

# **ADAMH Board of Franklin County 2018 Performance Plan**



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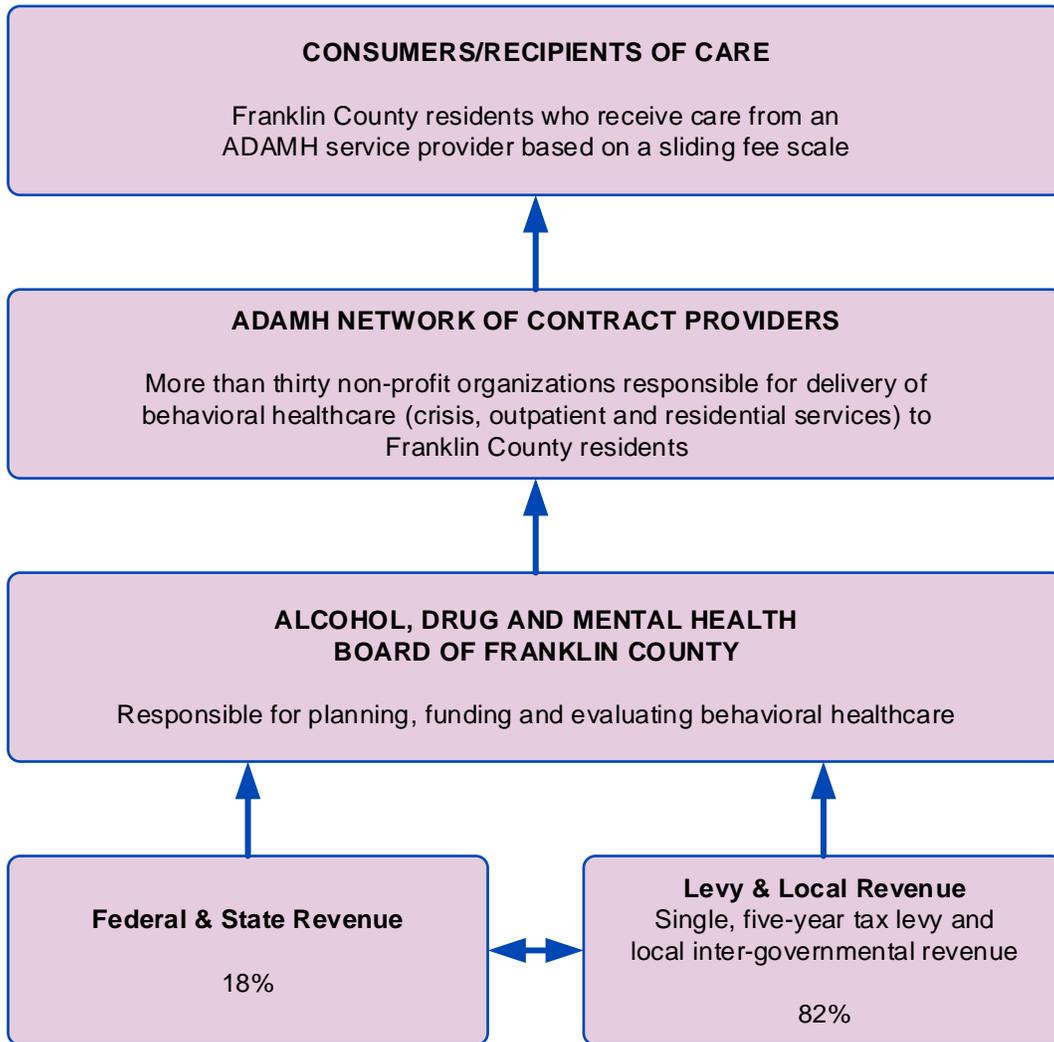
## INTRODUCTION

The ADAMH Board of Franklin County is the planning entity responsible for planning, funding and evaluating publicly-funded mental health and alcohol and drug treatment services. ADAMH does not provide any direct service, but instead contracts with more than 30 non-profit community experts that deliver quality care. This strategic performance plan is designed around the customers that we serve. Each program result is designed to measure the most important aspect of ADAMH's statutory responsibilities with a focus on recovery and the belief that treatment does work.

ADAMH's Managing for Results (MFR) performance system is designed to ensure that public resources are used in the most efficient and effective manner to serve as many consumers (i.e. customers) as possible with quality alcohol/drug and mental health treatment and prevention services. Services are funded by a combination of federal and state revenues and a single property tax levy approved by Franklin County voters.

The annual strategic performance plan is the cornerstone of the MFR performance system, and incorporates both internal performance measures (i.e. administrative functions) as well as external performance measures (i.e. evaluation of contract services). While these results are collected and measured by the ADAMH Board in its role as the planner, funder and evaluator of behavioral health services, they are just a small representation of the hard work of hundreds of professionals working in provider contract agencies that deliver quality care. The ADAMH Board recognizes and thanks all those who work in the ADAMH system of care to help Franklin County citizens with their recovery.

# ADAMH SYSTEM OF CARE



Source: 2018 Provider Allocations as of 03/05/2018

## MISSION, VISION, AND CORE VALUES

### MISSION

We exist to improve the well-being of our community by reducing the incidence of mental health problems and the abuse of alcohol and other drugs.

### VISION

Citizens in need of care will receive the most progressive and effective mental health and addiction treatment and prevention services available. The unique cultural and individual needs of each client will guide how the services are provided, but treatment will always be provided in a timely manner. ADAMH's commitment to these goals establishes its role as a vital partner in Franklin County's healthcare network and will help to de-stigmatize mental illness.

### CORE VALUES

We believe that the following are important in accomplishing our mission and fulfilling our vision:

1. Listening – to our clients and their families' needs
2. Collaborating – with other systems of care in the community
3. Educating – thereby erasing the stigma of mental illness and addiction
4. Stewardship – of resources entrusted to our care
5. Creativity – look for new and better ways to solve problems and ways to serve
6. Respect – assign value to the cultural, educational, or cognitive perspectives offered by others
7. Humility – willingness to learn from our mistakes
8. Compassion – remember that we exist to help others in need
9. Diversity – recognizing uniqueness in everyone we serve

## BUSINESS ENVIRONMENT

### OVERALL ENVIRONMENT

The overall business environment for ADAMH continues to be shaped most significantly by local demographic factors and the evolving policy climate at the state and federal level, especially in regards to the Medicaid program and the health insurance exchange created under the Affordable Care Act (ACA). These factors will continue to provide challenges and opportunities for ADAMH in the provision of quality, timely and appropriate mental health and substance use disorder treatment healthcare.

In addition to these specific policy developments, demographic factors such as population growth, persistent poverty, changing community demographics, access to care, the changing role of the state government in meeting the behavioral healthcare needs of Medicaid beneficiaries, the impact of consumers utilizing marketplace health plans and ensuring access to services mandated in the continuum of care are all factors that will influence service delivery in the coming years.

Significant changes in health care coverage, including possible limitations or roll-backs of Medicaid eligibility expansion and the implementation of Medicaid behavioral health (BH) redesign in Ohio, are continuing to have a material impact on the types of services ADAMH invests in for the community. As more Franklin County residents have obtained insurance coverage for mental health and addiction treatment services (either through Medicaid expansion or the ACA marketplace) and additional services are covered under BH redesign, ADAMH-paid services are transitioning to allow ADAMH to increase investments in much needed prevention, evidence-based programs, crisis care, and recovery supports (residential, vocational, intervention, etc.) that are not covered by Medicaid.

### DEMOGRAPHIC FACTORS

As noted above, community demographics form the basis of the business environment in which ADAMH and its network providers operate as the behavioral health safety net system for Franklin County. Resource needs will continue to grow in the coming years as the size of the Franklin County population has increased steadily over the past decade and is projected to increase by 14% from 2015 to 2040.<sup>i</sup> In addition, Franklin County continues to become increasingly diverse, with a significant population of foreign-born persons and limited English language speakers. The number of Franklin County residents who were born outside the U.S. rose from 6% in 2000 to 9.9% in 2016 and households with limited English proficiency comprise 3% of all households in the county.<sup>ii</sup> These figures indicate that ADAMH must continue to strengthen and expand culturally competent contract services that are delivered by culturally-capable professionals.

