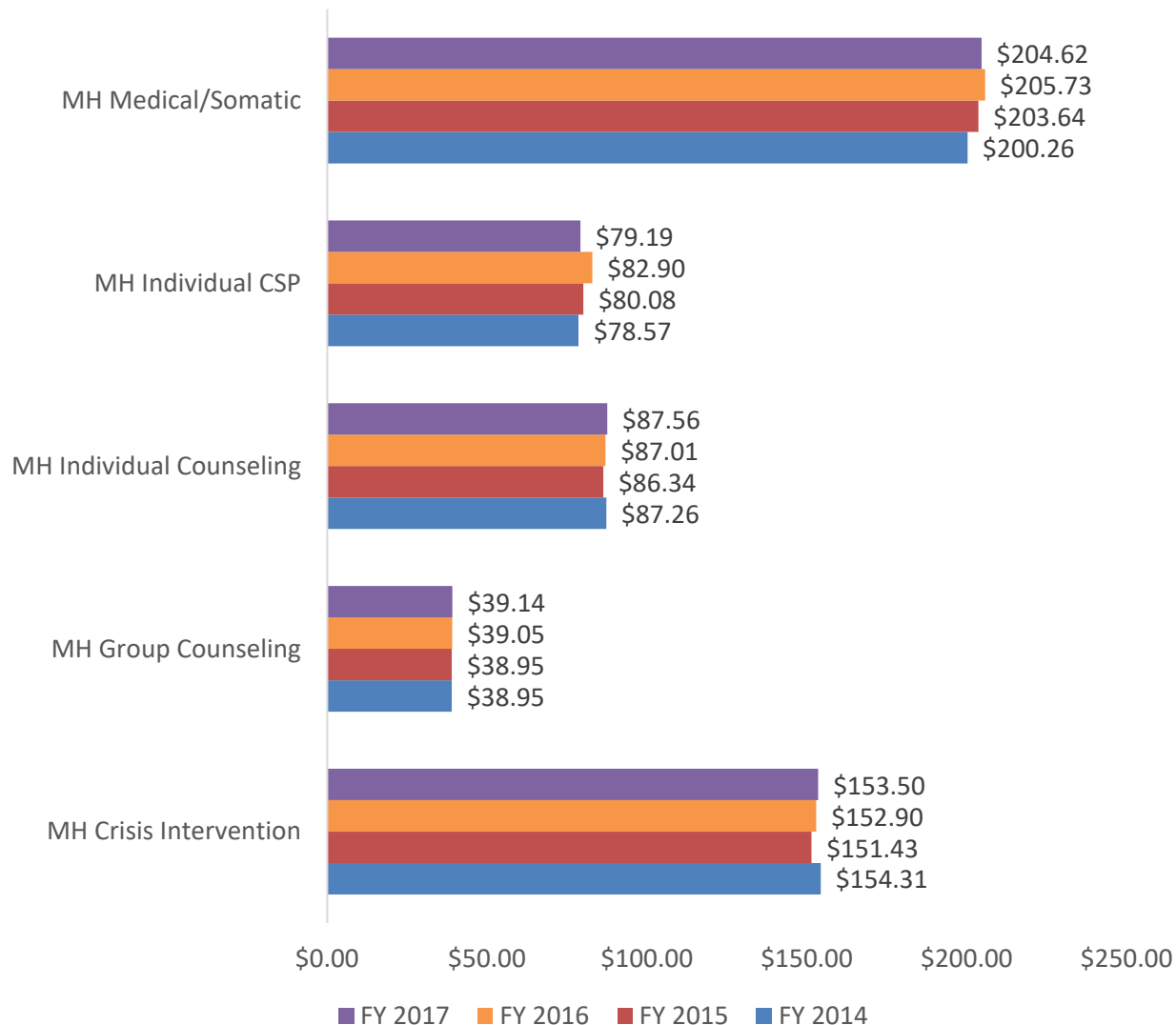


- The hourly cost for Alcohol and Drugs services ranged from about \$38 for Group Counseling to about \$176 for Medical/Somatic services.
- Case management services cost about \$60 an hour.

