

Process for Recommendation of CY20 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.

CY20 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 Application for CY20 continued funding be issued rather than an RFP, to allow for staff to analyze pooled funding usage and service utilization. When additional County, State and/or Federal funding is received, including grants, the ADAMHS Board will issue RFPs and/or select providers for targeted programs and/or services.*
- 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 discussed the continued funding application process with the Board during the July meeting cycle and received verbal approval from the Board to issue the application.*
- CEO issues RFI or RFP. *Application was developed and issued on August 15, 2019, with a submission deadline of September 18, 2019. A simplified and interactive application format was developed to ease the submission burden on providers and collect outcomes from the first six months of 2019.*
- 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. *Executive staff, with input from program and finance staff, reviewed the applications.*
- Executive Staff makes a recommendation to the CEO to review and approve for recommendation to the Board. *Executive staff and the CEO worked together to prepare the CY20 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 CY20 Proposed Funding Recommendations to the Board during the Committee of the Whole Meeting on October 23, 2019.*
- 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 CY20 Funding Recommendations – and any changes as required – during the October 30, 2019 General Meeting, the November 13, 2019 Committee of the Whole Meeting and to the Full Board for final approval during the November 20, 2019 General Meeting.*

Provider/Program Outcomes Review Process to Determine CY20 Funding:

- Agencies that are being recommended for continued funding in CY20 have submitted applications that contain the following information for the first six months of CY19:
 - Number of clients proposed to be served, actually served, and completed the program.
 - Average number of times clients were seen by staff.
 - Average client caseload per staff member.
 - Program/Service goals completed.
 - Metrics used to measure success.
 - Program/Service outcomes.
 - Average cost per client.
 - Recruitment and Retention of staff and inclusion of clients in special categories (i.e., homeless, employed incarcerated, etc.) were also collected, but not used for CY20 funding recommendations. Staff will review this information for further analysis.
- The ADAMHS Board seeks to fund high quality, cost efficient, appropriate and accessible client care. To achieve these goals the Board also 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 within the 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):**
 - Abstinence 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.

- 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-8th 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 strengths, 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.