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INTRODUCTION

In 2000, the Franklin County Board of County Commissioners engaged Weidner Inc., to help design and implement a fully integrated Managing For Results (MFR) initiative for all parts of county government. The intent of the MFR initiative was to help county government operate more like private industry by focusing on results for customers. The ADAMH Board of Franklin County embraced the MFR framework and has revised almost every planning, funding and evaluation function within the organization to align with the tenets of a result-based performance structure.

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 thirty-four 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 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.
CONSUMERS/RECIPIENTS OF CARE
Franklin County residents who receive care from an ADAMH service provider based on a sliding fee scale

ADAMH NETWORK OF CONTRACT PROVIDERS
More than thirty-four non-profit organizations responsible for delivery of behavioral healthcare (crisis, outpatient and residential services) to Franklin County residents

ALCOHOL, DRUG AND MENTAL HEALTH BOARD OF FRANKLIN COUNTY
Responsible for planning, funding and evaluating behavioral healthcare

Federal & State Revenue
17%

Levy & Local Revenue
Single, five-year tax levy and local inter-governmental revenue
83%

Source: base 2017 Levy Model and 2017 provider allocations, as of 03/07/17
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

COMMUNITY

1. Population growth continues to stress local resources.

2. Increased diversity of population creates unique challenges for accessing and navigating community service delivery systems.

3. Continued impact of chronic poverty, with significant numbers of families living below the federal poverty level.

4. Advancements in technology increase expectations for community service delivery systems to integrate technology and other efficiencies.

5. Escalation of opiate epidemic continues to stress all community service delivery systems and has prompted:
   - Increased accountability expectations from the community
   - Increased visibility and media coverage on mental health and addiction
   - Faster response to significant policy changes demanded
   - Adoption of new service models, such as naloxone for first responders and needle-exchange programs

6. Impact of the Affordable Care Act and political intentions to repeal and replace components beginning in 2017 can threaten:
   - Medicaid Eligibility
   - Health Care Exchanges
   - Employer Benefit Plans

7. Changing community expectations for crisis, prevention, treatment, and support services that will be available within the new business environment include:
   - New models of prevention services
   - Services to mitigate loss of income, housing, jobs, and other life-threatening conditions negatively impacting the health, safety, and stability families
   - New models of services that incorporate peers

CONSUMERS

1. Increased advocacy from and for consumers and family members.

2. Changing community demographics, continuing severe economic stressors and increased complexity of consumer and family needs will challenge ADAMH to provide culturally competent services, delivered by culturally capable professionals that address the following socioeconomic and health factors:
   - Unemployment and associated mental health and addiction implications
   - Insurance status
   - Poverty
   - Exposure to trauma
   - Children, youth, and families at risk
   - Emerging immigrants
   - Stigma
   - Aging population and caregivers
   - Integration of ex-offenders into community
   - Diversion from jails/prisons
   - Acuity of consumers at time of entry into system
   - Homelessness
3. Increasing complexity of healthcare plans with differing benefits (e.g. access to medications) continue to challenge consumers and families in meeting their expectations from multiple public payer systems.

4. Increased demand for more supportive housing and support services (e.g. vocational, crisis stabilization) will require the Board to determine the un-met need and the level of supports that are required within a continuum of care.

5. Increased advocacy from consumers and family members for vital services from the public system of care.

6. Increased attention and demand for peer support services.

7. Impact of changes to health insurance coverage due to potential repeal of ACA subsidies and Medicaid expansion.

**PROVIDER NETWORK**

1. Increased expectations among all funders to collaborate.

2. Capability of providers to meet the demands of consumers will be challenged by:
   - Rapidly changing reimbursements environment by multiple healthcare plans for insured and non-insured consumers
   - Increased demand for price, quality, transparency, and performance reimbursements
   - Insufficient diversity in the workforce

3. Sustainability of the current provider system in light of changing reimbursement structures.

4. Opportunity to develop or partner with primary healthcare providers to develop integrated systems of care that address both the mental health and substance abuse treatment and physical healthcare needs of the patient.

5. Impact of Medicaid behavioral health redesign benefits on provider workforce, business practices and billing procedures.

6. Preparations for impact of Medicaid managed care “carve in.”

7. Impact to reimbursement due to potential repeal of ACA and Medicaid Expansion.
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:

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

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 abuse disorders.
ADAMH will measure this performance as follows:

<table>
<thead>
<tr>
<th>Strategic Result</th>
<th>Why This Matters</th>
</tr>
</thead>
</table>
| **Family Support Services Investments**  
By January 1, 2018, ADAMH will create new investments for family support services, including respite care. | Increased utilization of family support services is important as research indicates supportive families result in improved recovery outcomes for consumers. |
| **Access to Family Support Services**  
By January 1, 2020, a 100% increase in number of individuals who access family support services, including respite care. | 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. |
| **Quality Family Supports**  
By January 1, 2021, a 50% increase in number of individuals receiving family support services, including respite care, who report increased social connectedness. | Increased investment in family support services can support positive outcomes and reduce the strain of providing care for families and caregivers of consumers. |

**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:

<table>
<thead>
<tr>
<th>Strategic Result</th>
<th>Why This Matters</th>
</tr>
</thead>
</table>
| **Cultural Competency Training**  
By January 1, 2018, ADAMH will incorporate a cultural competency module in ADAMH system orientation trainings to new network employees and other community partners. | 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. |
| **Cultural Initiatives**  
By January 1, 2018, ADAMH will develop at least one new cultural initiative to address emerging needs of immigrant, refugee, or faith-based communities. | 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. |
| **Public Outreach**  
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 abuse disorders. | 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. |
| **Reduction in Fatal Overdoses**  
By January 1, 2021, a 50% reduction in number of Franklin County overdose deaths. | 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. |

**PREVENTION AND COMMUNITY ENGAGEMENT**

Community members at risk and especially those who are in the early stages of substance abuse 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:

<table>
<thead>
<tr>
<th>Strategic Result</th>
<th>Why This Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AoD Risk Awareness</strong></td>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td><strong>Community Partnerships</strong></td>
<td>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.</td>
</tr>
<tr>
<td>By January 1, 2020, a 50% increase in number of community partners.</td>
<td></td>
</tr>
<tr>
<td><strong>Community Support</strong></td>
<td>Positive measures of community support and public opinion indicate public recognition of the value and effectiveness of ADAMH services provided through levy dollars.</td>
</tr>
<tr>
<td>By January 1, 2020, ADAMH will experience increasing rates of favorable positions regarding community support and satisfaction with ADAMH services.</td>
<td></td>
</tr>
<tr>
<td><strong>Decreased Crisis Service Utilization</strong></td>
<td>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.</td>
</tr>
<tr>
<td>By January 1, 2021, a 30% decrease in number of youth and adults in Franklin County will utilize crisis services.</td>
<td></td>
</tr>
<tr>
<td><strong>School Discipline</strong></td>
<td>Reduction of the rate of disciplinary actions in school settings due to youth mental health or substance abuse issues will impact additional negative outcomes such as reduced graduation rates.</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td><strong>Suicide Prevention</strong></td>
<td>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.</td>
</tr>
<tr>
<td>By January 1, 2022, a 50% reduction in the rate of suicide among Franklin County youths and adults.</td>
<td></td>
</tr>
</tbody>
</table>

**SAFETY, SECURITY, AND STABILITY**

The safety, security, and stability of community members experiencing mental health conditions and substance abuse 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:

<table>
<thead>
<tr>
<th>Strategic Result</th>
<th>Why This Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discharges to Homelessness</strong></td>
<td>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.</td>
</tr>
<tr>
<td>By January 1, 2019, a 50% reduction in discharges to homelessness from acute care settings.</td>
<td></td>
</tr>
<tr>
<td><strong>Criminal Justice System Referrals</strong></td>
<td>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.</td>
</tr>
<tr>
<td>By January 1, 2020, a 50% increase in the number of consumers who are referred for treatment services by the criminal justice system.</td>
<td></td>
</tr>
</tbody>
</table>
### Strategic Result | Why This Matters
--- | ---
**Housing Stability**  
By January 1, 2021, a 50% increase in the number of people experiencing mental health and substance abuse disorders who live in safe, stable, and affordable housing. | 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.  