The role of poverty and its impact on access to care and health insurance coverage also remains a major factor in the business environment as well. Persistent poverty has held relatively steady since 2012 with the percentage of Franklin County residents who live below 200% of the federal poverty level (FPL) at 34.4% in 2016. In addition, individuals in “deep” poverty (individuals at <50% FPL) remains at 8.3% in 2016 and also has remained nearly steady for the past several years.<sup>iii</sup> These figures are important as, despite the increased coverage of low-income individuals through Medicaid expansion (to 138% FPL), the prevalence of poverty remains a key factor in literature pointing to the strongly established relationship

between mental disorders and socioeconomic status: mental disorders lead to reduced income and employment, which entrenches poverty and in turn increases the risk of mental disorders.

## **ACCESS TO CARE AND THE UNINSURED/UNDERINSURED POPULATION**

As a result of the adoption of Medicaid expansion and the availability of ACA marketplace plans in Ohio, the number of Franklin County residents who are uninsured has dropped significantly, from 16% in 2013 to 10.2% in 2016.<sup>iv</sup> In addition, the implementation of new federal regulations relating to mental health and substance use disorder parity in Medicaid services and the continuing roll-out of Medicaid behavioral health redesign in Ohio has allowed the board to increase investments in non-Medicaid taxonomy services. Despite these positive changes, some populations remain uninsured or underinsured and are in need of access to quality behavioral health care. In Franklin County, minority populations (African-American and Hispanic) and younger individuals (age 18-34) continue to have higher rates of uninsurance (13%) than the rest of the county.<sup>v</sup> In addition, despite having insurance through an employer or the marketplace, many non-Medicaid eligible individuals continue to be considered underinsured and have difficulty meeting the costs of care. According national data from the Commonwealth Fund, as of late 2016, 28% of all insured adults had such high out-of-pocket costs that they are considered underinsured and 45% of adults surveyed indicated that they did not receive care due to cost concerns.<sup>vi</sup> ADAMH will continue to play a role in providing treatment services to these uninsured and underinsured populations in the coming year.

## **FEDERAL, STATE, AND LOCAL POLICY ENVIRONMENT**

Although Medicaid expansion in Ohio has demonstrated significant success in extending coverage to an estimated 725,000 individuals statewide (as of July 2017),<sup>vii</sup> the potential remains for the implementation of policy or administrative options that may reverse these trends and result in cost shifting for services from the state and federal government to ADAMH and its local taxpayer levy resources. At the federal level, legislative maneuvers to weaken the ACA or health insurance exchanges as well as increased receptivity by the current administration to approve Medicaid waivers for work requirements or cost-sharing provisions (such as premiums or co-payments tied to continuing eligibility) remains a primary concern. At the state level, the legislature has shown a continuing interest in the submission and implementation of Medicaid waivers or other cost-containment measures that can negatively affect Medicaid enrollment with consequences for local funding of treatment services. For example, following the denial of a previous “Healthy Ohio” waiver by the federal government in 2016, the Ohio legislature has mandated the submission of a new waiver focused on work requirements, which could result in individuals being disenrolled for non-compliance, if approved. In addition, at least one major gubernatorial candidate has expressed support for legislative efforts to freeze or end Medicaid expansion entirely. ADAMH continues to monitor the continuing developments surrounding the Healthy Ohio waiver, Medicaid behavioral health and disability determination redesign as well as health care reform in general in order to better serve Franklin County residents who live with mental health or substance use issues.

At the local level, the development and implementation of the *Franklin County Opiate Action Plan* (OAP) has continued to significantly guide ADAMH’s efforts in combatting the public health crisis. The OAP was released in June 2017 to address the continuing opiate epidemic affecting the local region by coordinating efforts across a variety of disciplines working to reduce overdose deaths. Development of the collaborative plan was led by ADAMH and included the input of stakeholders from across the county in order to develop immediate and long-term plans

to address the public health crisis. Implementation of the plan is coordinated by a central steering committee across four subcommittees responsible for the following areas:

1. Prevention and Community Education
2. Healthcare and Risk Reduction
3. Treatment and Supports
4. First Responders and Law Enforcement

ADAMH has also continued to address the June 2015 recommendations of the Franklin County Human Services Levy Review Committee (HSLRC). In response to ADAMH's levy request in that year, the HSLRC conducted a financial and programmatic evaluation of the agency and issued several recommendations to ADAMH including the following:

1. The development of mechanisms and processes to identify and evaluate future need at the local level (especially in the context of the state and federal legislative environment);
2. Exploration and implementation of different provider payment models to increase cost effectiveness and focus on consumer-centered outcomes;
3. Address the issue of employee turnover across the network provider workforce;
4. Identification and investment in prevention and early intervention strategies to reduce the prevalence of mental health and substance use disorders in the county.

Additional details regarding ADAMH's contributions to the implementation of the OAP and efforts to address the HSLRC recommendations are noted in the "Managing for Results Performance Structure" section in this document.

## STRATEGIC PRIORITIES AND RESULTS

Every three to five years, the ADAMH Board of Trustees close out the previous strategic priorities and set new over-arching strategic priorities and results for the ADAMH system of care based on the business environment issues that face Franklin County. The strategic results are stretching – not business as usual – and they define specific measurements to determine the success of addressing the strategic priorities. Within each strategic priority, strategic results may be short-term measurements or take the entire three to five years to work on incrementally. Regardless the strategic results are intended to provide guideposts to allocate staff and funding resources accordingly.

### **Strategic Priorities (2017-2021)**

- Access to Quality Care Services
- Healthy Families
- Innovation to Emerging Needs
- Prevention and Community Engagement
- Safety, Security, and Stability

### **ACCESS TO QUALITY CARE SERVICES**

Results-oriented, value-based contracting and reporting is foundational. The partner organizations that provide direct services and care to clients and their families are the core strength of ADAMH's system of service delivery. Taking services to where people choose to receive them will be a hallmark of future service delivery.

ADAMH will measure this performance as follows:

Strategic Result	Why This Matters
<p><b><i>Diversion from High Acuity Care</i></b> By January 1, 2021, a 100% increase in number of consumers who are diverted from higher levels of care as appropriate.</p>	<p>Appropriate diversion of consumers from higher levels of care will allow for more efficient utilization of treatment resources at lower cost to ADAMH.</p>
<p><b><i>Value-Based Payment Strategies</i></b> By January 1, 2022, 100% of allocations will have established quality metrics.</p>	<p>Establishment of quality metrics will allow for routine determination of program effectiveness and investments that yield the most efficient outcomes.</p>
<p><b><i>Payment for Quality Prevention Practices</i></b> By January 1, 2022, 100% of prevention provider contracts will have rate differentials available, offering foundation payments for recognized best practices and models.</p>	<p>Increased utilization of rate differentials for utilization of evidence based practices should incentivize adoption, resulting in improved results for consumers and more efficient use of ADAMH investments.</p>
<p><b><i>Payment for Quality Care</i></b> By January 1, 2022, 100% of treatment provider contracts will include value-based contracting mechanisms to assure payment for quality treatment services.</p>	<p>Increased utilization of value-based contracts and achievement of performance incentives will result in improved clinical results for consumers and more efficient use of ADAMH investments.</p>

## HEALTHY FAMILIES

Many committed families and caregivers carry significant challenges to care for their loved ones who may not acknowledge their illnesses. They need support as critical, primary care givers. Family education and support services should be informed by diverse cultural perspectives on mental illness and substance use disorders.