Charges for Mental Health Services: Cost Per Hour

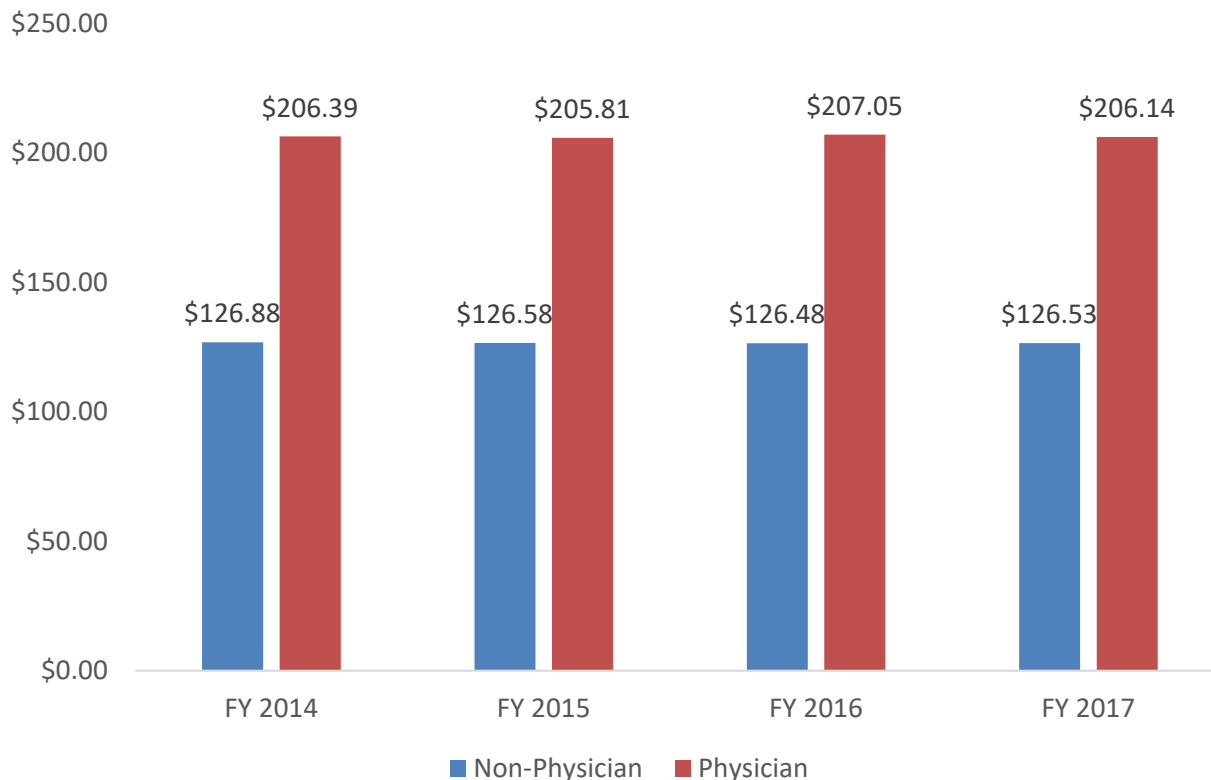
- For Mental Health services, Individual Community Support Program services cost about \$80 an hour and were slightly less expensive than Individual Counseling services, which cost about \$87 an hour.
- Medical/Somatic services were the most expensive at about \$205 an hour; while Crisis Intervention services were the next most costly at about \$153 an hour.
- Re-directing 12 patients from one hour of Individual Counseling to one hour of Individual CSP would pay for an additional hour of Individual CSP.

Charges for Mental Health Services: Cost Per Hour



Charges for Diagnostic Assessment: Cost Per Hour

Hourly Rate: Diagnostic Assessment



- Not surprisingly, Diagnostic Assessment services performed by a Physician are on average about \$80 an hour more expensive than services by a Non-Physician.
- Redirecting 10 clients for one hour of Diagnostic Assessment from a Physician to a Non-Physician would pay for an additional 6 hours of Non-Physician assessment services, or 10 more hours of Individual CSP, or 6 more days of Partial Hospitalization.

