

Cuyahoga County Council Committee of the Whole

ADAMHS Board *2016 Budget Presentation*

William M. Denihan, CEO

November 5, 2015



Mission

- ▶ The Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County ensures service delivery for individuals living with mental illness and/or addictions that focuses first and foremost on clients and family members.
- ▶ We are responsible for the planning, funding and monitoring of public mental health and alcohol and other drug addiction recovery services delivered to the children, adolescents, adults and the elderly residents of Cuyahoga County.
- ▶ We oversee a behavioral health treatment and support system that focuses on advocacy, promotion, prevention, treatment and recovery in which clients receive appropriate treatment and recovery supports to meet individual needs.
- ▶ Our system provides crisis services to stabilize individuals and then focuses on recovery support programs and services to help individuals stay well.
- ▶ Services include:
 - Crisis Intervention
 - Detoxification
 - Prevention
 - Wellness
 - Treatment
 - Treatment
 - Residential & Sober Housing
 - Vocational/Employment
 - Peer Support

Key Performance Measures Identified in 2014/15 Budgets:

1. Decrease the use of State Hospital Civil & Forensic Bed Days

<i>Measure</i>	<i>2014 Actual</i>	<i>2015 Estimate</i>	<i>2016 Target</i>
Forensic Bed Day Usage	47,637 (130.5 per day)	45,500 (125 per day)	45,000 (123 per day)
Civil Bed Day Usage	10,769 (30.5 per day)	10,650 (29 per day)	10,500 (28 per day)

Key Performance Measures Identified in 2014/15 Budgets:

2. Effectively manage the process for Mental Health clients new to the system through SCALE (Screening, Centralized Assessment, Linkage and Engagement)

<i>Measure</i>	<i>2014 Actual</i>	<i>2015 Actual</i>	<i>2016 Target</i>
Screens into SCALE	1,172	315	N/A
Completed Assessments	666	183	N/A

- Note with Medicaid Expansion this is no longer a performance measure for the ADAMHS Board due to the fact that there have been significantly less clients needing funding assistance for treatment services.
 - Program ended on June 30, 2015.

Key Performance Measures Identified in 2014/15 Budgets:

3. Increase the number of clients participating in vocational and pre-employment programs and increase the number of clients employed

<i>Measure</i>	<i>2014 Actual</i>	<i>2015 Estimate</i>	<i>2016 Target</i>
Clients Enrolled in Vocational/ Pre-employment	1,785	1,800	2,000
Clients Employed	385	480	500

ADAMHS Board Accomplishments 2014 & 2015

- ▶ **Established Recovery Housing and Sober Beds for Clients completing Detoxification and Residential Treatment.**
- ▶ **Reduced Client wait times for detoxification and residential treatment services.**
- ▶ **Dedicated availability of 3 to 5 child crisis stabilization beds.**
- ▶ **Weekend access to AOD Residential Treatment facilities, moving individuals from Detoxification in a timely manner.**
- ▶ **Increased number of clients obtaining employment**
- ▶ **Piloted a new Temporary Job Placement/Treatment Service for individuals denied jobs because of failing pre-employment drug testing.**

ADAMHS Board Accomplishments

2014 & 2015 (continued)

- ▶ **Independent Evaluation Process** for many services we provide (*first time*).
- ▶ **Development, submission and adoption of behavioral health recommendations** for the DOJ/City of Cleveland Consent Decree.
- ▶ **Signing of the MOU** between ADAMHS Board and City of Cleveland for the development of the **Mental Health Response Advisory Committee**.
- ▶ **Formulation and Leadership of the Mental Health Response Advisory Committee** that will help foster relationships between the police, community and mental health providers.
- ▶ **Reduced Civil Admissions to Northcoast Hospital** by ensuring clients are served in the most appropriate setting.
 - ▶ **Reduced beds** from an average of **33** per day in 2014 to **29** per day in 2015.
- ▶ **186 less deaths** by heroin overdose in **2014 & 2015** by supporting **Project DAWN** (Deaths Avoided With Naloxone).
 - ▶ **Without Project DAWN** there could have been **259** more deaths by heroin overdose since **2013**.