ADAMH will measure this performance as follows:

Strategic Result	Why This Matters
<p><b>Family Support Services Investments</b> By January 1, 2018, ADAMH will create new investments for family support services, including respite care. – <b>COMPLETED</b></p>	<p>Increased utilization of family support services is important as research indicates supportive families result in improved recovery outcomes for consumers.</p>
<p><b>Access to Family Support Services</b> By January 1, 2020, a 100% increase in number of individuals who access family support services, including respite care.</p>	<p>Increased utilization of family support services will help reduce caregiver strain and improve the social support and well-being of caregivers, which in turn will improve family functioning and consumer outcomes.</p>
<p><b>Quality Family Supports</b> By January 1, 2021, a 50% increase in number of individuals receiving family support services, including respite care, who report increased social connectedness.</p>	<p>Increased investment in family support services can support positive outcomes and reduce the strain of providing care for families and caregivers of consumers.</p>

## INNOVATION TO EMERGING NEEDS

Franklin County is a diverse community. We expect continuous changes in healthcare and will build the capacity to serve consumers within an innovative and culturally appropriate continuum of care that meets both present needs and emerging needs.

ADAMH will measure this performance as follows:

Strategic Result	Why This Matters
<p><b>Cultural Competency Training</b> By January 1, 2018, ADAMH will incorporate a cultural competency module in ADAMH system orientation trainings to new network employees and other community partners. – <b>COMPLETED</b></p>	<p>Incorporation of cultural competency models in ADAMH system orientation reflects the changing diversity and needs of Franklin County in the services provided by the ADAMH network of care.</p>
<p><b>Cultural Initiatives</b> By January 1, 2018, ADAMH will develop at least one new cultural initiative to address emerging needs of immigrant, refugee, or faith-based communities. – <b>COMPLETED</b></p>	<p>Adoption of new initiatives recognizes the changing diversity and needs of the immigrant, refugee, and faith-based communities in the services provided by the ADAMH network of care.</p>
<p><b>Public Outreach</b> By January 1, 2018, ADAMH will develop at least one new communication platform to reach Franklin County residents with information and education around mental health and substance use disorders. – <b>COMPLETED</b></p>	<p>The development of new technology platforms and solutions will provide ADAMH with additional mechanisms to provide education and outreach to the public and community organizations.</p>

Strategic Result	Why This Matters
<p><b>Reduction in Fatal Overdoses</b> By January 1, 2021, a 50% reduction in number of Franklin County overdose deaths.</p>	<p>The increased use of opiates is an epidemic broadly recognized by the community and reduction in overdoses both addresses the epidemic and allows ADAMH to leverage public conversation about other forms of addiction.</p>

## PREVENTION AND COMMUNITY ENGAGEMENT

Community members at risk and especially those who are in the early stages of substance use disorders or mental health conditions are often isolated and lack resources. Health education, outreach, early identification, and early intervention are essential elements to reducing risk and the time it takes for an individual to achieve recovery. Community engagement and public education will be designed to eliminate misunderstanding and the stigma often attached to the people experiencing the chronic, recurring illnesses served by ADAMH.

ADAMH will measure this performance as follows:

Strategic Result	Why This Matters
<p><b>AoD Risk Awareness</b> By January 1, 2020, a 50% increase in the percentage of youth and emerging adults receiving alcohol and other drug prevention services demonstrating awareness of the risks of drugs and alcohol.</p>	<p>Increased awareness of the risks of drugs and alcohol by youth will enhance the likelihood of use of refusal skills and reduction of initiation of alcohol and other drug use later in life.</p>
<p><b>Community Partnerships</b> By January 1, 2020, a 50% increase in number of community partners.</p>	<p>Increased engagement with a variety of community partners will allow ADAMH to better leverage efforts to inform and educate the public regarding alcohol and other drug and mental health needs.</p>
<p><b>Community Support</b> By January 1, 2020, ADAMH will experience increasing rates of favorable positions regarding community support and satisfaction with ADAMH services.</p>	<p>Positive measures of community support and public opinion indicate public recognition of the value and effectiveness of ADAMH services provided through levy dollars.</p>
<p><b>Decreased Crisis Service Utilization</b> By January 1, 2021, a 30% decrease in number of youth and adults in Franklin County will utilize crisis services.</p>	<p>Reduction of utilization in crisis services by youth and adults reflects a more efficient and effective use of ADAMH investments by reaching youth and adults before reaching a crisis level of need.</p>
<p><b>School Discipline</b> By January 1, 2021, a 50% reduction in the rate of youth with mental health and/or substance use disorders who receive disciplinary action at Franklin County schools.</p>	<p>Reduction of the rate of disciplinary actions in school settings due to youth mental health or substance use issues will impact additional negative outcomes such as reduced graduation rates.</p>
<p><b>Suicide Prevention</b> By January 1, 2022, a 50% reduction in the rate of suicide among Franklin County youths and adults.</p>	<p>The prevalence of suicide is a concern broadly recognized by the community and elimination of preventable deaths by suicide is an aspirational challenge rooted in the improvement of care for persons at risk.</p>

## SAFETY, SECURITY, AND STABILITY

The safety, security, and stability of community members experiencing mental health conditions and substance use disorders is foundational to their ability to move, live, work, learn, and participate in their recovery. These most basic needs, especially safe, affordable housing, require substantive attention by ADAMH and essential community partners.

ADAMH will measure this performance as follows:

Strategic Result	Why This Matters
<p><b><i>Discharges to Homelessness</i></b> By January 1, 2019, a 50% reduction in discharges to homelessness from acute care settings.</p>	<p>The reduction of discharges to homelessness reflects an increase in referrals and connections to appropriate community-based treatment services for individuals served in acute care settings.</p>
<p><b><i>Criminal Justice System Referrals</i></b> By January 1, 2020, a 50% increase in the number of consumers who are referred for treatment services by the criminal justice system.</p>	<p>An increase in consumers referred for treatment by the criminal justice system will ensure referrals and connections to appropriate services are made for justice-involved individuals who may not otherwise receive needed treatment services.</p>
<p><b><i>Housing Stability</i></b> By January 1, 2021, a 50% increase in the number of people experiencing mental health and substance use disorders who live in safe, stable, and affordable housing.</p>	<p>An increase in people with mental health and substance use disorders living in appropriate, quality housing provides greater safety, reduces stigma, and improves quality of life for the vulnerable populations we serve.</p>
<p><b><i>Training for First Responders</i></b> By January 1, 2021, a 50% increase in community first responders who have completed mental health and substance use disorders trainings.</p>	<p>An increase in the completion of mental health first aid training by first responders will ensure that emergency services staff are appropriately equipped to respond to mental health and alcohol or other drug crisis situations.</p>

### 2018 Updates

In the coming year, ADAMH continues to undertake activities to implement actions identified in both the Franklin County Opiate Action Plan and the Human Services Levy Review Committee, including:

- Provision of community forums in conjunction with public health partners to educate and facilitate neighborhood-level conversations about the opiate epidemic.
- Investment in the creation of a community education campaign and single phone number for referral to opiate treatment services.
- Provision of naloxone education and distribution of overdose reversal kits and safe medication disposal bags.
- Continued expansion of investments in the Addiction Stabilization Center, mobile response, recovery residences, peer support and medication assisted treatment, community supports for pregnant women with an opiate use disorder, and residential treatment.

- The development of a needs assessment to identify and evaluate future needs in the context of the state and federal legislative environment.
- Ongoing work to examine and implement value-based payment models to increase cost effectiveness and focus on consumer-centered outcomes.
- Identification and investment in prevention and early intervention strategies to reduce the prevalence of mental health and substance use disorders in the county.

## MANAGING FOR RESULTS PERFORMANCE STRUCTURE

A key part of ADAMH's MFR performance system is the companion 'STAT' systems that together make up ADAMH's performance accountability and quality improvement system. The 'STAT' system used by ADAMH is based on the *CitiStat* model out of Baltimore, Maryland. Upon his election in 2000, Mayor Martin O'Malley began running the entire city of Maryland based on the highly successful Comp Stat model that turned around New York City's crime rate by tackling crime problems precinct by precinct.