School-Based Behavioral Health Services

District & Service Type	FY 2014	FY 2015	FY 2016	FY 2017
Canton Local School District				
Special Instruction: Severe Behavior Handicapped			\$218,237	\$217,610
Student Services: Attendance & Social Work			\$57,193	\$55,274
Student Services: Guidance Service			\$581,028	\$526,855
Student Services: Other Psychological Services			\$4,862	\$0
Student Services: Psychological Services			\$132,507	\$136,228
Canton Local School District Total			\$993,827	\$935,967
Marlington Local School District				
Student Services: Guidance Service	\$306,023	\$337,343	\$288,630	\$247,178
Student Services: Other Attendance and Social Work	\$592	\$566	\$545	\$525
Student Services: Other Psychological Services	\$0	\$0	\$15,238	\$15,238
Student Services: Psychological Services	\$128,177	\$135,170	\$129,695	\$124,556
Student Services: Psychological Testing Services	\$2,391	\$7,512	\$3,154	\$1,325
Student Services: Counseling Services	\$6,800	\$8,320	\$10,500	\$13,263
Marlington Local School District Total	\$443,983	\$488,911	\$447,762	\$402,086
Osnaburg Local School District				
Student Services: Guidance Service	\$137,067	\$152,206	\$163,702	\$178,374
Student Services: Psychological Services	\$43,897	\$19,491	\$45,875	\$109,389
Student Services: Family Liaison Services	\$0	\$0	\$5,000	\$5,000
Osnaburg Local School District Total	\$180,964	\$171,697	\$214,577	\$292,763
Grand Total	\$624,947	\$660,608	\$1,656,166	\$1,630,815

Three school districts reported detailed spending data on Ohio Checkbook, including detailed Special Education and Student Services spending to determine spending on school-based behavioral health services.

Stark County School Districts Spending on Core Behavioral Health & Related/Support Services

	FY 2014	FY 2015	FY 2016
Alliance City School District	\$9,567,400	\$9,401,955	\$9,813,756
Canton City School District	\$52,017,028	\$53,038,911	\$56,763,969
Canton Local School District	\$6,813,239	\$6,579,677	\$6,974,675
Fairless Local School District	\$4,831,955	\$4,540,028	\$4,671,478
Jackson Local School District	\$12,105,033	\$13,611,086	\$13,142,172
Lake Local School District	\$8,208,485	\$8,346,180	\$9,143,244
Louisville City School District	\$8,119,701	\$8,538,703	\$8,954,835
Marlington Local School District	\$7,825,876	\$7,985,538	\$7,627,004
Massillon City School District	\$11,836,178	\$12,543,432	\$12,218,658
Minerva Local School District	\$5,729,242	\$5,407,104	\$5,669,796
North Canton City School District	\$10,276,737	\$10,241,911	\$11,137,004
Northwest Local School District	\$4,651,569	\$5,040,857	\$4,804,541
Osnaburg Local School District	\$2,148,331	\$2,263,645	\$2,224,353
Perry Local School District	\$11,585,103	\$11,946,013	\$12,592,822
Plain Local School District	\$13,955,425	\$14,048,140	\$14,970,983
Sandy Valley Local School District	\$4,798,153	\$4,436,924	\$4,723,062
Stark County Area Vocational School District	\$1,555,879	\$1,487,065	\$1,568,036
Tuslaw Local School District	\$4,101,724	\$4,209,628	\$4,322,396
Grand Total	\$180,127,058	\$183,666,797	\$191,322,784

Incorporate School-Based Mental Health Financing Resources & Best Practices

- [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
 - District of Columbia's School Mental Health Program
- The jurisdictions established the billing infrastructure and other changes needed to bill Medicaid and commercial insurance carriers for school-based mental health services.
- The Washburn Center provides behavioral health services to 18 schools in three school districts.
- The District's program started in the 2000-2001 school year and by 2011 was providing services to 53 schools.

Incorporate School-Based Mental Health Financing Resources & Best Practices

- The [Center for School Mental Health](#) of the University of Maryland's School of Medicine offers valuable [resources](#), including [archived webinars](#) focusing on financing and sustainability.
- The [first webinar in the series](#) included more detail on behavioral health services in schools in Hennepin County, MN and the District.
- [*"Using Medicaid's EPSDT to fund Behavioral Health Rehabilitation Services in homes and schools"*](#)
- Other webinars in the series include [*Building a School-Based Prevention Support System: A Business Plan*](#) and [*Cracking the Code: How to design a Successful Business Model for Funding and Sustainability of School-Based Health And Mental Health Services*](#), which also included a series of worksheets to assist with the Business Model.
 - [Beaverton High School School-Based Health Care Business Plan](#)
 - [Designing School-Based Mental Health Services Business Model](#)
 - [School-Based Health Care Business Plan Metrics](#)

