

CONSOLIDATION SURVEY

The Alcohol and Drug Addiction Services Board of Cuyahoga County (ADSBCC) and the Cuyahoga County Community Mental Health Board (CCCMHB) are in the process of planning a consolidation. The ADASBCC took the opportunity to solicit input regarding the consolidation of the two Boards from contract providers during the September 28, 2007 Systems Retreat. The following is a summation of the seventeen surveys returned to the Board.

1. What are your main concerns regarding the consolidation of the Boards?

❖ The first concern regarding consolidation is the loss of autonomy with alcohol and other drug (AOD) services. The second concern is the loss of or competition for funding and resources.

- Loss of autonomy/Loss of AOD services /Absorption into MH and focus on SMD (13)
- Fragmented services (3)
- Loss/competition for Funding and resources for AOD services (8)
- Psychoactive substance abuse and dependency will be viewed as symptoms of other mental health concerns (2)
- Transition and/or changes in reporting processes for funding, contracts, current initiatives etc. (2)
- Increased regulations for auditing, compliance and certification (2)
- Boards will protect jobs and not look at this as an opportunity to provide associated services (1)

2. What do you perceive as some benefits to consolidation?

❖ Providers perceive that the benefits of consolidation would be a continuum of care, unified funding streams and improved access to psychiatric and mental health services.

- Cohesive/holistic services (4)
- Funding streams (i.e. ancillary services) (4)
- Improved access to psychiatric/MH services (for indigent and Medicaid) (4)
- Reduction of readmissions due to a behavioral health focus (2)
- Increased efficiency with State communication (1)
- Auditing process without partiality (e.g. too much CD and not enough MH) (1)
- Cross training to broaden skill set of providers (2)
- Enhanced salary possibility/attracting work to the field (1)

3. In your opinion, what are the service priorities that the Board should focus on preserving?

❖ *Providers indicated overwhelmingly that the current service taxonomy needs to be preserved.*

- Autonomy for funding, treatment integrity, individual community plans, reports, etc. (4)
- Consumer voice/choices (2)
- Maintain current level of services, or better. AOD treatment services for youth, AOD (dual diagnosis) residential for youth and adults (male and female), detox, halfway house services, women and children programming, prevention services, family education, Training Institute, and opiate addiction treatment options. (9)
- Immediacy of services/level of care (2)
- Reduction/minimizing excess monitoring functions which tax the administrative overhead costs/Use strength based (positive) approach from top down rather than deficiency based approach (3)
- Integrated assessment instrument (1)
- Program development for system to address gaps/changes in services (2)
- A continuum of care, finding alternative funding for Medicaid and non-Medicaid programs (1)
- Technical Support in various operational areas (2)

4. What functions of the Board's operations do you think will be critical to AOD service delivery?

❖ *Providers perceived advocating for understanding and staying focused on addiction as critical to AOD service delivery.*

- Treatment (2), Prevention (1) and Quality Improvement (1)
- Certification process (1)
- AOD Advocacy/Understanding and supporting addictions focus/ Ability to utilize expertise of Board Staff to promote innovative service delivery (6)
- Funding flexibility, finance and billing of services (3)
- Audits, training, technical assistance in clinical management and quality improvement (3) (also in respect to the consolidation)
- Continue to move toward evidence based practices (1)

5. Do you think consolidation will have a positive impact or negative impact on AOD service delivery?

❖ *Five participants foresee consolidation as a positive impact on AOD service delivery, four see it as a possible positive if certain measures are taken, five see it as negative and one participant was unsure.*

- Positive, expanded or diversify funding services (1)
- Positive, makes it easier to get a levy passed (1)
- Positive, AOD clients may get needed mental health services (3)
- I believe and hope it will be a positive impact (1)