Two accountability systems, ADAMH-STAT and Provider-STAT, are used to manage performance of both internal and external objectives:

- **ADAMH-STAT** is the internal performance platform that monitors all of the results in the annual MFR Performance Plan. Presentations occur by rotating ADAMH staff at weekly accountability meetings to report on the progress achieved within specific MFR programs so that the MFR Performance Plan guides the daily work functions throughout the organization. This year, ADAMH-STAT programs are organized into three lines of business:
  1. Consumer Care, the purpose of which is to provide behavioral health services to adults, older adults, and children/adolescents so they can live, work, learn, and participate in their communities;
  2. Performance Accountability, the purpose of which is to monitor the external performance of provider programs and internal progress on staff-led projects; and
    - a. *Performance Monitoring* is the function established to provide monitoring and evaluation of provider performance at selected levels of analysis in regards to key performance indicators. (See additional program details on page 26).
    - b. *Project Management* is intended to offer project management oversight and support to ADAMH staff. (See additional program details on page 28.)
  3. Support Services, the purpose of which is to help the board of trustees and ADAMH staff achieve goals by providing services and supports around facilities; financial and business operations; human resources; information technology; planning and evaluation; and public affairs.
- **Provider-STAT** is the external performance platform that monitors ADAMH's contracts with more than 30 non-profit organizations that deliver mental health and alcohol/drug treatment to the Franklin County residents every year. Provider-STAT compares the same data elements for every contract provider to better understand individual agency performance against system average performance in a quality improvement environment. Key performance indicators that are reviewed include: financial performance, system quality (outcomes, clinical quality, access to services, and average cost of services), customer satisfaction, and contract compliance.

## PROGRAM ADJUSTMENTS

2018 Program	2017 Program
<b>CONSUMER CARE</b>	
Crisis Care Management	Crisis Care Management
Healthy Families	Healthy Families
Housing Services	Housing Services
Prevention Services	Prevention Services
Treatment and Supports	Services for Adults Recovering from Mental Illness
	Services for Adults Recovering from Substance Use Disorders
	Services for Children, Youth and Families Recovering from Mental Illness and Addiction
<b>PERFORMANCE ACCOUNTABILITY</b>	
Performance Monitoring	--
Project Management	--
<b>SUPPORT SERVICES</b>	
Administrative Supports	Information Technology Services
	Organizational Management
	System Innovations
Consumer Rights and Advocacy	--
Finance and Business Operations	Resource Management
Public Affairs	Community Collaboration and Engagement
	Public Health Education and Awareness

## OPERATIONAL RESULTS – EXECUTIVE SUMMARY

Every year, program managers, senior staff, and consumer volunteers work together to determine the best specific and measurable results that will address the most pressing issues and business environment challenges for the new year. Each external result is determined by reviewing national and state benchmarks and best practice standards of behavioral healthcare. Each internal result is based on compliance with federal, state, and local laws and regulations and quality standards for high performance organizations.

ADAMH's MFR performance system is built on a data warehouse, which consolidates data from multiple sources into a single repository that is used for reliable analysis and reporting. The warehouse is a compilation of more than 16 million behavioral healthcare claims for more than 180,000 consumers that allow for mining of service patterns and trends and outcomes of services rendered. This data is safeguarded according to the federal Health Insurance Portability and Accountability Act (HIPAA).

Monitoring of the MFR performance plan runs from January to December. Through a facilitated process, the previous year's results are closed out and new operational results are developed that align to the strategic results of the performance plan that are set by the board of trustees. The proposed operational results are presented to the board of trustees in the first quarter of a calendar year, generally in March. Once approved by the board of trustees, the plan becomes "final" and can only be changed with approval from the CEO.

### KEY RESULTS FOR CONSUMER CARE PROGRAMS

Program	Key Result
Crisis Care Management	Crisis Service Utilization (Adult): 20% decrease in the number of adults who meet the criteria of a frequent utilizer of Netcare services.
Healthy Families	Access to Family Support Services: 100% increase in the available family support services through the implementation of new or expanded initiatives in order to increase the overall number of caregivers and family members served.
Housing Services	Discharges to Homelessness: 25% reduction in discharges to homelessness from acute care settings.
Prevention Services	Summer Camps (Social Emotional Learning Reporting): 100% of selected summer camps will incorporate social emotional learning in program curriculum and report the results.
Treatment and Supports	Service Linkage from Mobile Opiate Crisis Team: 45% of individuals who have an initial contact with the mobile opiate crisis team will be linked with at least one follow up service.

## KEY RESULTS FOR PERFORMANCE ACCOUNTABILITY PROGRAMS

Program	Key Result
Performance Monitoring	Focused Monitoring: 100% of prioritized performance issues regarding operational results will show improvement within 180 days of identification.
Project Monitoring	Project Deliverables: 100% of project deliverables will be completed on time.

## KEY RESULTS FOR SUPPORT SERVICES PROGRAMS

Program	Key Result
Administrative Supports	Health and Safety Drills: 100% of staff will complete each health and safety drill administered in 2018 in less than two minutes.
Consumer Rights and Advocacy	Consumer Complaints: 98% of consumer complaints will be resolved within three working days.
Finance and Business Operations	SHARES/FIAT Performance: 100% of claims will be processed and provider reports will be generated per the 2018 production schedule.
Public Affairs	Community Collaboration and Engagement: 65,000 Franklin County residents will be reached by ADAMH community collaboration and engagement activities.

## CRISIS CARE MANAGEMENT

**PURPOSE:** The purpose of Crisis Care Management is to develop and monitor programs that provide crisis and acute mental health and substance use care and support services to adults and children in a clinically appropriate, cost effective and timely manner, delivered in the least restrictive environment to promote recovery and increase public safety.

**LINE OF BUSINESS:** Consumer Care

### PROGRAM SERVICES:

- Admission and discharge reports
- Admission authorizations (private hospital contracts) and reports
- Clinical Presentations
- Community education campaign
- Community presentations
- Continuity of care agreements
- High acuity care services
- Hotline services
- Media Interviews
- Program implementation, monitoring, and oversight
- Residency dispute determination and reports
- Suicide prevention
- Utilization review consultations and reports

**PROGRAM LEAD:** Jennifer Martinez, Director, Clinical Services

### RESPONSIBLE STAFF:

- Justin Curtis, Research Manager
- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Kythryn Carr Hurd, Vice President, Clinical Services
- Mark Lambert, Senior Director, Finance
- Keith McCloud, Residential Placement Manager
- Tracy McConkey, Budget and Contract Officer
- Mitzi Moody, Clinical Manager, Youth and Families
- Vincent Sabino, Clinical Manager, Alcohol and Other Drugs
- Aimee Shadwick, Director, Public Affairs
- Dr. Delaney Smith, System Chief Clinical Officer
- Janet Stackpole, Senior Director, Information Technology Services
- Jonathan Thomas, Senior Director, Planning and Evaluation
- Delmecia Wilkins, Executive Assistant
- Jonathan Wyly, CFO

**OPERATIONAL RESULTS:**

<b>Result Title</b>	<b>Result Statement</b>	<b>Why This Matters</b>	<b>Priority Alignment</b>
Crisis Service Utilization (Adult)	20% decrease in the number of adults who meet the criteria of a frequent utilizer of Netcare services.	Increasing access to and use of long-term treatment and support services for recipients of Netcare crisis services will increase the likelihood that the individual will enter long-term recovery.	Prevention and Community Engagement  Diversion from High Acuity Care
Addiction Stabilization Center Same-Day Incentives	50% of individuals who complete detoxification services at the Maryhaven Addiction Stabilization Center will receive services at discharge through the same day incentive program.	Connecting individuals with treatment and support services immediately after completing detoxification will increase their chances of entering long-term recovery.	Access to Quality Care Services  Payment for Quality Care
Crisis Service Utilization (Youth)	10% decrease in the number of youth who utilize the Youth Crisis Stabilization Unit or emergency department at Nationwide Children's Hospital.	Connecting young people with treatment and support services before they need crisis services results in more effective treatment for the individual and reduced stress for the individual's family.	Access to Quality Care Services  Decreased Crisis Service Utilization
Crisis Calls and Chats	10% increase in the number of calls and chats to Netcare's crisis line.	Raising awareness and usage of Netcare's crisis services will connect even more community members with the treatment and supports they need.	Prevention and Community Engagement

## HEALTHY FAMILIES

**PURPOSE:** The purpose of the Healthy Families program is to provide support to caregivers through family education and support services that take into account diverse cultural perspectives on mental health and substance use disorders.

