

## **Process for Recommendation of 2019 Funding**

The ADAMHS Board of Cuyahoga County has a policy for the awarding of contracts for Non-Medicaid Services. The CEO, staff and the Board of Directors follow this policy when establishing its budget and awarding service contracts, when a community mental health, alcohol and/or other addiction treatment and recovery need is identified, and when funding is available.

### **2019 Funding Policy Timeline:**

- Board staff identifies the need to issue a Request for Information (RFI) or Request for Proposal (RFP) seeking providers to fulfill the community's service needs. *CEO and Executive Staff determined that an RFP should be issued for CY19 funding because of the new priorities that were established and adopted by the Board with the passage of Resolution #18-06-06.*
- CEO requests approval from the Board to issue the RFI or RFP. Approval may be granted from the Executive Committee, or the Board Committee that is most closely related to the subject of the RFI and RFP. *CEO requested and received approval from the Board to issue the RFP with the passage of Resolution #18-06-07.*
- CEO issues RFI or RFP. *RFP was issued on July 30, 2018, with a submission deadline of August 24, 2018. A new, condensed and interactive RFP format was developed to ease the submission burden on providers.*
- Board staff receives and spends a great deal of time reviewing the submissions that may include ranking of the responses and meeting personally with the responder to further discuss the proposal. *An RFP review team with members representing staff from all divisions of the Board was established to review all RFPs.*
- Executive Staff makes a recommendation to the CEO to review and approve for recommendation to the Board. *Executive staff worked together with the CEO to prepare the CY19 funding recommendations.*
- The CEO presents the funding and contract recommendations to the Board of Directors seeking additional input through the extensive committee process. *CEO is presenting the working draft of the 2019 Proposed Funding Recommendations to the Board during the Committee of the Whole Meeting on November 17, 2019 – a month earlier than in previous years so that the Board can have adequate time to review the recommendations and have questions answered.*
- When the recommendations have been vetted through the committee process, the recommendations are presented to the Full Board during the General Meeting for approval, and sometimes ratification, if timing of the contract does not permit for the month-long committee process, however, before any contract is in need of ratification it has been thoroughly reviewed by at least one Board committee. *CEO will present the 2019 Funding Recommendations – and any changes as required – during the October 24, 2018 General Meeting, the November 14, 2018 Committee of the Whole Meeting and to the Full Board for final approval during the November 28, 2018 General Meeting.*

## **Provider/Program Outcomes Review Process to Determine 2019 Funding:**

- Agencies that are being recommended for 2019 funding have all submitted outcomes that are considered to be appropriate for funding.
- The ADAMHS Board seeks to fund high quality, cost efficient, appropriate and accessible client care. To achieve these goals the Board employs a number of review processes for the programs it funds, such as Quality Performance Review and Program Review, which may periodically include a more intensive level of Performance Improvement Plan. Additionally, Board Finance staff monitor provider agency spending throughout the year to make sure providers are spending in line with contract funding allocations.
- Providers agree in their contracts to work towards achieving quality outcomes for their Board-funded programs based on the ADAMHS Board Quality Performance Indicators.
- Indicators are designed to align the local behavioral health system with state and national strategic indicators and includes the Substance Abuse and Mental Health Services (SAMHSA) National Outcomes Measures (NOMs).
- **SAMHSA National Outcomes Measures (NOMs):**
  - Abstinance from drug use and alcohol abuse.
  - Decreasing symptoms of mental illness, and improving functioning.
  - Resilience and sustaining recovery such as:
    1. Getting and keeping a job or enrolling and staying in school.
    2. Decreased involvement with the criminal justice system.
    3. Securing a safe, decent, and stable place to live.
    4. Social connectedness to and support from others in the community such as family, friends, co-workers, and classmates.
  - Increased access to services for both mental health and substance abuse.
  - Retention in services for substance abuse.
  - Decreased inpatient hospitalizations for mental health treatment.
  - Quality of services provided including:
    1. Client perception of care.
    2. Cost-effectiveness.
    3. Use of evidence-based practices in treatment.
- Providers submit targeted outcomes as part of their response to Board's RFIs or RFPs.
- As stipulated in the 2017 and 2018 contracts, agencies were required to report follow-up data of the outcomes achieved for all of their Board-funded programs at 6 and 12 month intervals which includes the following information:
  1. Number of persons served in a program.
  2. Number and percent of individuals successfully completing program (including the definition of "success," and explanation of how and when it is measured).
  3. Whether program is on target to reach goals, and if not, the reasons for this and the corrective actions to be put into place to reach targets.
  4. Comparisons to the prior year if possible.
  5. Treatment Agencies also report the results of any clinical measure of improvement used such as the Ohio Scales for Adults, Ohio Scales for Youth, Brief Addiction Monitor, or others approved by Board.

- The Board has adopted the following tools for providers to measure outcomes:
  - **Brief Addiction Monitor (BAM):** Short assessment of substance Use in the past 30 days with behavioral subscales for Substance Use, Risky Behavior, and Protective Behavior. Assessments are done periodically so that changes in subscales can be monitored. If a treatment intervention is effective over time, the score for Use should go down, Risk score should go down, and Protective score should go up.
  - **Ohio Scales for Adults:** Assessment of Adults with MH diagnosis. Assessments are done periodically so that changes in subscales can be monitored. Subscales include Financial Quality of Life, Overall Empowerment, Symptom Distress, Overall Quality of Life, Housing Quality of Life, and Social Connectedness. If treatment intervention is effective over time, all subscales except symptom distress should go up. Symptom distress should go down.
  - **Ohio Scales for Youth (Parent):** Assessment of Youth with MH diagnosis by their parent. Assessments are done periodically so that changes in subscales can be monitored. Subscales include Problem Severity, Hopefulness, Satisfaction, and Functioning. If treatment intervention is effective over time, all subscales except Problem Severity should go up. Problem Severity should go down.
  - **Ohio Scales for Youth (Worker):** Assessment of Youth with MH diagnosis by their clinician. Assessments are done periodically so that changes in subscales can be monitored. Subscales include Problem Severity and Functioning. If treatment intervention is effective over time, Functioning should go up. Problem Severity should go down.
  - **Ohio Scales for Youth (Youth):** Assessment of Youth with MH diagnosis by the youth. Assessments are done periodically so that changes in subscales can be monitored. Subscales include Problem Severity, Hopefulness, Satisfaction, and Functioning. If treatment intervention is effective over time, all subscales except Problem Severity should go up. Problem Severity should go down.
  - **Devereaux Early Childhood Assessment (DECA):** Used by early childhood mental health consultants and other mental health professionals with children who are showing significant behavioral concerns. Screening and assessment tool focuses on identifying key social and emotional strengths to build upon and provide support for the development of infants' and toddlers' social and emotional health.
  - **Devereaux Student Strengths Assessment (DESSA):** Provides a snapshot of K-8<sup>th</sup> grade children's social emotional competence. Completed in 1 minute by program staff and teachers. Yields the Social-Emotional Total (SET) Score. The DESSA-mini allows for universal screening, determination of need for instruction and repeated evaluation of progress.
  - **Devereux Adult Resiliency Survey (DARS):** Provides adults with a 23-item reflective checklist to identify personal strengths. This information can be used to help individuals build on these strength, such as creativity and setting limits, so that they can better cope with adversity and the stresses of daily life. Statistical analysis shows that the DARS is an excellent tool for providing adults with an opportunity to gain valuable insights in Relationships, Internal Beliefs, Initiative and Self-control.