

Fairfield County ADAMH Strategic Planning

Planning Committee Meeting

November 20, 2013

Needs Assessment

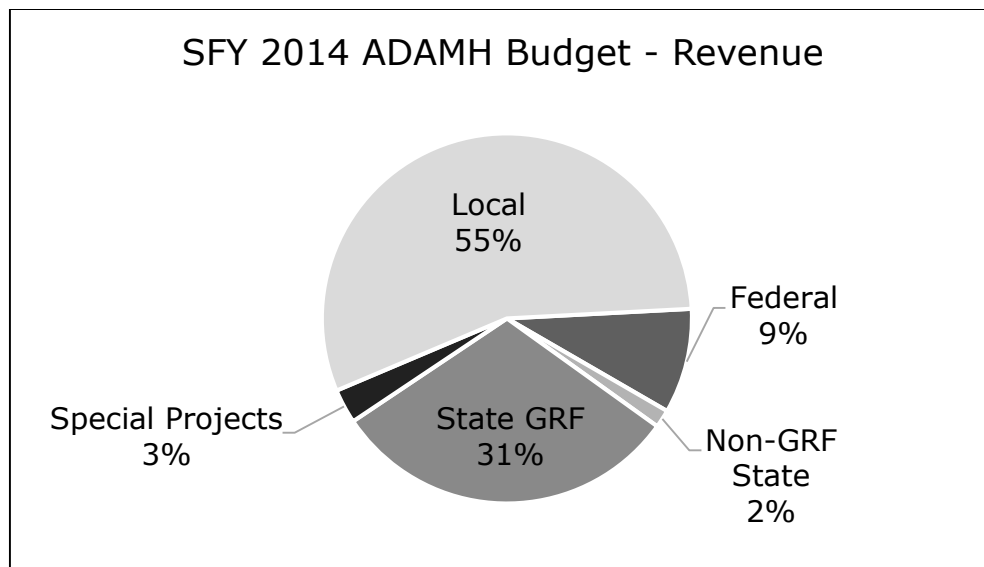
The needs assessment process has focused so far on developing several sets of criteria for funding models. Several of the data sources the ADAMH Board has provided include funding distributions based on criteria such as delivery method, age, funding source, severity, agency, and gender.

A few common themes have arisen as the ADAMH Board has begun its discussions regarding future allocation. Wraparound services such as transportation, childcare, and housing are all coming up as barriers to service that ADAMH funding could potentially help agencies address. Additional services include:

- Assistance paying for and obtaining medications
- Cost, such as sliding-fee scales, to provide services for the uninsured and to low-income households
- Access to psychiatrists, or nurse practitioners when possible

Budget sources play a large role in funding allocation, since state funding often comes with strings regarding how it can be spent.

- All levy money is discretionary
- There are different levels of earmarking across money given by the state



Current allocation models dividing expenses into Alcohol and Other Drugs vs. Mental Health, Youth vs. Adult, and Prevention vs. Treatment are easy to write about on paper, but do not actually encompass the diversity of services that agencies funded through the ADAMH Board provide.