CY16 GOALS AND OBJECTIVES

Note: *Our goals and objectives for CY16 are contingent on receiving the same amount of County Funding as CY15.*

1. Maintain Addiction and Mental Health Residential Treatment Beds*

Objectives:

- ▶ 172 Addiction Residential Treatment Beds available on a daily basis.
 - ▶ Was increased in 2015 from 135 beds in 2014.
- ▶ 40 Mental Health Residential Treatment Beds available on a daily basis.
 - ▶ Was increased in 2015 from 27 beds in 2014.
- ▶ Reduce Waiting Lists.

Approach to Achieve Goal:

- ▶ Maintain funding.
- ▶ Continued reduced length of stay through development of Recovery Housing.*

****Increase in CY15 was made possible with Health and Human Services Levy funding.***

CY16 GOALS AND OBJECTIVES

Maintain Addiction and Mental Health Residential Treatment Beds *(continued)*

Evaluation Protocol:

- ▶ Number of individuals served.
- ▶ Number and percent of individuals successfully completing program.
- ▶ Number and percent abstinent at discharge.
- ▶ Program goals.
- ▶ Comparison to previous year.
- ▶ Kent State Evaluation:
 - ▶ Capacity of the system by the level of care.
 - ▶ Treatment completion.
 - ▶ Recidivism rates.
 - ▶ Cost.
 - ▶ Length of stay.

CY16 GOALS AND OBJECTIVES

2. Maintain Life Saving Detoxification Beds and Reduce Waitlist to Serve More Clients *

Objectives:

- ▶ 1,100 individuals to be served in 2016.
 - ▶ Was increased in 2015 from 929 individuals in 2014.
- ▶ Reduce Waiting List for detoxification services from 2 weeks or more to 5 days or less.

Approach to Achieve Goal:

- ▶ Maintain funding for additional detoxification services to meet demand and reduce waitlist.
- ▶ Continue Weekend Access to Residential Treatment for individuals completing detoxification services to free-up additional detox beds.
- ▶ Continue reduced length of stay through development of Recovery Housing.

**** Increase in CY15 was made possible with Health and Human Services Levy funding.***

CY16 GOALS AND OBJECTIVES

Maintain Life Saving Detoxification Beds and Remove Waitlist to Serve More Clients *(continued)*

Evaluation Protocol:

- ▶ Number of **individuals served**.
- ▶ Number and percent of **individuals successfully completing program**.
- ▶ Number and percent **abstinent at discharge**.
- ▶ **Program goals**.
- ▶ **Comparison to previous year**.
- ▶ **Kent State Evaluation:**
 - ▶ **Capacity of the system by the level of care**.
 - ▶ **Treatment completion**.
 - ▶ **Recidivism rates**.
 - ▶ **Cost**.
 - ▶ **Length of stay**.

CY16 GOALS AND OBJECTIVES

3. **Maintain Recovery Housing & Expand Sober Beds for Clients Upon Completion of Detoxification and Residential Treatment**

Objectives:

- ▶ Serve 400 individuals in 2016.*
 - ▶ An increase of 150 individuals served in 2015.
- ▶ Increase number of Sober Beds from 50 to 100, especially to serve women, with sustained funding.

Approach to Achieve Goal:

- ▶ Fully operationalize Sober Bed Pilot Program.*

Evaluation Protocol:

- ▶ Number of individuals served.
- ▶ Number and percent of individuals successfully completing program.
- ▶ Number and percent abstinent at discharge.
- ▶ Program goals.
- ▶ Comparison to previous year data.

