

Cuyahoga CountyStat Presentation

September 13, 2012



ADAMHS Boards

- **ADAMHS Boards are established in the Ohio Revised Code Chapter 340.**
- **53 Behavioral Health Boards in the state.**
- **Statutorily empowered to:**
 - Plan,
 - Develop,
 - Fund,
 - Manage, and
 - Evaluate community-based mental health & substance abuse services.

ADAMHS Boards

- Primary focus is to provide a *safety net*:
 - The Uninsured and Working Poor.
 - Services not covered by Medicaid to people with Medicaid.

ADAMHS Board of Cuyahoga County:

- **ADAMHS Board of Cuyahoga County established on July 1, 2009:**
 - With completion of the **consolidation** of the **Cuyahoga County Community Mental Health Board** and the **Alcohol and Drug Addiction Services Board** of Cuyahoga County.
- **18 Volunteer Members** of the ADAMHS Board are appointed:
 - **ODMH** appoints 4 Board Members.
 - **ODADAS** appoints 4 Board Members.
 - **County Executive** appoints 10 Board Members.⁴



ADAMHS Board of Cuyahoga County

- **Mission:**

Promote and enhance the quality of life for residents of our community through a commitment to excellence in mental health, alcohol, drug, and other addiction services.

- **Vision:**

Mental health, alcohol, drug, and other addiction services will be available and accessible for every county resident in need and the ADAMHS Board will provide a preeminent, seamless and integrated system of care.

ADAMHS Board of Cuyahoga County

- **ADAMHS Board does NOT provide direct services.**
- **Contracts with about 50 Non-profit Providers for:**
 - Crisis Services
 - Counseling
 - Prevention
 - Partial Hospitalization
 - Community Psychiatric Supportive Treatment (*Case Management*)
 - Supported Housing
 - Residential Treatment
 - Employment/Vocational
 - Pharmacological Management
 - Assessment
 - Assertive Community Treatment
 - Education
 - Consumer Operated Services
 - Detox
 - Consultation
 - Referral
 - Outpatient
 - Other...

ADAMHS Board of Cuyahoga County

- ADAMHS Board Funds and Ensures **Mental Health Services** to:
 - **Over 42,000** adults and children:
 - Over **16,200 children** under age 18
 - Over **24,700 adults**
 - Over **1,600 seniors**
- ADAMHS Board Funds and Ensures **Alcohol and Drug Addiction Treatment Services** to:
 - **Over 9,100** adults and children:
 - Over **700 children** under age 18
 - Over **8,300 adults**
 - Over **60 seniors**

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Four Initial Indicators:

1. State Hospital Civil & Forensic Bed Days
2. Central Pharmacy
3. Consumers with Lapsed Medicaid
4. Screening, Centralized Assessment, Linkage, and Engagement (SCALE)
Central Intake

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Goal 1: Decrease the Use of State Hospital Civil and Forensic Bed Days

- **Civil Bed Day:** A day in the state mental health hospital for a person committed through probate court and/or voluntary admission.
- **Forensic Bed Day:** A day in the state mental health hospital for a person committed through the criminal justice system.