**Training for First Responders**  
By January 1, 2021, a 50% increase in community first responders who have completed mental health and substance abuse disorders trainings. | 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.
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 are used to manage performance of both internal and external objectives:

- **Provider-STAT** is the external performance platform that monitors ADAMH's contracts with more than thirty-four 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.

- **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. ADAMH-Stat programs are organized into three lines of business:

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer Care</td>
<td>To provide behavioral health services to adults, older adults, and children/adolescents so they can live, work, learn, and participate in their communities.</td>
</tr>
<tr>
<td>System of Care Planning and Evaluation</td>
<td>To provide clinical monitoring, technical assistance, planning/monitoring, and public education services so that ADAMH service providers meet their contractual obligations and Franklin County residents have informed opinions about ADAMH funded services.</td>
</tr>
<tr>
<td>Administrative Support and Services</td>
<td>To provide organization management, facilities and equipment services, information services, and financial management to ADAMH Board of Trustees and staff so they can achieve their goals and fulfill the Board's mission.</td>
</tr>
</tbody>
</table>

**2017 Updates**

- Healthy Families is a new program in the Consumer Care line of business;
- System Innovations replaces Planning and Evaluation in the System of Care Planning and Evaluation line of business.
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.

Business intelligence is the processes, tools, and technologies required to turn data into information and information into knowledge and plans that drive effective business activity. ADAMH’s MFR performance system is built on a data warehouse and data mart, which consolidate data from multiple sources into a single repository that is used for reliable analysis and reporting. ADAMH’s data 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 – 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 February or 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**

<table>
<thead>
<tr>
<th>Program</th>
<th>Key Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Care Management</td>
<td>100% of investments in crisis care will meet identified targets regarding consumers served, consumer outcomes and satisfaction, and funding earned as reported through the Shared Health And Recovery Enterprise System (SHARES).</td>
</tr>
<tr>
<td>Healthy Families</td>
<td>By January 1, 2018, ADAMH will create new investments for family support services, including respite care. (Family Support Services Investment Strategic Result, p. 7) 100% of investments in family support services will meet identified targets regarding consumers served, consumer outcomes and satisfaction, and funding earned as reported through the Shared Health And Recovery Enterprise System (SHARES).</td>
</tr>
<tr>
<td>Housing Services</td>
<td>100% of investments in housing services will meet identified targets regarding consumers served, consumer outcomes and satisfaction, and funding earned as reported through the Shared Health And Recovery Enterprise System (SHARES).</td>
</tr>
<tr>
<td>Prevention Services</td>
<td>100% of investments in prevention services will meet identified targets regarding consumers served, consumer outcomes and satisfaction, and funding earned as reported through the Shared Health And Recovery Enterprise System (SHARES).</td>
</tr>
<tr>
<td>Services for Adults Recovering from Mental Illness</td>
<td>100% of investments in services for adults recovering from mental illness will meet identified targets regarding consumers served, consumer outcomes and satisfaction, and funding earned as reported through the Shared Health And Recovery Enterprise System (SHARES).</td>
</tr>
</tbody>
</table>

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1 Definition according to the Data Warehouse Institute.
## Program: Services for Adults Recovering from Substance Abuse and Addiction
Key Result: 100% of investments in services for adults recovering from substance abuse will meet identified targets regarding consumers served, consumer outcomes and satisfaction, and funding earned as reported through the Shared Health And Recovery Enterprise System (SHARES).

## Program: Services for Children, Youth and Families Recovering from Mental Illness and Addiction
Key Result: 100% of investments in services for children, youth and families will meet identified targets regarding consumers served, consumer outcomes and satisfaction, and funding earned as reported through the Shared Health And Recovery Enterprise System (SHARES).

### KEY RESULTS FOR SYSTEM OF CARE PLANNING AND EVALUATION PROGRAMS

<table>
<thead>
<tr>
<th>Program</th>
<th>Key Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Collaboration and Engagement</td>
<td>By January 1, 2018, ADAMH will incorporate a cultural competency module in ADAMH system orientation trainings to new network employees and other community partners. (Cultural Competency Training Strategic Result, p. 7)</td>
</tr>
<tr>
<td></td>
<td>By January 1, 2018, ADAMH will develop at least one new cultural initiative to address emerging needs of immigrant, refugee, or faith-based communities. (Cultural Initiatives Strategic Result, p. 7)</td>
</tr>
<tr>
<td>Public Health Education and Awareness</td>
<td>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 abuse disorders. (Public Outreach Strategic Result, p. 7)</td>
</tr>
<tr>
<td>System Innovations</td>
<td>By October 1, 2017, ADAMH will implement its comprehensive plan to coordinate the ongoing assessment of needs of all Franklin County residents for services and supports across Franklin County's continuum of care.</td>
</tr>
</tbody>
</table>

### KEY RESULTS FOR ADMINISTRATIVE SUPPORT AND SERVICES PROGRAMS

<table>
<thead>
<tr>
<th>Program</th>
<th>Key Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Technology Services</td>
<td>By December 1, 2017, ADAMH's data model and warehouse will be fully designed, implemented, and documented.</td>
</tr>
<tr>
<td>Organizational Management</td>
<td>By September 1, 2017, ADAMH employees will meet health and safety standards by participating in six drills that cover three core safety areas related to VIEWS, fire, and tornado drills.</td>
</tr>
<tr>
<td>Resource Management</td>
<td>The 2017 final levy cash balance will be within 5% of the planned ending cash balance.</td>
</tr>
</tbody>
</table>
CRISIS CARE MANAGEMENT

PURPOSE: The purpose of Crisis Care Management Program is to develop and monitor programs that provide crisis and acute behavioral health 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 authorizations (private hospital contracts) and reports
- Admission/discharge/continued stay reports
- Clinical, educational, and media presentations
- Continuity of care agreements
- High acuity care services
- Program implementation, monitoring, and oversight
- Residency dispute determination and reports
- Utilization review consultations and reports