Examine Potential to Join Existing State Sites for Behavioral Health Juvenile Justice Initiative & Juvenile Detention Alternatives Initiative

- The Behavioral Health Juvenile Justice (BHJJ) Initiative is a project of the Ohio Department of Youth Services (DYS) and funds evidence-based programs (EBPs) to divert youth involved with the juvenile justice system with behavioral health disorders or challenges.
- BHJJ funds 9 programs serving 12 counties with \$2.3 million from DHS and \$250,000 from Ohio MHAS each year. In Summit County, a collaborative provides Integrated Co-Occurring Treatment and Trauma-Focused Cognitive Behavioral Therapy through BHJJ.
- The [Begun Center](#) at Case Western Reserve University is the evaluator for the project – and was the researcher and evaluator for Cuyahoga County’s Tapestry System of Care project.
- In the [Ten-Year Outcome Evaluation](#) for the project, the Begun Center reports for Summit County, BHJJ youth had decreased suspension and expulsion rates and improved academic performance, diminished problem severity and improved functioning in Ohio Scales tests, as well as improved outcomes in the Trauma Symptom Checklist for Children and for substance abuse indicators (see beginning page 286 of evaluation). In addition, 45.5% of successful BHJJ completers recidivated within 12 months, compared to 78.4% for unsuccessful completers of the program. (see page 304). [Executive Summary of Evaluation](#)
- [Summit County](#) is also one of the [Ohio DHS sites](#) for the Annie E. Casey Foundation’s [Juvenile Detention Alternatives Initiative](#) which serves 8 counties statewide.

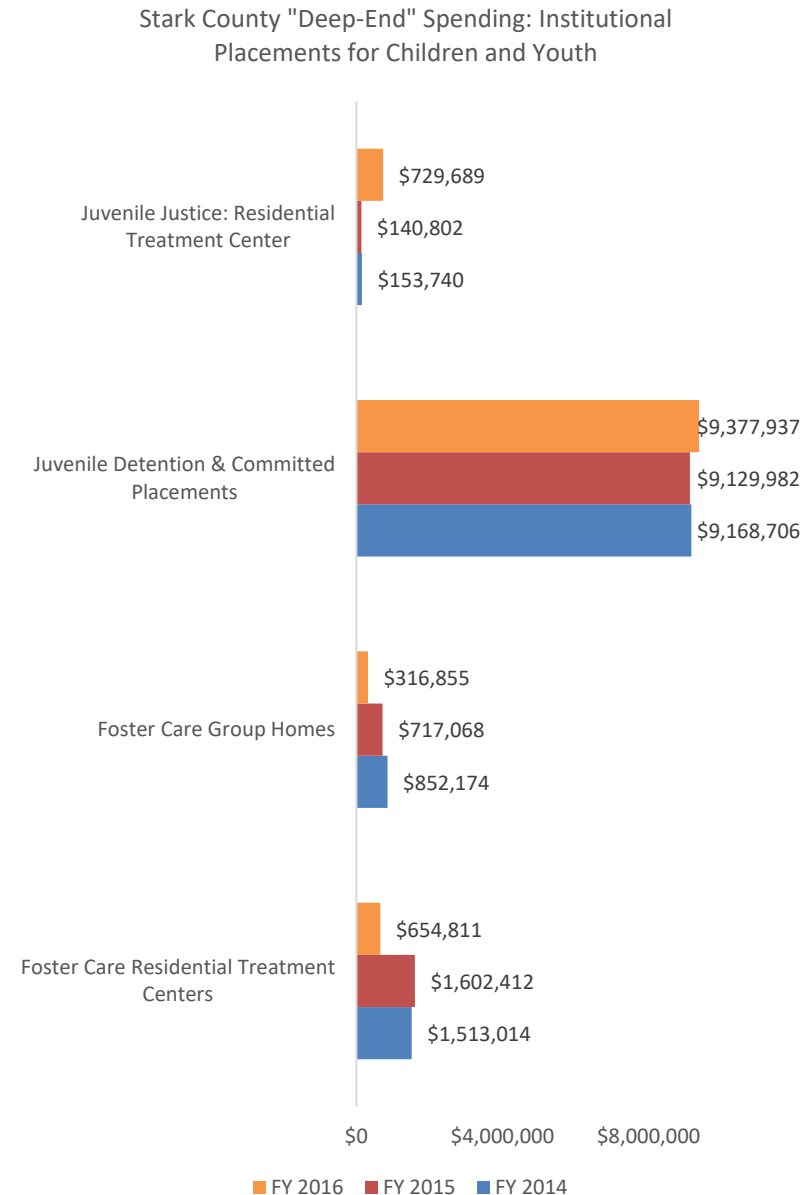
Cultivate Existing Support in Local Philanthropic Community & Determine Potential to Seek Community-Wide Grants from National Foundations