**LINE OF BUSINESS:** Consumer Care

**PROGRAM SERVICES:**

- Caregiver and family education
- Caregiver and family support
- In home respite
- Local outreach to survivors of suicide (Franklin County LOSS)
- Naloxone overdose reversal education
- Problem gambling family counseling
- Problem gambling financial counseling
- Services for immigrant women

**PROGRAM LEAD:** Meg Griffing, Clinical Manager, Adults

**RESPONSIBLE STAFF:**

- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Susan Duderstadt, Director, SHARES Enterprise Services
- Kythryn Carr Hurd, Vice President, Clinical Services
- Nettie Ferguson, Community Prevention Manager
- Amy Fick, SHARES Business Systems Analyst
- Mark Lambert, Senior Director, Finance
- Jennifer Martinez, Director, Clinical Services
- Keith McCloud, Residential Placement Manager
- Tracy McConkey, Budget and Contract Officer
- Mitzi Moody, Clinical Manager, Youth and Families
- Vincent Sabino, Clinical Manager, Alcohol and Other Drugs
- Prajakta Samant, Systems Analyst II
- Aimee Shadwick, Director, Public Affairs
- Dr. Delaney Smith, System Chief Clinical Officer
- Janet Stackpole, Senior Director, Information Technology Services
- Jonathan Thomas, Senior Director, Planning and Evaluation
- Jonathan Wyly, CFO

## OPERATIONAL RESULTS:

Result Title	Result Statement	Why This Matters	Priority Alignment
Access to Family Support Services	100% increase in the available family support services through the implementation of new or expanded initiatives in order to increase the overall number of caregivers and family members served.	Increasing access to family support services will help reduce caregiver strain and improve the social support and well-being of families, which in turn will help individuals to be more successful in their recovery.	Healthy Families  Access to Family Support Services
Social Connectedness (Families and Caregivers)	100% of programs providing family support services, including respite care, will report levels of social connectedness for the caregivers or family members served.	Experiencing social connectedness helps to improve a caregiver's physical health as well as reduce anxiety and depression encouraging greater positive outcomes for the entire family.	Healthy Families  Quality Family Supports
Stress Reduction (Families and Caregivers)	50% of caregivers and family members will report a reduction in stress following a respite intervention.	Providing caregivers with an opportunity to manage their own health and wellness will reduce their strain and allow them to continue providing support for their loved one which helps individuals to be more successful in their recovery.	Healthy Families

## HOUSING SERVICES

**PURPOSE:** The purpose of the Housing Services program is to work with contract housing developers to provide housing to consumers to support them and their families in establishing a stable environment in a safe, decent, timely, and affordable residence so they can live, work, learn, and participate fully in their community.

**LINE OF BUSINESS:** Consumer Care

**PROGRAM SERVICES:**

- Adult care facilities
- Capital files management
- Community relations services
- Contract management services
- Independent, service enriched, recovery, and supportive housing services
- Planning and access to care services
- Recovery housing services
- Residential care stays
- Stakeholder outreach services
- Training and education services
- Transitional housing services
- Utilization review services

**PROGRAM LEAD:** Irina Yakhnitskiy, Clinical Manager, Adults/Generalist

**RESPONSIBLE STAFF:**

- Sujatha Aroor, Fiscal Systems Manager
- Kythryn Carr Hurd, Vice President, Clinical Services
- Keith McCloud, Residential Placement Manager
- Tracy McConkey, Budget and Contract Officer
- Vincent Sabino, Clinical Manager, Alcohol and Other Drugs
- Aimee Shadwick, Director, Public Affairs
- Dr. Delaney Smith, System Chief Clinical Officer
- Jonathan Thomas, Senior Director, Planning and Evaluation
- Delmecia Wilkins, Executive Assistant

**OPERATIONAL RESULTS:**

<b>Result Title</b>	<b>Result Statement</b>	<b>Why This Matters</b>	<b>Priority Alignment</b>
Discharges to Homelessness	25% reduction in discharges to homelessness from acute care settings.	The reduction of discharges to homelessness reflects an increase in referrals and connections to appropriate community-based treatment services for individuals served in acute care settings.	Safety, Security, and Stability  Discharges to Homelessness
Housing Stability	80% of ADAMH consumers residing in permanent supportive housing will retain that housing at least 12 months.	Increasing the amount of time individuals remain in safe, stable and affordable housing increases their ability to remain in long-term recovery.	Safety, Security, and Stability  Housing Stability
Transitional Housing Utilization	90% of individuals who access transitional housing will experience a positive discharge within 120 days of admission.	Assisting individuals with their transition to permanent housing solutions helps to provide a stable next step for individuals and ensures the availability of these housing units for others in need.	Safety, Security, and Stability

## PREVENTION SERVICES

**PURPOSE:** The purpose of the Prevention Services program is to provide alcohol, drug, and mental health education and skill-building services to children, youth, transitional-age youth, young adults, adults, older adults, and families so they can avoid the abuse of drugs and alcohol, make positive behavior choices, and improve the well-being of our community.

**LINE OF BUSINESS:** Consumer Care

### PROGRAM SERVICES:

- After-school and summer day camp services
- Alcohol, tobacco, and other drug screening services
- Coalition building services: community outreach, strategic planning, workgroup development, training
- Early intervention services
- Prevention education trainings referral services
- Prevention outcomes reports
- Prevention partnerships
- Program development technical assistance services
- School and community-based mental health services (consultation, support groups facilitation, student assistance, parental support)
- Youth-led prevention

**PROGRAM LEAD:** Nettie Ferguson, Community Prevention Manager

### RESPONSIBLE STAFF:

- Justin Curtis, Research Manager
- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Morgan Hall, Reporting Specialist
- Kythryn Carr Hurd, Vice President, Clinical Services
- Mark Lambert, Senior Director, Finance
- John Logan, Financial Analyst
- Jennifer Martinez, Director, Clinical Services
- Mitzi Moody, Clinical Manager, Youth and Families
- Vincent Sabino, Clinical Manager, Alcohol and Other Drugs
- Prajakta Samant, Systems Analyst II
- Aimee Shadwick, Director, Public Affairs
- Janet Stackpole, Senior Director, Information Technology Services
- Jonathan Thomas, Senior Director, Planning and Evaluation
- Darlene Truss, Executive Assistant – Community Engagement and Human Resources
- Jonathan Wyly, CFO

**OPERATIONAL RESULTS:**

Result Title	Result Statement	Why This Matters	Priority Alignment
Summer Camps (Social Emotional Learning Reporting)	100% of selected summer camps will incorporate social emotional learning in program curriculum and report the results.	Educating youth using social and emotional learning while providing a safe place to learn helps them to develop the necessary skills to manage emotions, maintain positive relationships and make responsible decisions.	Access to Quality Care Services  Payment for Quality Prevention Practices
Summer Camps (AoD Knowledge Gain)	10% increase in the number of summer camp participants who report increased knowledge of the risks of alcohol and other drugs.	Increased awareness of the risks of drugs and alcohol by youth will enhance the likelihood of use of refusal skills and reduction of initiation of alcohol and other drug use later in life.	Prevention and Community Engagement  AoD Risk Awareness
Transitional-Age Youth (AoD Knowledge Gain)	10% increase in the number of participants in ADAMH-funded, transitional-age youth programs who report increased knowledge of the risks of alcohol and other drugs.	Increased awareness of the risks of drugs and alcohol by transitional-age youth will enhance the likelihood of use of refusal skills and reduction of initiation of alcohol and other drug use later in life.	Prevention and Community Engagement  AoD Risk Awareness

## TREATMENT AND SUPPORTS

**PURPOSE:** The purpose of the Treatment and Supports Program is to develop and monitor programs that provide mental health or substance use disorder treatment and recovery support services to adults, children, youth and families so they can live, work, learn, and participate in their community.