PROGRAM LEAD: Jennifer Martinez, Clinical Director

RESPONSIBLE STAFF:
- Justin Curtis, Research Manager
- Dr. Kevin Dixon, Vice President, Community/Cultural Engagement
- Kythryn Carr Hurd, Vice President, Clinical Services
- Mark Lambert, Senior Director, Finance
- Heather Manbevers, Executive Assistant
- Keith McCloud, Residential Placement Manager
- Tracy McConkey, Budget and Contract Officer
- Mitzi Moody, Clinical Manager, Youth and Family Services
- Vincent Sabino, Clinical Manager, AOD Services
- Aimee Shadwick, Public Affairs Director
- Dr. Delaney Smith, System Chief Clinical Officer
- Janet Stackpole, Senior Director, Information Services
- Jonathan Thomas, Senior Director, Planning and Evaluation
- Jonathan Wylly, Chief Financial Officer

OPERATIONAL RESULTS:

<table>
<thead>
<tr>
<th>Result Title</th>
<th>Result Statement</th>
<th>Why This Matters</th>
<th>MFR Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Recipient Monitoring (Crisis Care)</td>
<td>100% of investments in crisis care will meet identified targets regarding consumers served, consumer outcomes and satisfaction, and funding earned as reported through the Shared Health And Recovery Enterprise System (SHARES).</td>
<td>This work will ensure that all allocations are monitored to maximize efficiency and effectiveness.</td>
<td>Access to Quality Care Services Value-Based Payment Strategies</td>
</tr>
<tr>
<td>Result Title</td>
<td>Result Statement</td>
<td>Why This Matters</td>
<td>MFR Alignment</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------</td>
<td>------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Decreased Crisis Service Utilization (Adults)</td>
<td>10% reduction in the number of adults in Franklin County who utilize crisis services.</td>
<td>Reduction of utilization in crisis services effects a more efficient and effective use of ADAMH investments by reaching adults before they need a crisis level of service.</td>
<td>Prevention and Community Engagement Decreased Crisis Service Utilization</td>
</tr>
<tr>
<td>Decreased Crisis Service Utilization (Youth)</td>
<td>10% reduction in the number of youth in Franklin County who utilize crisis services.</td>
<td>Reduction of utilization in crisis services effects a more efficient and effective use of ADAMH investments by reaching youth before they need a crisis level of service.</td>
<td>Prevention and Community Engagement Decreased Crisis Service Utilization</td>
</tr>
<tr>
<td>Diversion from High Acuity Care</td>
<td>By November 1, 2017, ADAMH will develop a strategic plan to reduce the utilization of defined high acuity care services based on a comprehensive data analysis, research, and project design.</td>
<td>Identifying appropriate diversion from high levels of care will allow for more efficient utilization of ADAMH resources.</td>
<td>Access to Quality Care Services Diversion from High Acuity Care</td>
</tr>
</tbody>
</table>
HEALTHY FAMILIES

PURPOSE: The purpose of Healthy Families is to provide support to caregivers through family education and support services that takes into account diverse cultural perspectives on mental illness and substance abuse disorders.

LINE OF BUSINESS: Consumer Care

PROGRAM SERVICES:
- Family education
- Family support
- Local outreach to survivors of suicide
- Narcan education
- Problem gambling family counseling
- Problem gambling financial counseling
- Services for immigrant women

PROGRAM LEAD: Meg Griffing, Clinical Manager, Adult Mental Health Services

RESPONSIBLE STAFF:
- Dr. Kevin Dixon, Vice President, Community/Cultural Engagement
- Nettie Ferguson, Community Engagement/Prevention Coordinator
- Joe Florenski, Compliance Manager
- Kythryn Carr Hurd, Vice President, Clinical Services
- Mark Lambert, Senior Director, Finance
- Heather Manbevers, Executive Assistant
- Jennifer Martinez, Clinical Director
- Keith McCloud, Residential Placement Manager
- Mitzi Moody, Clinical Manager, Youth and Family
- Vincent Sabino, Clinical Manager, AOD Services
- Aimee Shadwick, Public Affairs Director
- Prajakta Samant, Systems Analyst II
- Dr. Delaney Smith, System Chief Clinical Officer
- Janet Stackpole, Senior Director, Information Services
- Jonathan Thomas, Senior Director, Planning and Evaluation
- Jonathan Wylly, Chief Financial Officer

OPERATIONAL RESULTS:

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<tr>
<td>Family Support Services Investments</td>
<td>By January 1, 2018, ADAMH will create new investments for family support services, including respite care. (Family Support Services Investment Strategic Result, p. 7)</td>
<td>Increased utilization of family support services is important as research indicates supportive families result in improved recovery outcomes for consumers.</td>
<td>Healthy Families Family Support Services Investments</td>
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<tr>
<td>Sub-Recipient Monitoring (Families)</td>
<td>100% of investments in family support services will meet identified targets regarding consumers served, consumer outcomes and satisfaction, and funding earned as reported through the Shared Health And Recovery Enterprise System (SHARES).</td>
<td>This work will ensure that all allocations are monitored to maximize efficiency and effectiveness.</td>
<td>Access to Quality Care Services</td>
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<td>Value-Based Payment Strategies</td>
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<tr>
<td>Social Connectedness</td>
<td>100% of family support services, including respite care, will report levels of social connectedness for consumers served.</td>
<td>Increased investment in family support services can support positive outcomes and reduce the strain of providing care for families and caregivers of consumers.</td>
<td>Healthy Families</td>
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<td>Quality Family Supports</td>
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<tr>
<td>Healthy Families Needs Assessment</td>
<td>By October 1, 2017, ADAMH will identify the current number of individuals who receive family support services so gaps can influence future requests for results.</td>
<td>Increase family support services for caregivers which will improve family functioning and consumer outcomes.</td>
<td>Healthy Families</td>
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<td>Access to Family Support Services</td>
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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
- Community relations services
- Contract management services
- Independent, service enriched, recovery, and supportive housing services
- Planning and access to care services
- Residential care stays
- Stakeholder outreach services
- Training and education services
- Transitional housing services
- Utilization review services