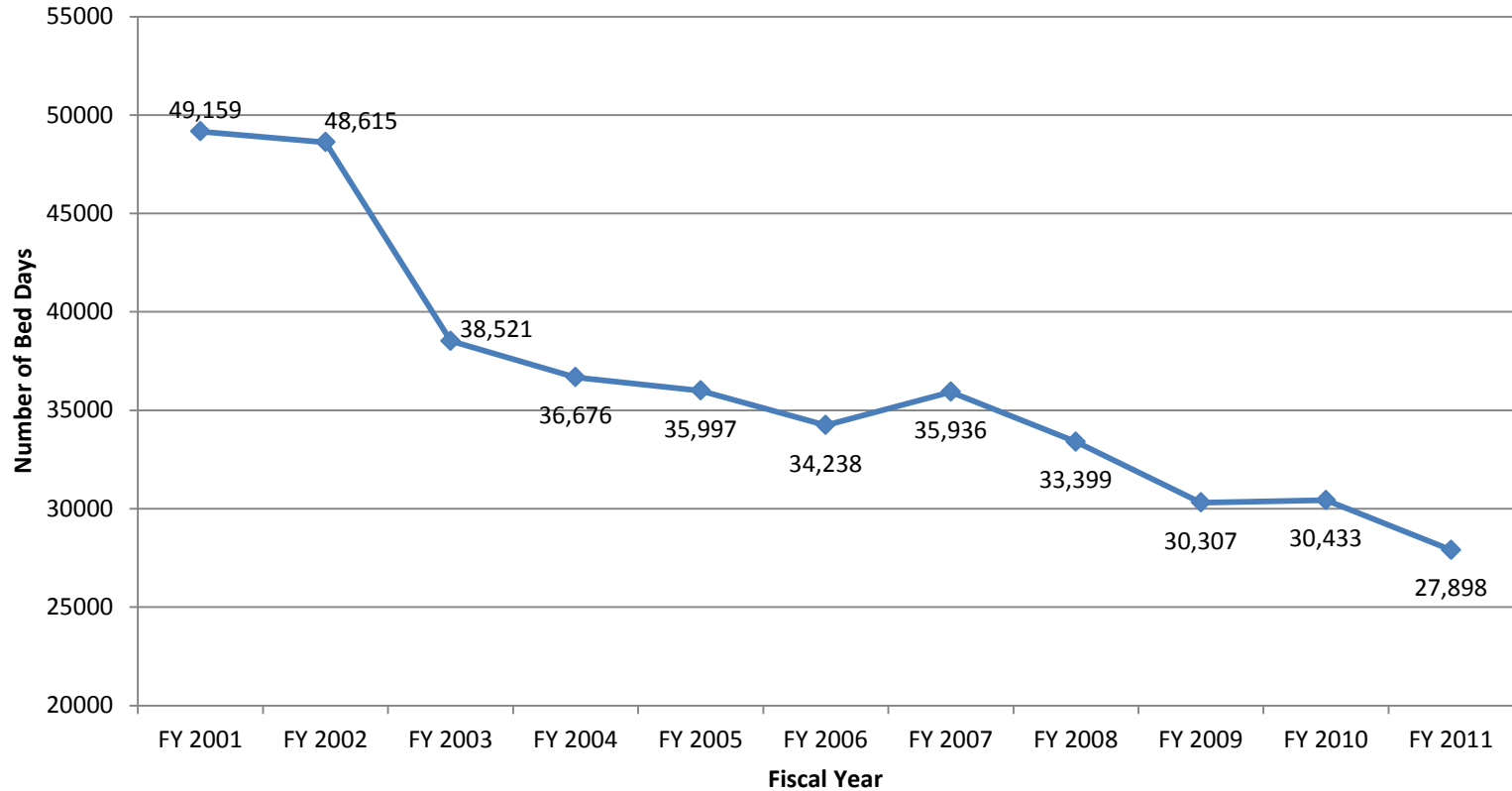
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Goal 1: Decrease the use of State Hospital

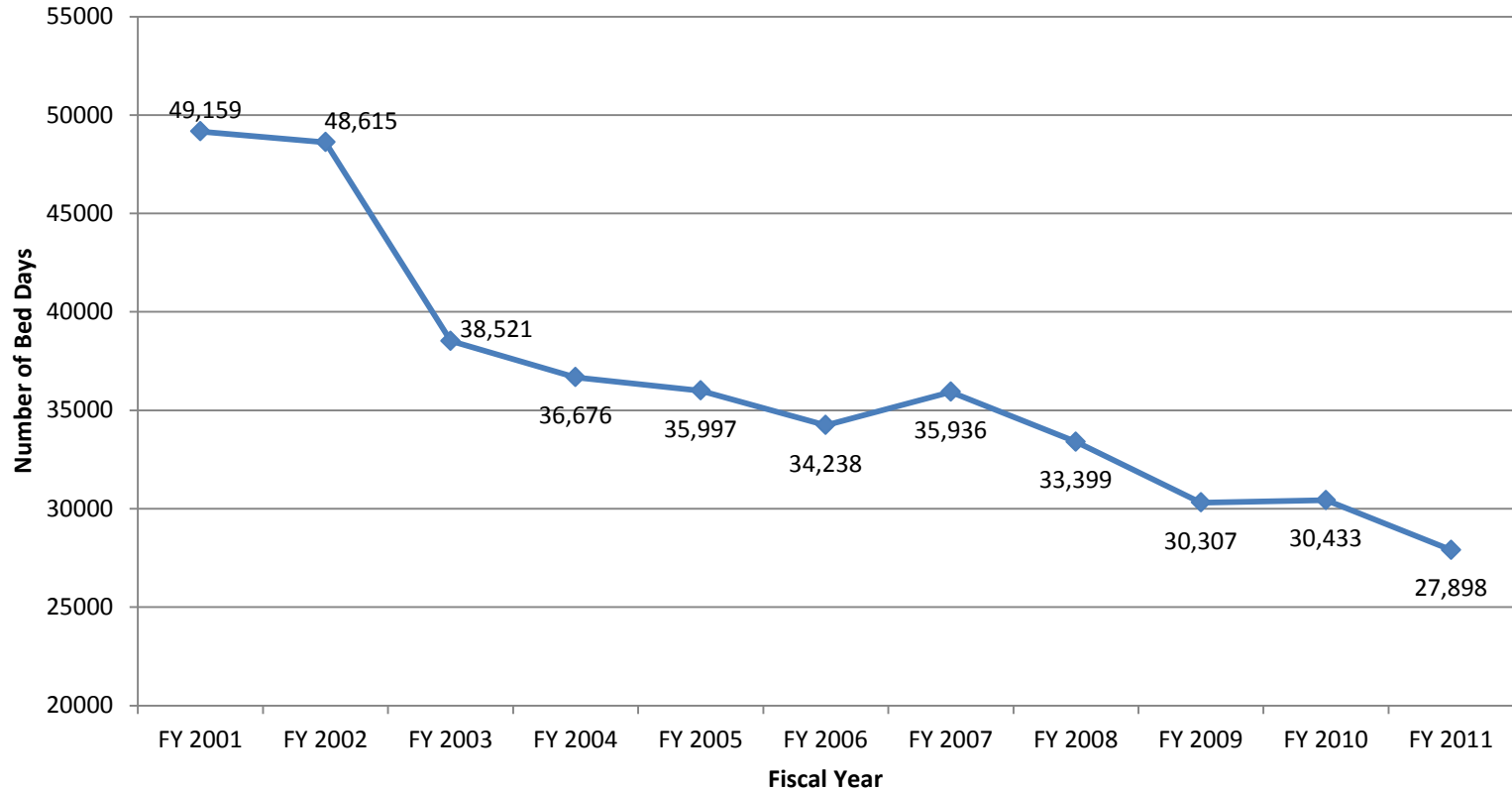
Civil and Forensic Bed Days *(continued)*