### PROGRAM SERVICES:

- 24-hour crisis services
- Assertive community treatment (ACT)
- Brief screening and early intervention
- Consumer/peer-operated center
- Criminal justice/diversion
- Crisis observation
- Detox services
- Early childhood mental health
- Guardianship
- Inpatient programs
- Integrated dual disorder treatment (IDDT)
- Intensive outpatient services
- Medication assisted treatment services
- Outcomes assessment and analysis
- Outpatient programs
- Outreach and engagement services
- Parent mentoring
- Peer recovery supports
- Probate orders of commitment
- Residential programs
- School based services
- Vocational and employment services

### PROGRAM LEADS:

- Meg Griffing, Clinical Manager, Adults
- Mitzi Moody, Clinical Manager, Youth and Families
- Vincent Sabino, Clinical Manager, Alcohol and Other Drugs

### RESPONSIBLE STAFF:

- Sujatha Aroor, Fiscal Systems Manager
- Justin Curtis, Research Manager
- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Susan Duderstadt, Director, SHARES Enterprise Services
- Nettie Ferguson, Community Prevention Manager
- Amy Fick, SHARES Business Systems Analyst
- Morgan Hall, Reporting Specialist
- Kythryn Carr Hurd, Vice President, Clinical Services
- Mark Lambert, Senior Director, Finance
- Robert Lonardo, Data Solutions Manager

- Jennifer Martinez, Director, Clinical Services
- Keith McCloud, Residential Placement Manager
- Tracy McConkey, Budget and Contract Officer
- Prajakta Samant, Systems Analyst II
- Aimee Shadwick, Director, Public Affairs
- Dr. Delaney Smith, System Chief Clinical Officer
- Janet Stackpole, Senior Director, Information Technology Services
- Jonathan Thomas, Senior Director, Planning and Evaluation
- Delmecia Wilkins, Executive Assistant
- Jonathan Wylly, CFO
- Irina Yakhnitskiy, Clinical Manager, Adults/Generalist

**OPERATIONAL RESULTS:**

Result Title	Result Statement	Why This Matters	Priority Alignment
Service Linkage from Mobile Opiate Crisis Team	45% of individuals who have an initial contact with the mobile opiate crisis team will be linked with at least one follow up service.	Connecting individuals who have a substance use disorder with immediate services after a crisis increases the likelihood that they will enter and remain in treatment.	Innovations to Emerging Needs
School Diversion Program Participation	10% increase in the number of youth who participate in mental health or substance use disorder diversion programming in lieu of school disciplinary action.	Providing appropriate intervention for students with mental health issues or substance use disorders instead of traditional disciplinary actions will help to improve outcomes such as improved graduation rates.	Prevention and Community Engagement  School Discipline
Peer Support Workforce	50% increase in individuals certified as peer recovery support specialists in Franklin County.	Connecting individuals with a mental illness or substance use disorder with peers who have a shared experience increases the likelihood that the individuals will remain in long-term recovery.	Mission, Vision, and Core Values

Result Title	Result Statement	Why This Matters	Priority Alignment
Referrals from Criminal Justice	10% increase in the number of consumers identified by the criminal justice system who voluntarily are referred for treatment	Increasing the number of consumers who are identified by the criminal justice system and are referred to appropriate community treatment services will help to reduce recidivism rates and length of incarceration for ADAMH consumers. Linkage to effective and efficient services will help individuals who may not have otherwise been referred.	Safety, Security, and Stability  Criminal Justice System Referrals

## PERFORMANCE MONITORING

**PURPOSE:** The purpose of the Performance Monitoring program is to provide monitoring and evaluation of provider performance at selected levels of analysis in regards to key performance indicators. The collection, analysis and reporting on this data will be provided to ADAMH staff, provider agencies and key stakeholders to ensure the quality operation of programs and to best assure that ADAMH-funded services are purchased in the most efficient and effective manner to meet the needs of Franklin County residents with mental health illnesses and substance use disorders.

**LINE OF BUSINESS:** Performance Accountability

**PROGRAM SERVICES:**

- Analysis of root cause(s) for low performance
- Corrective action plan (CAP) development and implementation
- Monitoring and evaluation of key performance indicators (KPIs)
- Performance monitoring data dashboard
- Performance monitoring evaluation design and reporting
- Programmatic data collection and analysis

**PROGRAM LEAD:** Justin Curtis, Research Manager

**RESPONSIBLE STAFF:**

- Sujatha Aroor, Fiscal Systems Manager
- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Susan Duderstadt, Director, SHARES Enterprise Services
- Nettie Ferguson, Community Prevention Manager
- Joe Florenski, Compliance Manager
- Meg Griffing, Clinical Manager, Adults
- Morgan Hall, Reporting Specialist
- Kythryn Carr Hurd, Vice President, Clinical Services
- Mark Lambert, Senior Director, Finance
- Robert Lonardo, Data Solutions Manager
- Jennifer Martinez, Director, Clinical Services
- Keith McCloud, Residential Placement Manager
- Tracy McConkey, Budget and Contract Officer
- Mitzi Moody, Clinical Manager, Youth and Families
- Vincent Sabino, Clinical Manager, Alcohol and Other Drugs
- Prajakta Samant, Systems Analyst II
- Dr. Delaney Smith, System Chief Clinical Officer
- Janet Stackpole, Senior Director, Information Technology Services
- Jonathan Thomas, Senior Director, Planning and Evaluation
- Jonathan Wylly, CFO

**OPERATIONAL RESULTS:**

Result Title	Result Statement	Why This Matters	Priority Alignment
Focused Monitoring	100% of prioritized performance issues regarding operational results will have corrective actions plan developed within 30 days and will show improvement within 180 days after identification.	This result will ensure that key performance indicators (KPIs) with performance priorities are identified, selected for targeted technical assistance and monitored for improvement to meet expectations.	Mission, Vision, and Core Values
Consumers Served	100% of prioritized performance issues regarding the rate of a provider serving consumers will have corrective actions plan developed within 30 days and will show improvement within 180 days after identification.	This result will ensure that provider performance with serving consumers is monitored and when necessary targeted technical assistance is offered.	Mission, Vision, and Core Values
Allocation Monitoring	100% of prioritized performance issues regarding the rate of a provider earning their allocations will have corrective actions plan developed within 30 days and will show improvement within 180 days after identification.	This result will ensure that provider performance with earning allocations is monitored and when necessary targeted technical assistance is offered.	Mission, Vision, and Core Values

## PROJECT MANAGEMENT

**PURPOSE:** The purpose of the Project Management program is to offer project management oversight and support to ADAMH staff by providing an organized structure that standardizes project-related processes, tools, and techniques for cross-functional projects; providing tools for Senior Staff to authorize and monitor team commitments so the appropriate resources are available to complete projects; and working with project teams to initiate, plan, execute, monitor and control, and close authorized projects.

**LINE OF BUSINESS:** Performance Accountability

**PROGRAM SERVICES:**

- Development of project charters and work breakdown structures (WBS)
- Development of project plans
- Distribution of weekly status updates
- Facilitation of project kick-off and close-out meetings
- Monitoring of shared resources
- Processing of project change requests
- Project prioritization and scheduling

**PROGRAM LEAD:** Joe Florenski, Compliance Manager

**RESPONSIBLE STAFF:**

- Kythryn Carr Hurd, Vice President, Clinical Services
- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Susan Duderstadt, Director, SHARES Enterprise Services
- Heber Howard, Director, Accounting and Financial Reporting
- Mark Lambert, Senior Director, Finance
- Jennifer Martinez, Director, Clinical Services
- David Royer, CEO
- Aimee Shadwick, Director, Public Affairs
- Dr. Delaney Smith, System Chief Clinical Officer
- Carolee Spencer, Director, Membership Services
- Janet Stackpole, Senior Director, Information Technology Services
- Jonathan Thomas, Senior Director, Planning and Evaluation
- Tillie Woods, Senior Director, Human Resources
- Jonathan Wyly, CFO

**OPERATIONAL RESULTS:**

Result Title	Result Statement	Why This Matters	Priority Alignment
Project Deliverables	100% of project deliverables will be completed on time	Monitoring project deliverables and their due dates will ensure that responsible staff are aware of and meet project expectations.	Mission, Vision, & Core Values

Result Title	Result Statement	Why This Matters	Priority Alignment
Project Charters	100% of project charters and work breakdown structures will be completed on time.	Providing a completed project charter and its supporting work breakdown structure on its due date will ensure that Senior Staff have the most up-to-date information for monthly prioritization meetings.	Mission, Vision, & Core Values
Project Kick-Offs	100% of projects will be initiated by the original start date requested by Senior Staff.	Providing an on-time kick-off meeting will ensure that the project team understands what is expected of them before the work on deliverables begins.	Mission, Vision, & Core Values
Project Close-Outs	100% of projects will be closed by the original end date requested by Senior Staff.	Providing a close-out meeting will allow the project team to offer feedback that informs future planning.	Mission, Vision, & Core Values

## ADMINISTRATIVE SUPPORTS

**PURPOSE:** The purpose of the Administrative Supports program is to provide internal services to ADAMH staff and otherwise support their efforts and the mission, vision, and core values of ADAMH. Business units offering these administrative support services include Finance, Human Resources, Information Technology Services, Planning and Evaluation, and Public Affairs. With efficient and effective administrative supports, all ADAMH business units benefit.

