

Overview of FY 10 Program/Funding Recommendations

A. Considerations/Framework

B. Proposed FY 10 General System Budget and Programming/Services—Crosswalk to Board values/ENDS, state and federal priorities and Investor Targets as per the approved Community Plan

A. Considerations/Framework

Note: For more detailed information, please refer to the document titled "FY 09 & FY 10 Program/Budget Overview: Framework for Proposed System Allocations" that was included in the Board Packet. Merely a brief summary is included here.

Proposed Funding/Programming Recommendations are based on the following factors:

Fiscal Considerations

- An approximate cut of \$400,000 over and above reductions realized in FY 09 based on the total of all sources of projected revenue for FY 10
- Balance of funds and services across priorities and preservation of the basic system infrastructure to the extent possible given the budget realities (the "new normal") of less money and more mandates available to provide ALL non-Medicaid covered services and to serve ALL persons without Medicaid coverage as well as for core alcohol/drug and mental health treatment services historically funded at levels far exceeding state and federal allocation amounts

Note: In FY 09, approximately half of the total number of residents served was NOT eligible for Medicaid. In addition, the following services are NOT covered under Medicaid: Peer/Self-Help and Recovery Support Services (such as those provided by Erie Shore Network, Oak House, and Sandusky Artisans); Housing and related housing-support services for persons with Severe Mental Disability (SMD); Vocational/Employment Services (such as the SEPALS program); Compensated Guardian Program; and all prevention, education, intervention and consultation services and programs.

- System funding adjustments to "correct the drift" from planned service and population priorities to "paid" services; thus recommendations are from a 'system' perspective, based on identified consumer and community needs rather than on "hold harmless" budgets and historical usage patterns

Note: This includes "bridging" the changes resulting from the FY 09 reductions and shifts with FY 10 priorities where necessary AND to address needs and priorities informed by the Continuous Quality Improvement (CQI) planning process and thus included in the approved Community Plan.

- Since FY 10 first quarter contracts were based on final 09 dollars, the adjustment will be realized in the remaining 9 mos. of the contract; thus, limited flexibility will be approved among some Service Groups to allow for smoother transition in cases where program capacity will necessarily be limited or eliminated AND/OR to reconcile first quarter billing (based on 09 dollar and program levels) with annual contract amounts.

Program/Service Considerations

- Board values/priorities (as per ENDS policy)
- ODADAS (Ohio Dept. of Alcohol & Drug Addiction Services) and ODMH (Ohio Dept. of Mental Health) priorities and identified Performance/ Investor Targets
- Federal priorities, including National Outcome Measures (NOMS)
- Data-informed—"Opinions drive the search for data; Data drives decision-making"

Note: This includes both qualitative and quantitative data and information obtained as part of the ongoing CQI (Continuous Quality Improvement) community planning process, including the various needs assessment and prioritization strategies and processes discussed in relation to the Board and ODMH/ODADAS approved Community Plan.

(I. e. service/fiscal utilization; outcomes; population data and social/demographic indicators; surveys; targeted focus groups; and feedback/ information from agencies, referral sources and others via routine as well as specific mechanisms)

- To the extent possible (given specific system mandates, priorities and funds), participation in and support for collaborative efforts with other public agencies such as Children Services, Family and Children First Councils and the Courts to preserve core program and system infrastructure elements in an attempt to "counter-balance" the significant losses among all agencies and minimize disruption to children, youth and families with multi-system involvement

B. Proposed FY 10 General System Budget and Programming/Services—Crosswalk to Board values/ENDS, state and federal priorities and Investor Targets as per the approved Community Plan

As reported to the Board on previous occasions, the Community Plan required by ODMH & ODADAS serves as a summary or "snapshot" of the current system of care as informed by the varied and ongoing needs assessment, monitoring and performance improvement activities. At the same time, it serves as a "blueprint" for the next two fiscal years. The document reflects the integration of Board values/priorities, state priorities and outcome or performance targets within the context of policy and budget realities. The budget and program/service recommendations presented here represent implementation of identified mental health and alcohol/drug treatment and recovery support and prevention service needs, priorities and investor targets as reported in the approved SFY 2010-2011 Community Plan.