- Bed Days are very costly and the Board has managed civil commitments and has done well in keeping consumers stable and safe in the community through the use of crisis services, case management, and hospital bed day management.

STATE HOSPITAL CIVIL BED DAY MEASURE



STATE HOSPITAL CIVIL BED DAY MEASURE



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Goal 1: Decrease the use of State Hospital

Civil and Forensic Bed Days *(continued)*

- Beginning July 1 2012, the Board has also taken over the management role for forensic bed days.
- *Boards goal is to reduce the use of hospital civil and forensic bed days in order to have more funds for recovery based services in the community.*

STATE HOSPITAL FORENSIC BED DAY BASELINE

Measure 2012 YTD	2010 Actual	2011 Actual	2012 & Target	1st Qtr. 2013
Forensic Bed Day Usage (Based on FY)	37,281	41,287	47,085	11,954

Target is to use less bed days than the FY 2012 total.

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Goal 2: Central Pharmacy on Target with State Allotment

- The Board receives an annual allotment from the Ohio Department of Mental Health and distributes this allotment to various providers across our system.
- Agencies must spend within their allotment in order for the Board to avoid paying additional funds, or returning unused funding to the state that could have been used for medications.
- *Board's goal is to stay on allotment and reduce any under or overspending.*

CENTRAL PHARMACY MEASURE

<i>Measure 2012 YTD</i>	<i>2011 Actual</i>	<i>2012 Target</i>	<i>2nd Qtr.</i>
Central Pharmacy - MH (Based on CY)	\$1,008,415	\$955,094	\$451,010
Central Pharmacy - AoD (Based on CY)	\$42,147	\$41,566	\$21,695
Overall Central Pharmacy	\$1,050,562	\$996,660	\$472,705

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Goal 3: Decrease Percentage of Consumers with Lapsed Medicaid.

- Medicaid pays for a portion of behavioral health services, however many consumers' eligibility will lapse if they are not assisted in maintaining their benefits.
- Lapsed Medicaid depletes the Boards Non-Medicaid funds.
- The Board has a rigorous program to assist agencies in making sure that consumers who are eligible for Medicaid are in active status.
- *Board's overall goal is to reduce the percentage of consumers with lapsed Medicaid.*

LAPSED MEDICAID MEASURE

Measure 2012 YTD	2011 Actual	2012 Target	2nd Qtr. April, May, June
Decrease percentage of consumers With lapsed Medicaid	40% of consumers /clients	38% of 1921/5054	54% of 1868/3466

Out of 3,466 Non-Medicaid consumers during April, May & June; 1,868 had lapsed Medicaid for a variety of reasons.

Once year-end Medicaid reconciliation is complete, we anticipate that the percentage of people with lapsed Medicaid will decrease.

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Goal 4: Reduce Waitlists and Increase Number of Consumers who receive Timely Access to Services through SCALE Centralized Assessment

- The Board's Central Intake is known as SCALE (Central Intake (Screening, Centralized Assessment, Linkage, and Engagement)).
- SCALE is designed to effectively manage the process of mental health consumers seeking services within limited available slots.

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Goal 4: Reduce Waitlists and Increase Number of Consumers who receive Timely Access to Services through SCALE Centralized Assessment *(continued)*

- Consumers being discharged from the hospital, in crisis, seriously ill or being discharged from prison are prioritized for services.
- *Board's goal is to reduce the number of consumers on a waitlist, and increase number of assessments and successful referrals to treatment.*

SCALE MEASURE

Measure 2012 YTD	2011 Actual	2012 Target	1st & 2nd Qtr.
Screens	N/A	818	644
Assessments Scheduled	N/A	601	439

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Possible Future Measures

- Vocational Services/Employment
- Reentry Services
- Housing
- Transitional Youth
- DCFS Partnership on Team Decision Meetings (TDM)
- Clients Rights/Grievances

Also working towards benchmarking with other urban Boards, such as Franklin and Hamilton Counties.