**LINE OF BUSINESS:** Support Services

### PROGRAM SERVICES:

- Administrative floater supports
- Application development services
- Continuity of operations/disaster recovery plan management
- Desktop hardware and software support services
- E-mail system support services
- Evaluation design
- Extranet site support services
- Facilities management
- Help desk responses
- HIPAA analysis and recommendations (privacy and security)
- Human Resources services
- Internet access support services
- IT disaster recovery plan
- IT security policies and procedures
- IT strategic plan
- Needs assessments
- Network backups
- Phone system support services
- Policy and procedure development and maintenance
- Policy and procedure impact analysis
- Quality improvement activities (including LEAN/Six Sigma initiatives)
- Receptionist support
- Records management
- Research requests
- SharePoint infrastructure support
- Strategic planning
- Training and technical assistance

### PROGRAM LEADS:

- Heber Howard, Director, Accounting and Financial Reporting
- Mark Lambert, Senior Director, Finance
- Aimee Shadwick, Director, Public Affairs
- Janet Stackpole, Senior Director, Information Technology Services
- Jonathan Thomas, Senior Director, Planning and Evaluation
- Tillie Woods, Senior Director, Human Resources

## RESPONSIBLE STAFF:

- Sujatha Aroor, Fiscal Systems Manager
- Mackenzie Betts, Public Information Officer
- Allison Chapman, Receptionist
- Justin Curtis, Research Manager
- Tanya Dulay, Administrative Assistant
- Amy Fick, SHARES Business Systems Analyst
- Joe Florenski, Compliance Manager
- Morgan Hall, Reporting Specialist
- Leah Hooks, Digital Communications Specialist
- Robert Lonardo, Data Solutions Manager
- Jesse Lyon, Network Administrator
- Zac Morris, Systems Analyst I
- LouAnn Price, Accountant
- Tikara Robinson, Executive Assistant – Leadership
- Prajakta Samant, Systems Analyst II
- Carolee Spencer, Director, Membership Services
- Darlene Truss, Executive Assistant – Community Engagement and Human Resources

## OPERATIONAL RESULTS:

Result Title	Result Statement	Why This Matters	Priority Alignment
Health and Safety Drills	100% of staff will complete each health and safety drill administered in 2018 in less than two minutes.	Monitoring the speed at which staff respond to multiple safety drills will help to provide a safe environment for staff and visitors.	Mission, Vision, & Core Values
Harassment Training	100% of employees will score 90% or higher on harassment training post-tests.	Training to address workplace discriminatory harassment and sexual harassment will help to ensure that ADAMH staff are free from a hostile and threatening work environment.	Mission, Vision, & Core Values
Continuity of Operations (447 E. Broad)	100% of quality improvement actions identified during testing or event debriefings will be completed within prescribed timeframes.	Monitoring quality improvement actions will ensure that ADAMH staff is prepared to respond to obstacles that affect business operations.	Mission, Vision, & Core Values

Result Title	Result Statement	Why This Matters	Priority Alignment
Critical Scans	100% of critical scan results for servers and workstations will be remediated.	Remediating critical scan results will eliminate critical vulnerabilities and reduce risk of viruses, trojans, and other malicious activities.	Mission, Vision, & Core Values
Network Uptime	The ADAMH network will maintain a monthly uptime percentage of 99.9%	Monitoring the monthly uptime rate will ensure board staff have the network resources required to perform their duties.	Mission, Vision, & Core Values

## CONSUMER RIGHTS AND ADVOCACY

**PURPOSE:** The purpose of the Consumer Rights and Advocacy program is to provide timely resolution to consumer complaints or grievances, connect and monitor legal assistance, and ensure that consumers and family members have an opportunity to provide advice and feedback to the ADAMH Board.

**LINE OF BUSINESS:** Support Services

### PROGRAM SERVICES:

- Assistance and support to system client rights officers
- CFAC support
- Consumer complaints
- Consumer grievances
- HIPAA privacy rights management
- Placement of consumers/family members in ADAMH workgroups
- Program monitoring of Southeast's Recovery Works
- Referrals to the Legal Aid Society of Columbus
- Section 1557 language access services

**PROGRAM LEAD:** Phil Hedden, Client Rights Advocate

### RESPONSIBLE STAFF:

- Mackenzie Betts, Public Information Officer
- Justin Curtis, Research Manager
- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Nettie Ferguson, Community Prevention Manager
- Joe Florenski, Privacy Officer
- Meg Griffing, Clinical Manager, Adults
- Morgan Hall, Reporting Specialist
- Leah Hooks, Digital Communications Specialist
- Kythryn Carr Hurd, Vice President, Clinical Services
- Robert Lonardo, Data Solutions Manager
- Jennifer Martinez, Director, Clinical Services
- Keith McCloud, Residential Placement Manager
- Mitzi Moody, Clinical Manager, Youth and Families
- Vincent Sabino, Clinical Manager, Alcohol and Other Drugs
- Aimee Shadwick, Director, Public Affairs
- Jonathan Thomas, Senior Director, Planning and Evaluation

## OPERATIONAL RESULTS:

Result Title	Result Statement	Why This Matters	Priority Alignment
Consumer Complaints	98% of consumer complaints will be resolved within three working days.	Ensuring that consumer complaints are resolved in a timely manner ensures that individuals are receiving the best quality care from all providers in the ADAMH system of care.	Mission, Vision, & Core Values
Consumer Grievances	100% of consumer grievances will be resolved within twenty-one working days.	Ensuring that consumer grievances are resolved in a timely manner ensures that individuals are receiving the best quality care from all providers in the ADAMH system of care.	Access to Quality Care Services  Payment for Quality Care
Legal Aid Referrals	95% of referrals to the Legal Aid Society of Columbus will produce positive outcomes for the consumers requesting support.	Monitoring the outcomes of the services provided by the Legal Aid Society will help to ensure their work to address issues such as benefits, housing, and domestic or consumer issues will provide positive outcomes for individuals who use their services.	Mission, Vision, & Core Values
Consumer Satisfaction	75% of consumers will report high levels of satisfaction on ADAMH programs.	Achieving high consumer satisfaction of ADAMH services leads to improved quality of life for the individuals and families who receive ADAMH-funded services and strengthens the ADAMH system of care.	Mission, Vision, & Core Values

## FINANCE AND BUSINESS OPERATIONS

**PURPOSE:** The purpose of the Finance and Business Operations program is to provide timely and accurate payments and financial information to board staff and contract service providers so that they can make well-informed decisions and provide services to Franklin County residents.