While specific programs and service initiatives are not the focus of Board deliberation around the recommended system budget, proposed initiatives related to programming, capacity, and/or service activities are included here as the rationale underlying the proposed FY 10 (General) Budget. This is NOT meant to be all-inclusive—merely a representation of programming as the framework for the recommended general budget as related to the Program/Service considerations noted above. Approved program and service priorities for the system of care are implemented through contracts with agencies and service providers, organized around Service Groups (denoting specific populations). Monitoring of outcomes, performance, service and fund utilization and other factors occurs via the ongoing CQI planning process and is routinely reported to the Board via the quarterly Agency and Board/System Progress Reports.

Note: As per approval of the General System Budget and Programming/Services, maximum award amounts by contract agency only reflect non-Medicaid dollars; actual resources across the system supporting a particular population, service or program may be greater in some cases due to other revenue sources such as the federal match portion for Medicaid services.

1. Youth/Family (Y/F)

Board ENDS ("...service delivery within family context..." and "balance of continuum of care and Evidence-Based Programs..."); ODMH priority (intensive home-based treatment services & Early Childhood Mental Health Consultation and Treatment); ODADAS and ODMH Treatment and Recovery Support Investor Targets (re: reducing arrests & criminal and juvenile justice involvement); NOMS (National Outcomes Measures)

Overall, while there was minimal reduction in non-Medicaid dollars in the Y/F Service Group across the system the majority of children and youth receiving treatment services is Medicaid eligible. In addition, the transition from

the Multi-Systemic Therapy and Functional Family Therapy home-based treatment models to a more flexible home-based treatment model will result in reduced cost as well. While some of these savings were realized in the latter half of FY 09, additional payments to agencies to support the cost of those programs did occur. An effort was also made to ensure some level of continued capacity for programs or services that were "deliberately" built into the approved (initial) FY 09 General System/Program Budget. The following are program/service considerations for this population:

- Maintenance of intensive home-based treatment services
- Maintenance of Ottawa Co. Juvenile Court Assessment Program, including case management services for participants in the specialized docket programs; Seven Challenges and other programming relative to Erie Co. Juvenile Drug Court; and Case Management Services for Erie Co. Family Dependency Court
- Maintenance of on-site services (24 hrs/wk) at the Juvenile Detention Center
- Preservation of access to core treatment services (i.e. assessment, counseling, medication)
- Early Childhood Mental Health Treatment: capacity to serve children and families identified by the current ECMH referral, assessment, and consultation process via the provision of short-term, home-based interventions as a follow-up when more challenging behaviors are encountered

Note: services to this population is also an area where our system partners took a cut, thus continuing to provide capacity in this area will help minimize the impact on families with young children

2. Persons with Severe Mental Illness or Disorder (SMI or SMD)

Board END ("Recovery-oriented system of care for persons with SMD..."); MH NOMS ("Mental Illness symptoms/Level of functioning", "Employment/Education", and "Stability of Living Situation"); ODMH priorities/Investor Targets (Increase competitive employment, Increase Access to Housing, Decrease homelessness; AOD NOM ("Recovery/Reducing Stigma & Barriers to Services) and ODADAS priorities ("Reduce Stigma" and "Recognition of Addiction as Legitimate Health Care Issue...")