PROGRAM LEAD: Jennifer Martinez, Clinical Director

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

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<tbody>
<tr>
<td>Sub-Recipient Monitoring (Housing)</td>
<td>100% of investments in housing services will meet identified targets regarding consumers served, consumer outcomes and satisfaction, and funding earned as reported through the Shared Health And Recovery Enterprise System (SHARES).</td>
<td>This work will ensure that all allocations are monitored to maximize efficiency and effectiveness.</td>
<td>Access to Quality Care Services&lt;br&gt;Value-Based Payment Strategies</td>
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<tr>
<td>Housing Stabilization Subsidies</td>
<td>90% of individuals on a housing stabilization subsidy will move off within 120 days.</td>
<td>This work allows ADAMH to house individuals sooner to prevent homelessness and move individuals along the continuum sooner freeing up valuable resources.</td>
<td>Access to Quality Care Services</td>
</tr>
<tr>
<td>Housing Facilitation Referrals</td>
<td>90% of acute care setting referrals to Community Housing Network’s housing facilitation will be temporarily or permanently housed.</td>
<td>This work prioritizes adults linked with a network provider that are homeless or at risk of homelessness upon discharge from acute care setting.</td>
<td>Access to Quality Care Services</td>
</tr>
<tr>
<td>Discharge to Homelessness</td>
<td>25% reduction in discharge to homelessness from Twin Valley Behavioral Healthcare (TVBH), Ohio State University Medical Center and Netcare Crisis Stabilization Unit (CSU) and Miles House.</td>
<td>This work will allow ADAMH to prevent homelessness of the most acute consumers.</td>
<td>Safety, Security, and Stability Housing Stability</td>
</tr>
<tr>
<td>Housing Strategic Plan</td>
<td>By September 1, 2017, ADAMH will develop a comprehensive housing plan to abate discharge to homelessness.</td>
<td>This will allow ADAMH to prevent homelessness for the most acute consumers and address other housing needs within the ADAMH system of care.</td>
<td>Safety, Security, and Stability Housing Stability</td>
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<tr>
<td>Recovery Residence Units</td>
<td>By December 1, 2017, ADAMH will add five new recovery residence units to its housing continuum.</td>
<td>This work will increase necessary capacity of AoD Adults in the ADAMH Housing Continuum.</td>
<td>Access to Quality Care Services</td>
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<tr>
<td>Permanent Supportive Housing</td>
<td>By December 1, 2017, 40 new permanent supportive housing units at Laurel Green will be under construction.</td>
<td>This project will provide 40 consumers with a permanent supportive housing solution.</td>
<td>Safety, Security, and Stability Housing Stability</td>
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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, families and individuals 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:
- Alcohol, Tobacco and Other Drug screening services
- Coalition building services: community outreach, strategic planning, workgroup development, training
- Early intervention services: HIV, ATOD, suicide prevention, anger management, job readiness
- Hotline 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
- Suicide prevention

PROGRAM LEAD: Nettie Ferguson, Community Engagement/Prevention Coordinator

RESPONSIBLE STAFF:
- Justin Curtis, Research Manager
- Dr. Kevin Dixon, Vice President, Community/Cultural Engagement
- Joe Florenski, Compliance Manager
- Kythryn Carr Hurd, Vice President, Clinical Services
- Jennifer Martinez, Clinical Director
- Mitzi Moody, Clinical Manager, Youth and Family Services
- Vincent Sabino, Clinical Manager, AOD Services
- Prajakta Samant, Systems Analyst II
- Aimee Shadwick, Public Affairs Director
- Janet Stackpole, Senior Director, Information Services
- Jonathan Thomas, Senior Director, Planning and Evaluation
- Darlene Truss, Executive Assistant
- Jonathan Wylly, Chief Financial Officer

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<tr>
<td>Sub-Recipient Monitoring (Prevention)</td>
<td>100% of investments in prevention services will meet identified targets regarding consumers served, consumer outcomes and satisfaction, and funding earned as reported through the Shared Health And Recovery Enterprise System (SHARES).</td>
<td>This work will ensure that all allocations are monitored to maximize efficiency and effectiveness.</td>
<td>Access to Quality Care Services, Value-Based Payment Strategies</td>
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<tr>
<td>Summer Day Camp Monitoring</td>
<td>100% of identified summer day camps will demonstrate children served gain knowledge of the risks of alcohol and other drugs.</td>
<td>This work will measure outcome of summer camp services and costs to deliver services.</td>
<td>Prevention and Community Engagement</td>
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<td>AoD Risk Awareness</td>
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<tr>
<td>Summer Day Camper Knowledge Gain</td>
<td>100% of children participating in ADAMH-funded summer camps will demonstrate knowledge gain regarding the risks of alcohol and other drugs.</td>
<td>This work will measure outcome of summer camp services and costs to deliver services.</td>
<td>Prevention and Community Engagement</td>
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<td>AoD Risk Awareness</td>
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<tr>
<td>AoD Knowledge</td>
<td>By July 1, 2017, ADAMH will identify tools to measure alcohol and other drug awareness for targeted populations across programs and providers to establish a baseline for a prevention services threshold.</td>
<td>This project will help ADAMH measure alcohol and other drug outcomes for school age and transitional age youth.</td>
<td>Prevention and Community Engagement</td>
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<td>AoD Risk Awareness</td>
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<tr>
<td>Primary Prevention</td>
<td>By November 1, 2017, ADAMH will launch one strategic prevention framework initiative that will increase the number of youth-led (middle and high school) projects that contain at least three of the five components of youth-led model in targeted areas in Franklin County.</td>
<td>This work will ensure we engage youth and youth serving organizations to develop youth-led initiatives that increase their social functioning and at the same time engage in prevention strategies in their communities.</td>
<td>Prevention and Community Engagement</td>
</tr>
<tr>
<td>Suicide Prevention</td>
<td>By November 1, 2017, ADAMH will develop a strategic approach to a community-wide suicide prevention initiative based on a comprehensive data analysis, research, and project design.</td>
<td>The reduction in completed suicides within our community is an indicator of rapid access to high quality care for persons at risk.</td>
<td>Prevention and Community Engagement</td>
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<td>Suicide Prevention</td>
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SERVICES FOR ADULTS RECOVERING FROM MENTAL ILLNESS

PURPOSE: The purpose of the Services for Adults Recovering from Mental Illness program is to develop and monitor programs that provide mental health and alcohol and other drugs treatment and recovery support services to adults with mental illness so they can live, work, learn, and participate in their community.

LINE OF BUSINESS: Consumer Care

PROGRAM SERVICES:

- Community psychiatric supportive treatment, case management, and care coordination services
- Consumer-operated centers and peer support services
- Counseling and psychotherapy sessions
- Crisis intervention and stabilization services
- Diagnostic assessments and individual care planning sessions
- Flexible wraparound supports for high-risk consumers
- Hospital diversion and detoxification services
- Integrated dual diagnosis treatment/assertive community treatment (IDDT-ACT) services
- Outreach and engagement services
- Partial hospitalization and intensive outpatient services
- Pharmacologic management interventions, psychotropic medications and medical/somatic services
- Physician-ordered holdover services
- Residential care and residential treatment services
- Vocational and employment services

PROGRAM LEAD: Meg Griffing, Clinical Manager, Adult Mental Health Services

RESPONSIBLE STAFF:

- Dr. Kevin Dixon, Vice President, Community/Cultural Engagement
- Kynthyn Carr Hurd, Vice President, Clinical Services
- Mark Lambert, Senior Director, Finance
- Heather Manbevers, Executive Assistant
- Jennifer Martinez, Clinical Director
- Keith McCloud, Residential Placement Manager
- Mitzi Moody, Clinical Manager, Youth Services
- Vincent Sabino, Clinical Manager, AoD Services
- Prajakta Samant, Data Systems Manager
- Aimee Shadwick, Public Affairs Director
- Dr. Delaney Smith, System Chief Clinical Officer
- Janet Stackpole, Senior Director, Information Services
- Jonathan Thomas, Senior Director, Planning and Evaluation
- Jonathan Wylly, Chief Financial Officer