**LINE OF BUSINESS:** Support Services

**PROGRAM SERVICES:**

- 3C hotline responses
- ADAMH management reports
- ADAMH unit rates in Shared Health and Recovery Enterprise System (SHARES)
- Agency services plans and budgets
- Allocation and award management
- Audit review services
- Block grant payment system management
- Board actions, CEO actions, administrative memos
- Capital and administrative budgets
- Claims reports and claims/encounter claims corrections/reversals/ adjudication
- Electronic file exchanges
- Executed contracts
- Financial projections
- Financial statements
- Fiscal Interface Application Tool (FIAT) management
- Fiscal policies and procedures
- Invoices and vendor contracts
- New member enrollments and eligibility determinations
- Payroll services
- Provider budget review services
- Provider financial management reports services
- Provider payments
- Provider trainings – SHARES/subject matter experts (finance, clinical, prevention)
- Provider year-end contract reconciliation services
- Purchase orders
- SHARES administration and support
- SHARES configuration, including benefit plans, authorization plans, agency agreements, rate schedules
- SHARES operations and provider manuals
- State compliance reports

**PROGRAM LEAD:** Mark Lambert, Senior Director, Finance

**RESPONSIBLE STAFF:**

- Sujatha Aroor, Fiscal Systems Manager
- Susan Duderstadt, Director, SHARES Enterprise Services
- Amy Fick, SHARES Business Systems Analyst
- Cathy Harris, Accounting Specialist
- Dianna Henderson, SHARES System Enrollment Representative
- Heber Howard, Director, Accounting and Financial Reporting
- John Logan, Financial Analyst
- Tracy McConkey, Budget and Contract Officer
- Alfreda Miller, SHARES System Enrollment Representative
- Tanicha Moore, SHARES System Enrollment Representative
- Willie Pinkins, Internal Auditor
- Kathleen Podlasiak, Executive Assistant
- LouAnn Price, Accountant
- Carolee Spencer, Director, Membership Services
- Jonathan Wyly, CFO

**OPERATIONAL RESULTS:**

Result Title	Result Statement	Why This Matters	Priority Alignment
SHARES/FIAT Performance	100% of claims will be processed and provider reports will be generated per the 2018 production schedule.	Monitoring this result will ensure that functionality/ performance is tracked until SHARES and FIAT mature.	Mission, Vision, & Core Values
SHARES/FIAT Claim Performance	10% decrease in the volume of provider claims denied in SHARES.	Decreasing denied claims in SHARES will indicate if ADAMH efforts (trainings, trouble-shooting, etc.) are improving quality of claims submitted. This will not include Medicaid-eligibility denials.	Mission, Vision, & Core Values
SHARES Enrollment Performance (Providers)	10% increase in the rate of complete SHARES membership enrollments.*	Increasing the number of complete SHARES membership enrollments with proper training reduces the need for update requests and makes more effective use of staff resources.	Mission, Vision, & Core Values

<b>Result Title</b>	<b>Result Statement</b>	<b>Why This Matters</b>	<b>Priority Alignment</b>
SHARES Enrollment Performance (ADAMH)	10% increase in the rate of enrollments and updates that are completed within two business days.*	Monitoring this result will ensure that ADAMH staff is processing enrollments and updates expeditiously.	Mission, Vision, & Core Values
Help Desk (3C Hotline)	80% of provider help desk tickets will be completed by the identified service level agreement.	Monitoring help desk ticket responses will ensure that ADAMH is providing good customer service to our providers in responding to and resolving issues per expectations of the service level agreement.	Mission, Vision, & Core Values
Quality Monitoring	90% of internal control deficiencies from the internal auditor's report will be corrected within 30 days (high), 60 days (medium), or 90 days (low).	This work will ensure ADAMH complies with federal, state and county audit guidelines resulting in no deficiency.	Mission, Vision, & Core Values
Financial Model Management	Base 2019 Provider allocations will be within 5% of 2018 Provider expenditures.	Monitoring this result will ensure that annual community funding levels align with planned cash reserves for the remainder of the levy cycle.	Mission, Vision, & Core Values

\* Revised May 9, 2018

## PUBLIC AFFAIRS

**PURPOSE:** The purpose of the Public Affairs program is to provide community outreach and education and awareness services to establish ADAMH as a vital partner in our community's healthcare network so Franklin County residents have positive opinions and continue to financially support publicly funded alcohol, other drug, and mental health treatment and prevention services.

**LINE OF BUSINESS:** Support Services

### PROGRAM SERVICES:

- Advertising placements
- Advocacy fact sheets
- Annual meeting
- Annual report
- Community mural program
- Community outreach events
- Community partnership services (as convener or participant)
- Crisis communication services
- Education and training services
- Letters to the editor and op-ed pieces
- Media relations
- Mini-grants and sponsorships
- Outreach and branding materials
- Public meetings (Sunshine law)
- Public opinion surveys
- Social media engagement
- Stakeholder engagement services
- Testimony and presentations
- Website maintenance services

**PROGRAM LEAD:** Aimee Shadwick, Director, Public Affairs

### RESPONSIBLE STAFF:

- Mackenzie Betts, Public Information Officer
- Justin Curtis, Research Manager
- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Tanya Dulay, Administrative Assistant
- Nettie Ferguson, Community Prevention Manager
- Meg Griffing, Clinical Manager, Adults
- Leah Hooks, Digital Communications Specialist
- Kythryn Carr Hurd, Vice President, Clinical Services
- Mark Lambert, Senior Director, Finance
- Jennifer Martinez, Director, Clinical Services
- Mitzi Moody, Clinical Manager, Youth and Families
- Vincent Sabino, Clinical Manager, Alcohol and Other Drugs
- Dr. Delaney Smith, System Chief Clinical Officer
- Jonathan Thomas, Senior Director, Planning and Evaluation

- Darlene Truss, Executive Assistant – Community Engagement and Human Resources
- Jonathan Wylly, CFO

**OPERATIONAL RESULTS:**

Result Title	Result Statement	Why This Matters	Priority Alignment
Community Collaboration and Engagement	65,000 Franklin County residents will be reached by ADAMH community collaboration and engagement activities.	Sharing information about mental health and substance use disorders with the community increases awareness of ADAMH services and reduces the stigma associated with mental illness and addiction.	Prevention and Community Engagement  Community Support
Social Media Followers	30% increase in the number of people following ADAMH on social media outlets.	Connecting with community members using social media (Facebook, Instagram and LinkedIn) increases awareness of ADAMH services and reduces the stigma associated with mental health and substance use disorders.	Prevention and Community Engagement  Community Support

## REFERENCES

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- <sup>i</sup> Ohio Department of Development, Development Services Agency, Populations by Age and Sex 2015-2040, accessed from <https://development.ohio.gov/files/research/P6026.pdf> on 12 March 2018.
- <sup>ii</sup> US Census Bureau, 2012-2016 American Community Survey, Table S0501 “Selected Characteristics of the Native and Foreign-Born Populations”, accessed from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_16\\_5YR\\_S0501&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S0501&prodType=table) on 12 March 2018.
- <sup>iii</sup> US Census Bureau, 2012-2016 American Community Survey, Table S1701 “Poverty Status in the Past 12 Months”, accessed from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_16\\_5YR\\_S1701&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1701&prodType=table) on 12 March 2018.
- <sup>iv</sup> US Census Bureau, 2012-2016 American Community Survey, Table S2701 “Selected Characteristics of Health Insurance Coverage in the United States”, accessed from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_16\\_5YR\\_S2701&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S2701&prodType=table) on 12 March 2018.
- <sup>v</sup> US Census Bureau, 2012-2016 American Community Survey, Table S2701 “Selected Characteristics of Health Insurance Coverage in the United States”, accessed from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_16\\_5YR\\_S2701&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S2701&prodType=table) on 12 March 2018.
- <sup>vi</sup> Commonwealth Fund, “How Well Does Insurance Coverage Protect Consumers from Health Care Costs?”, Issue Brief, October 2017, accessed from [http://www.commonwealthfund.org/~media/files/publications/issue-brief/2017/oct/collins\\_underinsured\\_biennial\\_ib.pdf](http://www.commonwealthfund.org/~media/files/publications/issue-brief/2017/oct/collins_underinsured_biennial_ib.pdf) on 12 March 2018.
- <sup>vii</sup> Ohio and the ACA’s Medicaid Expansion, accessed from <https://www.healthinsurance.org/ohio-medicaid/> on 12 March 2018.