Grantee	Amount	Foundation & Year
The Arc of Ohio: Summer Camp for Children with DD	\$4,600	Aultman Foundation: 2017
Child and Adolescent Behavioral Health	\$4,000	Aultman Foundation: 2017
OhioGuidestone	\$1,500	Aultman Foundation: 2017
Child and Adolescent Behavioral Health	\$74,102	Stark Community Foundation: 2015
Children's Dyslexia Center of Canton	\$7,000	Stark Community Foundation: 2015
Coming Together Stark County	\$9,840	Stark Community Foundation: 2015
Domestic Violence Project	\$45,162	Stark Community Foundation: 2015
Pathway Caring for Children	\$18,482	Stark Community Foundation: 2015
Child and Adolescent Service Center	\$100,000	Timken Foundation : 2014
Crisis Intervention & Recovery Center	\$100,000	Timken Foundation : 2014
Pathway Caring for Children	\$100,000	Timken Foundation : 2014
Quest Recovery and Prevention Services	\$100,000	Timken Foundation : 2014
	\$564,686	

- A very quick survey of the most recent foundation reports available for three local foundations identified more than \$500,000 in grants for behavioral health and developmental disabilities and produced a snapshot of existing philanthropic support. Foundation support is particularly useful to provide seed or “jump-start” funding for Pay for Success or Social Impact Bonds.
- The Annie E. Casey Foundation’s [Evidence2Success](#) framework supports communities in increasing and sustaining investments in evidence-based programs. Communities identify priority needs and services for children and youth and are supported with jump-start funding and in developing financing strategies. The initiative adds several sites each year through its [community selection process](#). The model is similar to the discontinued Partnerships for Success initiative.
- [Living Cities](#) supports public sector innovation and collective impact frameworks and invests in Social Impact Bonds and other strategic financing models and currently operates in Cleveland and Columbus.
- The [Ballmer Group](#) employs a data-driven, collective impact framework, invests in Neighborhood Transformation and plans to “establish a presence” in the Midwest region in Detroit.

Explore Pay for Success Models and Social Impact Bonds

- Examine potential to pilot [Pay for Success](#) models, which pay for service delivery based on the achievement of measurable outcomes or results, with the objective of re-directing services to less restrictive and expensive settings over the long term.
- A [program matrix](#) of Pay for Success projects with more detail on each project is available.
- Santa Clara County, CA Department of Behavioral Health Services has [piloted a Pay for Success plan](#).
- Due to the challenges of start-up funding for front-end services and the need for providers to maintain cash flow and pay staff while re-directing services, many Pay for Success projects are initially financed through either direct philanthropic support or [Social Impact Bonds](#),
- Able to leverage foundation, corporate and hedge fund investment to fund prevention efforts, [Social Impact Bonds](#) only pay off investors when the desired outcomes and cost savings are realized. For example, reducing the use of Residential Treatment Centers for county children and young adults. And a portion of the cost savings is re-invested in prevention services.
- Baltimore Safe and Sound's [Public Safety Compact](#) (PSC) was an example of these re-investment models with philanthropic start-up funding and buy-in and agreement to re-direct project savings from the state government. The project provided re-entry services and support to parolees returning to the community and achieved a 6.5% reduction in recidivism and saved the state \$2.25 million – or less than 10% of the cost to operate the PSC.



Incorporate Pooled or Blended Funding Mechanisms with Family Council's Statutory Capacity

- Many of these innovative financing models as well as efficient use of private funds benefit from incorporating pooled or blended funding models to braid the various sources of money and spend them flexibly.
- For example, a braided fiscal mechanism would enable cost savings from a Pay for Success or Social Impact Bond initiative to be pooled with other fund sources and re-invested.
- Ohio Family & Children First's [flexible funding capacity](#) allows county Family Councils (FCFC) to shift funds to the flexible funding pool, including state General Revenue Funds (GRF), and then spend the braided money free of the restrictions associated with GRF or other funds, which would be in place outside of the flexible pool.
- The flexible funding pool can be spent on prevention, early intervention and treatment.
- FCFC [Flexible Funding Pool Guidance](#) provides more detail on background and requirements of the blended pool, including the need to submit an [annual report and evaluation](#) if certain GRF line items are transferred to the funding pool.
- Many of the webinars from the Center for School Mental Health provide resources on pooled or braided funding mechanisms.
- The Center for Health Care Strategies' [State Payment and Financing Models to Promote Health and Social Service Integration](#) brief also includes strategies to implement and manage funding pools.