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<tr>
<td>Sub-Recipient Monitoring (Adult Mental Health)</td>
<td>100% of investments in services for adults recovering from mental illness will meet identified targets regarding consumers served, consumer outcomes and satisfaction, and funding earned as reported through the Shared Health And Recovery Enterprise System (SHARES).</td>
<td>This work will ensure that all allocations are monitored to maximize efficiency and effectiveness.</td>
<td>Access to Quality Care Services Value-Based Payment Strategies</td>
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<tr>
<td>Criminal Justice Referrals</td>
<td>10% increase in the number of consumers referred by the criminal justice system who access treatment services.</td>
<td>An increase in consumers referred for treatment by the criminal justice system will ensure referrals to appropriate services for those who may not otherwise receive needed treatment services. Linkage to effective and efficient services will reduce recidivism rates and length of incarceration for ADAMH consumers.</td>
<td>Access to Quality Care Services&lt;br&gt;Criminal Justice System Referrals</td>
</tr>
<tr>
<td>Outpatient Commitment</td>
<td>75% of consumers on outpatient commitment and referred to the new Integrated Dual Disorder Treatment (IDDT) and Assertive Community Treatment (ACT) team will remain in the community without hospitalization throughout the period of commitment.</td>
<td>This work will decrease the hospitalization rate by monitoring community based treatment which will increase the quality and cost effectiveness of services.</td>
<td>Safety, Security, and Stability</td>
</tr>
<tr>
<td>First Responder Training</td>
<td>25% increase in the number of first responders trained in the Crisis Intervention Team (CIT) model or Mental Health First Aid.</td>
<td>An increase in knowledge and skills will result in connection to appropriate crisis treatment and decrease jailing and recidivism of mental health participants.</td>
<td>Safety, Security, and Stability&lt;br&gt;Training for First Responders</td>
</tr>
<tr>
<td>Pathway Clubhouse Accreditation</td>
<td>By October 1, 2017, Columbus Area’s Pathways Clubhouse will submit an application to Clubhouse International that results in the completion of its accreditation review by December 31.</td>
<td>This project will ensure ADAMH staff monitors the accreditation of the clubhouse support services to an evidence-based model.</td>
<td>Access to Quality Care Services</td>
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SERVICES FOR ADULTS RECOVERING FROM SUBSTANCE ABUSE AND ADDICTION

PURPOSE: The purpose of the Services for Adults Recovering from Substance Abuse and Addiction program is to develop and monitor programs that provide alcohol and other drug treatment and recovery support services to adults recovering from substance abuse and addiction so they can live, work, learn, and participate in their community.

LINE OF BUSINESS: Consumer Care

PROGRAM SERVICES:
- Ambulatory detox services
- Buprenorphine services
- Case management services
- Halfway house treatment services
- Hospital detox acute and sub-acute services
- Methadone services
- Outcomes assessment and analysis
- Outpatient and intensive outpatient services
- Residential detox acute services
- Screening analysis services
- Short and long term residential services

PROGRAM LEAD: Vincent Sabino, Clinical Manager, AoD Services

RESPONSIBLE STAFF:
- Dr. Kevin Dixon, Vice President, Community/Cultural Engagement
- Justin Curtis, Research Manager
- Joe Florenski, Compliance Manager
- Meg Griffing, Clinical Manager, Adult Mental Health Services
- Kthyryn Carr Hurd, Vice President, Clinical Services
- Robert Lonardo, Outcomes Manager
- Heather Manbevers, Executive Assistant
- Jennifer Martinez, Clinical Director
- Mitzi Moody, Clinical Manager, Youth and Family Services
- Prajakta Samant, Data Systems Manager
- Aimee Shadwick, Public Affairs Director
- Dr. Delaney Smith, System Chief Clinical Officer
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- Jonathan Wyly, Chief Financial Officer
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<tr>
<td>Sub-Recipient Monitoring (Adult Alcohol and Other Drugs)</td>
<td>100% of investments in services for adults recovering from substance abuse will meet identified targets regarding consumers served, consumer outcomes and satisfaction, and funding earned as reported through the Shared Health And Recovery Enterprise System (SHARES).</td>
<td>This work will ensure that all allocations are monitored to maximize efficiency and effectiveness.</td>
<td>Access to Quality Care Services Value-Based Payment Strategies</td>
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<tr>
<td>Mobile Opiate Response</td>
<td>40% of individuals who have an initial contact with the mobile opiate crisis team will participate in at least one follow up service.</td>
<td>This work will track the strategy to immediately engage with a person in Franklin County who was administered naloxone by Columbus EMS.</td>
<td>Innovation to Emerging Needs Reduction in Fatal Overdoses</td>
</tr>
<tr>
<td>Sub-acute Detoxification</td>
<td>100% of identified system capacity for sub-acute detoxification will be utilized by consumers in accordance with ADAMH provider agreements.</td>
<td>This work will track the strategy to impact and alleviate some pressure from the crisis care system, which is overwhelmed by the number of individuals requiring sub-acute detoxification services.</td>
<td>Access to Quality Care Services</td>
</tr>
<tr>
<td>Opiate Treatment Expansion</td>
<td>By August 1, 2017, all treatment projects funded by the Cures Act will be implemented and operational.</td>
<td>This project will result in the implementation of new treatment programs addressing opiate treatment gaps in our community.</td>
<td>Innovation to Emerging Needs Reduction in Fatal Overdoses</td>
</tr>
<tr>
<td>Waitlist Management</td>
<td>By October 1, 2017, ADAMH will plan and implement a waitlist management tool for all alcohol and other drug programs in the ADAMH system of care.</td>
<td>This project will help ADAMH understand the waitlist issues in our community.</td>
<td>Innovation to Emerging Needs</td>
</tr>
<tr>
<td>Reduction in Overdose Deaths</td>
<td>By November 1, 2017, ADAMH will research and design a comprehensive analysis of strategic approaches to reduce opiate deaths.</td>
<td>This project will help ADAMH understand the demand for Sub-Acute Detox services in Franklin County so the board can make informed decisions on future investments in appropriate level of care decisions.</td>
<td>Innovation to Emerging Needs Reduction in Fatal Overdoses</td>
</tr>
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</table>
SERVICES FOR CHILDREN, YOUTH AND FAMILIES
RECOVERING FROM MENTAL ILLNESS OR ADDICTION

PURPOSE: The purpose of the Services for Children, Youth and Families Recovering from Mental Illness or Addiction program is to develop and monitor programs that provide mental health and alcohol and other drug treatment and recovery support services to children, youth, and families so they can live with their families and participate in their community.

LINE OF BUSINESS: Consumer Care

PROGRAM SERVICES:
- 24-hour crisis line
- Brief screening and early intervention
- Case management services
- Community psychiatric support services
- Crisis intervention services
- Crisis observation
- Diagnostic assessment
- Early childhood mental health
- Housing services
- Inpatient hospitalization
- Intensive home based treatment
- Medical somatic services
- Outpatient services
- Parent mentoring

PROGRAM LEAD: Mitzi Moody, Clinical Manager, Youth and Family Services

RESPONSIBLE STAFF:
- Dr. Kevin Dixon, Vice President, Community/Cultural Engagement
- Nettie Ferguson, Prevention Coordinator
- Kythryn Carr Hurd, Vice President, Clinical Services
- Robert Lonardo, Outcomes Manager
- Heather Manbevers, Executive Assistant
- Jennifer Martinez, Clinical Director
- Tracy McConkey, Budget and Contract Officer
- Prajakta Samant, Data Systems Manager
- Aimee Shadwick, Public Affairs Director
- Dr. Delaney Smith, System Chief Clinical Officer
- Janet Stackpole, Senior Director, Information Services
- Jonathan Thomas, Senior Director, Planning and Evaluation
- Jonathan Wylly, Chief Financial Officer

