

**Alcohol, Drug and Mental Health (ADAMH) Board**  
**Levy Review**  
**HSLRC Meeting Minutes**  
**March 19, 2020**

The Human Services Levy Review Committee (HSLRC) meeting was called to order by Jesse Hemphill on March 19, 2020 @ 11:05 am.

**ROLL CALL**

HSLRC members present: Jesse Hemphill, Michael Curtin, Jerry Friedman, and Zak Talarek.

HSLRC members absent: Jim Bowman, Rose Handon, Ph.D., and Jean Carter Ryan.

A committee quorum was present.

Office of Management & Budget (OMB): Rachel Buske and Madeline Gresham.

**OVERVIEW OF MEETING AGENDA AND HISTORICAL EXPENDITURES**

Ms. Buske walked the Committee through the meeting agenda. She explained that the main purpose of the meeting was for the Committee to share their thoughts on the ADAMH Levy Presentation and factbook, concerning ADAMH's request to place a 2.2 mill renewal with 1.09 mill increase on the November 3, 2020 ballot.

She stated that Committee members should raise any follow-up questions that they have for ADAMH, and OMB staff will compile them after the meeting and send them to the agency. ADAMH will provide written responses to the HSLRC prior to the April 2<sup>nd</sup> meeting, where ADAMH staff will meet with the Committee to go over their responses and any additional questions.

Before Ms. Buske turned the meeting over to the Committee, she reviewed two documents she had included in the Committee packet:

- ADAMH Historical Expenditures document, which provides historical actuals by budget category from 2015-2019 and compares actual spending to each year's approved budget, and,
- ADAMH Historical Expenditures year over year comparison, which shows how much the budgetary categories either increased or decreased year over year during this period.

Looking at the Historical Expenditures document, Ms. Buske walked the Committee through each major budgetary category:

- Personal Services and Fringe Benefits: While ADAMH has 52.7 FTEs, they tend to not stay fully staffed at any given time, as it is indicated when the actuals are compared to budget. Based on the Table of Organization they provided in the factbook, ADAMH currently has 8 vacancies, which is higher than normal because some vacant positions were held open as a result of the leadership transition.
- Materials & Services: The last few years ADAMH has spent less than \$2 million, with expenditures being higher in 2016 and 2017 due to necessary building maintenance, including the replacement of the HVAC system.

- Grants – Council of Governments (COG): This category contains the funding for the Council of Governments, which was created to operate ADAMH’s SHARES enterprise claims processing system. The COG has included Franklin County, Hamilton County, and Cuyahoga County. It was created in 2015 and SHARES was implemented in 2016. ADAMH is about to accept a bid for a replacement system that will be developed in 2020. The COG will be fully disbanded in 2021.
- Capital Outlays: ADAMH has had minor capital expenditures over the past five years, except for 2019, where they spend approximately \$500,000 to purchase land on Harmon Avenue for the proposed Franklin County Mental Health and Addiction Crisis Center. One important note: ADAMH does fund Capital projects for providers but they are funded out of the Social Services category.
- Social Services: The Social Services rollup is where ADAMH funds its provider and specialty contracts that provide services to the public.

Overall, ADAMH is not expending its entire budget, and most of the funds that are not expended are within Social Services. ADAMH budgets as though providers will realize all of their allocations, but historically, providers have realized 85-89% of their allocations, due to system capacity and a shortage of social workers.

Looking at the last five years of historical actuals, the only exception to this was 2016, the year the COG implemented SHARES. ADAMH distributed the full contracted amount to providers and when it came time to reconcile those payments, they instructed providers to apply the overpayments from 2016 to 2017 claims before submitting new claims. This explains why Social Services increased significantly in 2016 and then decreased significantly in 2017.

Ms. Buske explained that the main takeaway of the table was to demonstrate that if ADAMH wants to expand system capacity they will have to explain how they will be able to do so when ADAMH providers are not realizing all of their allocations currently. She noted that this was a major consideration back in 2015 when ADAMH had asked for an increase and the Committee recommended a renewal.

### **HSLRC REVIEW OF THE 2020 ADAMH LEVY REQUEST**

Mr. Hemphill noted that ADAMH had asked for a 1.09 mill increase, which is a large increase compared to recent requests. He asked staff to put together a chart that showed which agencies had recommended increases and whether or not the HSLRC had recommended the increases.

Turning to the information ADAMH provided in its presentation and factbook, the Committee and staff developed a list of follow-up questions and additional information to send to ADAMH in advance of the next meeting on April 2<sup>nd</sup>.

The questions developed by the Committee and staff are included in the Appendix which begins on the next page.

### **NEXT STEPS-OMB**

Ms. Buske announced that OMB will compile the questions and send them to ADAMH. Once ADAMH sends their written responses the packet will be sent to the committee. ADAMH will be back on April 2, 2020 for a follow-up discussion with the committee.

### **CLOSING REMARKS**

**ADAMH will meet again with the HSLRC on Thursday, April 2, 2020 for further discussion related to the levy request.**

A motion was made and seconded to adjourn the HSLRC meeting.