- Housing Initiatives—Development of additional housing capacity along the continuum, including apartments/independent living and Adult Care Facility—Sundown Project (Board Treatment & Recovery Support Investor Target)
- Maintenance of existing funding/capacity for Recovery Support Services and Peer/Self Help Services (Board Capacity Development Target)
- Restoration of additional capacity for supportive employment (SEPALS program) (Board Capacity Development Target)
- Restoration of additional capacity for CPST services
- Maintenance of capacity for consumer and family support (NAMI) activities

Note: in most cases, funds were shifted back to the SMD Service Groups to adjust for the "drift" that occurred with the 09 budget reductions and to ensure adequate capacity for this core and mandated service population based on need, service usage and programming goals

3. Prevention/Early Intervention

Board value; AOD Prevention NOMS ("Perceived Risk/Harm of Use, Perception of Disapproval, Attitude", "Family Communication around Drug Use"); ODADAS priorities/Investor Targets (Evidenced-Based Practice, Stigma Reduction); ODMH priorities/Investor Targets (Early Intervention programs, School-based mental health services/programs, Crisis Intervention Training—CIT)

This was an area that saw significant reductions due to the budget and fiscal realities. Of all revenue sources, only a very small percentage of funds from ODADAS are earmarked for prevention services. While a local priority, the need for sufficient match funds for Medicaid services and statutory responsibilities for treatment services to persons with SMD/SED limited the ability to allocate funds in this area. Program areas that remained a focus with

these limited funds are those that were identified via the activities engaged in as part of the needs assessment and prioritization process. The following are program/service considerations for this population:

- Life Skills in Ottawa County (allocated dollars were near FY 09 expenditures)
- Limited capacity for individual/group school-based programs (i.e. P.O.W.E.R., School Buddies)
- Parenting Programs: Incredible Years parent and teacher programs, matching dollars for Capable Families grant
- Services at ALEC (Ottawa Co.)—program serves children/youth referred for behavior problems (as opposed to mental health or alcohol/drug problems) as an alternative to suspension. Funds were significantly reduced given lack of overall dollars, however an attempt was made to preserve some limited capacity

4. Alcohol and Other Drug (AOD) Treatment & General Population (GP) Mental Health Treatment

Board END ("...place emphasis on mental health services for the general population over services for persons with alcohol and/or drug abuse or addiction problems...basic safety net available ..."); ODADAS priority; Board Investor Targets (Increase number abstinent & number who incur no new arrests at completion of program)

State and federal funding allocations for AOD treatment are a comparatively small piece of the overall budget, and were reduced by more than 10% in FY 10. Likewise, LI 505 (community mental health "flex" dollars) was nearly eliminated from the ODMH budget, and what funds were available are being retained by ODMH for Medicaid match statewide, state psychiatric hospitals and other programs. As noted in Section A., an attempt was made to balance resources across all populations while complying with policy and fund eligibility requirements. However, these service/population areas did see cuts overall given the major reductions in state funds combined with the pressure on remaining dollars to meet other mandates.

While some dollars remain in the system for service provision by secondary AOD providers, the majority of the funds are earmarked to the primary AOD provider to maximize access to core treatment services. Maintenance of funding to serve participants in the Family Dependency Court and Benchmark Program (Erie Co.) is also planned. Likewise, concerted efforts to continue program development with local municipal courts around the Indigent Drivers funds will occur. This will be enabled by budget language requiring an annual report on services, persons served and dollars spent.

For GP mental health services, capacity remains across the system however it is possible that a triage system may need to be developed. Of note, FY 09 expenditures to date did not exceed even the reduced contract caps as a result of the fourth quarter reductions. Thus, while there will be some reduction in capacity based on actual expenditures, projected levels of utilization did not occur. It is anticipated that some Domestic Violence and Sex Offender programming will remain, although waiting lists are likely given the limited capacity and the necessity for availability of some of the allocated GP mental health dollars to serve as a "safety net" for community residents in need of treatment.

NOTE: The Board is being asked to take action on the proposed FY 10 General Program/Funding Recommendations as presented and/or amended. Upon approval, actual allocations via proposed agency contract extension amounts will be presented to the Board for approval as the means of implementing these funding and service priorities for the local continuum of mental health and alcohol drug treatment, recovery support prevention and services.