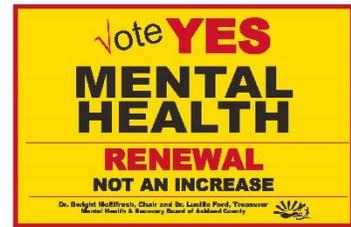




MENTAL HEALTH RENEWAL LEVY 2020



Dr. Dwight McElfresh, Campaign Chair
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**Together we will continue to build a
trauma-informed, caring and resilient community.**

LEVY FACT SHEET

OUR MISSION

The Mental Health and Recovery Board of Ashland County, through a network of providers, ensures the availability and accessibility of quality services that support recovery for individuals with trauma, mental health challenges and/or drug/alcohol abuse and addictions.

About the Mental Health and Recovery Board

The Alcohol, Drug Addiction and Mental Health Services Board of Ashland County (MHRB), doing business as the *Mental Health and Recovery (MHRB) Board* is established in the Ohio Revised Code as the local Behavioral Health Authority.

MHRB is a branch of county government and is governed by 18 volunteer citizens and staffed with 5 employees who carry out the day to day operations of the Board.

The Mental Health and Recovery Board provides funding and oversight of services provided by Applesed Community Mental Health Center, Ashland County Council on Alcohol and Drug Abuse (ACCADA) and Catholic Charities Community Services of Ashland. The Board plans, monitors and evaluates services provided by the agencies through a rigorous quality improvement process in order to maintain high quality services. The Board and network providers employ approximately 125 people.

About the Levy

The Mental Health and Recovery Board is asking voters to RENEW the 5-year 1-mill levy that was originally passed in 2001. The current levy will expire December 31, 2020. A renewal means there will be NO TAX INCREASE.

The levy will cost the owner of a \$100,000 home **\$28.37** per year, or **\$.08 (cents) a day**.

The levy accounts for about 1/3 (\$1.2 million) of the Board's revenue (\$3.3 million total), the balance coming from state, federal and grant sources.

The levy provides funding for critical mental health and addiction services in Ashland County through a network of providers.

The levy provides more than 80% of the funds for the school-community liaison program.

The levy helps MHRB to leverage state, federal and grant dollars.

Levy funds are more flexible and less restricted than other funds, which is essential for programs like the school-community liaison program.

Program and Service Highlights

The Mental Health and Recovery Board, through its network providers, provides a comprehensive continuum of care including a broad continuum of out-patient mental health and drug abuse services, school-based prevention and early intervention services for students, jail-based services for individuals with addiction and mental health challenges, services to support families and young children and services designed to support senior citizens.

Last year:

Nearly 3,000 people received out-patient treatment services from our network providers for mental health or drug abuse problems.

More than 2,000 students having difficulties at school received services from the school-community liaisons. These services helped students overcome barriers to their academic success. Data shows that more than 85% of students improved their academic performance, attendance and behavior at school.

Over 4,000 students participated in drug abuse and other prevention programs from our agencies while they were at school.

Approximately 1,000 persons were trained in suicide prevention using a curriculum called Question, Persuade, Refer (QPR), which teaches people how to recognize someone who may be at risk and what steps to take to intervene.

Please VOTE YES for Mental Health and Continue the Caring!

FREQUENTLY ASKED QUESTIONS

1. How much money does 1 mill generate?

According to the Ashland County Auditor's Office, it is estimated that the 1 mill will generate \$1,188,651 a year.

2. Is this a new levy, a renewal or a replacement?

This is a renewal. The original levy was passed in 2001 and has been renewed or replaced every 5 years. The current levy will expire in December 2020. The Board is seeking to renew the current levy which means that this is not a new tax or an increase.

3. How much will it cost me?

The cost to the average homeowner in Ashland County is approximately \$.08 (cents) a day, or \$28.37 a year, based on a home value of \$100,000.

4. What will the money be used for?

The money is used for a variety of purposes, including:

36% (\$415,768) is used to fund the School-Community Liaison program.

9% (\$101,993) is used to fund Transitional-Aged Youth programs.

3% (\$40,400) is used to fund the Multi-Generational Mentoring program

2% (\$19,069) is used to fund the Detox/Residential services.

5. How does the Board determine how much money to keep in operating reserves and in unallocated reserves?

The Board maintains sufficient reserves for several different purposes. The Board has adopted fiscally responsible policies to maintain reserves.

Reserves ensure that services are maintained even when there are disruptions in revenue and cash flow.

The Board is responsible to provide services in the event of a major crisis or disaster; it is impossible to predict if, when and to what extent a disaster will occur. Levy funds have ensured cash flow stability during the pandemic and allowed the Board and network providers to adapt quickly to convert services to telehealth and help the agencies comply with health guidelines.

The Board uses reserves to leverage state and federal funds when a match is required.

6. What happens if the levy does not pass?

If the levy does not pass, there will be a reduction in services. The largest program, and the one most reliant on the levy funds, is the School-Community Liaison Program which serves over 20% of students in Ashland County each year to help them overcome barriers to their academic success.

7. I give to United Way; don't they fund the Agencies in your network?

United Way is only one of many partners from which the Mental Health and Recovery Board network providers receive money.

8. Doesn't health insurance cover these services?

Health insurance coverage for treatment of mental disorders and substance abuse is limited. There is usually a large deductible and benefits that are time- limited. Many times, the services provided by health insurance and Medicaid/Medicare are very restrictive and do not adequately meet the needs of the individual.

The Mental Health and Recovery Board and its network providers are the safety net for those who have no insurance, Medicaid, Medicare or who have inadequate insurance coverage. All of the Agencies bill insurance companies and have a sliding fee scale for private pay. These funds often do not fully cover the cost of the treatment services, therefore the funds from the Mental Health and Recovery Board supplement the cost of these services.

9. What about grants to fund the services?

The Mental Health and Recovery Board network providers apply for grants on a regular basis. However, grants are time limited and usually require matching funds. Levy funds can sometimes be used to leverage other funds. Grants are usually used to start up a service with the expectation that the county will continue to fund the service with local money when the grant runs out. It would not be possible to provide the services that are needed for our citizens with grants alone.

10. The Schools have guidance counselors, why do we need School Liaisons?

Guidance Counselors focus on the children's curriculum and academics where the school liaisons are specially trained to be able to assess children and families and link them to resources and make referrals to services. Another advantage is that the school liaison can go to the child's home and link them to services. The school guidance counselor is limited to the school due to the number of children needing academic counseling. The guidance counselors and the school liaison complement each other and work as a team in supporting children to be successful at school.

11. How are services being provided during the pandemic?

Agencies are providing both telehealth and face to face services depending on the desires and individual circumstances of each person served. Telehealth seems to be emerging as a popular and perhaps default option for many people, but there are times when face to face services are preferred. Generally, people who are medically fragile would be encouraged to use telehealth options and crisis services are best provided face to face, especially to people who are not known to the agency. Benefits of telehealth are becoming clearer since it has become more utilized for reasons like eliminating transportation and child care barriers and even therapeutic benefits which are now being more closely studied.

For more information please contact us:

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