****Increase in CY15 was made possible with Health and Human Services Levy funding.***

CY16 GOALS AND OBJECTIVES

4. Maintain and Improve the Provision of Vocational/Pre-employment Services

Objectives:

- ▶ 2,000 individuals to receive Vocational/Pre-employment Services.
 - ▶ Was increased in 2015 from 1,785 individuals in 2014.
- ▶ 500 Clients Employed.
 - ▶ Was increased in 2015 from 385 individuals in 2014.

Approach to Achieve Goal:

- ▶ Temporary Jobs Agency identified to serve individuals with addictions to obtain employment and receive recovery services.*
- ▶ Expansion of provider vocational/pre-employment programs.

Evaluation Protocol:

- ▶ Brown Consulting Evaluation:
 - ▶ Number of clients placed in jobs.
 - ▶ Length of employment.
 - ▶ Hourly rate.
 - ▶ Board, state and national employment/vocational services data.
 - ▶ Surveys, interviews and focus groups to determine effectiveness of current system and recommend enhancements.

****Increase in CY15 was made possible with Health and Human Services Levy funding.***

CY16 GOALS AND OBJECTIVES

5. Continue 24/7 Crisis Intervention Services as an alternative to hospitalization.

Objectives:

- ▶ No more than 28 Civil Bed per day at Northcoast Behavioral Hospital.
- ▶ Maintain Mobile Crisis Team & Psychiatric Emergency Room.

Approach to Achieve Goal:

- ▶ Continued utilization review.

Evaluation Protocol:

- ▶ Number of individuals in Crisis Stabilization Unit.
- ▶ Number of individuals served by the Mobile Crisis Team.
- ▶ Number of individuals seen in the Psychiatric Emergency Room.
- ▶ Number of individuals referred to Northcoast Behavioral Hospital.
- ▶ Comparison to previous year data.

CY16 GOALS AND OBJECTIVES

6. **Address the Mental Health Needs of Children and Adolescents by continuing to provide Early Childhood Mental Health and School-Based services.**

Objectives:

- ▶ **Early Childhood programs:**
 - ▶ **Early Childhood Development Education and Training for Parents.**
 - ▶ **Parenting Skills to Improve Parent/Child Interaction.**
 - ▶ **Improve Behaviors that Impact a Child's Ability to Achieve Developmental Milestones.**
 - ▶ **Decrease Relationship Distress.**
 - ▶ **Reduce and/or Eliminate Effects of Trauma.**
- ▶ **School Based programs:**
 - ▶ **Increase School Attendance.**
 - ▶ **Improve Grades.**
 - ▶ **Eliminate or Divert Involvement with Juvenile Justice System.**

CY16 GOALS AND OBJECTIVES

Address the Mental Health Needs of Children and Adolescents by continuing to provide Early Childhood Mental Health and School-Based services *(continued)*

Approach to Achieve Goal:

- ▶ Continued consultation and prevention services with families, schools and community.

Evaluation Protocol:

- ▶ School attendance, grades, and juvenile court diversion.
- ▶ Ohio Youth Scales for improvement in Problem Severity, Functioning, and Hopefulness.
- ▶ Parent, student and teacher satisfaction.
- ▶ Provider agency staff and school teachers and administrators focus groups.
- ▶ Service utilization.
- ▶ Case Western Reserve review of data:
 - ▶ Characteristics of children served.
 - ▶ Improved functioning post-treatment.
 - ▶ Effectiveness of service providers.

CY16 GOALS AND OBJECTIVES

- 7. Provide Effective Crisis Intervention Team (CIT) Training to Police Officers and Dispatchers to Ensure that People living with Mental Illness and Addictions - and All Residents of Cuyahoga County - are Treated Safely with Dignity and Respect.**

Objectives:

- ▶ Improve relations between Cleveland Division of Police and the Citizens of Cleveland.
- ▶ Increase Mental Health, Addiction and CIT Trainings for Cleveland and Suburban Police Departments.
 - ▶ More than 600 Cleveland Police Officer have been trained since CIT's inception in 2005.
- ▶ Develop Mental Health, Addiction and CIT Trainings specifically for Dispatchers.

