



Attachment 3: CCCMHB Survey Results

Cuyahoga County
Community Mental Health Board

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Consolidation Survey Response Summary

The Cuyahoga County Community Mental Health Board (CCCMHB) and the Alcohol and Drug Addiction Services Board of Cuyahoga County (ADASB) are jointly developing a plan for consolidation to a new Behavioral Health Board. We are consolidating to create a seamless behavioral health system to improve the quality of life for the consumers of mental health and alcohol and other drug services in Cuyahoga County.

The CCCMHB took the opportunity to solicit stakeholders' views on this consolidation to utilize in developing our initial plan to the Cuyahoga County Board of County Commissioners.

The CCCMHB received 31 responses to the survey: 17 from providers, nine from staff, one from the Board of Governors, and four from consumers/community. The following is a summation of the survey responses:

1. What do you view as benefits of this consolidation?

The top three major benefits regarding consolidation are: efficiency and administrative cost savings, better coordination of services, and increased dollars available for treatment services.

Dominant Themes:

- Efficiency and administrative cost savings (18)
- Better coordination of services (13)
- Increased dollars for treatment services (9)
- Decrease in administrative positions (6)
- Streamlined intake process (3)

Secondary Themes:

- Ease of billing and oversight (2)
- Stronger community voice (1)
- Improved professionalism and Board governance (1)
- Following the direction of the Board of County Commissioners (1)
- More opportunities for Board staff and consumers (1)
- Performance based contracting with providers (1)
- Systemic cross training on behavioral health issues (1)
- None (1)

2. What do you view as obstacles in consolidating?

Self interests in preserving the past and jobs, fear of change and diverting funding and focus from alcohol and other drug addiction services were seen as the major obstacles in consolidating.

Dominant Themes:

- Self interest in preserving the past and jobs (9)
- Fear of change (8)
- Pulling dollars and focus from alcohol and other drug addiction services (6)
- Worry that jobs will be eliminated (3)

Secondary Themes:

- Stigma; AOD clients do not want to be labeled mentally ill (2)
- Purpose of consolidation not being clear (2)
- More problems; less resources (2)
- Unwillingness to cut non-essential staff (2)
- Cost to relocate to a building large enough to accommodate combined staff (2)
- Not ensuring true cost reduction benefits (2)
- Unrealistic timeline for development of plan (2)
- Organizational cultural differences (2)
- Ohio Department of Mental Health and Ohio Department of Alcohol and Drug Addiction Services not combined (1)
- Does community really want a combined board? (1)
- Merged board with two separate mental health and alcohol and other drug addiction departments (1)
- Delays in consolidation process (1)
- Selection of board members and Executive Director (1)
- Working out technical, social and fiscal issues (1)
- Delays in treatment during consolidation process (1)
- Duplication of services (1)
- Morale (1)
- Meeting mental health and alcohol and other drug addiction rules (1)

3. What do you believe are some key service priorities of the CCCMHB that should be maintained in the new Behavioral Health Board?

Basic services such as medication, housing, hospitalization, employment and crisis services, in addition to services that integrate recovery, mental health, alcohol and other drug addiction services were considered to be key service priorities that must be maintained in the consolidated board.

Dominant Themes:

- Maintain basic services such as medication, housing, hospitalization, employment and crisis services (8)
- Services that integrated mental health, alcohol and other drug addiction services and recovery (7)
- All services of both boards (4)
- Education and training for staff and the community (4)
- Evidence-based services (3)
- Children and adolescent services (3)
- Consumer operated services (3)
- Forensic and juvenile criminal justice programs (3)
- Advocating for Medicaid match, parity and increased funding (3)

Secondary Themes:

- Funding for providers who deliver direct care (1)
- Maximization of dollars to benefit the overall system (1)
- Ease of billing (1)
- Joint programming (1)
- Care for consumers without substance abuse issues (1)
- Buy-in from staff to the combined board's new vision (1)
- Use of FAST and ABC funds (1)
- Managing hospital bed days (1)
- New state hospital (1)
- Monitoring of providers (1)
- The seriously mentally disabled (SMD) and the seriously emotionally disturbed population (SED) (1)
- Suicide prevention (1)
- ACT team (1)
- Greater access to hospital-based services (1)
- Centralized intake (1)
- Services to older adults (1)
- Not sure (1)

4. What operating functions of the CCCMHB do you think should be maintained in the new Behavioral Health Board?

All current functions of both boards, albeit integrated, and funding and oversight (auditing) of providers were the two most mentioned functions that should be maintained in a new Behavioral Health Board.