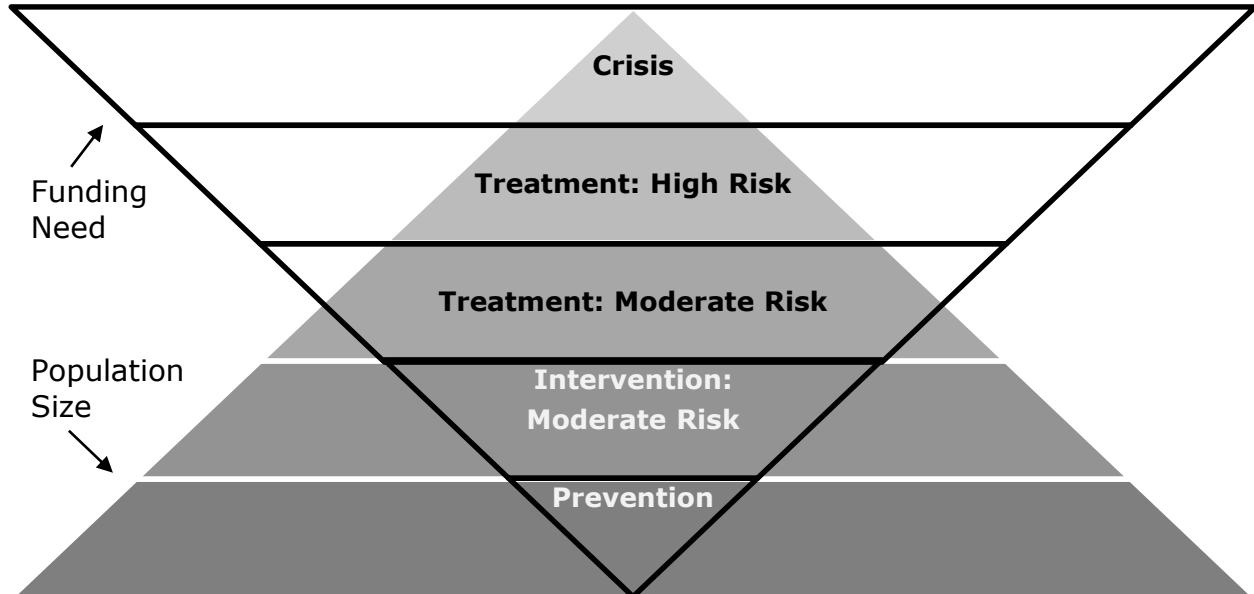


Breadth vs. Depth

One way to think about funding allocation that does not get into potentially false dichotomies is through the examination of service tiers. Services fall somewhere on a scale with the following levels:

- Crisis
- Treatment (High Risk)
- Treatment (Moderate Risk)
- Intervention (Moderate Risk)
- Prevention

These levels are reflected in the population, with most people needing Prevention services, and the fewest needing Crisis services. Meanwhile, Crisis-level services are often the most expensive, declining to Prevention-level services being the least expensive.



These tiers can then be funded based on breadth versus depth of services.

Breadth: Expand service offerings across tiers.

Depth: Deepen service offerings within an established tier.

Trying to expand breadth AND depth with finite resources can only end in poorly funded services across the board. Focusing on one or the other would allow the ADAMH Board to narrow its focus and provide better services in one way or the other.



Funding Questions

There was not a consensus on whether to focus on breadth or depth at the Planning Committee meeting. There was some discussion on the benefits of addressing a breadth of services:

- Focusing solely on depth in crisis and treatment services will lead to more and more crises down the road
- With levy money, some amount of breadth of services may be owed to the broader community
- The media, general public, and new healthcare are all moving towards favoring early prevention programs
- Public may also perceive depth in crisis-level services as only addressing the drug problem, not general mental health

Creating “better” services was also brought up, which falls under the category of depth as services within one area would continue to be improved. The idea is that services should become more client-centric rather than first based around money and time commitments. Some benefits to increasing service depth include:

- Creating more responsive services by offering weekend and evening hours, more hours for intensive case management and emergency services
 - Add intensive teams, doctors who are paid to go out at night instead of only during work hours
- Tracking forensic cases further, when people go from court-ordered, intensive care situations to having no one to talk to whatsoever

Additional Topics

Some additional wraparound services came up specifically as worth of ADAMH Board consideration, including:

- Transportation
 - Through a partnership with the Department of Transportation
- Childcare
 - Providing drop-off childcare options, so clients will not need to bring their children to sessions
- Housing
 - There is very little low-income housing available, let alone housing available to mental healthcare consumers
 - Money is trickling down from the state for housing, so the ADAMH Board needs to have a plan in place

Problems arise when considering the scope of these types of projects. Before moving forward with such wraparound projects, the ADAMH Board should consider where it will draw the line. Should housing aid only be available for those who are already homeless, or should there be preventative measures in place? When should transportation be available?



This also led to a discussion of additional issues surrounding services that the ADAMH Board helps fund, such as:

- Increased volunteerism
 - There are enough volunteers who can handle privacy issues, etc., but requires time for training, need to mobilize, reliability issues, etc.
- Civilian Mini-Grants
 - Could encourage an expansion of client-centric services with creative solutions to community problems
 - Could be problematic with consistency
- Subsidized funding
 - It is probably time to reexamine the subsidized fee table
 - Current system is the same across all agencies and allows some people to pay nothing for their services
 - If a consumer is eligible for Medicaid, the cost to actually give them services is more than what Medicaid covers
 - On top of that, after the first 90 minutes Medicaid will only cover half of the cost of services
 - The board will also need to address how it will handle people with private insurance who still have huge deductibles and huge co-pays that they are unable to afford
 - Will become an even bigger problem with healthcare reform
 - There is a belief that cost-shifting may be occurring here
 - Will the state ever rise to actually meet service needs if services are always subsidized?

Ad Hoc Needs

Some unforeseeable needs should also be addressed as they arise, in reaction to community circumstance. The ADAMH Board has some time-limited grants, but the need is so enormous that these are difficult to follow up on and often do not cover enough of the costs. Reserves exist for disaster relief and some other situations, but those reserves are fairly minimal as well.

- Agencies (specifically New Horizons) see a need for a sliding-fee scale reserve, since it can be impossible to predict what will last through the end of the fiscal year
- There needs to be a strict process and approval system for any reserve funding

Take Away

Overall, the breadth versus depth concept may be a good way to lead the discussion of funding allocation. Developing a more sophisticated model based on this system will give the ADAMH Board a way to weigh the pros and cons of moving funding in one direction or another.