Approach to Achieve Goal:

- ▶ Utilization of Ohio Crisis Intervention Team Peer Review of the Cleveland Division of Police.
- ▶ Revision of CIT Program to expand addictions, cultural competency and youth modules.
- ▶ Recommendations from the Mental Health Response Advisory Committee.

Evaluation Protocol:

- ▶ CIT class evaluations.
- ▶ Number and percentage of Cleveland and suburban police officers trained.
- ▶ Data analysis from Cleveland Police CIT Statistic Sheet.
- ▶ Citizen focus groups.

CY16 Key Performance Measures

- ▶ **Elimination of Waitlist for Detoxification and Residential Treatment Services.**
- ▶ **Number of Employed Clients.**
- ▶ **Results of the Mental Health Response Advisory Committee.**
- ▶ **Number of Crisis Intervention Team (CIT) Trainings and CIT Police Officers.**
- ▶ **Number of Diversions, when appropriate, from the Criminal Justice System to Treatment.**
- ▶ **Development of the First Phase of the Recovery Oriented System of Care.**
- ▶ **Increased Age-appropriate Peer Support Services.**
- ▶ **Increased Number of Early Childhood Mental Health Therapists.**

CY16 Key Challenges

- ▶ **Maintain County Funding Level.**
- ▶ **Lack of Residential Capacity to meet Addiction Epidemic.**
- ▶ **Increased use of Heroin and Fentanyl.**
- ▶ **System Readiness in event of Marijuana Legalization.**
- ▶ **Services provided safely in the community by trained mental health and/or addiction treatment workers.**
- ▶ **Elimination of Stigma against Mental Illness and Addictions to Build Financial Support.**
- ▶ **Shortage of Child/Adolescent Psychiatrists.**
- ▶ **Continued Efforts to Develop Culturally Competent Services.**
- ▶ **Addressing State of Ohio Disparity in Mental Health Funding.**
- ▶ **Acceptance of low level offenders from State and Federal prisons with behavioral health issues whose sentences have been commuted.**
- ▶ **Development of the Recovery Oriented System of Care.**
- ▶ **Peer Support for Children & Adolescents.**
- ▶ **DCFS Dependent Children & Diversion Programs.**

CY16 POSSIBLE EXPANSION

- ▶ While the ADAMHS Board is **requesting to maintain the same level of County funding as in CY15**, the following are potential areas that we may need additional funding in the future:
 - ▶ **Expansion of Crisis Intervention Team (CIT) training program** - helps police officers react appropriately to situations involving mental illness and addictions.
 - ▶ **Increased Capacity of Residential Treatment/Sober Beds/Housing.**
 - ▶ **Increased Peer Support.**
 - ▶ **Increased Client Employment.**
 - ▶ **Increased Early Childhood Mental Health Services**
 - ▶ **DCFS Dependent Children & Diversion Pilot Programs.**

Possible Addition of Personnel

- ▶ **Additional ADAMHS Board of Cuyahoga County Personnel:**
 - ▶ **Crisis Intervention Team (CIT) Training Officer:**
 - ▶ Reflecting increase of number of CIT classes to be held.
 - ▶ **Clients Rights Officer (*Part-time*):**
 - ▶ Meet the increasing demand of complaints/investigations and concerns brought forth by clients living with mental illness and/or addictions:
 - ▶ Investigate all complaints regardless of payer source.
 - ▶ Mental Health & Alcohol/Drug Board Consolidation.
 - ▶ Medicaid Expansion.
- ▶ **Business Systems Analyst:**
 - ▶ Oversee the needs of the SHARES (Shared Health & Recovery Enterprise System) System.
 - ▶ 1/3 Shared Cost with the ADAMHS Boards of Franklin and Hamilton Counties.