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<td>Sub-Recipient Monitoring (Youth)</td>
<td>100% of investments in services for children, youth and families will meet identified targets regarding consumers served, consumer outcomes and satisfaction, and funding earned as reported through the Shared Health And Recovery Enterprise System (SHARES).</td>
<td>This work will ensure that all allocations are monitored to maximize efficiency and effectiveness.</td>
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<tr>
<td>School Discipline</td>
<td>2% decrease in the rate of youth with mental health and/or substance use disorders who receive disciplinary action at Franklin County schools.</td>
<td>Reduction of the rate of disciplinary actions in school settings due to youth mental health or substance abuse issues will impact additional negative outcomes such as reduced graduation rates.</td>
<td>Prevention and Community Engagement</td>
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<td>School Discipline</td>
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<tr>
<td>Opiate Prevention</td>
<td>By September 1, 2017, ADAMH will implement opiate education programs in Franklin County school districts.</td>
<td>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.</td>
<td>Prevention and Community Engagement</td>
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<td>Expansion</td>
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<td>AoD Risk Awareness</td>
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COMMUNITY COLLABORATION AND ENGAGEMENT

PURPOSE: The purpose of the Community Collaboration and Engagement 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: System of Care Planning and Evaluation

PROGRAM SERVICES:
- Advertising placements
- Community mini-grants and sponsorships
- Community outreach events
- Community partnership services (as convener and/or participant)
- Crisis communication services
- Education and training services
- Outreach and branding materials
- Public meetings (Sunshine law)
- Public opinion surveys
- Stakeholder engagement services
- Website maintenance services

PROGRAM LEAD:
- Mackenzie Betts, Public Information Officer

RESPONSIBLE STAFF:
- Dynasty Ballard, Digital Communications Specialist
- Dr. Kevin Dixon, Vice President, Community/Cultural Engagement
- Nettie Ferguson, Community Engagement/Prevention Coordinator
- Joe Florenski, Compliance Manager
- Meg Griffing, Clinical Manager, Adult Mental Health Services
- Kythryn Carr Hurd, Vice President, Clinical Services
- Mark Lambert, Senior Director, Finance
- Jennifer Martinez, Clinical Director
- Mitzi Moody, Clinical Manager, Youth and Family Services
- Vincent Sabino, Clinical Manager, AoD Services
- Aimee Shadwick, Public Affairs Director
- Dr. Delaney Smith, System Chief Clinical Officer
- Jonathan Thomas, Senior Director, Planning and Evaluation
- Jonathan Wylly, Chief Financial Officer
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| Cultural Competency Training | By January 1, 2018, ADAMH will incorporate a cultural competency module in ADAMH system orientation trainings to new network employees and other community partners.  
(Cultural Competency Training Strategic Result, p. 7) | 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 system of care.             | Innovation to Emerging Needs  
Cultural Competency Training |
| Cultural Initiatives       | By January 1, 2018, ADAMH will develop at least one new cultural initiative to address emerging needs of immigrant, refugee, or faith-based communities.  
(Cultural Initiatives Strategic Result, p. 7) | 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 system of care. | Innovation to Emerging Needs  
Cultural Initiatives |
| Community Mini-Grants      | 60% of ADAMH mini-grant applications will be from first-time applicants with a focus on organizations in zip codes not supported by the 2016 mini-grant program. | This work will increase our efforts to collaborate with new community partners and reach Franklin County residents with ADAMH information. | Prevention and Community Engagement  
Community Partnerships |
| Public Mural Program       | By December 1, 2017, ADAMH will complete one public mural to increase knowledge of ADAMH and decrease stigma. | This project will ensure that residents in communities across Franklin County receive useful information about mental health and substance abuse and increase their awareness of ADAMH. | Prevention and Community Engagement  
Community Partnerships |
| Community Partnerships     | By December 1, 2017, ADAMH will establish five new community partnerships. | Increased engagement with a variety of community partners will allow ADAMH to better leverage efforts to inform and education the public regarding alcohol and other drug and mental health needs. | Prevention and Community Engagement  
Community Partnerships |
PUBLIC HEALTH EDUCATION AND AWARENESS

PURPOSE: The purpose of the Public Health Education and Awareness program is to provide resources (tools, materials, information, and supports) to mobilize advocacy groups to influence decision-makers on public policies that result in enhanced services in the ADAMH system of care and provide resolution to consumer complaints and grievances in a timely fashion.

LINE OF BUSINESS: System of Care Planning and Evaluation

PROGRAM SERVICES:
- Advocacy fact sheets
- Consumer complaints and grievances
- Letters to the editor and op-ed pieces
- Media relations
- Social media engagement
- Placement of consumers/family members in ADAMH workgroups
- Testimony and presentations

PROGRAM LEAD: Aimee Shadwick, Public Affairs Director

RESPONSIBLE STAFF:
- Dynasty Ballard, Digital Communications Specialist
- Mackenzie Betts, Public Information Officer
- Justin Curtis, Research Manager
- Dr. Kevin Dixon, Vice President, Community/Culture Engagement
- Nettie Ferguson, Community Engagement/Prevention Coordinator
- Meg Griffing, Clinical Manager, Adult Mental Health Services
- Phil Hedden, Consumer and Family Advocate
- Kythryn Carr Hurd, Vice President, Clinical Services
- Mark Lambert, Senior Director, Finance
- Jennifer Martinez, Clinical Director
- Jennifer Martin, Clinical Director
- Mitzi Moody, Clinical Manager, Youth Services
- Vincent Sabino, Clinical Manager, AoD Services
- Dr. Delaney Smith, System Chief Clinical Officer
- Jonathan Thomas, Senior Director, Planning and Evaluation
- Darlene Truss, Executive Assistant
- Tillie Woods, Senior Director, Human Resources
- Jonathan Wylly, Chief Financial Officer

OPERATIONAL RESULTS:

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<tr>
<td>Public Outreach</td>
<td>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 abuse disorders. (Public Outreach Strategic Result, p. 7)</td>
<td>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.</td>
<td>Innovation to Emerging Needs Public Outreach</td>
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<tr>
<td>Social Media Engagement</td>
<td>15% average combined engagement rate will be achieved on Facebook and Instagram.</td>
<td>Social media will provide increased awareness of ADAMH and reduce the stigma related to behavioral health issues.</td>
<td>Prevention and Community Engagement Community Support</td>
</tr>
<tr>
<td>Consumer Complaints/Grievances</td>
<td>100% of complaints or grievances received by ADAMH will be responded to within prescribed timelines.</td>
<td>This work will ensure that all consumer complaints or grievances receive timely responses.</td>
<td>Access to Quality Care Services</td>
</tr>
<tr>
<td>Paid Advertising Campaign</td>
<td>By December 1, 2017, ADAMH will develop or expand one paid advertising campaign that will address anti-stigma and public health priorities using TV, radio, print, and digital.</td>
<td>This project will ensure Franklin County residents receive information about mental health and substance abuse issues and stigma is reduced.</td>
<td>Prevention and Community Engagement Community Support</td>
</tr>
<tr>
<td>Targeted Sponsorships</td>
<td>By December 1, 2017, ADAMH will execute three targeted sponsorships that align with ADAMH’s public health priorities.</td>
<td>This project will ensure Franklin County residents are aware of ADAMH and know the services available in our community.</td>
<td>Prevention and Community Engagement Community Support</td>
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SYSTEM INNOVATIONS

PURPOSE: The purpose of the System Innovations program is to provide health and demographic information and analysis, and program and system evaluations, including data analysis to ADAMH staff, ADAMH Network Providers, and key stakeholders for optimal decision making, program development, and the ongoing quality improvement of programs and ADAMH services to best assure the services purchased meet the current and emerging needs of Franklin County residents regarding mental health and substance use disorders.