The meeting was adjourned at 12:40pm.

## **Appendix – Follow-up Questions for ADAMH**

### Performance and Evaluation

1. Can you provide any updated information or analysis related to your value-based contracting pilot program that was implemented in 2019?
2. Recognizing that you have increased and added certain services, please provide additional information on what services you no longer provide that you used to provide in the past (due to your own evaluation or based on a change in recommended or evidence-based practices). How do you evaluate provider outcomes to ensure you are not simply continuing the status quo? How do you work with providers to ensure they are improving treatment strategies?
3. With the anticipated demand growth, please explain how hospitals will share the burden of resources. Do hospitals provide some of the resources for services that might be saving them money? Please explain.
4. Have improvements in access to services led to a decrease in jail admissions and hospital admissions? How do you evaluate this? Is it possible to follow the money per individual to look at how there are cost savings or efficiencies?
5. Please provide an updated table with providers, people served, and allocations (2017-2019 with planned 2020), along with how each provider is evaluated (methodology, outcome measures).
6. Have there been any discussions of moving towards a managed care or a risk sharing model? Are there ways to expand capacity with higher performing providers?
7. Please provide a copy of your most recent Strategic Plan.
8. Please provide more information on your internal planning process as you begin developing the next Strategic Plan. Please explain how your evaluation of current services impacts your agency goal setting and how you determine if services being provided are cost effective.
9. Please provide a copy of the 2019 Managing for Results report if it is available.

### Service Delivery

10. Please explain how you intend to expand service delivery if providers are not currently realizing 100% of allocations. If you plan to add providers, will you also reevaluate whether to decrease or eliminate current provider contracts?
11. How are the data about the federal poverty level status of ADAMH's consumers collected?
12. Please provide more information on how Netcare manages its caseload: Is the population static or is the high need population ever changing?
13. Are people monitored if they are utilizing multiple services? Please provide more detail if so.

14. Please provide a list of the members on the Franklin County Mental Health and Crisis Center Steering Committee. Can you provide any reports from the Steering Committee that demonstrate whether or not you considered other demand growth scenarios?
15. Understanding that the demand growth is based on proprietary data, can you provide any further detail as to how you developed that part of the levy increase? With the increase in prevention, and the move away from hospital admissions, do you anticipate a change in volume or a shifting of resources?
16. Please provide more information as to how diverting people from hospital admissions leads to more positive outcomes.
17. Please explain the significant increase in Crisis consumers from 2017 (8,680) to 2019 (24,395). Do you have any trend analysis on how this will project during the next levy cycle?
18. Please explain the significant decrease in consumers who receive housing services from 2017 (830) to 2019 (398). Please provide more information on the number of facilities/housing services you contract with (by type, including available beds, or other relevant metrics), the number of consumers served by each type of housing, etc.
19. Please provide a comparison of the number of consumers who receive housing services in Franklin County compared to the other Ohio major metro counties (Hamilton, Cuyahoga).
20. There has been a significant increase in consumers served by prevention services from 2017 (75,562) to 2019 (98,100). Do you anticipate that these numbers will continue to increase throughout the next levy cycle? How will prevention programs impact demand for other services?
21. Please explain how ADAMH is involved in mental health/substance use disorder treatments currently being provided in the County Jail. Please explain how ADAMH anticipates being more active in this process, including how to address linking inmates to services once they are released from Jail.
22. Can you provide any more data from the Guardianship Services Board regarding guardianships?
23. Please provide more information on how ADAMH collaborates with other County agencies, including: BDD, FCCS, Aging, JFS, the Sheriff's Office, etc.
24. How is ADAMH and its partner agencies reaching out to assist its most vulnerable citizens during this pandemic virus?

#### Medicaid

25. Please provide more information about how Medicaid expansion and the move to Managed Care Organizations has impacted your operations. With the concerns related to Medicaid (high error rate, etc.), is ADAMH funding services that could/should be covered by Medicaid? Please quantify the amount if possible. Do you perceive that this problem is getting worse or better?
26. Please provide a list of major services you fund through providers and whether they are currently covered by Medicaid for those consumers who are eligible.
27. Please provide a copy of the Medicaid year-end summary to Gov. DeWine from Maureen Corcoran.

## Revenue and Expenditures

28. With the SHARES replacement, ADAMH has indicated that it will need two additional business analysts. Please provide more information on what these analysts will work on. Please also explain why ADAMH anticipates adding new positions rather than reallocating existing COG positions (there are 3 budgeted COG positions). If you plan to hire two new analysts, what will the job duties be of the existing employees tied to the COG?
29. In your 2020 expenditure projections (page 60), you anticipate spending approximately \$3.3 million in Materials and Services, which is a significant increase from 2019 actuals (\$1.8 million) and is above the 2020 budgeted amount (\$2.8 million). Please explain what this increase entails.
30. Can you provide more information on the amount of provider revenue received from client payments based on the sliding fee scale? How has this changed during the current levy cycle?
31. Please provide the most recent financial audit for ADAMH.