

**ADAMH Board of Franklin County**  
**Ohio Department of Alcohol and Drug Addiction Services**  
**SFY 2002-2003 Community Plan Update**

**1. Major Accomplishments, SFY 2002**

- a. The Board implemented a Strategic Business Plan as part of the new Franklin County planning and results reporting and budgeting system. We have recently completed the Strategic Business Plan for SFY 2003. Please see the enclosed document which specifically details the Board's work plan, priority goals, and key results to be achieved (Attachment I).
- b. The Board completed a comprehensive Needs Assessment for determining needs, service gaps and funding priorities. The enclosed document (Attachment II) was presented to the Board in January, 2002 and specific priorities were established by the Board on February 23 at a special Board meeting.
- c. The Board completed a comprehensive review of our "front door" for assessment and crisis services at Netcare ACCESS with specific findings and recommendations for system improvements. Please find a copy of this report, Attachment III.
- d. The board implemented a major Outcomes Initiative in cooperation with 26 of the major treatment providers, both mental health and alcohol and drug services. This outcomes management system will demonstrate the effectiveness of the ADAMH services network over time through outcomes reports for the major populations served. Over 25,000 clients will be assessed through this initiative.  
There are 16 Alcohol and Drug Addiction service providers involved in our outcomes initiative for treatment to adults with substance abuse and addiction problems. The providers have been using a modified Addiction Severity Index instrument to assess severity and level of functioning and problems at intake, and measure change/improvement at 30 and 90 days after the client has left treatment. Our draft preliminary report of results after two years (SFY 2001 and 2002) of implementation is attached for your information (Attachment IV). Please note that this report is a draft, and will be reported to our Board on October 22, 2002.

**2. Status of the Board's Outcome Initiative and ODADAS Framework Initiative**

- a. The Board submitted a copy of the "Outcome Evaluation Process for Adults Receiving Alcohol and Other Drug Addiction Treatment Services" with our 2002-2003 submission of the Community Plan in March, 2001, and a copy of that document was also submitted to the consultants at the Outcome Framework Initiative in March, 2002.

- b. Please see the attached report of outcome results based upon the first two years of implementation of this initiative. We would be pleased to provide a presentation of these results or you may of course, attend our Board meeting on October 22, 2002 at 5:45 PM for the presentation of same. This process includes 16 alcohol and drug addiction treatment providers and over 8,000 adults served annually.

### **3. Funding cuts and impact on services**

The Board passed a resolution at its September 24, 2002 Board Meeting which included the following language: "Be it resolved that it shall be the policy of the ADAMH Board of Franklin County that even as revenues decline, that our first priority is to continue to fund core ADAMH-sponsored services and Federal entitlement programs that provide affordable, high quality alcohol, drug and mental health care to the residents of Franklin County, and that requests for stop-gap funding will not be considered or granted as long as funding for ADAMH itself remains uncertain." This is the first time in many years that the ADAMH Board finds itself in a position of not only sustaining cuts, but also not making up cuts to provider allocations from other funding sources.

The impact on service delivery is still unknown, but it would be safe to assume that allocation reductions will result in a reduction of services. The ADAMH Board has historically made-up funding cuts on behalf of its contract providers. For instance, all of the SFY2002 budget cuts imposed from ODADAS were absorbed by the Board utilizing levy dollars. The alcohol and other drug treatment/prevention provider community did not experience any cuts last year as a result of this practice.

At this time the ADAMH Board does not intend to shift priority populations, but as funding cuts increase, our goal will be to maintain core services.

The Board is continually working to improve the relationships with other community based agencies and funding bodies to ensure that the Franklin County public behavioral health care safety net remains intact. In the past 12-months we have been involved in the planning and funding of a Family Drug Court which will result in a more efficient and effective process to assist families access the treatment and services they need. The Board also hired a Grants Coordinator/Writer who is available to research grant opportunities and write grants on behalf of our provider community. The current environment has made it necessary for us to be more creative in the way we access funds for services and manage our system of care.

A monthly waiting list monitoring system was put in place during August, 2002. All treatment providers are required to report their waiting list information and their capacity to treat on a monthly basis. This will give the

Board a clearer picture of how many individuals desiring to engage in treatment experience a delay.

**4. Changes in priority objectives in SFY 2002-2003 Community Plan?**

The Board has been unable to specifically address the identified priority needs as determined through the Needs Assessment due to funding cuts and relatively static revenues over the last two years. While the Board has absorbed State and Federal funding cuts to date, and provided a 2% increase in funding for FY 2003, the Board recently (September 24, 2002) passed a resolution to defer any additional funding requests until State and Federal funding levels are determined for the upcoming year. Please see a copy of that resolution (Attachment V). The Board's priorities and goals are clearly delineated in the Strategic Business Plan enclosed, however, a 5% growth in clients served annually will be most difficult to attain given the current and pending funding picture.

It should be noted that while the Board has operated on a policy of keeping the Alcohol and Drug Addiction services system "whole" by absorbing cuts at the board level to date, this policy cannot be sustained in the coming years. Any future State and/or Federal funding reductions in alcohol and drug services will likely have to be absorbed at the provider level as well as by the Board .