LINE OF BUSINESS: System of Care Planning and Evaluation

PROGRAM SERVICES:
- Community plan management
- Continuity of operations/disaster recovery plan management
- Data collection, analysis, and reporting
- Data dashboard and resource library
- Evaluation design
- Grants management
- HIPAA privacy analysis and recommendation
- Managing for Results (including ADAMH-STAT and Provider-STAT platforms)
- Needs assessments
- Policy and procedure impact analysis
- Project management
- Quality improvement activities (including LEAN/Six Sigma initiatives)
- Research requests
- Strategic planning

PROGRAM LEAD: Jonathan Thomas, Senior Director, Planning and Evaluation

RESPONSIBLE STAFF:
- Sujatha Aroor, Fiscal Systems Manager
- Justin Curtis, Research Manager
- Dr. Kevin Dixon, Vice President, Community/Culture Engagement
- Susan Duderstadt, Director, SHARES Services
- Joe Florenski, Compliance Manager
- Kythryn Carr Hurd, Vice President, Clinical Services
- Mark Lambert, Senior Director, Finance
- Robert Lonardo, Outcomes Manager
- Heather Manbevers, Executive Assistant
- Jennifer Martinez, Clinical Director
- Prajakta Samant, Data Systems Manager
- Aimee Shadwick, Public Affairs Director
- Dr. Delaney Smith, System Chief Clinical Officer
- Janet Stackpole, Senior Director, Information Services
- Tillie Woods, Senior Director, Human Resources
- Jonathan Wylly, Chief Financial Officer
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<td>Needs Assessment</td>
<td>By October 1, 2017, ADAMH will implement its comprehensive plan to coordinate the ongoing assessment of needs of all Franklin County residents for services and supports across Franklin County's continuum of care.</td>
<td>In order to effectively serve as the county authority, organizational strategies need to be aligned under a dedicated effort to expand the scope, methods, and frequency with which needs are assessed.</td>
<td>Mission, Vision, and Core Values</td>
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<tr>
<td>Value-Based Contracting Evidence Based Practices</td>
<td>By July 1, 2017, ADAMH will align all 2017 prevention allocations to identified evidence-based practices based on established standards and definitions.</td>
<td>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.</td>
<td>Access to Quality Care Services, Payment for Quality Prevention Practices</td>
</tr>
<tr>
<td>Value-Based Contracting Outcomes</td>
<td>By July 1, 2017, ADAMH will align all 2017 allocations to quality metrics, including consumer outcomes, system metrics, and evidence-based practices, as applicable, based on established standards and definitions.</td>
<td>Establishment of quality metrics will allow for routine determination of program effectiveness and investments that yield the most efficient outcomes.</td>
<td>Access to Quality Care Services, Value-Based Payment Strategies</td>
</tr>
<tr>
<td>Value-Based Contracting Payment Methods</td>
<td>By October 1, 2017, ADAMH will align all 2017 allocations to reporting frameworks and assign desired value-based contracting strategies based on established standards and definitions.</td>
<td>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.</td>
<td>Access to Quality Care Services, Payment for Quality Care</td>
</tr>
<tr>
<td>Behavioral Health Redesign</td>
<td>By October 1, 2017, ADAMH will determine the potential impacts on quality of care and consumer outcomes associated with Ohio Medicaid's behavioral health redesign components which become effective in 2017.</td>
<td>The implementation of Medicaid Behavioral Health Redesign will have significant impacts on service provision, quality of care and consumer outcomes on the ADAMH system.</td>
<td>Mission, Vision, and Core Values</td>
</tr>
<tr>
<td>Continuity of Operations Plan Quality Improvement</td>
<td>By December 1, 2017, ADAMH will review, test, and update its continuity of operations/disaster recovery plans for 447 East Broad Street.</td>
<td>This work will ensure ADAMH is prepared to respond to &quot;disasters,&quot; both internally and in the community, that affect building business operations.</td>
<td>Mission, Vision, and Core Values</td>
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INFORMATION TECHNOLOGY SERVICES

PURPOSE: The purpose of the Information Technology Services program is to provide business intelligence tools, claim processing support, network system management, and IT support services to ADAMH staff and contract providers so they can make analytically-driven decisions.

LINE OF BUSINESS: Administrative Support

PROGRAM SERVICES:
- Application development services
- Application training (internal and external) services
- Business intelligence tools
- Desktop hardware and software support services
- E-mail system support services
- Extranet site support services
- Help desk responses
- HIPAA security safeguards
- Internet access support services
- Intranet site support services
- IT disaster recovery plan
- IT security policies and procedures
- IT strategic plan
- Management reports
- Network backups
- Phone system support services
- SharePoint infrastructure support
- IT disaster recovery plan
- IT security policies and procedures
- IT strategic plan
- Management reports
- Network backups
- Phone system support services
- SharePoint infrastructure support

PROGRAM LEAD: Janet Stackpole, Senior Director, Information Technology Services

RESPONSIBLE STAFF:
- Sujatha Aroor, Business Systems Manager
- Susan Duderstadt, Director, SHARES Services
- Mark Lambert, Senior Director, Finance
- Robert Lonardo, Outcomes Manager
- Jesse Lyon, Network Administrator
- Chris Prosser, System Analyst 1
- Prajakta Samant, Data Systems Manager
- Carolee Spencer, Director, Claims and Member Services
- Jonathan Thomas, Senior Director, Planning and Evaluation
- Jonathan Wylly, Chief Financial Officer

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<td>ADAMH Data Model and Warehouse</td>
<td>By December 1, 2017, ADAMH's data model and warehouse will be fully designed, implemented, and documented.</td>
<td>This project will ensure that ADAMH data will enable program monitoring and evaluation.</td>
<td>Mission, Vision, and Core Values</td>
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<tr>
<td>Report Requests</td>
<td>100% of ADAMH report requests will be produced according to established quality control standards and delivered by the requested due date.</td>
<td>This work will provide a platform to evaluate the efficiency of this new reporting procedure to ensure quality reports are produced in a timely manner.</td>
<td>Mission, Vision, and Core Values</td>
</tr>
<tr>
<td>HelpDesk Tickets</td>
<td>80% of provider help desk tickets will be completed by the identified Service Level Agreement (SLA)</td>
<td>The work will provide a platform to evaluate efficiency and responsiveness to provider requests</td>
<td>Mission, Vision, and Core Values</td>
</tr>
<tr>
<td>SHARES Operations Manuals</td>
<td>By September 1, 2017, ADAMH will develop position-specific operations manuals for identified processes in the Shared Health And Recovery Enterprise System (SHARES).</td>
<td>This project will ensure business continuity in the event of staff turnover and ensures procedures/tasks are handled uniformly.</td>
<td>Mission, Vision, and Core Values</td>
</tr>
<tr>
<td>Network Security Enhancements</td>
<td>By November 1, 2017, ADAMH will implement identified network and server security enhancements.</td>
<td>These security measures increase data confidentiality, integrity, and availability.</td>
<td>Mission, Vision, and Core Values</td>
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</table>
PURPOSE: The purpose of the Organizational Management program is to provide human resources services, staffing, performance management services, and facilities management services to ADAMH staff so they can work in a safe and healthy manner that is consistent with our mission, vision, and core values.