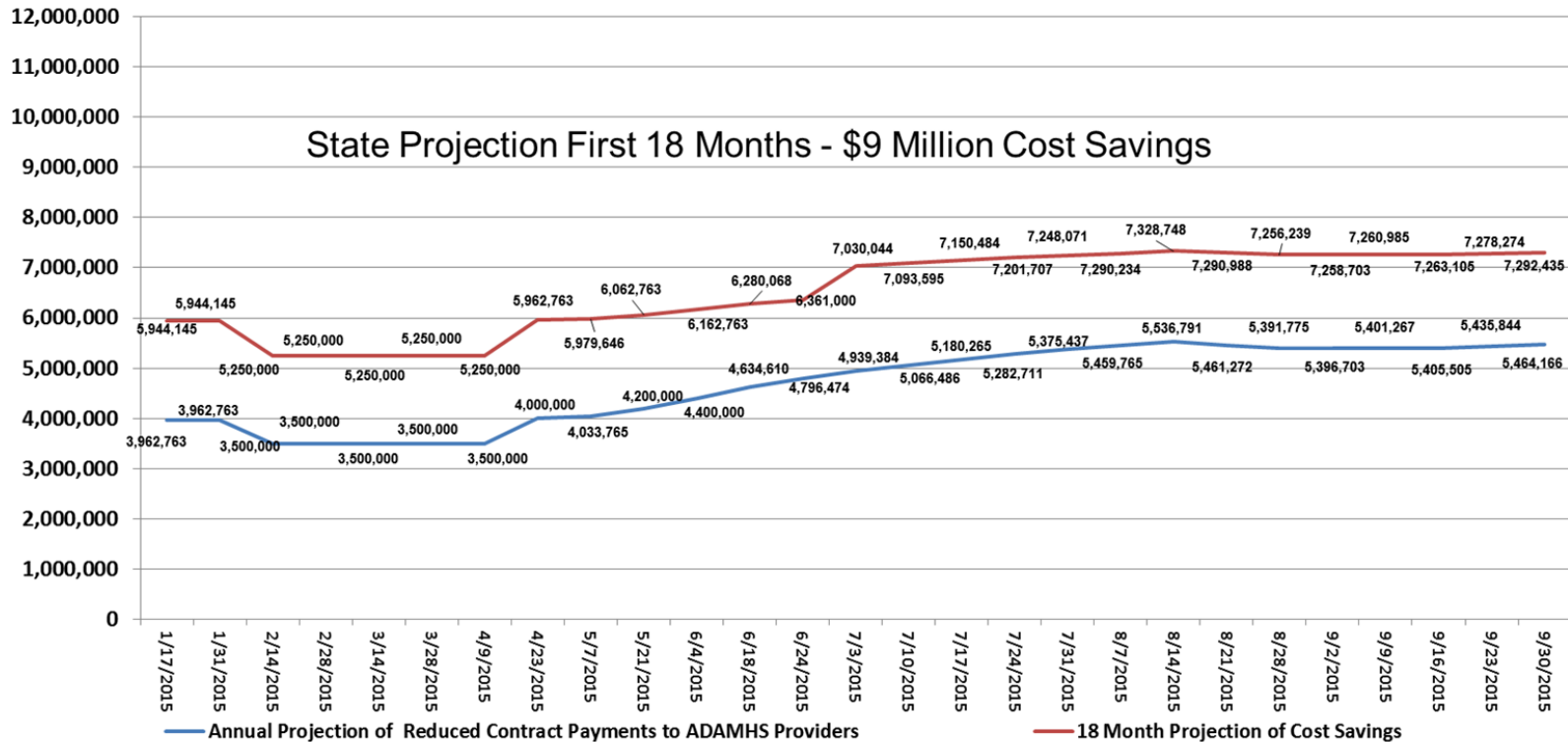
Medicaid Expansion Realities

- ▶ **State estimated that Cuyahoga cost savings would be \$6 million annually.**
 - ▶ Cost savings in 2014 was \$4 million.
 - ▶ Projected cost savings in 2015 is \$5.5 million.
- ▶ **Cost savings from Medicaid Expansion is less than the reductions in State funding.**
 - ▶ \$8.5 million less in state funding in SFY16.
 - ▶ State eliminated Community Behavioral Health funding in part due to Medicaid Expansion.
- ▶ There are still individuals who do not qualify for Medicaid.
- ▶ Some individuals do not meet redetermination.

Medicaid Expansion Realities

MEDICAID EXPANSION FISCAL IMPACT - YTD 2015

State Projection First 18 Months - \$9 Million Cost Savings



The Blue Line reflects the anticipated annual cost savings the ADMHS Board is realizing in contracts for Medicaid named services for persons not covered by insurance.

Impact of \$6,718,182 Proposed Administration's Cut

- ▶ **\$360,000 - Youth Crisis Stabilization.** 2 dedicated child crisis stabilization beds.
- ▶ **\$440,000 - Child Crisis Outreach Team.** 1,000 child and adolescent mental health crisis and trauma.
- ▶ **\$900,000 - AOD Residential Treatment.** Creation of sixteen dedicated residential treatment beds for men at Matt Talbot.
- ▶ **\$125,000 - Weekend AOD Access.** Allows providers of detoxification services to transfer clients to AOD residential Treatment beds on weekends to immediately continue recovery.
- ▶ **\$299,640 - Residential Treatment/Integrated Physical Health Care and Medication Assistant Treatment.** 160 residents with on-site clinic activities (includes access to Doctor, Psychiatrist and Nursing 24/7).
- ▶ **\$500,000 - Recovery Beds.** 100 clients a month a sober living environment who cannot afford to pay. Recovery Housing serves as a bridge between treatment and recovery.
- ▶ **\$50,000 - Temporary Employment Program with Recovery Supports.**