Core Services & Related/Support Services in Cities, Townships & Villages

City/Township/Village	FY 2014	FY 2015	FY 2016
Canton Township	\$3,677	\$33,592	\$27,574
City of Alliance	\$2,206,712	\$2,161,807	\$2,204,773
City of Canal Fulton	\$297,882	\$299,880	\$201,709
City of Canton	\$4,636,359	\$4,974,063	\$5,376,236
City of Canton	\$3,160,825	\$3,194,310	\$3,332,040
City of Louisville	\$712,927	\$736,947	\$678,098
City of Massillon	\$2,406,811	\$2,444,096	\$2,519,545
City of North Canton	\$1,361,594	\$1,383,993	\$1,430,808
Hills and Dales Township	\$76,227	\$83,078	\$75,057
Jackson Township	\$1,906,536	\$2,009,477	\$1,996,797
Lake Township	\$343,647	\$345,225	\$351,232
Osnaburg Township	\$7,750	\$7,936	\$8,153
Paris Township	\$4,420	\$4,355	\$4,600
Plain Township	\$711,358	\$716,145	\$689,446
Sugarcreek Township	\$33,583	\$27,578	\$22,668
Tuscarawas Township	\$67,884	\$68,324	\$68,845
Village of Bethlehem	\$48,759	\$68,701	\$97,151
Village of Brewster	\$122,170	\$122,658	\$120,944
Village of East Canton	\$47,974	\$47,527	\$47,723
Village of East Sparta	\$26,341	\$22,230	\$35,429
Village of Hartville	\$143,681	\$138,290	\$146,157
Village of Limaville	\$1,233	\$1,553	\$1,543
Village of Meyers Lake	\$3,867	\$3,892	\$3,922
Village of Navarre	\$96,933	\$92,906	\$89,012
Village of Waynesburg	\$37,399	\$35,740	\$34,685
Washington Township	\$3,144	\$3,531	\$3,509
Grand Total	\$18,469,695	\$19,027,833	\$19,567,658

- Core behavioral health services include DOJ Violence Against Women Formula Grants to the cities of Canton and Massillon.
- Related/Support services include Teen Pregnancy Prevention, Childhood Immunization, WIC, STD Prevention & Control and a portion of Public Health spending, allocated with Census data on children under age 20.
- Youth Development investments, including After School & Summer Learning, Library, Arts & Culture and Recreation & Parks, as well as Summer Employment for Youth are also included.
- Juvenile Justice in Jackson Township as well as an allocated portion of Police Spending are counted as Related/Support Services, to recognize the connection between law enforcement and crisis response.

Explore Collaboration with Municipalities

- The American Institutes for Research's August 2017 issue brief [*Mental Health Needs of Children and Youth: The Benefits of Having Schools Assess Available Programs and Services*](#) provides assessment tools and templates.
- Partner with youth services agencies or Recreation and Parks Departments in municipalities, including performing a behavioral health service inventory.
- Work with Crisis Intervention Team partners to begin to explore funding crisis services in police budgets.
- Best practice models in the integration of law enforcement and behavioral health services include:
 - [Los Angeles Police Department Mental Evaluation Unit](#) with embedded mental health practitioners and a Case Assessment Management Program for behavioral health follow-up team.
 - Portland, ME Police Department [Behavioral Health Response Program](#) with a full-time coordinator and full-time liaison who acts as a co-responder.
 - [Portland, OR Police Behavioral Health Unit](#) conducts Crisis Intervention Training and coordinates and administers an Enhanced Crisis Intervention Team, [Behavioral Health Response Teams](#), which partner a clinician with a patrol officer, and a Service Coordination Team.
- The [*Statewide Law Enforcement/Mental Health Efforts: Strategies to Support and Sustain Local Initiatives*](#) report offers further resources.