Dominant Themes:

- All current functions of both boards, although integrated (10)
- Funding and oversight (auditing) of provider agencies (7)
- No response (5)
- Consumer advocacy (2)
- Review of staffing and programs (2)

Secondary Themes:

- Increase areas that both boards are deficient in (1)
- Being a resource to providers (1)
- Becoming an outcome driven system (1)
- Prioritization of funding (1)
- Centralized intake (1)
- Providing medical consultation (1)
- Equitable decision making (1)
- Consolidation and reduction of paperwork requirements (1)
- Outcome reporting and treatment practices
- Provider staff development (1)
- Chapter 340 mandates (1)
- Timely billing reimbursements (1)
- Partnership with provider agencies (1)
- Special programs with certain funding streams (1)
- Medicaid rule compliance (1)

5. How do you think this consolidation will affect you personally and/or professionally?

Most of the individual responses indicated that the consolidation would have a positive personal and/or professional impact, including an opportunity to meet and work with a larger scope of behavioral health administrators and professionals; however there is also concern over loss of jobs.

Dominant Themes:

- Opportunity to meet and work with a larger scope of behavioral health administrators and professionals (5)
- Fear of losing job, concern over the number of jobs that may be lost taking a lesser job, or reporting to a hostile supervisor (3)

Secondary Themes:

- Less paperwork and duplication of reporting, billing, etc. (2)
- Impact on clients (2)
- Increased or decreased funding (2)
- Impact mostly on dual providers (2)
- Little if any (2)
- More dollars available to treat indigent and Medicaid clients (1)
- Cause unnecessary (unhealthy) stress and tension between staff (1)
- Might be called upon to help providers navigate the new system (1)
- Allow talents and energy to flow to create an agency that benefits all (1)
- What is good for consumers will be good for our organization (1)
- Having to leave the role of Board Member (1)
- Encourage staff to become certified/licensed in both areas, and reward those dually certified financially (1)
- More coordinated and collaborative decision making and advocacy (1)
- Overlapping principles of treatment (1)
- Bigger is seldom better; more difficult to get message out and internal power struggles will confuse everyone (1)
- Make professional life easier (1)
- Turf issues of keeping areas separated (1)
- Facilitate care planning for dually diagnosed clients (1)
- Improve access to information pertaining to serving dually diagnosed clients (1)
- Improved communication and delivery of services (1)

6. If you are a provider, how do you feel this consolidation will affect your agency?

Streamlining of reporting requirements, ease of billing, and improved access to services and care delivery in a seamless system are seen as benefits to providers. Other individual responses indicate a fear that funding to providers, especially if not dually certified, will be reduced.

Dominant Themes:

- Streamlining of reporting requirements, ease of billing (5)
- Improved access to services and care delivery in a seamless system (3)

Secondary Themes:

- Negatively impact ability to deliver services if not dually certified, however will be a motivator to become dual certified (1)
- Fear that nothing will change in regard to provider expectations and there will continue to be duplication among providers (1)
- Advocacy efforts of my agency will be enhanced (1)
- Will gradually reduce funding to agency that serves children and youth and is a provider for both boards. It is anticipated that children's agencies, prevention services, ADAS agencies, large providers and those who are not particularly associated with the CCCMHB will gradually lose funding (1)
- Continue to provide much needed services (1)
- Reduce bureaucratic inefficiencies (1)
- Relating to one board (1)
- There will be confusions, debates long worked out about separate peace will be reopened, two very different cultures will not be merged, but at war. Ultimately one will win and one will lose. (1)
- Small providers will be lost in the shuffle (1)
- Facilitating care planning for the dually diagnosed (1)
- If Non-Medicaid programs are reduced or eliminated, we will no longer to serve those with a serious mental illness. Clients will be hurt, not the providers. (1)
- Too soon to speculate (1)