LINE OF BUSINESS: Administrative Support

PROGRAM SERVICES:

- **Human Resources**: application packets; claims and benefits consultations; classification/salary range determinations; compensation plans; EAP management referrals; EEO and affirmative action reports; employee handbooks; employee investigations; employee orientations; employee recognition activities; employee retention plans; employee satisfaction surveys; employee/employer mediation, grievance and disciplinary services; exit interviews; federal/state required reports; FMLA determination services; individual career coaching sessions; interview consultations; investigations and inquiries; job audits; management/employee consultations; payroll services; performance appraisal administration services; personnel actions; position control rosters; pre-employment and recruitment services; salary surveys; training classes; unemployment compensation responses; vacancy reports.

- **Facilities Management**: building cleaning services; building inventory services; delivery and pick-up services; energy consumption monitoring and other cost reduction services; equipment/furniture repairs, disposal, and purchase services; facility administrative and management services; facility health/life/safety support services (inspection and information, testing, hazardous/toxic material disposal); facility preparation and set-up services (rooms, AV systems, etc.); facility repair and maintenance services; internal disaster and facility relocation planning (ADAMH and County–PFM); parking lot management services.

- **Performance Management**: accountability/performance reports; performance management support services; performance reporting trainings; planning retreats; policies and procedures; quality improvement facilitations; visual performance displays

- **Other**: administrative floater support services; cultural competence educational services; receptionist support services.

PROGRAM LEAD: Tillie Woods, Senior Director, Human Resources

RESPONSIBLE STAFF:

- Dr. Kevin Dixon, Vice President, Community/Cultural Engagement
- Heber Howard, Director, Accounting and Financial Reporting
- Carma Kovalo, Receptionist
- Mark Lambert, Senior Director, Finance
- Willie Pinkins, Internal Auditor
- Louisa Price, Accountant
- Janet Stackpole, Senior Director, Information Services
- Darlene Truss, Executive Assistant
- Jonathan Wylly, Chief Financial Officer
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<td>Health and Safety Standards</td>
<td>By September 1, 2017, ADAMH employees will meet health and safety standards by participating in six drills that cover three core safety areas related to emergency warning, fire, and tornado drills.</td>
<td>This project, using actual qualitative measures, will ensure a safe work environment for ADAMH staff.</td>
<td>Mission, Vision, and Core Values</td>
</tr>
<tr>
<td>HVAC Renovations</td>
<td>By May 1, 2017, ADAMH HVAC renovations will be accomplished as scheduled and on budget.</td>
<td>This project will provide a safe and comfortable work environment for the staff.</td>
<td>Mission, Vision, and Core Values</td>
</tr>
<tr>
<td>Leadership Academy</td>
<td>By June 1, 2017, all 2016 ADAMH Leadership Academy participants will implement two of their identified leadership effectiveness strategies - as indicated in their DiSC 363 Leaders Profiles.</td>
<td>This project will continue ADAMH’s efforts to develop its staff and potential future leaders within the organization.</td>
<td>Mission, Vision, and Core Values</td>
</tr>
<tr>
<td>System Workforce Development</td>
<td>By June 1, 2017, ADAMH will develop one new system workforce development program so that it can be implemented by September 1.</td>
<td>This project is in response to providers in our system of care, who have indicated that there is need for us to help them to better recruit, hire, develop, and retain their staff.</td>
<td>Mission, Vision, and Core Values</td>
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RESOURCE MANAGEMENT

PURPOSE: The purpose of the Resource Management 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: Administrative Support

PROGRAM SERVICES:
- 3C hotline responses
- ADAMH management reports
- ADAMH unit rates in SHARES
- Agency services plans and budgets
- Allocation and award management
- Audit review services (Provider and Board)
- 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 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 year-end contract reconciliation services
- Purchase orders
- SHARES administration, including benefit plans, authorization plans, agency agreements, rate schedules, etc.
- SHARES provider manual
- SHARES/finance provider trainings
- State compliance reports

PROGRAM LEAD: Mark Lambert, Senior Director, Finance

RESPONSIBLE STAFF:
- Sujatha Aroor, Fiscal Systems Manager
- Marva Bibb-Truss, SHARES System Enrollment Representative
- Susan Duderstadt, Director, SHARES Services
- Amy Fick, SHARES Business Systems Analyst
- Cathy Harris, Accounting Specialist
- Heber Howard, Director, Accounting and Financial Reporting
- John Logan, Financial Analyst
- Tracy McConkey, Budget and Contract Officer
- Alfreda Miller, SHARES System Enrollment Representative
- Willie Pinkins, Internal Auditor
- Kathleen Podlasiak, Executive Assistant
- Louisa Price, Accountant
- Jonathan Wyly, Chief Financial Officer
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<td>Financial Model Management</td>
<td>The 2017 final levy cash balance will be within 5% of the planned ending cash balance.</td>
<td>This work will ensure that annual community funding levels align with planned cash reserves for the remainder of the levy cycle.</td>
<td>Mission, Vision, and Core Values</td>
</tr>
<tr>
<td>Quality Monitoring</td>
<td>90% of internal control deficiencies from the internal auditor's report will be corrected within 30 days (high), 60 days (medium), 90 days (low).</td>
<td>This work will ensure ADAMH complies with federal, state and county audit guidelines resulting in no deficiency.</td>
<td>Mission, Vision, and Core Values</td>
</tr>
<tr>
<td>SHARES Claims Adjudication</td>
<td>All claims submitted through the Shared Health And Recovery Enterprise System (SHARES) will be adjudicated within 60 days so that providers are paid in a timely fashion and proper funding and allocation is assigned to each claim.</td>
<td>This work promotes accountability and transparency.</td>
<td>Mission, Vision, and Core Values</td>
</tr>
<tr>
<td>SHARES Third Party Liability</td>
<td>By May 1, 2017, all members enrolled in Shared Health And Recovery Enterprise System (SHARES) will have their benefits coordinated so that the Board uses levy dollars as the payer of last resort.</td>
<td>By leveraging other payors, levy funds can be used to finance additional clients and/or services.</td>
<td>Mission, Vision, and Core Values</td>
</tr>
<tr>
<td>SHARES Policy and Procedures</td>
<td>By October 1, 2017, ADAMH will develop policies and procedures to address new business functions available in the Shared Health And Recovery Enterprise System (SHARES) and business functions previously managed by the State.</td>
<td>These new policies and procedures will define guiding principles, provide detailed task instructions, and form the basic structure of SHARES business operations.</td>
<td>Mission, Vision, and Core Values</td>
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