

## **Follow Up Assignment from January 3 meeting**

**These scenarios are a potential new vision for ODMH whether additional new funding is \$1.00 or \$10,000,000.00.**

### **Scenario #2 from Jan. 3 presentation**

- 60% of each new dollar is distributed in a manner that is specifically targeted at reducing the disparity in board allocations that has developed over the last 25 years (i.e., targeted to “per capita disparity” boards).
- 40% of each new dollar would go out on a per capita basis.
- Every penny allocated goes out to serve the people of Ohio.

#### **Benefits of this approach:**

- **Simplicity:** the math is easy, every board will have a clear and solid understanding of their allocation and the focus of the system can stay on the client.
- Every board sees additional funding to serve individuals with mental illness or an addiction. Not a single board sees a reduction in their funding.
- **Budgeting stability:** by adding a clear amount of new funding every board will have clarity in their budgeting and confidence in their financial plan.
- This represents a solid step forward in addressing the unequal amounts of funding each board receives from the state.
- This approach has been thoroughly vetted with stakeholders and a general consensus has been reached that this is a fair way to approach the funding situation.
- Every community in Ohio has the potential to benefit from this approach, meaning all individuals with behavioral health challenges have an opportunity to benefit.

#### **Drawbacks to this approach:**

- No collaboration is required.

### **Scenario #3 from the Jan. 3 presentation**

- Allocate 75% of the new funding in a straight per capita to all boards
- The remaining 25% will be distributed to the boards, but with the requirement that these community collaboration funds be used on innovative projects in efforts to incentivize collaboration, promote better care, regional approaches, innovative service delivery methods, etc.

- Not only could neighboring ADAMHS boards work together, but they could also work with their children services agency to address the mental health and addiction needs presented by children in the foster care system or the local job and family services agency on getting those in recovery and treatment back to work
  - Funds could be distributed on a per capita basis or other basis designed to address structural deficiencies like access to care disparities.
  - The funds could be distributed by ODMH to initiatives we identify, or boards could bring proposals the state for funding.
- Every penny allocated goes out to serve the people of Ohio.

Benefits of this approach:

- Simplicity: the math is easy, every board will have a clear and solid understanding of their allocation and the focus of the system can stay on the client, where it ought to be.
- Every board sees additional funding to serve individuals with mental illness or an addiction. Not a single board sees a reduction in their funding. There are no winners or losers.
- Budgeting stability: by adding a clear amount of new funding every board will have clarity in their budgeting and confidence in their financial plan.
- This approach has been thoroughly vetted with stakeholders and a general consensus has been reached that this is a fair way to approach the funding situation.
- Includes a collaborative approach that is person-centered and focused on a greater community's needs.

Drawbacks to this approach:

- Funding options are more diluted and dollars may not go as far.
- Not everyone likes the collaborative concept.

**Additional notes:**

- Either philosophy could be operationalized in other line items as appropriate.
- Hot spots are ancillary to this approach and considered separately.