

Process for Recommendation of CY22 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.

CY22 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 RFP for CY22 funding was needed.*
- 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 presented the request to issue an RFP during the July Board Meeting cycle and was approved through Resolution No. 21-07-07 during its July 28, 2021 General Meeting.*
- CEO issues RFI or RFP. *CEO released the RFP on July 29, 2021. Responses were received through the WizeHive System and were due on August 27, 2021. The deadline for RFP responses was extended to September 3, 2021.*
- 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. *Staff reviewed and scored each of the 260 proposals that were received, as well as provider funding usage, service utilization and outcomes to make recommendations to the Board for the CY22 budget.*
- 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 CY22 funding recommendations.*
- The CEO presents the funding and contract recommendations to the Board of Directors seeking additional input through the extensive committee process. *CEO presents the working draft of the CY22 Proposed Funding Recommendations to the Board during the Committee of the Whole Meeting on October 20, 2021 – and any changes as required – during the General Meeting on October 27, 2021, and the Committee of the Whole Meeting on November 10, 2021.*
- 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 needs ratification it has been thoroughly reviewed by at least one Board committee. *CEO will present the final CY22 Budget – with any changes as required from the November 10, 2021 Committee of the Whole Meeting - for approval during the General Meeting on November 17, 2021.*

Provider/Program Outcomes Review Process to Determine CY22 Funding:

- Agencies that are being recommended for funding in CY22 have been reviewed by staff for the following information for the first six months of CY21 and all of CY20:
 - Agency has an Internal Diversity, Equity, and Inclusion Team and/or Policy.
 - Steps to ensure clients in the program/service continue to receive services consistent with contract when staff vacancies occur.
 - Number of clients proposed to be served, actually served, and completed the program.
 - Program/service goals.
 - Metrics used to measure success.
 - Program/service outcomes.
 - Average cost per client.
- The ADAMHS Board seeks to fund high quality, cost efficient, appropriate, and accessible client care. To achieve these goals the Board also uses several review processes for the programs it funds, such as Quality Performance Reviews and Program Reviews, which may periodically result in a 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 toward 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 Administration (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 mental health 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 mental health 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 mental health 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 mental health 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 one 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.