

Setting of Priorities

The ADAMHS Board of Cuyahoga County has a policy for the prioritization of services and resources that the CEO, staff and Board of Directors follow. This policy is implemented during the planning and funding process and may utilize various resources, such as needs assessments, surveys, polling, focus groups, stakeholders and the Ohio Department of Mental Health and Addiction Services practices. Typically, the priorities for the ADAMHS Board of Cuyahoga County are set in the following ways:

- Use of data gathered in various Needs Assessments.
- Input from the community, clients, providers, partner systems, volunteer Board of Directors, CEO and the staff of the ADAMHS received through the strategic planning process and funding priority meetings.
- The Executive Staff compile and rank the input based on the importance to the system and available funding.
- The CEO presents a recommendation of the priorities to the Board of Directors through the appropriate committee, usually the Planning & Oversight and/or Finance & Operations for further discussion.
- The Planning & Oversight and/or Finance & Operations Committees recommend adoption of the priorities to the General Meeting for full Board approval. Vetting of the priorities has been completed prior to being presented at the General Meeting.

Current Trends: The CEO and Board Staff also analyze current community and system trends when setting priorities. These current trends are:

- The heroin epidemic continues to plague our County with the deadly addition of fentanyl and the mixing of fentanyl in other substances, such as cocaine and methamphetamine.
- The Board's budget continues to be strained to support all of the mental health and addiction recovery services needs of our community.
- For CY18 the overall budget was over \$67 million. We were working with anticipated revenues and shortfalls that pointed toward to an overall estimated budget of \$63 million for CY19 – a compounded funding deficit of \$10 million from CY17. This shortage can be attributed to:
 1. Loss of \$1.5 million in local one-time funding for CY17 to combat the opioid crisis (City/County/ADAMHS Partnership).
 2. Use of \$4.5 million in reserves to cover deficits from reduced state and federal funding for mental health services since CY15.
 3. Loss of \$4 million due to the ending of the 1915a Medicaid waiver for child treatment, wraparound and service coordination in State Fiscal Year 2019.
 4. Stagnant funding from the Cuyahoga County Health & Human Services levies of \$39 million from CY14 through CY19.

Calendar Year 2019 Budget Priorities

The CEO established a priority setting process for CY19 that was focused on community needs, impact on clients and families, impact on providers, strategic fit with the Board's mission & vision, external directives, partnerships, internal directives, and available resources. As part of this priority setting process, board staff reviewed existing resources such as the 2016 Needs Assessment, 2017 Strategic Plan, the Recovery Oriented System of Care (ROSC) goals and community assessment, and preliminary analysis from the Crisis Services Needs Assessment.

Community and Board input was also sought through a series of ten focus groups during an All Providers Meeting, the Board Community Relations and Advocacy, Planning and Oversight and the Finance and Operations Committees, the Action Committee Advocating Change (ACAC) Client Group, a Staff Retreat and three community stakeholder webinars.

With additional consideration of Behavioral Health Redesign, implementation of Managed Care, the Opioid Crisis, increase in suicide and limited funding, the CEO recommended the following ten funding priorities for CY19 behavioral health and recovery services – which are not listed in rank order – and were officially adopted by the Board on June 27, 2018 with the passage of Resolution 18-06-06:

1. High Quality Housing including Adult Care Facilities (ACFs) for adults with mental illness, Sober and Recovery Housing certified with National Alliance for Recovery Residences (NARR) standards, and Residential Care Facilities (RCFs) that meet State and National Residential Care and Assisted Living Regulations and Policies.
2. Expanded Crisis Services for both children and adults.
3. 24 Hours/Seven Days per Week Access for mental health and addiction treatment services, for adults and children, with in-person services delivered wherever possible.
4. Peer Support for mental health and addiction, including innovative programs in Adult Care Facilities and Recovery Housing.
5. Prevention and early intervention programs and campaigns for mental health and addiction across the lifespan for children, adolescents, adults, and older adults, using both traditional and innovative approaches in the community such as Faith-Based programing.
6. Employment Programs including sheltered and supported.
7. Inpatient and Ambulatory Detoxification Services.
8. Medication Assisted Treatment for Opioid Addiction Disorders.
9. Piloting of Innovative Techniques and Programs.
10. Transportation for clients to keep mental health and addiction treatment appointments.

In addition to these funding priorities, the CEO also recommended the following internal system priorities to be included in the Board's 2019 operating budget:

1. Client-Centered Funding Strategies.
2. System Training.
3. Stigma Reduction.
4. Education and Prevention Campaigns.
5. Workforce Development.
6. Collaboration with Courts and Criminal Justice System.