- If done properly it should have a significantly positive impact (1)
- Streamlining upper level administrative positions, focusing on training consultants and developing alternative funding resources may make this a positive (1)
- Depends, if AOD is able sustain itself as a primary health condition (1)
- Negative, psychoactive substance use will be minimized and not identified or treated/ AOD services will be diluted (5)
- Very negative, not in the short run, but in the long run (1)
- Negative, Depending on the provider, focus on service delivery will split between AOD and MH (1)
- Negative, eventually funding for AOD will suffer/SMD populations may become a funding barrier (2)
- Negative, impact in other areas, particularly service delivery (1)
- Not sure, not enough information is available (1)

6. If you answered positive impact to #5, how do you think the Board can expand and improve?

❖ *Providers perceive integration and coordination of services with expertise in AOD and MH will help the Board expand and improve.*

- We need a separate department on consumer services and advocacy, mentorship, and recovery management services (1)
- Board can only expand its services by supporting community need, maximize the utilization and investment in services and reduce staff at the administration/Board level (1).
- Integration and coordination of services (i.e. assessments), have expertise in both AOD and MH (4)
- Improvement focus based on strengths and weaknesses of both Boards (1)
- Expand services and strategies of services that are billable (1)

7. If you answered negative impact to #5, how can the Board prevent this?

❖ *Providers believe that advocacy for all AOD providers and services will prevent a negative impact on AOD services.*

- Equal number of Board members and a new director from another state (1)
- Advocacy for AOD providers, prevention, assessment, treatment and service delivery integrity, AOD departmental positions/areas/divisions (3)
- Analysis/review of other counties that have consolidated and consolidation impacted the community and provider network (1)
- Don't merge (1)
- Let those whose expertise is in MH do MH work and AOD do AOD work (1) and train staff in dual services delivery and monitored closely (1)
- Have third party keep policy ongoing (1)
- If you both keep doing what you're doing it will be a disaster for all (1)

8. How do you think your agency will be impacted specifically by a consolidation?

❖ *Lessening and competing for the already limited funding source is the fear providers feel will impact their agencies.*

- ❑ Less funding from the local Board will heighten competition for limited resources (4)
- ❑ Time and cost inefficiencies in making the adjustments needed for consolidation (1)
- ❑ Autonomy (2)
- ❑ Dual certification, integrated services and additional requirements and/or mandates without additional dollars (3)
- ❑ None in the short run (1)
- ❑ Loss of provider availability and specialized services i.e. flexibility (2)
- ❑ Acquiring costly skill sets such as MIS, training etc. to manage consolidation and operate effectively (2)
- ❑ Integrated services for consumers (2)

9. Other comments:

❖ *The following comments were related to funding, costs and service taxonomy.*

- ❑ From today's discussion with Dennis, it sounds like money is the reason for considering the merger. Given the short time frame, my fear is that it will happen whether we want it or not. My other fear is that we (substance abuse disorders) will continue to be the step child of the system. Please do not allow this to happen.
- ❑ What are your plans for enhanced computer systems?
- ❑ Better communication, reports, and more timely payments.
- ❑ Very disappointed with the lack of advocacy from the AOD prevention and treatment provider, on behalf of the public sector AOD clients and the system in general.
- ❑ I pray for all of you involved, this is a difficult mandate to implement. I will pray God will give all involved and provide strength and guidance and most of all hope.
- ❑ Would like more opportunities to fund each treatment (AOD) request sufficiently without having to spend huge amounts of money to bill for same. The process for billing is getting paid and managing within capped rates is killing our AOD system. Add all the mental health needs, health needs and other wrap needs of our clients (housing, education, employment etc.) and it is easy to see that the system does not really care about recovery. This is the issue! We need to build the AWARENESS of the value of prioritizing AOD recovery efforts (prevention-wellness included) above all others.
- ❑ Our MH providers have for years struggled. You need to retain individuals who have very specific and individual expertise in AOD and MH. Don't muddy the water and look for those who know both systems half way. Look for those who know a lot about AOD and a lot about MH and the passion to fight for the individual needs of families.
- ❑ Good keep up the good work.

- Important to brainstorm with field about what is important for good services in a merged environment.
- We need to bring together a more holistic approach to people and to focus on wellness and recovery. We treat persons as whole persons. Let's get these systems together and address this- all systems.
- This success will depend on how well this is done.