- ▶ **\$200,000 - Program Evaluations.** Analysis of the strengths and weaknesses of the existing programs will generate recommendations for improvement to ensure effective treatment to enable Cuyahoga County residents.

Impact of \$6,718,182

Proposed Administration's Cut *(continued)*

- ▶ **\$1,521,998 - Residential Treatment/Housing.** Live-in facilities for substance abuse and mental health treatment - funding serves 175 clients.
- ▶ **\$516,957 - Crisis Care/Intervention.** Services to effectively and appropriately intervene in a mental health crisis including assessing and de-escalating crisis situations - funding serves nearly 1,900 clients
- ▶ **\$404,144 - Prevention Services.** Promote and implement early intervention strategies to reduce the impact of mental and substance use disorders - funding serves over 400 clients.
- ▶ **\$380,575 - Early Childhood Mental Health.** Supports evidence-based training to equip parents and caregivers of young children with the skills to help their children develop into mentally healthy individuals. Parents and teachers who effectively nurture, support and connect with young children, especially those experiencing social or emotional difficulty, can ameliorate future disabling problems. Additional funding serves 600 children.

Impact of \$6,718,182 Proposed Administration's Cut *(continued)*

- ▶ **\$311,415 - Employment Services.** Individuals work skills and job opportunities to obtain meaningful employment - serves 125 clients.
- ▶ **\$265,796 - Peer Support.** Giving and receiving support and education from individuals with shared life experiences. It is provided by persons in recovery from mental illness and/or addiction who use their “lived experience” as a tool to assist other persons along their personal paths to recovery.
- ▶ **\$232,204 - Detoxification.** Removing toxic substances involving abstinence until the blood stream is free of toxins - funding serves 100 clients
- ▶ **\$210,453 - Psychiatric Services.** Study, diagnose, treat and prevent mental disorders - funding serves 40 clients.

\$6,718,182 Total Reduction